



## GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-03-PEM-4-22**  
Review Date **4/14/2022**

Municipality	<b>PEMBROKE, T.</b>
Board Name	<b>PLANNING BOARD</b>
Applicant's Name	<b>William Gerych</b>
Referral Type	<b>Special Use Permit</b>
Variance(s)	
Description:	<b>Special Use Permit to operate a neon sign manufacturing business as a home occupation.</b>
Location	<b>2197 Main Rd. (NYS Rt. 5), Pembroke</b>
Zoning District	<b>Limited Commercial (LC) District</b>

### PLANNING BOARD RECOMMENDS:

**APPROVAL WITH MODIFICATION(S)**

### EXPLANATION:

The required modification is that the storage and disposal of any hazardous materials must be conducted in accordance with applicable State and Federal regulations. With this required modification, the proposed home occupation should pose no significant county-wide or inter-community impact.

Director

April 14, 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) , 9!+ \$%

**Clear Form**

**DEPARTMENT USE ONLY:**

GCDP Referral # T-03-PEM-4-22



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

**RECEIVED  
Genesee County  
Dept. of Planning  
3/31/2022**

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) Pembroke Planning Board  
Address 1145 Main Rd  
City, State, Zip Corfu, New York 14036  
Phone (585) 599 - 1209 Ext. \_\_\_\_\_

**2. APPLICANT INFORMATION**

Name William Gerych  
Address 2197 Main Rd.  
City, State, Zip Corfu, New York 14036  
Phone (716) 560 - 1742 Ext. \_\_\_\_\_ Email \_\_\_\_\_

**MUNICIPALITY:**  City  Town  Village of Pembroke

**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 checked="" 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 2197 Main Rd. (NYS Rt. 5), Pembroke
- B. Nearest intersecting road Indian Falls Rd.
- C. Tax Map Parcel Number 17.-1-87
- D. Total area of the property About .5 Acres Area of property to be disturbed 0
- E. Present zoning district(s) Limited 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  
SECTION 405 B 6
- C. Please describe the nature of this request Owner requests a SUP for a Home Occupation. Business will manufacture and sell Neon Signs online. Signs will be shipped off site there will be no customers onsite.

**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 James Wolbert Title CEO / ZEO Phone (585) 599 - 1209 Ext. \_\_\_\_\_  
Address, City, State, Zip 1145 Main Rd. Corfu, New York 14036 Email zoning-codes@townofpembroke.org

**TOWN OF PEMBROKE  
1145 MAIN ROAD  
CORFU, NEW YORK 14036  
585-599-4892**

APPLICATION FOR:	<input type="checkbox"/> ZONING APPEAL	DATE APPLIED FOR	<u>3-31-2022</u>
<input checked="" type="checkbox"/> SPECIAL USE PERMIT	<input type="checkbox"/> LAND SEPARATION	APPLICATION NUMBER	<u>64</u>
<input type="checkbox"/> TEMP. SPECIAL USE PERMIT	<input type="checkbox"/> SUB DIVISION	REFERRED TO PLANNING	<u>4-27-22</u>
<input type="checkbox"/> USE VARIANCE	<input type="checkbox"/> ZONE DISTRICT CHANGE	REFERRED TO ZBA	_____
<input type="checkbox"/> AREA VARIANCE	<input type="checkbox"/> SITE PLAN REVIEW	PUBLIC HEARING REQ.	<input checked="" type="checkbox"/>

APPLICANT <u>William D Gerych</u>	STREET LOCATION # <u>2197 Main Rd, Corfu, N.Y.</u>
ADDRESS <u>2197 Main Rd</u>	TAX MAP PARCEL # <u>184289 17.-1-87</u>
<u>Corfu, N.Y.</u>	ZONING DISTRICT <u>Com</u>
TELEPHONE # <u>716-560-1742</u>	SIZE OF PARCEL <u>100' X 200'</u>
	CORNER LOT _____
PROPERTY OWNER (IF OTHER THAN ABOVE)	
NAME _____	CURRENT SET BACK OF BUILDING
ADDRESS _____	FRONT _____
	REAR _____
TELEPHONE # _____	SIDE _____

