



# GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-08-PEM-08-23

Review Date

8/10/2023

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

**PEMBROKE, T.**

**PLANNING BOARD**

**Mike Schmidt**

**Special Use Permit**

**Special Use Permit to construct six 24-unit apartment buildings and nine detached garage units.**

Location  
Zoning District

**Alleghany Rd. (NYS Rt. 77), Pembroke**

**Limited Commercial (LC) and Agricultural-Residential (A-R) Districts**

### PLANNING BOARD RECOMMENDS:

**APPROVAL WITH MODIFICATION(S)**

### EXPLANATION:

**The required modifications are as follows: 1) Given that the project is located outside of a Genesee County Smart Growth Development Area, the applicant apply for and receive a water hookup authorization from the Genesee County Water System Hookup Administrative Review Committee; 2) 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); 3) The applicant obtains documentation from the NYS DEC as to the project's impacts on threatened and endangered species; and 4) The applicant obtains comments on the traffic impacts and the required driveway permit from NYS Department of Transportation (DOT). With these required modifications, the proposed apartment complex should pose no significant county-wide or inter-community impact. It is recommended that the Town Planning Board obtain comments from the Corfu Fire Department on the need for an additional access point to the development once a certain number of units are built. It is further recommended that the applicant complete the attached application for 9-1-1 Address Verification to the Genesee County Sheriff's Office to ensure that addresses are assigned that meet Enhanced 9-1-1 standards.**

Director

August 10, 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-08-PEM-08-23

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

RECEIVED  
Genesee County  
Dept. of Planning  
8/3/2023

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 Mike Schmidt  
Address PO Box 525  
City, State, Zip Clarence, NY 14031  
Phone (716) 807 - 2300 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 checked="" type="checkbox"/> Site Plan Review   | <input type="checkbox"/> Other: _____              |                                      |

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

A. Full Address 8900 Alleghany Rd. (NYS Rt.77)  
B. Nearest intersecting road Cohocton Rd.  
C. Tax Map Parcel Number 19.-1-50.111  
D. Total area of the property 8.2 Area of property to be disturbed over 1  
E. Present zoning district(s) Limited Commercial (LC) and Agricultural-Residential (A-R)

**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. 1  
C. Please describe the nature of this request Owner is seeking a SUP and Preliminary Site Plan Review for apartments.

**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: <input checked="" type="checkbox"/> SPECIAL USE PERMIT <input type="checkbox"/> TEMP. SPECIAL USE PERMIT <input type="checkbox"/> USE VARIANCE <input type="checkbox"/> AREA VARIANCE	<input type="checkbox"/> ZONING APPEAL <input type="checkbox"/> LAND SEPARATION <input type="checkbox"/> SUB DIVISION <input type="checkbox"/> ZONE DISTRICT CHANGE <input checked="" type="checkbox"/> SITE PLAN REVIEW	DATE APPLIED FOR <u>8-3-23</u> APPLICATION NUMBER <u>122</u> REFERRED TO PLANNING <u>8-23-23</u> REFERRED TO ZBA _____ PUBLIC HEARING REQ. <u>YES</u>
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APPLICANT ADDRESS <u>COUNTY SIDE APTS / MIKE SCHMIDT</u> <u>(8900) - <del>3</del> AILEHAM RD</u> TELEPHONE # <u>(716) 807-2300 / (716) 741-3697</u>	STREET LOCATION # <u>8900 (WAS PARCEL 8894)</u> TAX MAP PARCEL # <u>19.1-50.111</u> ZONING DISTRICT <u>LIM. COM</u> SIZE OF PARCEL <u>8.2 ACRES</u> CORNER LOT <u>NO</u>
PROPERTY OWNER (IF OTHER THAN ABOVE) NAME <u>COUNTY SIDE APARTMENTS</u> ADDRESS <u>P.O. BOX 525</u> <u>CLARENCE, NY 14031</u> TELEPHONE # _____	CURRENT SET BACK OF BUILDING FRONT _____ REAR _____ SIDE _____

PERMIT OR VARIANCE FOR: <input checked="" type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> SIGN <input 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  DESCRIBE REASON FOR VARIANCE <u>PROPERTY IS IN A LIGHT COMMERCIAL DISTRICT + A S.U. PERMIT IS REQUIRED</u>
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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 checked="" 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 checked="" type="checkbox"/> D.E.C.	

