



## GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-03-PAV-09-23

Review Date

9/14/2023

Municipality  
Board Name  
Applicant's Name  
Referral Type  
Variance(s)  
Description:

**PAVILION, T.**

**PLANNING BOARD**

**OI'Smokey Trucking & Excavation**

**Site Plan Review**

**Site Plan Review to operate a landscaping materials sales business.**

Location  
Zoning District

**8040 Telephone Rd. (NYS Rt. 20), Pavilion**

**Commercial (C) District**

### PLANNING BOARD RECOMMENDS:

**APPROVAL WITH MODIFICATION(S)**

### EXPLANATION:

**The required modification is that the applicant obtains comments and/or any required driveway permit from NYS DOT due to the change of use. With this required modification, the proposed business should pose no significant county-wide or inter-community impact.**

Director

September 14, 2023

Date

If the County Planning Board disapproved the proposal, or recommends modifications, the referring agency shall NOT act contrary to the recommendations except by a vote of a majority plus one of all the members and after the adoption of a resolution setting forth the reasons for such contrary action. Within 30 days after the final action the referring agency shall file a report of final action with the County Planning Board. An action taken form is provided for this purpose and may be obtained from the Genesee County Planning Department.

**SEND OR DELIVER TO:**

GENESEE COUNTY DEPARTMENT OF PLANNING  
3837 West Main Street Road  
Batavia, NY 14020-9404  
Phone: (585) 815-7901



**DEPARTMENT USE ONLY:**  
GCDP Referral # T-03-PAV-09-23

**\* GENESEE COUNTY \*  
PLANNING BOARD REFERRAL**

RECEIVED  
Genesee County  
Dept. of Planning  
8/17/2023

Required According to:  
**GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N**  
(Please answer ALL questions as fully as possible)

**1. REFERRING BOARD(S) INFORMATION**

Board(s) Town of Pavilion Planning Board  
Address 1 Woodrow Dr  
City, State, Zip Pavilion NY 14525  
Phone (585) 584 - 8533 Ext. \_\_\_\_\_

**2. APPLICANT INFORMATION**

Name O'lsmokey Trucking & Excavation  
Address 2543 Cowan Rd  
City, State, Zip Piffard NY 14533  
Phone (585) 245 - 3226 Ext. \_\_\_\_\_ Email Olsmokeytrucking@gmail.c

MUNICIPALITY:  City  Town  Village of Pavilion

**3. TYPE OF REFERRAL:** (Check all applicable items)

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Area Variance               | <input type="checkbox"/> Zoning Map Change                | Subdivision Proposal                 |
| <input type="checkbox"/> Use Variance                | <input type="checkbox"/> Zoning Text Amendments           | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Special Use Permit          | <input type="checkbox"/> Comprehensive Plan/Update        | <input type="checkbox"/> Final       |
| <input checked="" type="checkbox"/> Site Plan Review | <input checked="" type="checkbox"/> Other: <u>Signage</u> |                                      |

**4. LOCATION OF THE REAL PROPERTY PERTAINING TO THIS REFERRAL:**

A. Full Address 8040 Telephone Rd  
B. Nearest intersecting road Linwood Rd  
C. Tax Map Parcel Number 11.-1-18.111  
D. Total area of the property 8 Acres Area of property to be disturbed \_\_\_\_\_  
E. Present zoning district(s) Commercial

**5. REFERRAL CASE INFORMATION:**

A. Has this referral been previously reviewed by the Genesee County Planning Board?  
 NO  YES If yes, give date and action taken \_\_\_\_\_  
B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law  
Town of Pavilion Zoning schedule A  
C. Please describe the nature of this request Applicant requesting approval for new 5x6 business sign in front of new small office

**6. ENCLOSURES** – Please enclose copy(s) of all appropriate items in regard to this referral

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Local application | <input type="checkbox"/> Zoning text/map amendments  | <input type="checkbox"/> New or updated comprehensive plan |
| <input checked="" type="checkbox"/> Site plan         | <input type="checkbox"/> Location map or tax maps    | <input type="checkbox"/> Photos                            |
| <input type="checkbox"/> Subdivision plot plans       | <input type="checkbox"/> Elevation drawings          | <input type="checkbox"/> Other: _____                      |
| <input checked="" type="checkbox"/> SEQR forms        | <input type="checkbox"/> Agricultural data statement |  |

