



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-04-PEM-6-22**
Review Date **6/9/2022**

Municipality	PEMBROKE, T.
Board Name	PLANNING BOARD
Applicant's Name	Jason and Jacqueline Slocum
Referral Type	Special Use Permit
Variance(s)	
Description:	Special Use Permit to operate a dog training facility in the garage and yard of an existing residence.
Location	1445 Indian Falls Rd., Pembroke
Zoning District	Agricultural-Residential (A-R) District

PLANNING BOARD RECOMMENDS:

APPROVAL

EXPLANATION:

The proposed use should pose no significant county-wide or inter-community impact.

Director

June 9, 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-04-PEM-6-22



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

**RECEIVED
Genesee County
Dept. of Planning
5/31/2022**

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) Town of Pembroke Planning Board
Address 1145 Main Rd
City, State, Zip Corfu NY 14036
Phone (585) 599 - 1209 Ext. _____

2. APPLICANT INFORMATION

Name Jason and Jacqueline Slocum
Address 298 Cindy Dr.
City, State, Zip Ahmerst NY 14221
Phone (716) 367 - 7991 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 1445 Indian Falls Rd
B. Nearest intersecting road Indian Falls & Little Falls
C. Tax Map Parcel Number 9.-2-10.12
D. Total area of the property 1.9 acres Area of property to be disturbed _____
E. Present zoning district(s) AG - Res

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 402 part B number 21
C. Please describe the nature of this request Animal care and training facility to include the following training programs,
Dog Obedience, Purpose Training, Competition Training and Canine Conditioning

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, NY. 14036 Email zoning-codes@townofpembroke.org

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

APPLICATION FOR:	_____ ZONING APPEAL
<input checked="" type="checkbox"/> SPECIAL USE PERMIT	_____ LAND SEPARATION
_____ TEMP. SPECIAL USE PERMIT	_____ SUB DIVISION
_____ USE VARIANCE	_____ ZONE DISTRICT CHANGE
_____ AREA VARIANCE	_____ SITE PLAN REVIEW

DATE APPLIED FOR	<u>5-11-22</u>
APPLICATION NUMBER	<u>69</u>
REFERRED TO PLANNING	<u>6-22</u>
REFERRED TO ZBA	_____
PUBLIC HEARING REQ.	<u>X</u>

APPLICANT ADDRESS	<u>Jason & Jacqueline Slocum</u> <u>1445 Indian Falls Rd.</u> <u>Corfu NY 14036</u>	STREET LOCATION #	_____
TELEPHONE #	<u>716-367-7991</u>	TAX MAP PARCEL #	<u>9-2-10.12</u>
PROPERTY OWNER (IF OTHER THAN ABOVE) NAME	_____	ZONING DISTRICT	<u>Agriculture</u>
ADDRESS	<u>298 CINDY DR</u> <u>AMHERST NY 14057</u>	SIZE OF PARCEL	<u>1.9 Acres</u>
TELEPHONE #	<u>716 367-7991</u> <u>14221</u>	CORNER LOT	_____
		CURRENT SET BACK OF BUILDING	
		FRONT	_____
		REAR	_____
		SIDE	_____

PERMIT OR VARIANCE FOR:	IF THIS APPLICATION IS FOR A VARIANCE PLEASE STATE THE SECTION OF THE ORDINANCE UNDER WHICH THE VARIANCE REQUESTED
_____ NEW CONSTRUCTION	_____
_____ ADDITION	_____
_____ SIGN	_____
_____ HOME OCCUPATION	DESCRIBE REASON FOR VARIANCE _____
_____ OTHER	_____

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

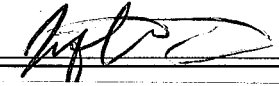
_____ GENESEE CO. HEALTH DEPARTMENT	_____ TOWN BOARD
_____ GENESEE CO. SOIL & WATER	_____ Z.B.A.
_____ DEPARTMENT OF TRANSPORTATION	<input checked="" type="checkbox"/> PLANNING BOARD
<input checked="" type="checkbox"/> COUNTY PLANNING DEPARTMENT	_____ PUBLIC HEARING
_____ D.E.C.	