PERMIT OR VARIANCE FOR:	IF THIS APPLICATION IS FOR A VARIANCE PLEASE STATE THE SECTION OF THE ORDINANCE UNDER WHICH THE VARIANCE REQUESTED
<input type="checkbox"/> NEW CONSTRUCTION	_____
<input type="checkbox"/> ADDITION	_____
<input type="checkbox"/> SIGN	_____
<input type="checkbox"/> HOME OCCUPATION	DESCRIBE REASON FOR VARIANCE _____
<input type="checkbox"/> OTHER	_____
	_____

DOES THIS PROJECT REQUIRE APPROVAL FROM THE FOLLOWING? CHECK THOSE THAT APPLY:

<input type="checkbox"/> GENESEE CO. HEALTH DEPARTMENT	<input type="checkbox"/> TOWN BOARD
<input type="checkbox"/> GENESEE CO. SOIL & WATER	<input type="checkbox"/> Z.B.A.
<input type="checkbox"/> DEPARTMENT OF TRANSPORTATION	<input checked="" type="checkbox"/> PLANNING BOARD
<input checked="" type="checkbox"/> COUNTY PLANNING DEPARTMENT	<input type="checkbox"/> PUBLIC HEARING
<input type="checkbox"/> D.E.C.	

DESCRIPTION OF PROPOSED PROJECT OR REASON FOR PERMIT REQUEST

Requesting a permit to open a home occupancy business. This will be a sole proprietor, manufacturer of neon signs. Orders and sales of signs will be shipped. For local signs, I will deliver and set up. This is not a store.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

1. INCLUDE SITE SKETCH PLAN, PREFERABLY A LAND SURVEY WITH CURRENT AND PROPOSED SET BACKS.
2. IF APPLICANT IS NOT THE OWNER OF THE LAND ON WHICH THE PROPOSED PROJECT IS LOCATED, THEY ARE THEN REQUIRED TO OBTAIN WRITTEN PERMISSION FROM THE LAND OWNER FOR THE PROJECT.
3. A SEQF FORM (EAF) MUST BE INCLUDED WITH THE APPLICATION.
4. APPLICANT OR REPRESENTATIVE SHOULD ATTEND PLANNING BOARD AND/OR ZBA MEETING.

NOTE: IF THE REQUEST IS FOR A USE OR AREA VARIANCE, THE PLANNING BOARD'S ONLY ACTION WILL BE TO MAKE A RECOMMENDATION TO THE ZONING BOARD OF APPEALS FOR APPROVAL OR DISAPPROVAL.

APPLICANT SIGNATURE William D Gerych DATE 3-28-22

**SPECIAL USE PERMIT**

THE PEMBROKE PLANNING BOARD AT A MEETING HELD ON \_\_\_\_\_ HAS HEREBY  
(APPROVED) (DISAPPROVED) APPLICATION # \_\_\_\_\_ FOR A SPECIAL USE PERMIT TO  
CONDUCT A \_\_\_\_\_ ON PROPERTY IDENTIFIED AS  
TAX MAP # \_\_\_\_\_

THE FOLLOWING RESTRICTIONS HAVE BEEN IMPOSED AS A CONDITION OF APPROVAL

DATED \_\_\_\_\_ CHAIRMAN OF THE PLANNING BOARD \_\_\_\_\_  
ZONING OFFICER \_\_\_\_\_

The applicant agrees to the Special Conditions imposed with approval \_\_\_\_\_

Signature

Dated \_\_\_\_\_

**LAND SEPARATION PERMIT**

THE PEMBROKE PLANNING BOARD AT A MEETING HELD ON \_\_\_\_\_ HAS HEREBY  
(APPROVED) (DISAPPROVED) APPLICATION # \_\_\_\_\_ FOR A LAND SEPARATION FROM  
PROPERTY IDENTIFIED AS TAX MAP # \_\_\_\_\_

PLEASE NOTE: THIS PERMIT WILL NOT BE ISSUED UNTIL A SURVEY FOR THE NEWLY CREATED PARCEL IS  
SUBMITTED TO THE TOWN CLERK.