**7. CONTACT INFORMATION** of the person representing the community in filling out this form (required information)

Name Troy Williams Title CEO Phone (585) 343 - 1729 Ext. 208  
Address, City, State, Zip Batavia NY 14020 Email twilliams@townofbatavia.com

# Building and Zoning Application Permit No. \_\_\_\_\_

Town of Pavilion PO Box 126 Pavilion, NY 14525 ph. (585)584-3850 fax (585)584-8533

Date 7/30/23 Zone \_\_\_\_\_ Flood Zone \_\_\_\_\_ Wellhead Protection \_\_\_\_\_ Corner Lot \_\_\_\_\_

- New Construction  Fence  Pond  Sign  Alteration(s)  Addition  Demolition   
Accessory Bldg.  Mobile Home  Fill Permit  Home Occupation  Land Separation  Site Plan Approval   
Special Use Permit  Temporary Use  Subdivision  Zoning Variance Request  Other  Specify: \_\_\_\_\_

↙ Tax Map No. Noddlehurst Farms, Inc.

Owners Name \_\_\_\_\_ Phone No. (585) 737-7116

Address 8040 Telephone Rd. Pavilion, NY Project Road Width \_\_\_\_\_ ft

Applicants Name Di Smokey Trucking & Excavating LLC Project Address 8040 Telephone Rd. Pavilion, NY

E Mail Address dismokeytrucking@gmail.com Phone No (585) 245-3226

Description of Project: Place sign approx. 5ft x 6ft by road, following town guidelines

Existing Use None Proposed Use \_\_\_\_\_

Sign showing location of business

Estimated Cost Building \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_

Miscellaneous \$800

SEQR CLASSIFICATION Type 1  Type 2  Unlisted

Review completed by Planning Board  Zoning Board of Appeals

Permit Fee \$ \_\_\_\_\_ Application Date \_\_\_/\_\_\_/\_\_\_ Permit Expires On \_\_\_/\_\_\_/\_\_\_

Issuing Officer \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

IN SIGNING THIS DOCUMENT I HEARBY GIVE THE RIGHT OF AN ON SITE INSPECTION TO THE TOWN OF PAVILION CODE ENFORCEMENT OFFICIAL OR THEIR DESIGNE. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PREFORMANCE OF CONSTRUCTION.

I, Joseph Dries, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge.

Joseph Dries  
\_\_\_\_\_  
Joseph Dries

Signature of Owner or Authorized Agent

Date 7/30/23

# Construction Attachment:

Permit No.

## Type of Construction

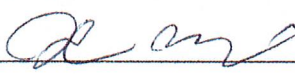
Agriculture  Commercial  Industrial  Residential  Miscellaneous

## Contractors

General Contractors Name O' Smokey Trucking & Excavating Address 2543 Cowardin Rd. Pittsford, NY Phone 609 245-3226  
Office Phone (569) 245-3226 Cell Phone ( ) Fax No. ( ) E-Mail osmokeytrucking@gmail.com  
Certificate of Workers Compensation: Yes  No  Expiration Date \_\_/\_\_/\_\_  
Liability Insurance: Yes  No  Expiration Date \_\_/\_\_/\_\_

**APPLICANT SHALL PROVIDE A COPY OF ALL INSURANCE AND WORKERS COMP. WITH THIS APPLICATION**

- **Masonry** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Office Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_
- **Electrical** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Office Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_
- **Plumbing** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Office Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_
- **Alarms / Sprinklers** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Office Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_
- **HVAC** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Office Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_
- **Landscape / Site** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Office Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_
- **Miscellaneous** \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Office Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Signature** of Owner or Authorized Agent X  Date 7/30/23

# Short Environmental Assessment Form

## Part 1 - Project Information

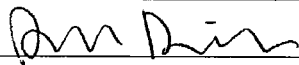
### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Shed and Sign Install			
Project Location (describe, and attach a location map): See attached picture			
Brief Description of Proposed Action: Install shed approx. 24x24 ft for an office. Will be placed on existing concrete pad. Install sign with business name approx. 5x6ft in front of shed.			
Name of Applicant or Sponsor: Ol' Smokey Trucking & Excavating, LLC		Telephone: 585-245-3226	
		E-Mail: olsmokeytrucking@gmail.com	
Address: 8040 Telephone Rd.			
City/PO: Pavilion	State: NY	Zip Code: 14525	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 1.5 acres			
b. Total acreage to be physically disturbed? _____ .013 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 1.5 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

