



# GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-05-PEM-05-23

Review Date

5/11/2023

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

**PEMBROKE, T.**

**PLANNING BOARD**

**Stacey Steiner**

**Special Use Permit**

**Special (Temporary) Use Permit to use a camper as a residence while a house is being built.**

Location  
Zoning District

**Main Rd. (NYS Rt. 5), Pembroke**

**Commercial (C) and Agricultural-Residential (A-R) Districts**

## PLANNING BOARD RECOMMENDS:

**APPROVAL**

## EXPLANATION:

**The proposed camper should pose no significant county-wide or inter-community impact. It is recommended that the applicant submits the attached application for 9-1-1 Address Verification to the Genesee County Sheriff's Office to ensure that an address for the future home is assigned that meets Enhanced 9-1-1 standards.**

Director

May 11, 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) , 941+ 586



**DEPARTMENT USE ONLY:**

GCDP Referral # T-05-PEM-05-23

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

RECEIVED  
Genesee County  
Dept. of Planning  
5/1/2023

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

**2. APPLICANT INFORMATION**

Name Stacey Steiner  
Address 10165 Lapp Rd  
City, State, Zip Clarence Center New York 14032  
Phone (716) 200 - 8664 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 Main Rd. (NYS Rt. 5), Pembroke
- B. Nearest intersecting road Lake Rd.
- C. Tax Map Parcel Number 18.-1-8.112
- D. Total area of the property 16 acres Area of property to be disturbed less than 1
- E. Present zoning district(s) Commercial and Ag Residential

**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 510 A 1 c
- C. Please describe the nature of this request Live in Camper while house is being built. Septic will be completed first.

**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	4-26-23
APPLICATION NUMBER	110
REFERRED TO PLANNING	MAY
REFERRED TO ZBA	—
PUBLIC HEARING REQ.	MAY YES

APPLICANT <u>Stacy Steiner</u> ADDRESS <u>Main Rd</u> <u>Pembroke</u> TELEPHONE # <u>716200 8664</u>	STREET LOCATION # <u>Main Rd Pembroke</u> TAX MAP PARCEL # <u>18.-1-8-112</u> ZONING DISTRICT <u>Commercial / Agricultural</u> SIZE OF PARCEL <u>16.1</u> CORNER LOT <u>no</u>
PROPERTY OWNER (IF OTHER THAN ABOVE) NAME <u>Current address - Stacy</u> ADDRESS <u>10165 Lapp Rd</u> <u>Clarence Center</u> TELEPHONE # <u>716 200 8664</u>	
CURRENT SET BACK OF BUILDING FRONT _____ REAR _____ SIDE _____	

PERMIT OR VARIANCE FOR: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> SIGN <input checked="" type="checkbox"/> HOME OCCUPATION <input type="checkbox"/> OTHER	IF THIS APPLICATION IS FOR A VARIANCE PLEASE STATE THE SECTION OF THE ORDINANCE UNDER WHICH THE VARIANCE REQUESTED <u>510 A / 703 B + D</u>  DESCRIBE REASON FOR VARIANCE <u>Temporary use permit request - To live in a camper until home is built.</u>
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DOES THIS PROJECT REQUIRE APPROVAL FROM THE FOLLOWING? CHECK THOSE THAT APPLY:

<input checked="" type="checkbox"/> GENESEE CO. HEALTH DEPARTMENT	<input checked="" type="checkbox"/> TOWN BOARD
<input type="checkbox"/> GENESEE CO. SOIL & WATER	<input type="checkbox"/> Z.B.A.
<input type="checkbox"/> DEPARTMENT OF TRANSPORTATION	<input 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

To temporarily live in a camper until my home is built. I will have my livestock moved there when the barns + fencing is completed

- 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 [Signature] DATE April 26, 2023

Board Act. 100  
 Public Hearing 75  
 County Plan 50  
 \$ 225  
 100  
 125

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

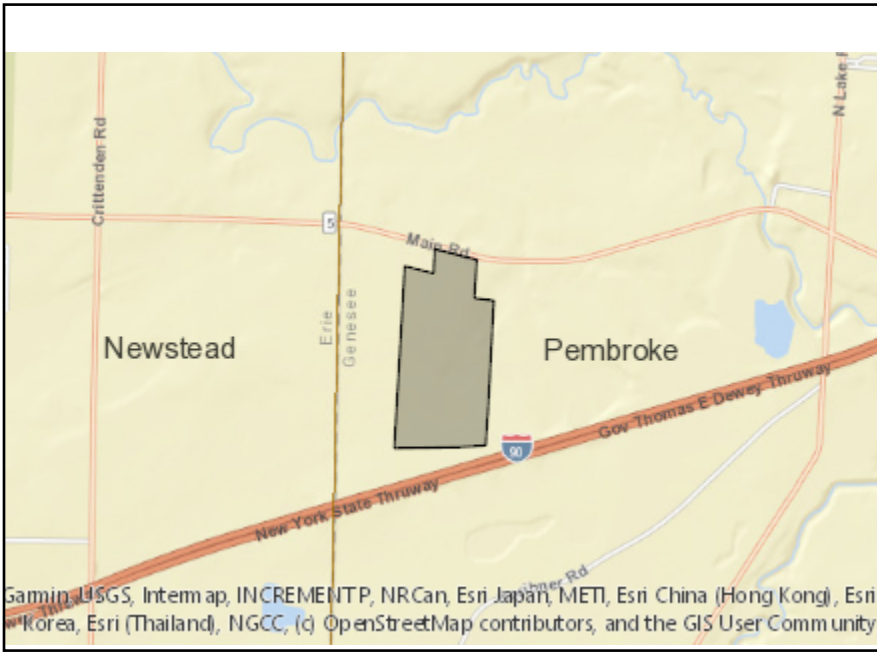
**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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>			
Stacey Steiner			
Name of Action or Project: Temp. Special Use Permit			
Project Location (describe, and attach a location map): between 258 and 300 Main rd. TM# 18.-1-8.112			
Brief Description of Proposed Action: I want to live in a camper while house is being built. I know that Septic system will need to be installed prior to any occupancy.			
Name of Applicant or Sponsor: Stacey Steiner		Telephone: 716-200-8664	
		E-Mail:	
Address: 10165 Lapp Rd			
City/PO: Clarence Center		State: New York	Zip Code: 14032
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:		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 16.1 acres			
b. Total acreage to be physically disturbed? _____ 1 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 16.1 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 checked="" 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? 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 type="checkbox"/>	YES <input checked="" 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 type="checkbox"/>	YES <input checked="" 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 checked="" 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? Northern Long-eared Bat	NO	YES
	<input type="checkbox"/>	<input checked="" 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>Stacey Steiner</u> Date: <u>5-1-23</u>  Signature: _____ Title: <u>Owner</u>		