DESCRIPTION OF PROPOSED PROJECT OR REASON FOR PERMIT REQUEST APT COMPLEX CONSISTING OF 24 UNIT BLDGS TO BE PHASED IN ONE BUILDING PER PHASE.

- 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  DATE 7.20.23

**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 \_\_\_\_\_

**Full Environmental Assessment Form**  
**Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Applicant/Sponsor Information.**

Name of Action or Project: Multi-Family Development		
Project Location (describe, and attach a general location map): 8894± Alleghany Road		
Brief Description of Proposed Action (include purpose or need): The proposed development consists of six (6) 24-unit upscale multi-family buildings. Improvements will also include nine (9) private detached parking garages for the residents, asphalt pavement and stormwater management features.		
Name of Applicant/Sponsor: Metzger Civil Engineering PLLC on behalf of Michael Schmidt		Telephone: 716-633-2601
		E-Mail: meteng@roadrunner.com
Address: 8245 Sheridan Drive		
City/PO: Williamsville	State: NY	Zip Code: 14221
Project Contact (if not same as sponsor; give name and title/role): SAME AS SPONSOR		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor): Michael Schmidt		Telephone: n/a
		E-Mail: mpschmidt1234@gmail.com
Address: Countryside Apartments		
City/PO: Akron, NY PO Box 235	State: NY	Zip Code: 14001

**B. Government Approvals**

<b>B. Government Approvals, Funding, or Sponsorship.</b> (“Funding” includes grants, loans, tax relief, and any other forms of financial assistance.)		
<b>Government Entity</b>	<b>If Yes: Identify Agency and Approval(s) Required</b>	<b>Application Date (Actual or projected)</b>
a. City Counsel, Town Board, <input type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Site Plan Approval	August 2023
c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Genesee County PB Approval MCWA RPZ Approval	August 2023 August 2023
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NYS DOT Highway Work Permit NYS DEC SPDES Permit	August 2023 August 2023
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**C. Planning and Zoning**

<b>C.1. Planning and zoning actions.</b>	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If Yes, complete sections C, F and G.</li> <li>• If No, proceed to question C.2 and complete all remaining sections and questions in Part 1</li> </ul>	
<b>C.2. Adopted land use plans.</b>	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	
_____	
_____	
_____	
c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	
_____	
_____	
_____	

**C.3. Zoning**

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance.  Yes  No  
If Yes, what is the zoning classification(s) including any applicable overlay district?  
Limited Commercial (LC) & Agricultural - Residential (AG-R)

b. Is the use permitted or allowed by a special or conditional use permit?  Yes  No

c. Is a zoning change requested as part of the proposed action?  Yes  No  
If Yes,  
i. What is the proposed new zoning for the site? \_\_\_\_\_

**C.4. Existing community services.**

a. In what school district is the project site located? Pembroke Central School District

b. What police or other public protection forces serve the project site?  
Corfu Police; Genesee County Police; NYS Troopers

c. Which fire protection and emergency medical services serve the project site?  
Pembroke Fire Department

d. What parks serve the project site?  
Pembroke Town Park

**D. Project Details**

**D.1. Proposed and Potential Development**

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Residential

b. a. Total acreage of the site of the proposed action? \_\_\_\_\_ 8.2 acres  
b. Total acreage to be physically disturbed? \_\_\_\_\_ 8.2 acres  
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? \_\_\_\_\_ 8.2 acres

c. Is the proposed action an expansion of an existing project or use?  Yes  No  
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_

d. Is the proposed action a subdivision, or does it include a subdivision?  Yes  No  
If Yes,  
i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types) \_\_\_\_\_  
ii. Is a cluster/conservation layout proposed?  Yes  No  
iii. Number of lots proposed? \_\_\_\_\_  
iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

e. Will the proposed action be constructed in multiple phases?  Yes  No  
i. If No, anticipated period of construction: \_\_\_\_\_ months  
ii. If Yes:  
• Total number of phases anticipated \_\_\_\_\_ 3  
• Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ 4 month 2024 year  
• Anticipated completion date of final phase \_\_\_\_\_ 4 month 2030 year  
• Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_  
Each successive phase of this project will be driven by the market and need for housing.

f. Does the project include new residential uses?  Yes  No  
 If Yes, show numbers of units proposed.

