



# GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

**T-05-BYR-10-23**

Review Date

**10/12/2023**

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

<b>BYRON, T.</b>
<b>PLANNING BOARD</b>
<b>Heidi Kaiser</b>
<b>Special Use Permit</b>
<b>Special Use Permit to operate a home occupation (hand craft sales, classes and events).</b>

Location  
Zoning District

<b>7631 Byron Holley Rd. (NYS Rt. 237), Byron</b>
<b>Residential (R-1) District</b>

**PLANNING BOARD RECOMMENDS:**

**APPROVAL**

**EXPLANATION:**

**The proposed home occupation should pose no significant county-wide or inter-community impact.**

Director

October 12, 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:  
GENESSEE COUNTY DEPARTMENT OF PLANNING  
3837 West Main Street Road  
Batavia, NY 14020-9404  
Phone: (585) 815-7901

DEPARTMENT USE ONLY:  
GCDP Referral # T-05-BYR-10-23



**\* GENESSEE COUNTY \*  
PLANNING BOARD REFERRAL**

RECEIVED  
Genesee County  
Dept. of Planning  
10/4/2023

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 Byron Planning Board  
Address po box 9  
City, State, Zip Byron, NY 14422  
Phone (585) 402 - 148 Ext. \_\_\_\_\_

**2. APPLICANT INFORMATION**

Name Heidi Kaiser  
Address 7631 Byron Holley Rd.  
City, State, Zip South Byron, NY 14557  
Phone (585) 729 - 8660 Ext. \_\_\_\_\_ Email \_\_\_\_\_

MUNICIPALITY:  City  Town  Village of Byron

**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 7631 Byron Holley Road South Byron NY 14422
- B. Nearest intersecting road Walkers Corners and East Main
- C. Tax Map Parcel Number 9.-2-58.1 and 9.-2-58.2
- D. Total area of the property 181243 sq ft (4 acres) Area of property to be disturbed Zero
- E. Present zoning district(s) R1

**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 9.04 D- Home Occupation
- C. Please describe the nature of this request see attached form

**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 Melissa Ierlan Title zoning officer Phone (585) 402 -0148 Ext. \_\_\_\_\_  
Address, City, State, Zip PO Box 9 Byron NY 14422 Email townofbyroncodes@gmail.com

**TOWN OF BYRON**

**APPLICATION TO THE  
PLANNING BOARD**

**Special Use Permit**

Special Use Number : PBA 2023-064

Date : 8/25/23

**OWNER**

**APPLICANT (If other than owner)**

Name : Heidi Kaiser

Name : \_\_\_\_\_

Address : PO Box 115 7631 Byron Holley Rd  
South Byron NY 14557

Address : \_\_\_\_\_

Telephone # : \_\_\_\_\_

Telephone # : \_\_\_\_\_

1. Request to the Planning Board to overturn the Zoning Enforcement Officer's decision to DENY  GRANT  an application for a Zoning Permit Application Number \_\_\_\_\_ Dated \_\_\_\_\_

2. APPLICATION FOR : Special Use Permit

Other

Please Specify \_\_\_\_\_


3. Address of Project Site : 7631 Byron Holley Rd.

Tax Map Number : 9-2-58.1/9-2-58.2 Zoning District : R1

4. Has a previous appeal been filed pertaining to this parcel? No

Yes  If yes, list Appeal No. \_\_\_\_\_ Date \_\_\_\_\_ Purpose of Request : \_\_\_\_\_

5. Justification for Request : General Response To start giving classes and having general events.

 A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of the PINK sheet which pertain to your specific appeal.

The Applicant shall submit with this request, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any other material that will assist the Board in making a determination regarding this request.

\*\*\*\*\*

**CERTIFICATION :** I hereby certify that I have read and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating construction or performance of construction and/or use.