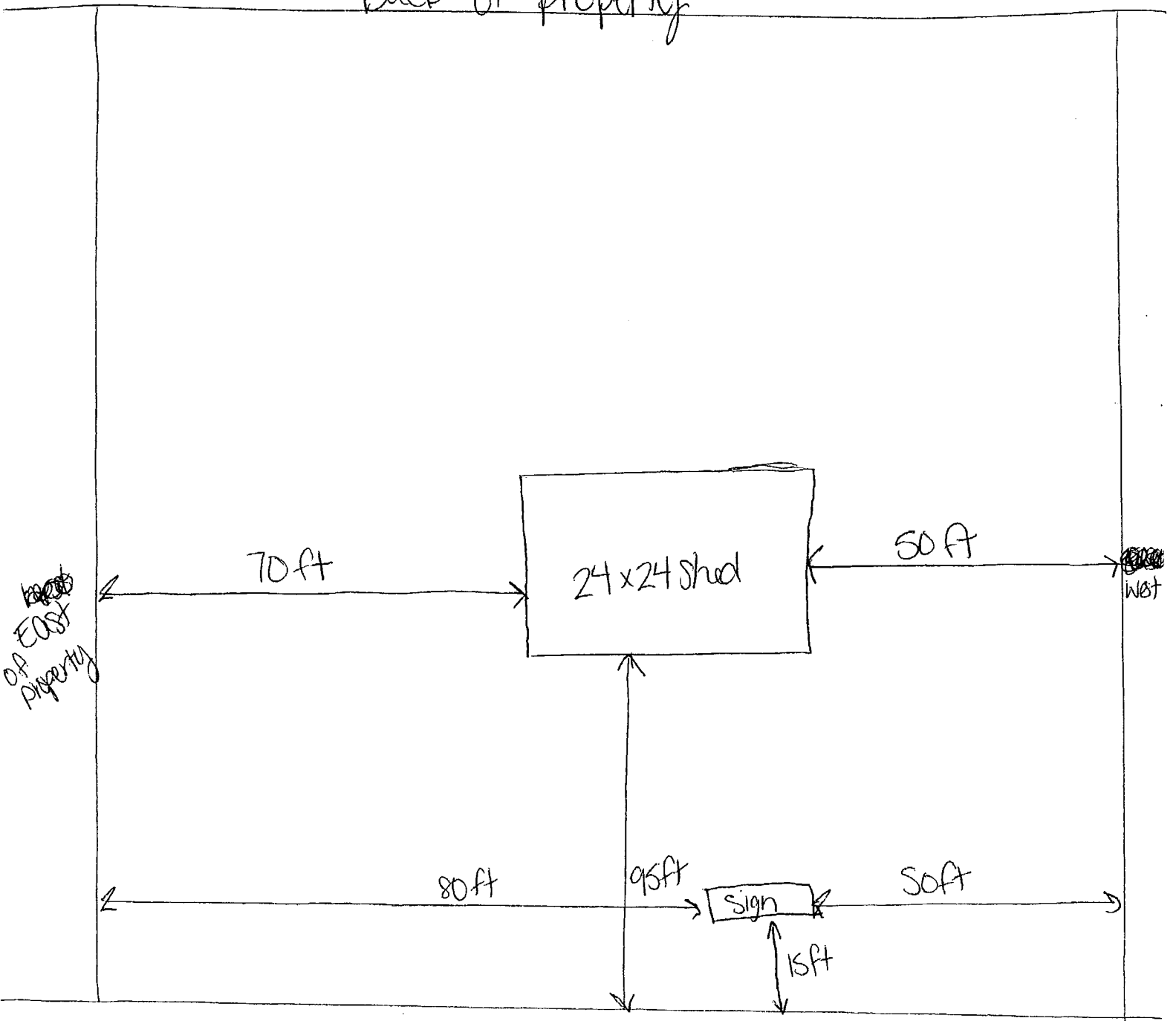
5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?  b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: <u>Joseph Dries</u> Date: <u>8/7/2023</u>		
Signature: <u></u> Title: <u>Owner</u>		