DESCRIPTION OF PROPOSED PROJECT OR REASON FOR PERMIT REQUEST

Animal care and training facility
Training programs for dogs, obedience training, purpose training,
Competition training and canine conditioning.

- 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 SEQR 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  DATE May 11 2022

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: Animal Care and Training Facility			
Project Location (describe, and attach a location map): within current 3 car garage			
Brief Description of Proposed Action: Conducting dog training			
Name of Applicant or Sponsor: Jason and Jacqueline Slocum		Telephone: 716-367-7991	
Address: 1445 Indian Falls Rd.		E-Mail: JLOSS18@gmail.com	
City/PO: Corfu		State: NY	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 checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? 1.9 acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input 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, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<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 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 site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
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 plain?	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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO	YES
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
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
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: <u>Jacqueline Stocom</u> Date: <u>May 11 2022</u> Signature: <u></u>		



Colleen Collier <colleencollier@gmail.com>

Fwd: 1445 Indian Falls

1 message

Cheyenne Seelau <cheyanne.seelau@huntrealestate.com>
To: Colleen Collier <colleencollier@gmail.com>

Fri, May 20, 2022 at 3:07 PM

Cheyenne Seelau
Hunt Real Estate
716-572-9562

Begin forwarded message:

From: Don Dylag <dylagbuild@gmail.com>
Date: May 20, 2022 at 3:01:20 PM EDT
To: cheyanne.seelau@huntrealestate.com
Subject: 1445 Indian Falls

To whom it may concern,

I, Donald Dylag, give permission to Harry and Janette Slocum to apply for a special use permit at 1445 Indian Falls rd.

Thank you

--

Don Dylag Jr.
Owner
MW Dylag Builders, LLC
3693 Milestrip Road
Buffalo, NY 14219
585-813-2995 (Cell)
Dylagbuild@Gmail.com

369 Southwood Dr.
Buffalo, NY 14223
May 24, 2022

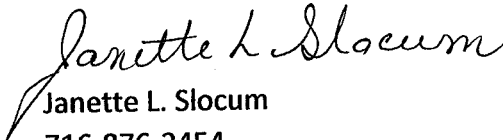
To whom it may concern:

We, Harry and Janette Slocum, give permission to Jason and
Jacqueline Slocum to apply for a special use permit at 1445 Indian
Falls Road.

Best regards,



Harry K. Slocum



Janette L. Slocum

716-876-2454

slocumjan@gmail.com



Felipe Oltramari

From: Jackie Loss <jloss18@gmail.com>
Sent: Wednesday, June 1, 2022 7:48 AM
To: Felipe Oltramari
Subject: Re: Genesee County Planning Board Referral Receipt

Caution! This message was sent from outside your organization.

[Allow sender](#) | [Block sender](#)

Good morning,

The following is about what we had talked about yesterday.

Both my Husband and I are dog trainers. We are in the process of purchasing 1445 Indian falls rd. Corfu NY 14036. The current Owner (Don Dylag) has given written permission to my in laws (Harry and Janette Slocum, they are purchasing the property). Who have then also written my husband and I (Jason and Jacqueline Slocum, we will be residing at the property) written permission to apply for a special use permit to conduct dog training at the property once the sale has finalized.

My husband and I train dogs for obedience, sport, purpose training and canine conditioning. We plan on conducting the training within the 3 car garage, and we also plan on putting up fencing once we are moved into the property. (Potentially at the last garage door)

If you have any questions please let me know.