Heidi E. Kaiser 8/14/2023  
Applicant's Signature Date:

Owner's Signature (if other than applicant) Date:

\*\*\*\*\*

**PROVISIONS of ZONING LAW for SPECIAL USE:**

1.  Article \_\_\_\_\_ Section 9, 04  
Subsection D Paragraph \_\_\_\_\_  
state reason; Home Occupation

2.  Table I or II - state reason; \_\_\_\_\_

**FEE COLLECTED :**

Check # \_\_\_\_\_

Special Use Fee \$ 100 -

Public Hearing Fee \$ 100 -

TOTAL FEE \$ 200 -

Melissa DeWitt  
Signature - Zoning Enforcement Officer

10/11/23  
Date

OFFICE USE ONLY

## **Special use Permit request justification:**

**For:** Heidi Kaiser/New Moon Fox  
7631 Byron Holley Rd.  
South Byron, NY 14422  
585-729-8660

### **Reason for request:**

I have been doing home based business work for several years with a DBA of New Moon Fox. I create and sell various handcrafted items at local craft shows.

I would like to expand my business to include small classes where people can learn new skills and create their own items. Occasional larger events would also be included.

**Proposed Class size:** 5-15 participants  
**Proposed Event size:** 5-40 participants

### **Location Details:**

This residence is the Old St. Michael's Church. All vehicles would be parked off the street, The parking lot can accommodate up to 45 vehicles (see attached).

I am located on Route 237. The amount of traffic added by classes would have minimal impact on current traffic patterns.

### **Frequency of need:**

Monthly classes would be scheduled with occasional larger (see above) events. No more than 4 per year.



Section 9.04 R-1 Residential Districts

- (a) Intent.
  - (i) The purpose of the Rural (R-1) District is to promote orderly development of the Town and to encourage well designed living environments which protect and stabilize the residential character of the town.
- (b) Permitted Principle Uses in an R-1 District
  - (i) Single family dwellings and its accessory uses
  - (ii) Two-family dwellings and its accessory uses
  - (iii) Agricultural uses provided sound agricultural practices are used, excluding the storage of manure and stabling of farm animals outside of a NYS Certified Agricultural District
- (c) Restriction on Accessory Uses in an R-1 District
  - (i) No more than two (2) accessory buildings primarily used for storage shall be permitted on any residential property.
- (d) The following uses are permitted in an R-1 District upon issuance of a Special Use Permit.
  - (i) Home occupations
  - (ii) Professional office
  - (iii) Not for profit public and semi-public uses and buildings.
  - (iv) Bed and Breakfast.
  - (v) Cluster residential developments.
  - (vi) Child daycare center
  - (vii) Adult care facilities
  - (viii) Multi-family dwellings
  - (ix) Dwelling accessory apartment

HOME OCCUPATION—An occupation or profession which: (A) is customarily carried on in a dwelling unit or in a building or other structure accessory to a dwelling unit, and (B) is carried on by a member or members of the immediate family residing in the dwelling unit, and (C) is clearly incidental and secondary to the use of the dwelling unit for residential purposes and (D) which conforms to the following additional conditions:

- 6) The occupation or profession is carried on wholly within the principle building or within a building or other structure accessory thereto.
- 7) No more than two (2) persons outside the said immediate family are employed in the home occupation.
- 8) There is no exterior display, no exterior sign, larger than 2 square feet, no exterior storage of materials and no exterior indication of the home occupation or variations of the residential character of the principle buildings.
- 9) No offensive noise, vibration, smoke, dust, odors, heat or glare is produced, nor does the home occupation result in:
  - a) Dissemination of noise, vibration, odor, dust, smoke, observable gas or fumes, or other atmospheric pollutant beyond the boundaries of the immediate site of the building in which such use is conducted;
  - b) Hazard or fire explosion or other physical hazard to any person, building or vegetation;
  - c) Radiation or interference with radio or television reception beyond the boundaries of the immediate site of the building in which such use is conducted, or the testing of material or instruments in such manner as to constitute a public nuisance.
- 10) In particular, a home occupation may include, but is not limited to, the following: art studio, dress making, barber shops and beauty parlors (when limited to two work stations), catering, visiting nurse, draftsman, dress making, electrical/radio/television repair, furniture refinisher, laundering, musician, photographer, professional office of a physician, dentist, lawyer, engineer, architect or accountant within a dwelling occupied

by the same, upholsterer, teaching or tutoring, real estate offices, or occupations in which the only contact with customers is via telephone.