	One Family	Two Family	Three Family	Multiple Family (four or more)
Initial Phase	_____	_____	_____	48
At completion of all phases	_____	_____	_____	144

g. Does the proposed action include new non-residential construction (including expansions)?  Yes  No  
 If Yes,

i. Total number of structures \_\_\_\_\_  
 ii. Dimensions (in feet) of largest proposed structure: \_\_\_\_\_ height; \_\_\_\_\_ width; and \_\_\_\_\_ length  
 iii. Approximate extent of building space to be heated or cooled: \_\_\_\_\_ square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage?  Yes  No  
 If Yes,

i. Purpose of the impoundment: \_\_\_\_\_  
 ii. If a water impoundment, the principal source of the water:  Ground water  Surface water streams  Other specify: \_\_\_\_\_  
 iii. If other than water, identify the type of impounded/contained liquids and their source. \_\_\_\_\_  
 iv. Approximate size of the proposed impoundment. Volume: \_\_\_\_\_ million gallons; surface area: \_\_\_\_\_ acres  
 v. Dimensions of the proposed dam or impounding structure: \_\_\_\_\_ height; \_\_\_\_\_ length  
 vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): \_\_\_\_\_

**D.2. Project Operations**

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both?  Yes  No  
 (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)  
 If Yes:

i. What is the purpose of the excavation or dredging? \_\_\_\_\_  
 ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?  
 • Volume (specify tons or cubic yards): \_\_\_\_\_  
 • Over what duration of time? \_\_\_\_\_  
 iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. \_\_\_\_\_

iv. Will there be onsite dewatering or processing of excavated materials?  Yes  No  
 If yes, describe. \_\_\_\_\_

v. What is the total area to be dredged or excavated? \_\_\_\_\_ acres  
 vi. What is the maximum area to be worked at any one time? \_\_\_\_\_ acres  
 vii. What would be the maximum depth of excavation or dredging? \_\_\_\_\_ feet  
 viii. Will the excavation require blasting?  Yes  No  
 ix. Summarize site reclamation goals and plan: \_\_\_\_\_

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area?  Yes  No  
 If Yes:

i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): An isolated federal wetland was identified during a wetland delineation completed by a certified wetland biologist. The applicant is awaiting a determination from the USACOE that it is an isolated wetland and therefore, non-jurisdictional.



ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:  
Fill will be placed in the wetland for development of the multi-family project. However, this wetland is isolated and therefore non-jurisdictional.

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iii. Will the proposed action cause or result in disturbance to bottom sediments?  Yes  No  
 If Yes, describe: \_\_\_\_\_

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?  Yes  No  
 If Yes:

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
- \_\_\_\_\_
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

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c. Will the proposed action use, or create a new demand for water?  Yes  No  
 If Yes:

i. Total anticipated water usage/demand per day: 26,400 gallons/day

ii. Will the proposed action obtain water from an existing public water supply?  Yes  No  
 If Yes:

- Name of district or service area: Monroe County Water Authority
- Does the existing public water supply have capacity to serve the proposal?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No
- Do existing lines serve the project site?  Yes  No

iii. Will line extension within an existing district be necessary to supply the project?  Yes  No  
 If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site?  Yes  No  
 If, Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: \_\_\_\_\_ gallons/minute.

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d. Will the proposed action generate liquid wastes?  Yes  No  
 If Yes:

i. Total anticipated liquid waste generation per day: 26,400 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): Domestic sanitary sewerage

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iii. Will the proposed action use any existing public wastewater treatment facilities?  Yes  No  
 If Yes:

- Name of wastewater treatment plant to be used: Pembroke WWTP
- Name of district: Pembroke Sanitary District 1
- Does the existing wastewater treatment plant have capacity to serve the project?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No

Yes  No  
 Yes  No

- Do existing sewer lines serve the project site?
- Will a line extension within an existing district be necessary to serve the project?

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_

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iv. Will a new wastewater (sewage) treatment district be formed to serve the project site?  Yes  No

If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- What is the receiving water for the wastewater discharge? \_\_\_\_\_

v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge or describe subsurface disposal plans):

\_\_\_\_\_

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vi. Describe any plans or designs to capture, recycle or reuse liquid waste: \_\_\_\_\_

\_\_\_\_\_

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e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction?  Yes  No

If Yes:

i. How much impervious surface will the project create in relation to total size of project parcel?

\_\_\_\_\_ Square feet or 5.4 acres (impervious surface)

\_\_\_\_\_ Square feet or 8.2 acres (parcel size)

ii. Describe types of new point sources. Stormwater runoff from impervious surfaces

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iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?

