



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-06-PEM-07-23

Review Date

7/13/2023

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

PEMBROKE, T.

PLANNING BOARD

Jesse and Jen Stocking

Special Use Permit

Special Use Permit to operate a contractor's yard (S&S Excavating and Blacktop).

Location
Zoning District

2249 Genesee St. (NYS Rt. 33), Pembroke

Agricultural-Residential (A-R) Districts

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modifications are as follows: 1) Given that the applicant will be disturbing more than an acre of land, the applicant completes a Stormwater Pollution Prevention Plan (SWPPP) and obtains a Stormwater Permit for Construction Activity from NYS Department of Environmental Conservation (DEC); 2) The applicant provide the Town a more detailed site plan showing the size and number of parking spaces on the property and the location of the required 8 ft fence per Section 518 D of the Town Zoning Law; and 3) The applicant obtains comments and/or any required driveway permit from NYS DOT due to the change of use. With these required modifications, the proposed contractor's yard should pose no significant county-wide or inter-community impact.

Director

July 13, 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-06-PEM-07-23

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
6/13/2023

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 Jesse and Jen Stocking

Address 2164 Angling Rd

City, State, Zip Corfu, New York 14036

Phone (585) 813 - 5746 Ext. _____ Email ssblacktop18@yahoo.com x

MUNICIPALITY: City Town Village of Pembroke

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

- Area Variance
- Use Variance
- Special Use Permit
- Site Plan Review

- Zoning Map Change
- Zoning Text Amendments
- Comprehensive Plan/Update
- Other: _____

- Subdivision Proposal
- Preliminary
- Final

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

A. Full Address 2249 Genesee St

B. Nearest intersecting road Read rd and Rt 33

C. Tax Map Parcel Number 25.-1-2.2

D. Total area of the property 11.9 Area of property to be disturbed about 3.5

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
SEC 402,C-18 and SEC 518

C. Please describe the nature of this request asking to use area behind the existing barn for a contractor's yard

6. ENCLOSURES – Please enclose copy(s) of all appropriate items in regard to this referral

- Local application
- Site plan
- Subdivision plot plans
- SEQR forms
- Zoning text/map amendments
- Location map or tax maps
- Elevation drawings
- Agricultural data statement
- New or updated comprehensive plan
- Photos
- Other: _____

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 x

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
<input type="checkbox"/> TEMP. SPECIAL USE PERMIT	SUB DIVISION
<input type="checkbox"/> USE VARIANCE	ZONE DISTRICT CHANGE
<input type="checkbox"/> AREA VARIANCE	<input checked="" type="checkbox"/> SITE PLAN REVIEW

DATE APPLIED FOR	5-25-23
APPLICATION NUMBER	111
REFERRED TO PLANNING	7-26 ✓
REFERRED TO ZBA	
PUBLIC HEARING REQ.	YES

APPLICANT	STREET LOCATION #
ADDRESS	TAX MAP PARCEL #
TELEPHONE #	ZONING DISTRICT
	SIZE OF PARCEL
	CORNER LOT
PROPERTY OWNER (IF OTHER THAN ABOVE)	
NAME	CURRENT SET BACK OF BUILDING
ADDRESS	FRONT
TELEPHONE #	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
<input type="checkbox"/> NEW CONSTRUCTION	
<input type="checkbox"/> ADDITION	
<input type="checkbox"/> SIGN	
<input type="checkbox"/> HOME OCCUPATION	DESCRIBE REASON FOR VARIANCE
<input checked="" 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 checked="" type="checkbox"/> PUBLIC HEARING
<input type="checkbox"/> D.E.C.	

DESCRIPTION OF PROPOSED PROJECT OR REASON FOR PERMIT REQUEST

SITE PLAN REVIEW OF CONTRACTOR'S VARD FOR S+S EXCAVATION + BLACK TOP

- 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 *Jerry Stuy* DATE 5/25/23