- 11) However, a home occupation shall not be interpreted to include the following: motor vehicle repair shop, machine shop, welding and fabrication shop, commercial stables and kennels or restaurants.
- 12) No more than twenty five (25) percent of the gross floor area of such residence shall be used for the conduct of a home occupation or profession. No more than forty (40) percent of the floor area of an accessory structure shall be used for a home occupation or profession.

## 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>			
Name of Action or Project: <i>Heidi Kaiser</i>			
Project Location (describe, and attach a location map): <i>Special Use permit for home occupation</i>			
Brief Description of Proposed Action: <i>7631 Byron Hollow Rd S. Byron NY 14422</i> <i>Teach classes</i> <i>hold general events</i>			
Name of Applicant or Sponsor: <i>Heidi Kaiser</i>		Telephone: <i>729-8660</i>	
		E-Mail:	
Address: <i>PO Box 115</i>			
City/PO: <i>South Byron NY</i>		State:	Zip Code: <i>14557</i>
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 governmental 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>4</u> acres	
b. Total acreage to be physically disturbed?		<u>0</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>4</u> acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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, 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	
	<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?	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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	

<p>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)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p>		
<p>Applicant/sponsor name: <u>Heidi Kaiser</u></p>	<p>Date: <u>8/25/23</u></p>	
<p>Signature: <u>Heidi C. Kaiser</u></p>		