**PRINT FORM**

8040 Telephone Rel. Number 1

Back of property

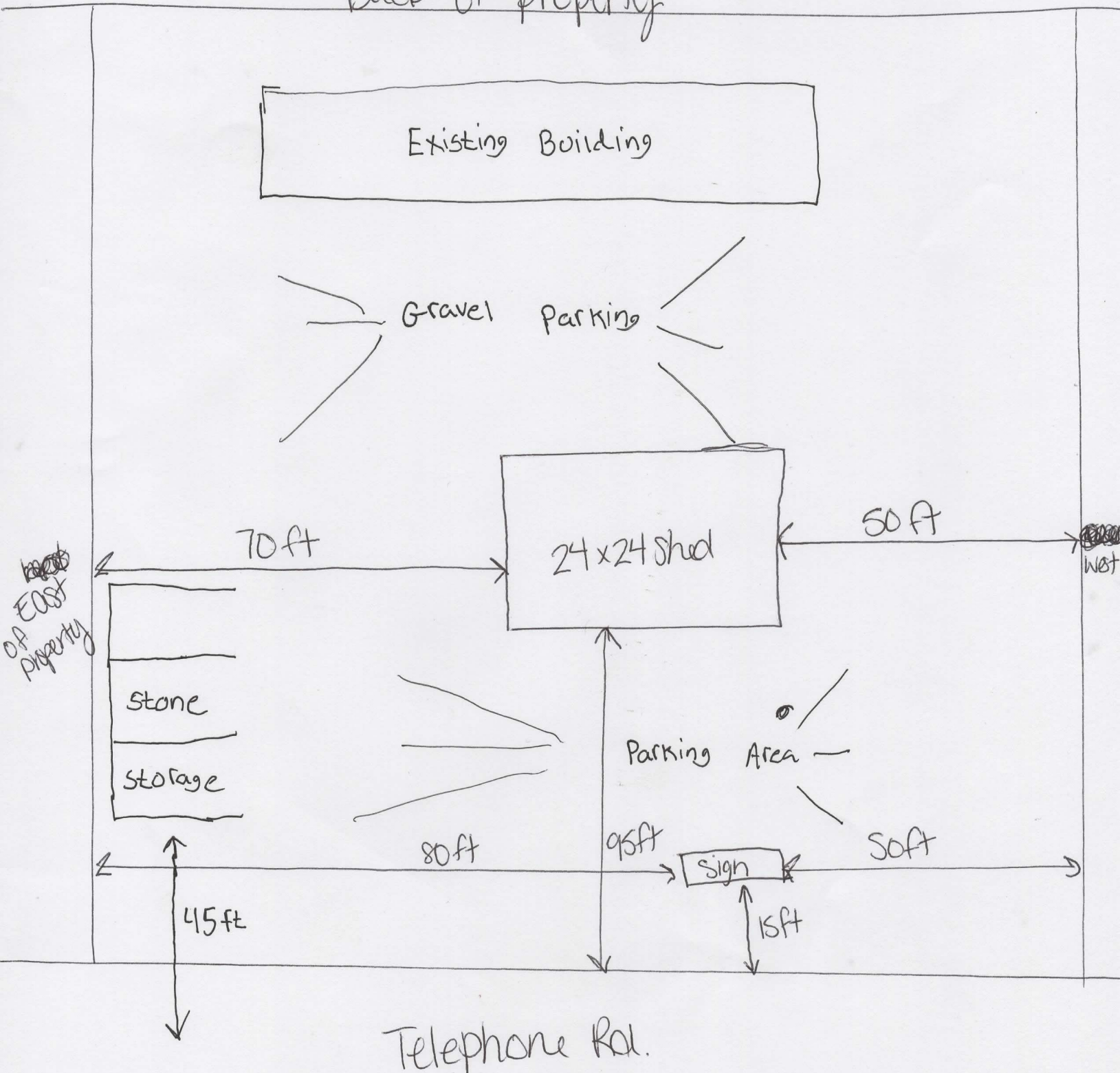


Telephone Rel.