On-site stormwater management features to be designed in accordance with NYSDEC Phase II Stormwater Regulations

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- If to surface waters, identify receiving water bodies or wetlands: \_\_\_\_\_
- Off-site stormwater drainage ditch through drainage easements \_\_\_\_\_

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- Will stormwater runoff flow to adjacent properties?  Yes  No

iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?  Yes  No

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f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations?  Yes  No

If Yes, identify:

i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)

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ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)

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iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)

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g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit?  Yes  No

If Yes:

i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year)  Yes  No

ii. In addition to emissions as calculated in the application, the project will generate:

- \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)
- \_\_\_\_\_ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)
- \_\_\_\_\_ Tons/year (short tons) of Perfluorocarbons (PFCs)
- \_\_\_\_\_ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)
- \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)
- \_\_\_\_\_ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?  Yes  No

If Yes:

i. Estimate methane generation in tons/year (metric): \_\_\_\_\_

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

---

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations?  Yes  No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

---

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services?  Yes  No

If Yes:

i. When is the peak traffic expected (Check all that apply):  Morning  Evening  Weekend  
 Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_.

ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): \_\_\_\_\_

---

iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_

iv. Does the proposed action include any shared use parking?  Yes  No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

---

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site?  Yes  No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles?  Yes  No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes?  Yes  No

---

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? Not Applicable. Residential Project  Yes  No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_

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ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): \_\_\_\_\_

---

iii. Will the proposed action require a new, or an upgrade, to an existing substation?  Yes  No

---

l. Hours of operation. Answer all items which apply.

i. During Construction:		ii. During Operations:	
• Monday - Friday:	_____ 7:00 am - 6:00 pm _____	• Monday - Friday:	_____ Continuous _____
• Saturday:	_____ 7:00 am - 6:00 pm _____	• Saturday:	_____ Continuous _____
• Sunday:	_____ 7:00 am - 6:00 pm _____	• Sunday:	_____ Continuous _____
• Holidays:	_____ 7:00 am - 6:00 pm _____	• Holidays:	_____ Continuous _____

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both?  Yes  No

If yes:

i. Provide details including sources, time of day and duration:  
Typical construction noise

ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen?  Yes  No  
Describe: Removal of natural vegetation to the least extent possible for development plans

---

n. Will the proposed action have outdoor lighting?  Yes  No

If yes:

i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:  
Low level lighting on the buildings at entrances and/or garage doors

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen?  Yes  No  
Describe: Removal of natural vegetation to the least extent possible for development plans.

---

o. Does the proposed action have the potential to produce odors for more than one hour per day?  Yes  No  
If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: \_\_\_\_\_

---

p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage?  Yes  No

If Yes:

i. Product(s) to be stored \_\_\_\_\_

ii. Volume(s) \_\_\_\_\_ per unit time \_\_\_\_\_ (e.g., month, year)

iii. Generally, describe the proposed storage facilities: \_\_\_\_\_

---

q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation?  Yes  No  
Not Applicable. Residential project.

If Yes:

i. Describe proposed treatment(s): \_\_\_\_\_

ii. Will the proposed action use Integrated Pest Management Practices?  Yes  No

---

r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)?  Yes  No

If Yes:

i. Describe any solid waste(s) to be generated during construction or operation of the facility:

- Construction: \_\_\_\_\_ 15 tons per \_\_\_\_\_ month (unit of time)
- Operation : \_\_\_\_\_ 5 tons per \_\_\_\_\_ month (unit of time)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction: Appropriate recycling receptacles will be utilized for proper disposal.
- Operation: Appropriate recycling receptacles will be utilized for proper disposal.

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: Refuse containers will be utilized for disposal by the appropriate waste hauler
- Operation: Refuse containers will be utilized for disposal by the appropriate waste hauler

s. Does the proposed action include construction or modification of a solid waste management facility?  Yes  No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_

ii. Anticipated rate of disposal/processing:

- \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
- \_\_\_\_\_ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: \_\_\_\_\_ years

---

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste?  Yes  No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_

ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_

iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility?  Yes  No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

**E. Site and Setting of Proposed Action**

**E.1. Land uses on and surrounding the project site**

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

Urban  Industrial  Commercial  Residential (suburban)  Rural (non-farm)