Thank You,
Jacqueline Slocum, LVT
716-367-7991
[Jloss18@gmail.com](mailto:jloss18@gmail.com)

On Tue, May 31, 2022, 3:01 PM Felipe Oltramari <Felipe.Oltramari@co.genesee.ny.us> wrote:

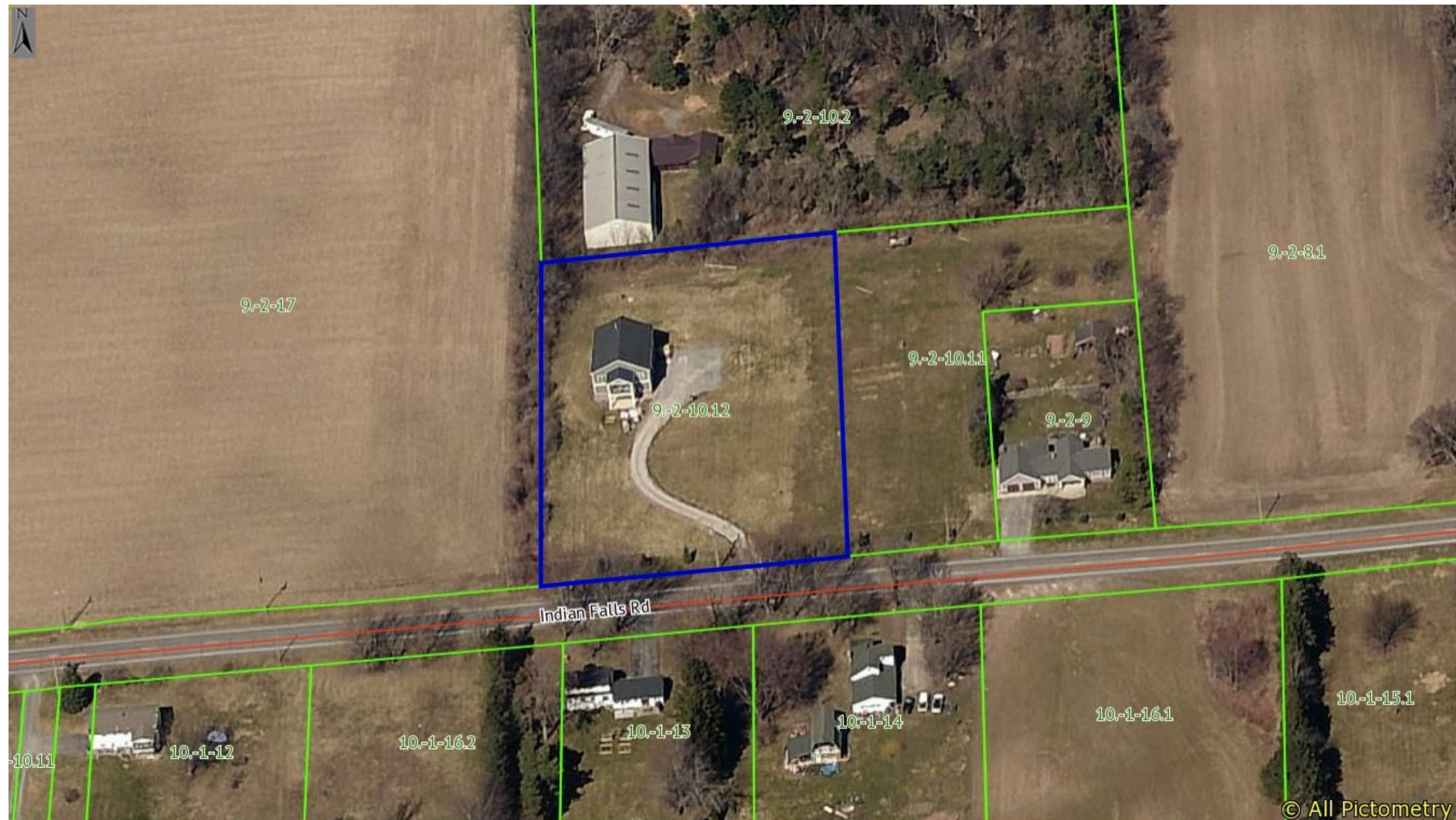
Please be advised that the Genesee County Department of Planning is in receipt of a planning referral T-04-PEM-6-22 in the Town of Pembroke, NY.

Applicant's Name: Jason and Jacqueline Slocum; Type of Referral: Special Use Permit

The Genesee County Planning Board will review this referral at its meeting at County Building 2, 3837 W. Main Street Rd., Batavia, NY on Thursday, June 9 2022 at 7:00 P.M.

