



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-03-PAV-12-22**
Review Date **12/8/2022**

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

PAVILION, T.
ZONING BOARD OF APPEALS
Devin Tillotson
Area Variance(s)
Area Variance to create a 3-acre building lot for a single-family home.
Lot Frontage
Minimum required: 200 ft.
Proposed: 112 ft.

Location
Zoning District

Rodgers Rd., Pavilion
Agricultural Residential-1(AR-1) District

PLANNING BOARD RECOMMENDS:

APPROVAL

EXPLANATION:

The proposed variance should pose no significant county-wide or intercommunity impact. It is recommended that the applicant submits the enclosed application for 9-1-1 Address Verification to the Genesee County Sheriff's Office to ensure that the address of the proposed home meets Enhanced 9-1-1 standards.

Director

December 8, 2022

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-12-22



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
11/10/2022

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 ZBA
Address 1 Woodrow Dr
City, State, Zip Pavilion NY 14525
Phone (585) 584 - 8533 Ext. _____

2. APPLICANT INFORMATION

Name Devin Tillotson
Address Rodger Rd
City, State, Zip Pavilion NY 14525
Phone (585) 690 - 7475 Ext. _____ Email Devintilly1@gmail.com

MUNICIPALITY: City Town Village of Pavilion

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Area Variance | <input type="checkbox"/> Zoning Map Change | <input type="checkbox"/> 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 type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

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

A. Full Address Vacant Parcel Rodgers Rd
B. Nearest intersecting road S Lake Rd
C. Tax Map Parcel Number 9.-1-18.111
D. Total area of the property 11 Acres Area of property to be disturbed 0
E. Present zoning district(s) Ag res 1

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 code schedule A

C. Please describe the nature of this request Applicant requesting road frontage variance for 112 feet to construct a single family home. The required road frontage for that district is 200 feet.

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 type="checkbox"/> Site plan | <input checked="" 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 checked="" 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

Agricultural Data Statement

Date 11/10/2022

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant	Owner if Different from Applicant
Name: <u>Devin Tillotson</u> Address: <u>Rodger Rd</u> <u>Pavilion, NY, 14525</u>	Name: _____ Address: _____ _____

1. Type of Application: Special Use Permit; Site Plan Approval ; Use Variance;
(circle one or more) Subdivision Approval

2. Description of proposed project: Applicant requesting road frontage variance for 112 feet to construct a single family homr. The required frontage for this district is 200 feet.

3. Location of project: Address: Rodgers Rd
Tax Map Number (TMP) 9.-1-18.111

4. Is this parcel within an Agricultural District? NO YES (Check with your local assessor if you do not know)

5. If YES, Agricultural District Number District 3

6. Is this parcel actively farmed? NO YES

7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: <u>Philip N Werner</u> Address: <u>7059 Telephone Rd</u> <u>zzpavilion NY 14525</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Name: <u>Kate O'Donnell</u> Address: <u>7063 Rodgers Rd</u> <u>Pavilion NY 14525</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Name: <u>Daniel LaPoint</u> Address: <u>7087 Rodgers Rd</u> <u>Pavilion NY 14525</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Name: <u>Herbert Tillotson</u> Address: <u>7289 Telephone Rd</u> <u>Pavilion NY 14525</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES

Signature of Applicant

Signature of Owner (if other than applicant)

Reviewed by:

Signature of Municipal Official

Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

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: Residential 1,400 sq/ft Home			
Project Location (describe, and attach a location map): Rogers RD Between RT 19 and Perry RD			
Brief Description of Proposed Action: Construction of 1,400 sq/ft home with a Full Basement			
Name of Applicant or Sponsor: Devin Tillotson		Telephone: (585)-690-7475	
		E-Mail: devintilly2@gmail.com	
Address: 10311 Perry RD			
City/PO: LeRoy		State: NY	Zip Code: 14482
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 checked="" 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?		<u>3</u> acres	
b. Total acreage to be physically disturbed?		<u>1/4</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>3</u> 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 type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<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 <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: <u>(Drilled Well)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: <u>Will Be installing a new septic system</u>	<input checked="" type="checkbox"/>	<input 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?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
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?	<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?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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 checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input 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
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
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"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Devin Tillotson</u>	Date: <u>11/2/2022</u>	
Signature: <u></u>	Title: _____	

GUIDELINES AND CRITERIA TO SUPPORT ZONING APPEAL

AREA VARIANCE

In order to be entitled to an Area Variance, an Applicant to the Town of Pavilion must show by documentation in the record that the benefit to the Applicant from the proposed variance will not outweigh the detriment to the health, safety, and welfare of the community and the neighborhood, if the variance is granted. (See Town Law §267-b(3)).