Forest  Agriculture  Aquatic  Other (specify): \_\_\_\_\_

ii. If mix of uses, generally describe: \_\_\_\_\_

---

b. Land uses and covertypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	0.0	5.4	+5.4
• Forested	4.2	1.0	-3.2
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	4.0	0.0	-4.0
• Agricultural (includes active orchards, field, greenhouse etc.)	-	-	-
• Surface water features (lakes, ponds, streams, rivers, etc.)	-	0.5	+0.5
• Wetlands (freshwater or tidal)	-	-	-
• Non-vegetated (bare rock, earth or fill)	-	-	-
• Other Describe: <u>Lawn / Landscaping</u>	0.0	1.3	+1.3

c. Is the project site presently used by members of the community for public recreation?  Yes  No  
 i. If Yes: explain: \_\_\_\_\_

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site?  Yes  No  
 If Yes,  
 i. Identify Facilities: \_\_\_\_\_  
 \_\_\_\_\_

e. Does the project site contain an existing dam?  Yes  No  
 If Yes:  
 i. Dimensions of the dam and impoundment:  
 • Dam height: \_\_\_\_\_ feet  
 • Dam length: \_\_\_\_\_ feet  
 • Surface area: \_\_\_\_\_ acres  
 • Volume impounded: \_\_\_\_\_ gallons OR acre-feet  
 ii. Dam's existing hazard classification: \_\_\_\_\_  
 iii. Provide date and summarize results of last inspection: \_\_\_\_\_  
 \_\_\_\_\_

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility?  Yes  No  
 If Yes:  
 i. Has the facility been formally closed?  Yes  No  
 • If yes, cite sources/documentation: \_\_\_\_\_  
 ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: \_\_\_\_\_  
 \_\_\_\_\_  
 iii. Describe any development constraints due to the prior solid waste activities: \_\_\_\_\_  
 \_\_\_\_\_

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste?  Yes  No  
 If Yes:  
 i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: \_\_\_\_\_  
 \_\_\_\_\_

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?  Yes  No  
 If Yes:  
 i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply:  Yes  No  
 Yes – Spills Incidents database Provide DEC ID number(s): \_\_\_\_\_  
 Yes – Environmental Site Remediation database Provide DEC ID number(s): \_\_\_\_\_  
 Neither database  
 ii. If site has been subject of RCRA corrective activities, describe control measures: \_\_\_\_\_  
 \_\_\_\_\_  
 iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database?  Yes  No  
 If yes, provide DEC ID number(s): \_\_\_\_\_  
 iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): \_\_\_\_\_  
 \_\_\_\_\_

v. Is the project site subject to an institutional control limiting property uses?  Yes  No

- If yes, DEC site ID number: \_\_\_\_\_
- Describe the type of institutional control (e.g., deed restriction or easement): \_\_\_\_\_
- Describe any use limitations: \_\_\_\_\_
- Describe any engineering controls: \_\_\_\_\_
- Will the project affect the institutional or engineering controls in place?  Yes  No
- Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E.2. Natural Resources On or Near Project Site**

a. What is the average depth to bedrock on the project site? \_\_\_\_\_ >5.0 feet

b. Are there bedrock outcroppings on the project site?  Yes  No  
 If Yes, what proportion of the site is comprised of bedrock outcroppings? \_\_\_\_\_ %

c. Predominant soil type(s) present on project site:

Niagara Silt Loam	_____	50 %
Canandaigua Silt Loam	_____	35 %
Cazenovia Silt Loam	_____	15 %

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ 2.0 feet

e. Drainage status of project site soils:  Well Drained: \_\_\_\_\_ % of site  
 Moderately Well Drained: \_\_\_\_\_ 15 % of site  
 Poorly Drained \_\_\_\_\_ 85 % of site

f. Approximate proportion of proposed action site with slopes:  0-10%: \_\_\_\_\_ 100 % of site  
 10-15%: \_\_\_\_\_ % of site  
 15% or greater: \_\_\_\_\_ % of site

g. Are there any unique geologic features on the project site?  Yes  No  
 If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**h. Surface water features.**

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?  Yes  No

ii. Do any wetlands or other waterbodies adjoin the project site?  Yes  No

If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?  Yes  No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Lakes or Ponds: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Wetlands: Name Federal Waters \_\_\_\_\_ Approximate Size \_\_\_\_\_
- Wetland No. (if regulated by DEC) \_\_\_\_\_