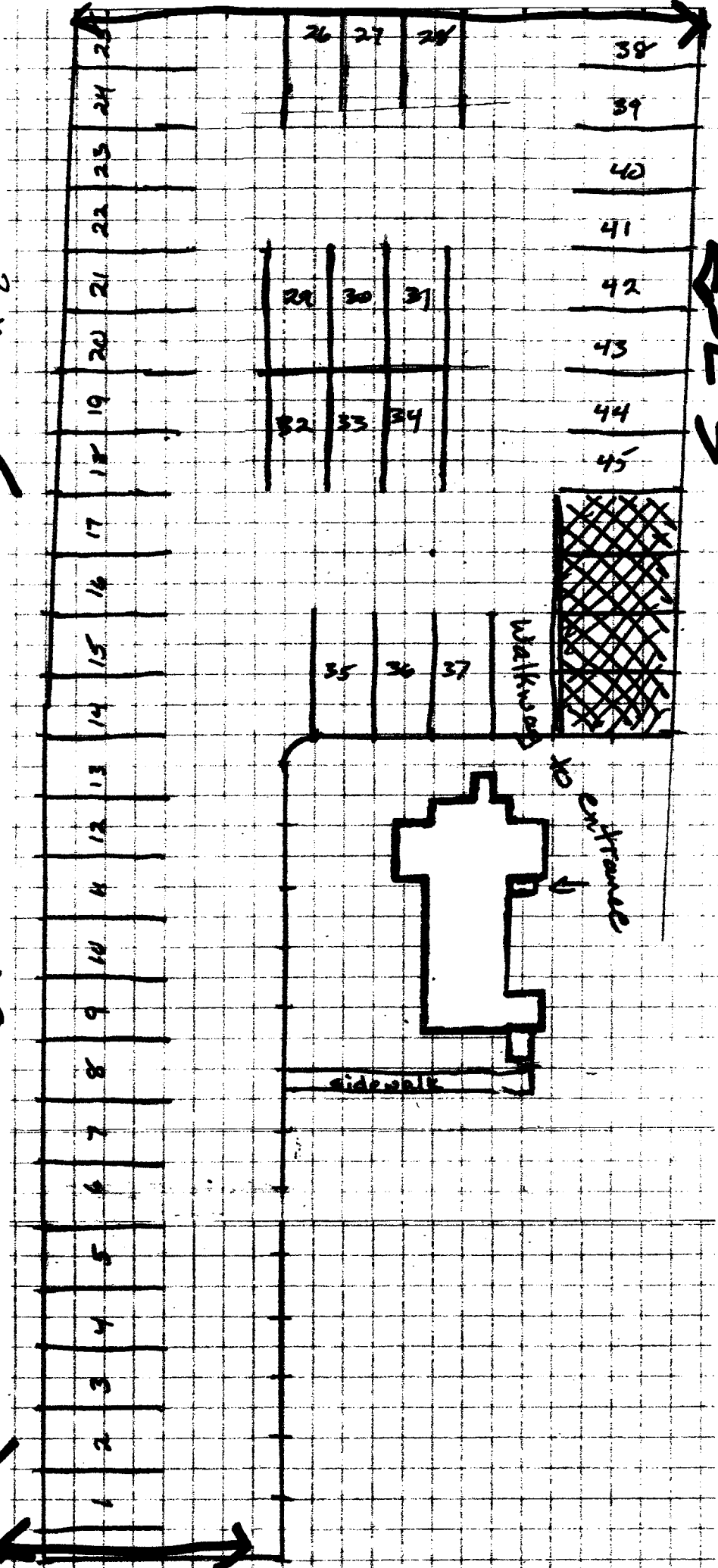


HEIDI KAISER  
7631 BYRON-  
HOLLEY RD

PARKING LOT  
CONFIGURATION  
- 45 VEHICLES  
TOTAL

• parking spots 10 x 20

← 251 →



- 94 -

RTE 237  
↓



**Search** ✕

Search by 2022 Tax Parcels ▾

kaiser 🔍

---

**Search results (6)** Options ▾

- 9.-2-58.2 Byron Heidi Kaiser
- ▾ **9.-2-58.1 Byron Heidi Kaiser**
  - pin: 9.-2-58.1
  - swispin: 1830009.-2-58.1
  - prclmunt: Byron
  - full\_owner: Heidi Kaiser
  - swis: 183000
  - prclnumb: 7631
  - totalasses: 83500
  - yrbuilt: 1891
  - acres: 3.1
  - saledate: 2011/05/03
  - mailpobox: 115
  - mailcityst: South Byron, NY 14557
  - Area: 123874.3 Square Feet**
  - Perimeter: 1824.9 Feet**
- 12.-1-86 LeRoy Byrce Kaiser
- 84.026-1-81.1 City of Batavia Benjamin K...
- 13.-1-19.2 Bergen Kaiser-Wilcox Corp
- 17.-1-11 Bergen Kaiser Wilcox Corp