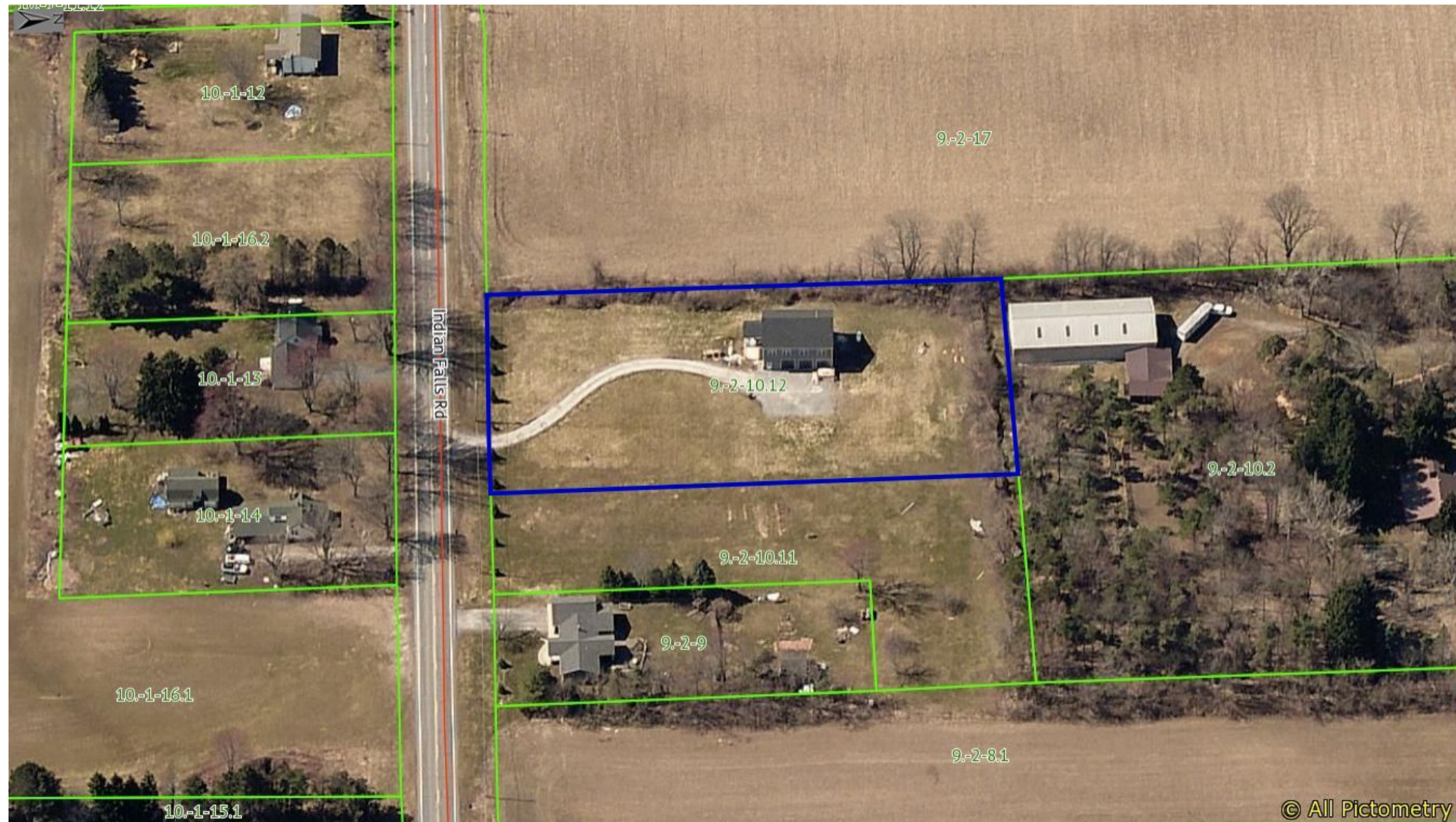
Attendance by the applicant is encouraged but not mandatory. No virtual option is available for this meeting.

T-04-PEM-6-22



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