In making this determination the Zoning Board of Appeals shall consider the following factors, and the Applicant must respond to these questions with facts and circumstances and not merely repeat all or part of the questions.

1. Whether or not an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the Area Variance.

No undesirable changes are foreseen. The sole purpose of the variance is to obtain the proper Road frontage requirements so I can build a home on my family's property. The current survey shows an irregular shape + there is a triangular piece that is owned by a neighbor

2. Whether or not the benefit sought by the Applicant can be achieved by some method, feasible for the applicant to pursue, other than an Area Variance.

Granting of a variance would be the most efficient method to obtain the zoning requirements of road frontage for a new residence. Another method would be to possibly purchase the irregular triangle from the neighbor so I could meet the current town requirement. A variance seems most reasonable as compared to the latter.

3. Whether or not the requested Area Variance is substantial.

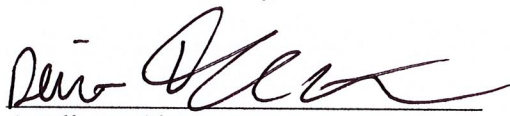
The requested variance is not seen as substantial. We currently have 112.76 feet of road frontage per the survey

4. Whether or not the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district.

The proposed variance will not have any adverse affect or impact that would be considered environmental or physical. It is only being requested to accomodate the requirement to build a residence. It could also serve as access to my property

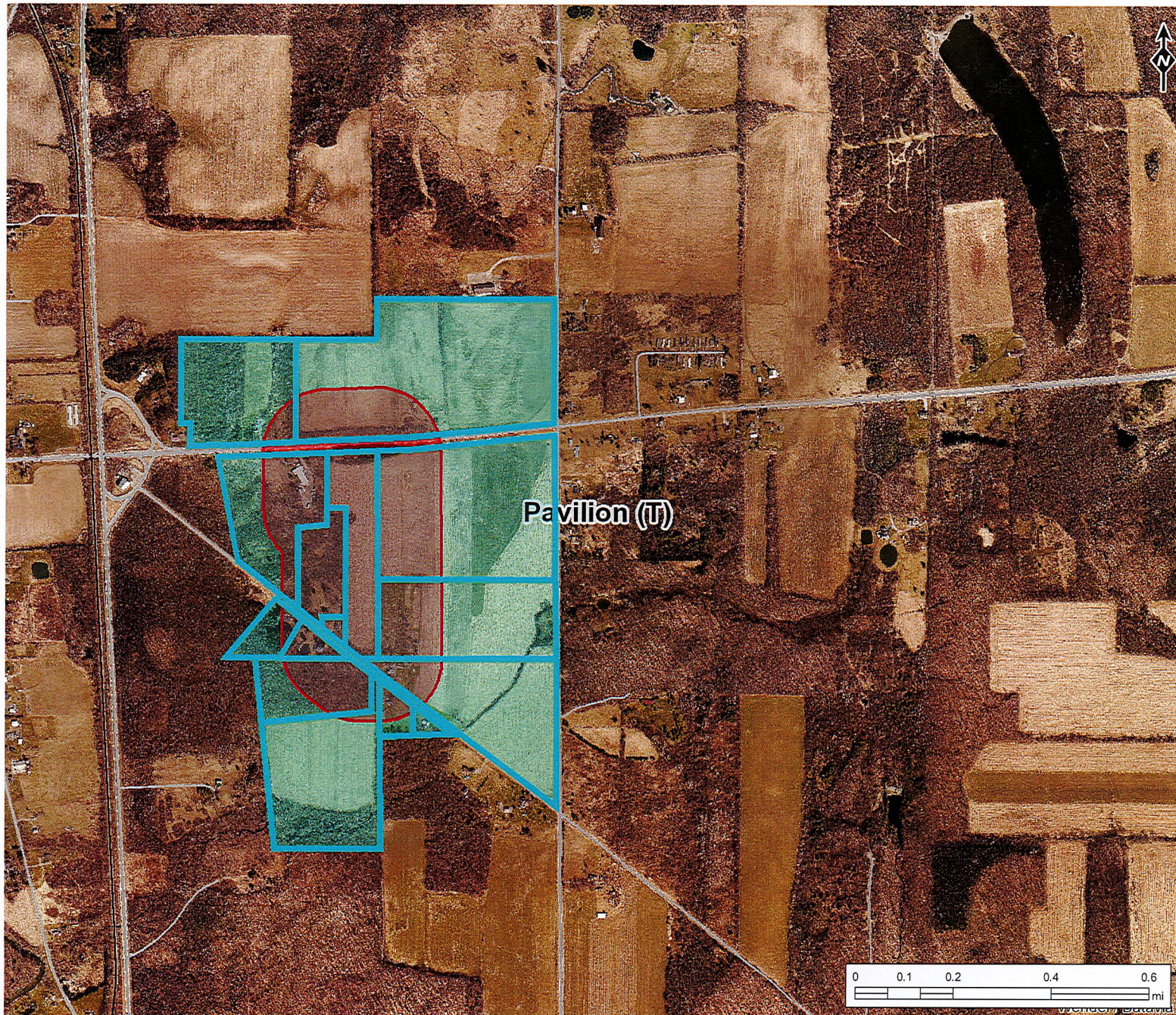
5. Whether or not the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the Area Variance.