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

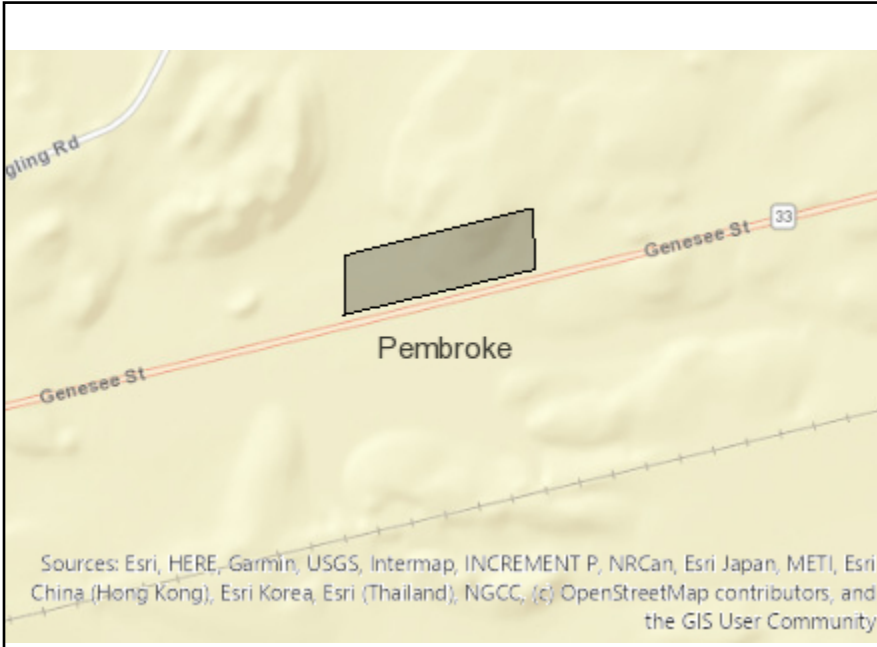
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available.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

Part 1 – Project and Sponsor Information			
Name of Action or Project: Special Use Permit / Contractor Yard			
Project Location (describe, and attach a location map): 2249 Genesee St. Corfu New York 14036			
Brief Description of Proposed Action: Asking for a Special Use Permit for a Contractors yard for S&S Excavating and Blacktop.			
Name of Applicant or Sponsor: Jesse Stocking		Telephone: 585-813-5746	
		E-Mail:	
Address: 2164 Angling 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:		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 11.9 acres			
b. Total acreage to be physically disturbed? _____ 3.5 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 11.9 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input 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 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 checked="" type="checkbox"/>	YES <input 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? 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 checked="" 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, 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"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Jesse Stocking</u> Date: <u>06-13-2023</u> Signature: _____ Title: <u>Owner</u>		



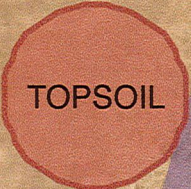
Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the 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.



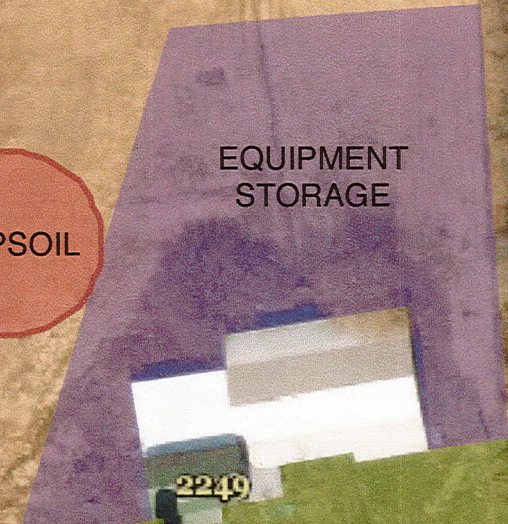
Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local 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



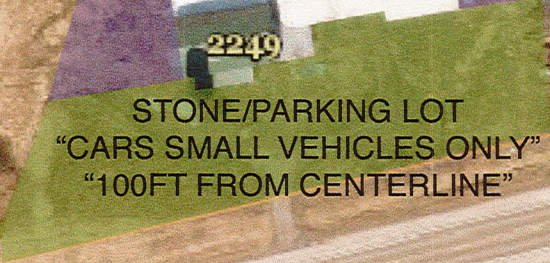
COWS/HORSES



TOPSOIL



EQUIPMENT
STORAGE



STONE/PARKING LOT
"CARS SMALL VEHICLES ONLY"
"100FT FROM CENTERLINE"



2250

33

T-06-PEM-07-23



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