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies?  Yes  No  
 If yes, name of impaired water body/bodies and basis for listing as impaired: \_\_\_\_\_  
 \_\_\_\_\_

i. Is the project site in a designated Floodway?  Yes  No

j. Is the project site in the 100-year Floodplain?  Yes  No

k. Is the project site in the 500-year Floodplain?  Yes  No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?  Yes  No

If Yes:  
 i. Name of aquifer: \_\_\_\_\_

m. Identify the predominant wildlife species that occupy or use the project site:		
Squirrel _____	White tailed deer _____	Rabbit _____
Raccoon _____	Skunk _____	Fox _____
Various bird species _____		
n. Does the project site contain a designated significant natural community?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:		
i. Describe the habitat/community (composition, function, and basis for designation): _____		
ii. Source(s) of description or evaluation: _____		
iii. Extent of community/habitat:		
• Currently: _____ acres		
• Following completion of project as proposed: _____ acres		
• Gain or loss (indicate + or -): _____ acres		
o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:		
i. Species and listing (endangered or threatened): _____		
Northern Long-eared Bat		
p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:		
i. Species and listing: _____		
q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, give a brief description of how the proposed action may affect that use: _____		
<b>E.3. Designated Public Resources On or Near Project Site</b>		
a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, provide county plus district name/number: _____		
b. Are agricultural lands consisting of highly productive soils present?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i. If Yes: acreage(s) on project site? <u>3.7</u>		
ii. Source(s) of soil rating(s): <u>Genesee County GIS Mapping Database</u>		
c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:		
i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature		
ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____		
d. Is the project site located in or does it adjoin a state listed Critical Environmental Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:		
i. CEA name: _____		
ii. Basis for designation: _____		
iii. Designating agency and date: _____		



e. 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
<i>i.</i> Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District	
<i>ii.</i> Name: _____	
<i>iii.</i> Brief description of attributes on which listing is based: _____	
f. 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Have additional archaeological or historic site(s) or resources been identified on the project site?	
If Yes:	
<i>i.</i> Describe possible resource(s): _____	
<i>ii.</i> Basis for identification: _____	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
<i>i.</i> Identify resource: _____	
<i>ii.</i> Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____	
<i>iii.</i> Distance between project and resource: _____ miles.	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
<i>i.</i> Identify the name of the river and its designation: _____	
<i>ii.</i> Is the activity consistent with development restrictions contained in 6NYCRR Part 666?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**F. Additional Information**

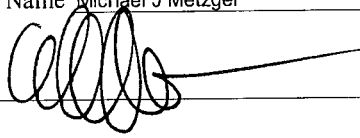
Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

**G. Verification**

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Michael J Metzger Date August 1, 2023