This difficulty was not self created. The triangular piece on the current survey was obtained by current owners previously under unknown circumstances, and a previous survey
























Applicant Signature

11/2/2022
Date

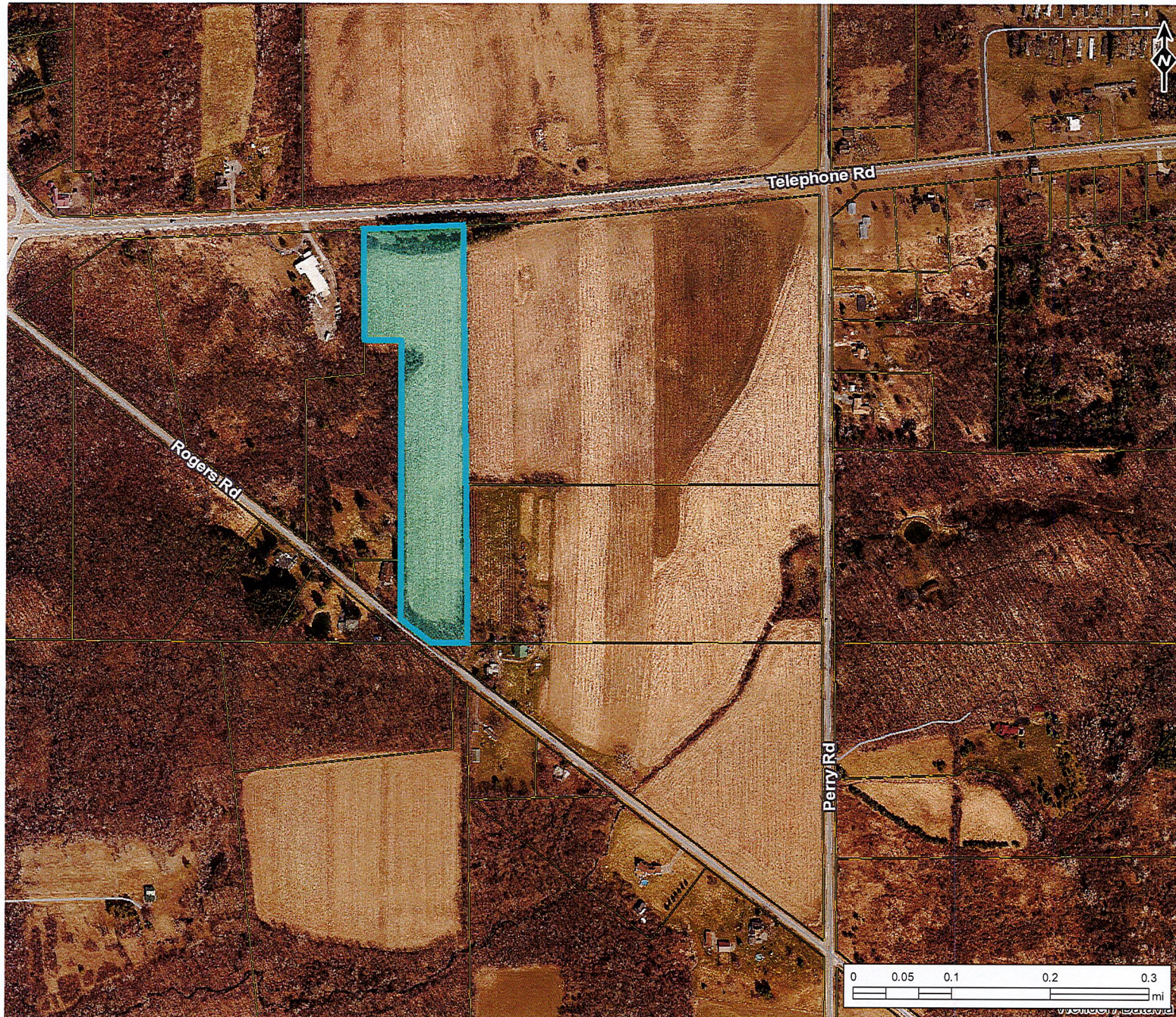
Town of Batavia Web Mapping Application
















LEGEND

-  Water Tank
-  Pump Station
- Hydrant**
-  Red
-  Yellow
-  Yellow w/ Blue Caps
-  Water Main
- Sewer Pump Station**
-  Pump Station
-  Grinder Station
- Sewer Main**
-  Type Not Specified
-  Gravity Lateral
-  Gravity
-  Forcemain Lateral
-  Forcemain
-  Abandoned
- Railroad**
-  Railroad
- Batavia Roads**
-  Interstate
-  State Route
-  County Road
-  Town Road
-  Local Road
-  Surrounding Municipal Roads
-  Municipal Boundary

Town of Batavia Web Mapping Application



LEGEND

-  Water Tank
-  Pump Station
- Hydrant**
-  Red
-  Yellow
-  Yellow w/ Blue Caps
- Blowoff**
-  Below-Grade Programmable Flushing Unit
-  Blowoff Connection
-  Portable Continuous Flushing Setup
-  Portable Programmable Hydrant Flushing Unit
- Meters**
-  Unknown
-  Master Meter
-  Master w/ PRV-PSV
-  Meter

Building and Zoning Application Permit No. _____

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

Date 10 / 19 / 22 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. 9-1-18,111

Owners Name Devin Tillotson

Phone No. (585) 690-7475

Address _____

Project Road Width _____ ft

Applicants Name Devin Tillotson

Project Address _____

E Mail Address Devintilly2@gmail.com

Phone No (585) 690-7475

Description of Project: 1,400 Sq/Ft House

Existing Use Farm land Proposed Use _____

Estimated Cost Building \$150,000 Plumbing \$30,000 Mechanical \$10,000

Miscellaneous \$35,000

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 PERFORMANCE OF CONSTRUCTION.

I, Devin TILLOTSON, 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.

Devin Tillotson

10/10/2022

Signature of Owner or Authorized Agent

Date

Chad Tillotson # 716-474-0391

Construction Attachment:

Permit No. _____

Type of Construction

Agriculture Commercial Industrial Residential Miscellaneous

Contractors

General Contactors Name COOK Properties Address 90 Air Park Dr STE 400 Phone (____) _____
Office Phone (____) _____ Cell Phone (585) 356-2583 Fax No. (585) 356-2583 E-Mail _____
Rochester NY 14624