50 ft  
71 m





Search ✕

Search by 2022 Tax Parcels ▾

kaiser 🔍

Search results (6) Options ▾

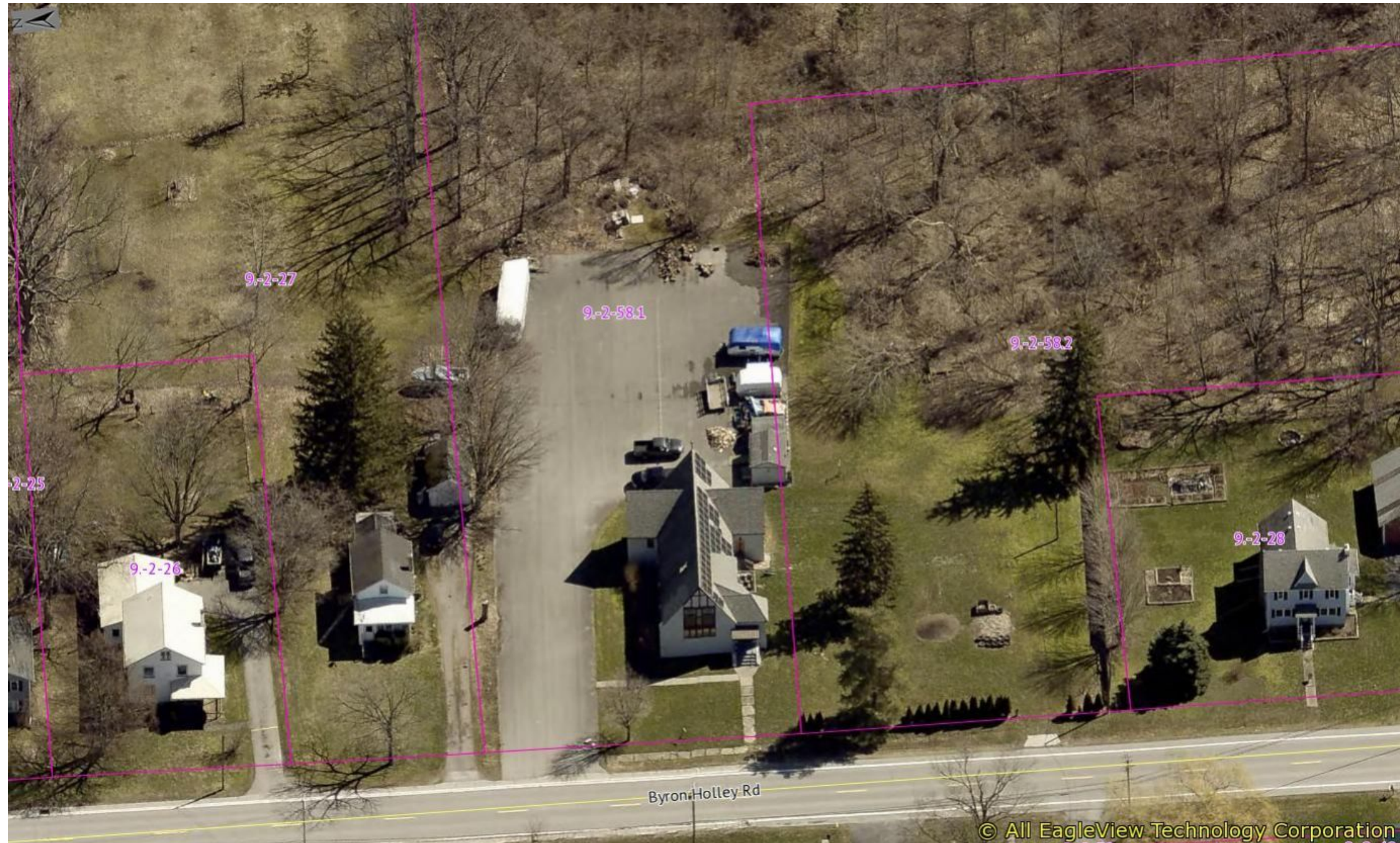
- 9.-2-58.2 Byron Heidi Kaiser
- ▾ 9.-2-58.1 Byron Heidi Kaiser
  - pin: 9.-2-58.1
  - swispin: 1830009.-2-58.1
  - prclmuni: Byron
  - full\_owner: Heidi Kaiser
  - swis: 183000
  - prclnumb: 7631
  - totalasses: 83500
  - yrbuilt: 1891
  - acres: 3.1
  - saledate: 2011/05/03
  - mailpobox: 115
  - mailcityst: South Byron, NY 14557
  - Area: 123874.3 Square Feet**
  - Perimeter: 1824.9 Feet**
- 12.-1-86 LeRoy Bryce Kaiser
- 84.026-1-81.1 City of Batavia Benjamin K...
- 13.-1-19.2 Bergen Kaiser-Wilcox Corp
- 17.-1-11 Bergen Kaiser Wilcox Corp



20 ft  
10 m



# T-05-BYR-10-23



Byron Holley Rd

© All EagleView Technology Corporation