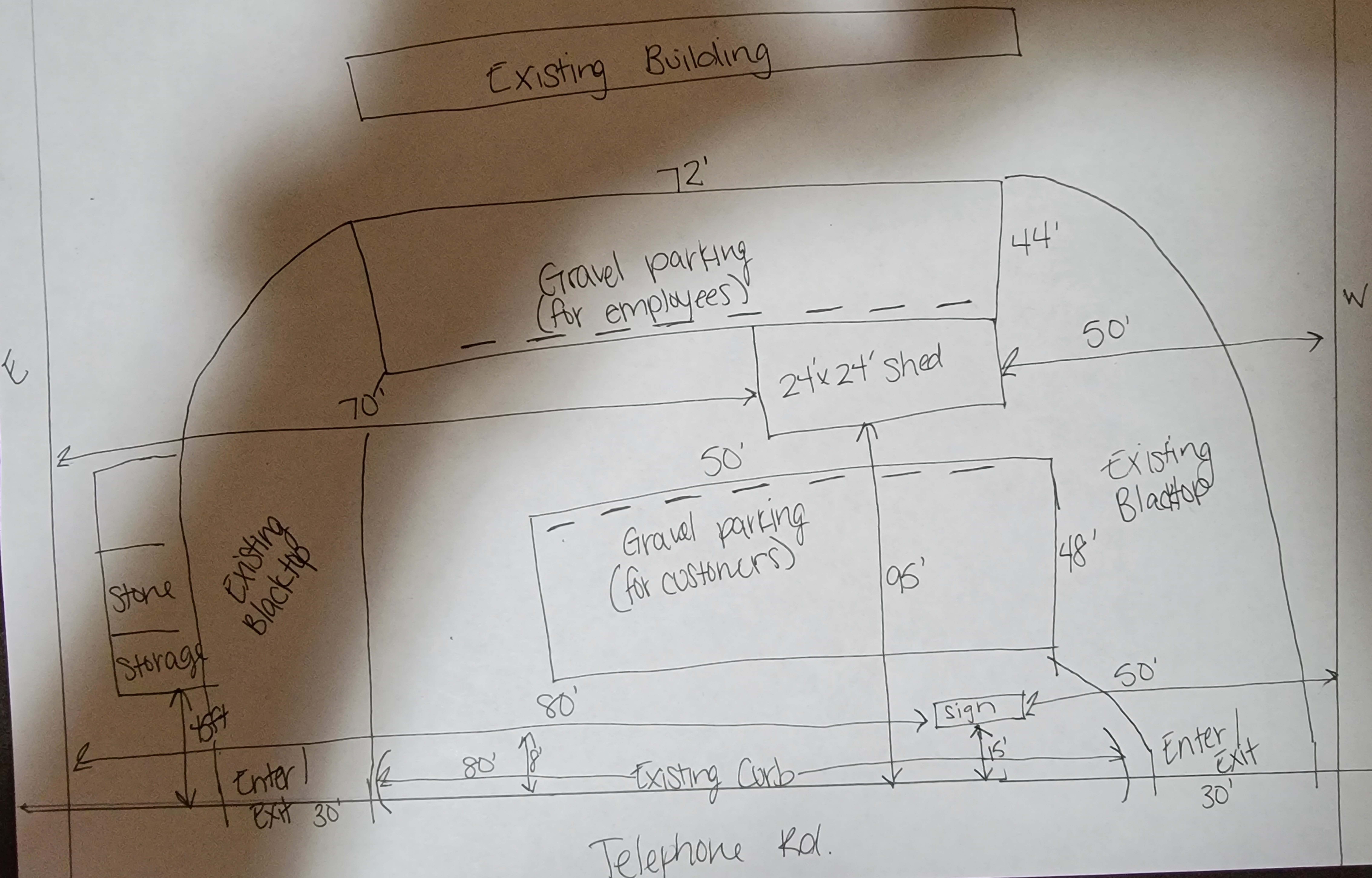
# 8040 Telephone Rd. Pavilion

Back of property



Back of property

8040 Telephone Rd.



# T-03-PAV-09-23



04/08/2023

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