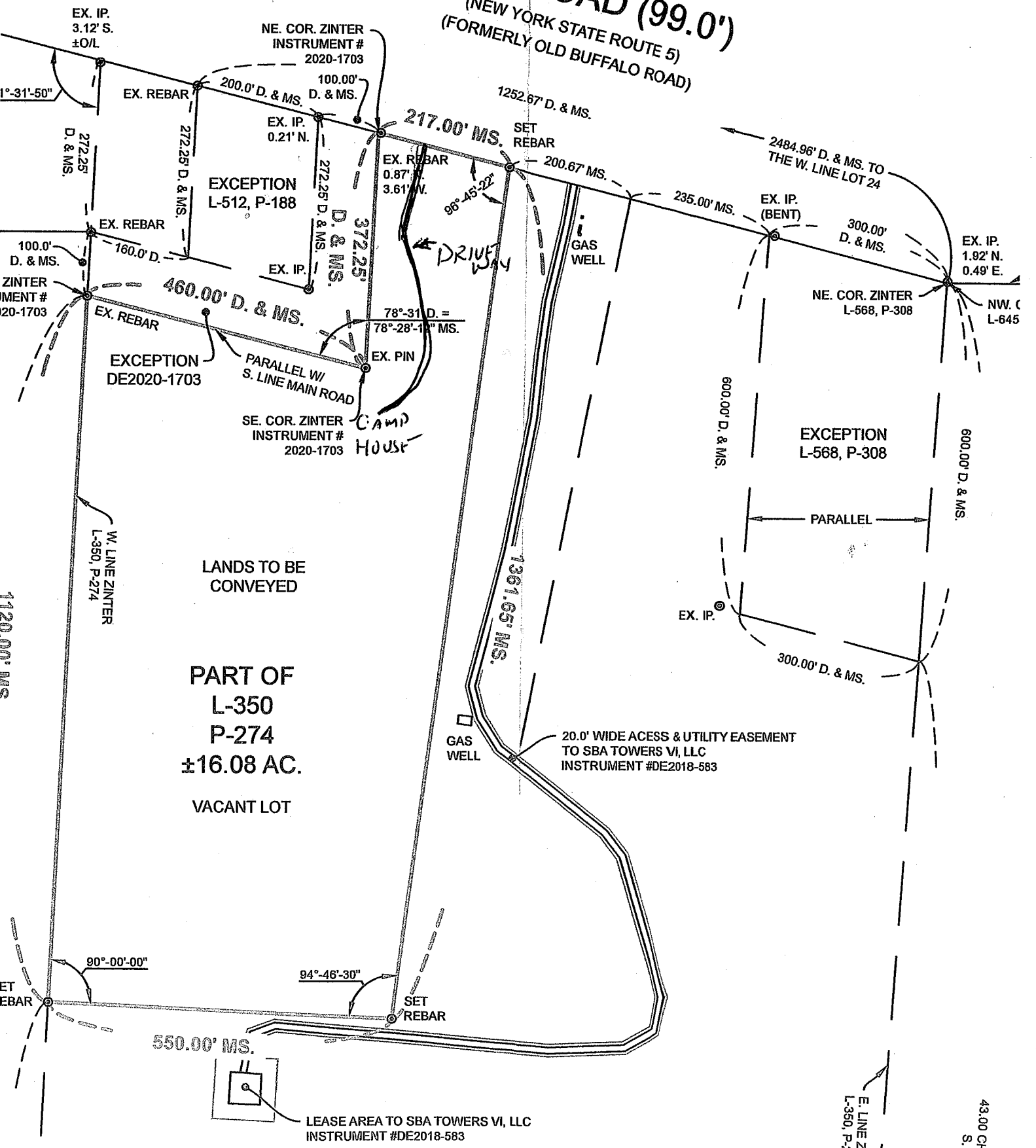
**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting 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]	Yes
Part 1 / Question 15 [Threatened or Endangered Animal - Name]	Northern Long-eared Bat
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

# MAIN ROAD (99.0')

(NEW YORK STATE ROUTE 5)  
(FORMERLY OLD BUFFALO ROAD)



LANDS TO BE  
CONVEYED

PART OF  
L-350  
P-274  
±16.08 AC.

VACANT LOT

LEASE AREA TO SBA TOWERS VI, LLC  
INSTRUMENT #DE2018-583



# T-05-PEM-05-23



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