DATED \_\_\_\_\_ CHAIRMAN OF THE PLANNING BOARD \_\_\_\_\_

MYLAR RECEIVED (Date) \_\_\_\_\_ LETTER SENT TO APPLICANT FOR FILING WITH COUNTY (Date) \_\_\_\_\_  
FILED WITH COUNTY (Date) \_\_\_\_\_

**VARIANCE**

**ZONING BOARD OF APPEALS ONLY**

THE PEMBROKE BOARD OF APPEALS AT A MEETING HELD ON \_\_\_\_\_ HAS HEREBY  
(APPROVED) (DISAPPROVED) APPLICATION # \_\_\_\_\_ FOR (AN AREA) OR (A USE)  
VARIANCE ON PROPERTY IDENTIFIED AS TAX MAP # \_\_\_\_\_  
FOR THE FOLLOWING PURPOSE

THE FOLLOWING RESTRICTIONS HAVE BEEN IMPOSED AS A CONDITION OF APPROVAL

DATED \_\_\_\_\_ CHAIRMAN ZONING BOARD OF APPEALS \_\_\_\_\_

The applicant agrees to the Special Conditions imposed with approval \_\_\_\_\_

Signature

Dated \_\_\_\_\_

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

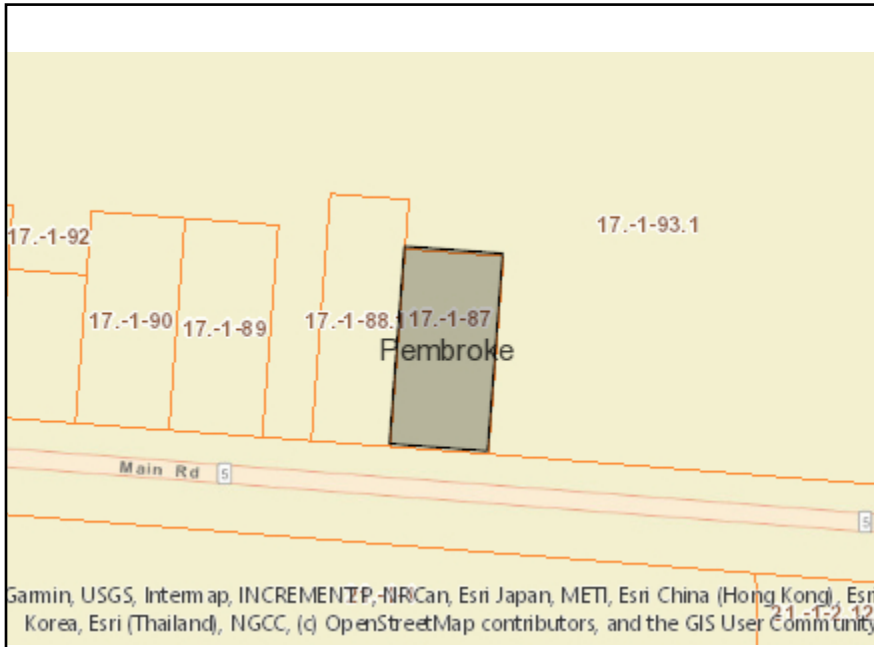
**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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.

<b>Part 1 – Project and Sponsor Information</b>			
William Gerych			
Name of Action or Project: Special Use Permit			
Project Location (describe, and attach a location map): 2197 Main Rd			
Brief Description of Proposed Action: Home Occupation for the manufacture of Neon Signs. Signs will be sold over the internet and shipped, local signs will be delivered and set up. this is not a store, there will be no on site customers.			
Name of Applicant or Sponsor: William Gerych		Telephone: 716-560-1742	
		E-Mail:	
Address: 2197 Main Rd			
City/PO: Corfu		State: New York	Zip Code: 14036
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 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: Town Planning Board			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ about .5 acres			
b. Total acreage to be physically disturbed? _____ 0 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ .5 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" 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,	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? If Yes, identify: _____	NO <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input 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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input checked="" type="checkbox"/>	YES <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?  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 <input checked="" type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input checked="" 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 <input type="checkbox"/> <input checked="" type="checkbox"/>	YES <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, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" 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"/>
49. 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>William Gerych</u> Date: <u>3-31-22</u>  Signature: _____ Title: <u>owner</u>		



**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 20 [Remediation Site]	No



2197 Main Rd.  
William Gerych

Neon Sign SUP  
Will be housed in the Pole Barn



# T-03-PEM-4-22