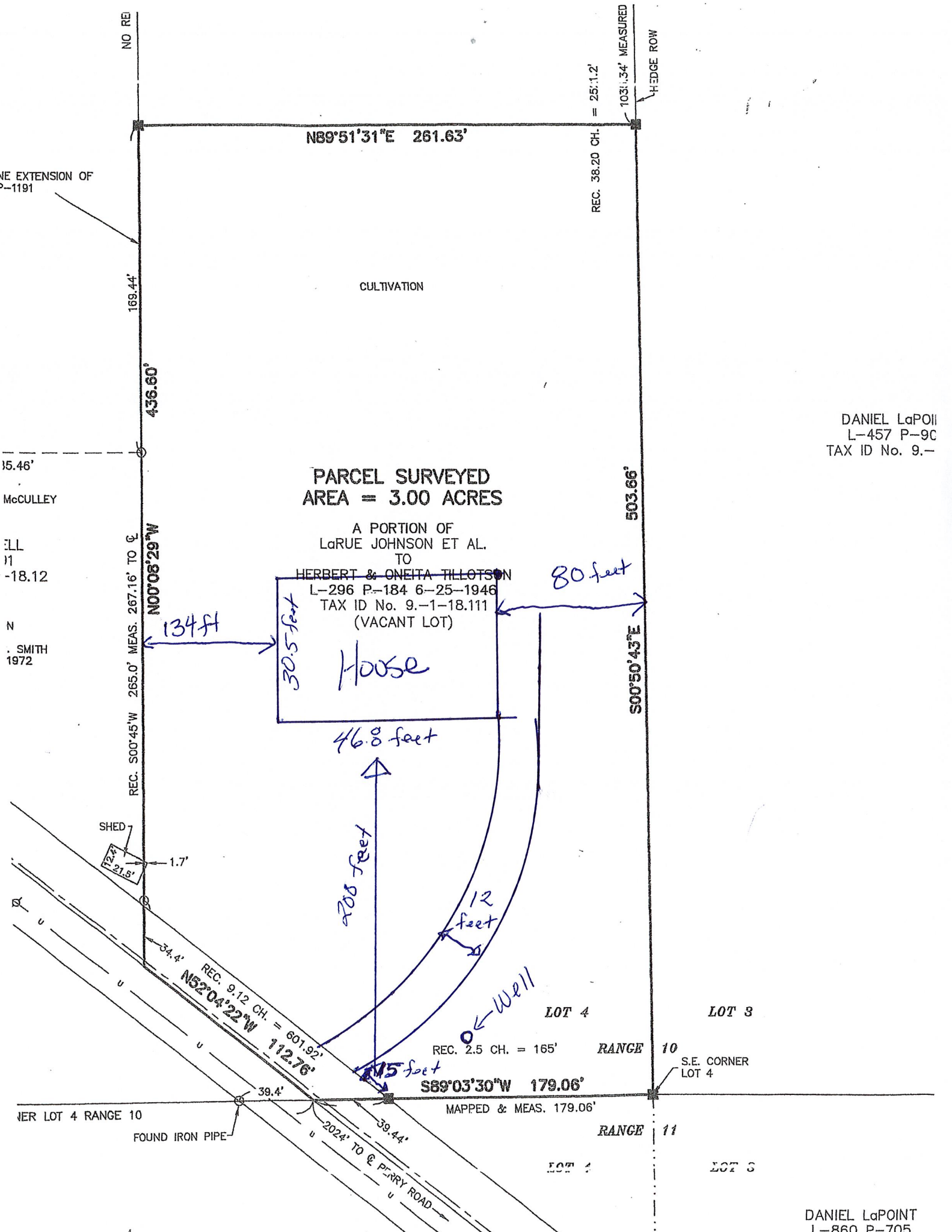
Certificate of Workers Compensation: Yes No Expiration Date ____/____/____

Liability Insurance: Yes No Expiration Date ____/____/____

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

- **Masonry** Johnson & Johnson Construction LLC Phone (____) _____
Office Phone (____) _____ Cell Phone (585) 704-4331 Fax No. (____) _____ E-Mail _____
- **Electrical** J.L. Kingdon Mechanical Phone (____) _____
Office Phone (____) _____ Cell Phone (585) 356-0701 Fax No. (____) _____ E-Mail _____
- **Plumbing** J.L. Kingdon Mechanical Phone (____) _____
Office Phone (____) _____ Cell Phone (585) 356-0701 Fax No. (____) _____ E-Mail _____
- **Alarms / Sprinklers** _____ Phone (____) _____
Office Phone (____) _____ Cell Phone (____) _____ Fax No. (____) _____ E-Mail _____
- **HVAC** J.L. Kingdon Mechanical Phone (____) _____
Office Phone (____) _____ Cell Phone (585) 356-0701 Fax No. (____) _____ E-Mail _____
- **Landscape / Site** Professional Drainage Systems LLC Phone (____) _____
Office Phone (____) _____ Cell Phone (585) 356-4908 Fax No. (____) _____ E-Mail _____
- **Miscellaneous** RCK Seamless Gutters LLC Phone (____) _____
Office Phone (____) _____ Cell Phone (585) 704-7589 Fax No. (____) _____ E-Mail _____

Signature of Owner or Authorized Agent X  Date 10/10/2022



DANIEL LaPOIN
 L-457 P-9C
 TAX ID No. 9.-

DANIEL LaPOINT
 L-860 P-705

T-03-PAV-12-22