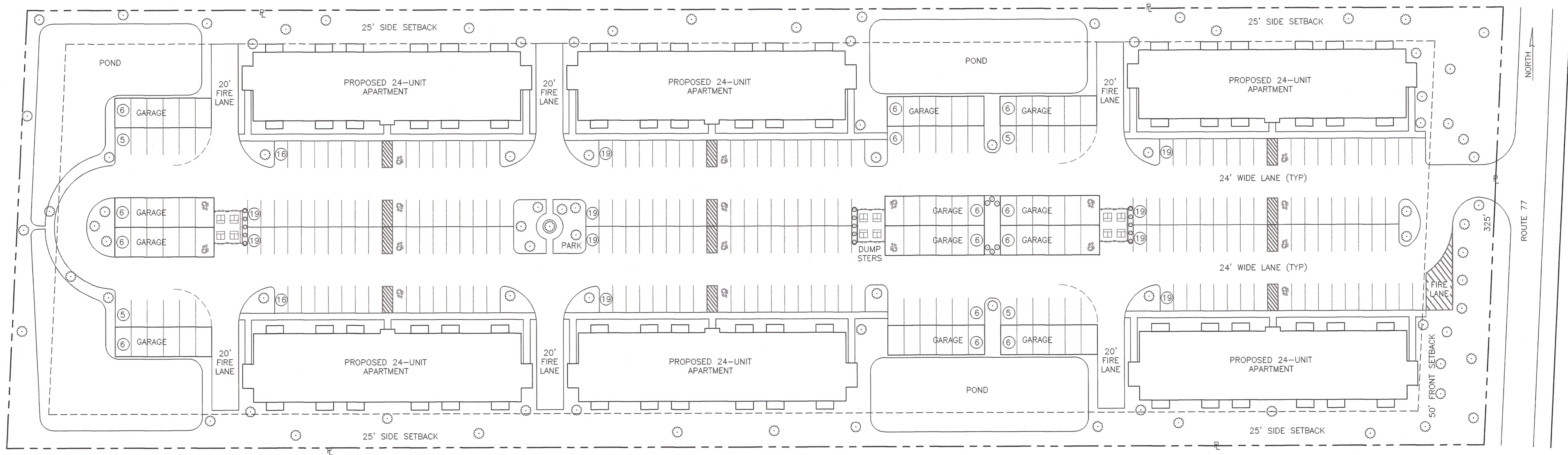
Signature  Title Consulting Engineer

**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.

B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	No
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	Yes
E.2.h.ii [Surface Water Features]	Yes
E.2.h.iii [Surface Water Features]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
E.2.h.iv [Surface Water Features - Wetlands Name]	Federal Waters
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.2.j. [100 Year Floodplain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.2.k. [500 Year Floodplain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.2.l. [Aquifers]	No

E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	Yes
E.2.o. [Endangered or Threatened Species - Name]	Northern Long-eared Bat
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.3.f. [Archeological Sites]	No
E.3.i. [Designated River Corridor]	No

SITE DATA TABLE		
CURRENT ZONING	LC LIMITED COMMERCIAL	
	REQUIRED	PROPOSED
MIN LOT SIZE	40,000 SF	357,503 SF (8.2 AC)
MIN FRONTAGE	200'	325'
FRONT SETBACK	50'	50'
REAR SETBACK	30'	30'
SIDE SETBACK	25'	25'
MAX BLD. HT.	35'	<35'
MAX LOT COVERAGE	35%	17.6%
DWELLING UNITS	0	144
PARKING (5 SPACES PER 3 UNITS)	240	326



NOTES:  
 1) THIS PLAN HAS BEEN DEVELOPED FROM GENESEE COUNTY GIS.  
 2) THIS IS NOT A PROPERTY SURVEY.

Designed By:	ARH
Drawn By:	ARH
Checked By:	JCM
Cad File:	M 2314
NOTE: UNAUTHORIZED ALTERATION OR ADDITION TO THIS DRAWING IS A VIOLATION OF SECTION 7209, PROVISION 2 OF THE NEW YORK STATE EDUCATION LAW	
REVISIONS	DATE BY/CK

**MCE** METZGER CIVIL ENGINEERING, PLLC  
 8245 SHERIDAN DRIVE  
 WILLIAMSVILLE, NY 14221  
 PH: 716-633-2601  
 FAX: 716-633-2704

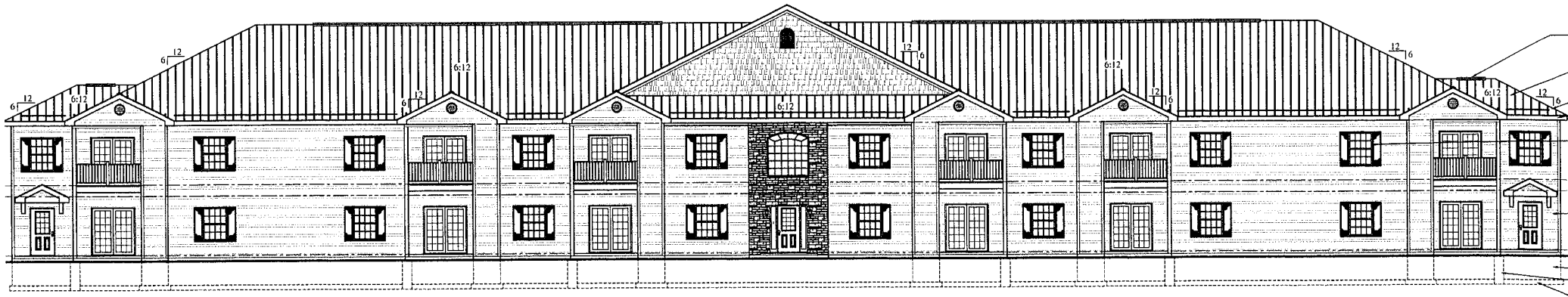
CIVIL ENGINEERING  
 LAND PLANNING  
 SITE DESIGN  
 MUNICIPAL ENGINEERING

8894± ALLEGHANY ROAD  
 MULTI-FAMILY DEVELOPMENT  
 TOWN OF PEMBROKE, GENESEE COUNTY, NEW YORK

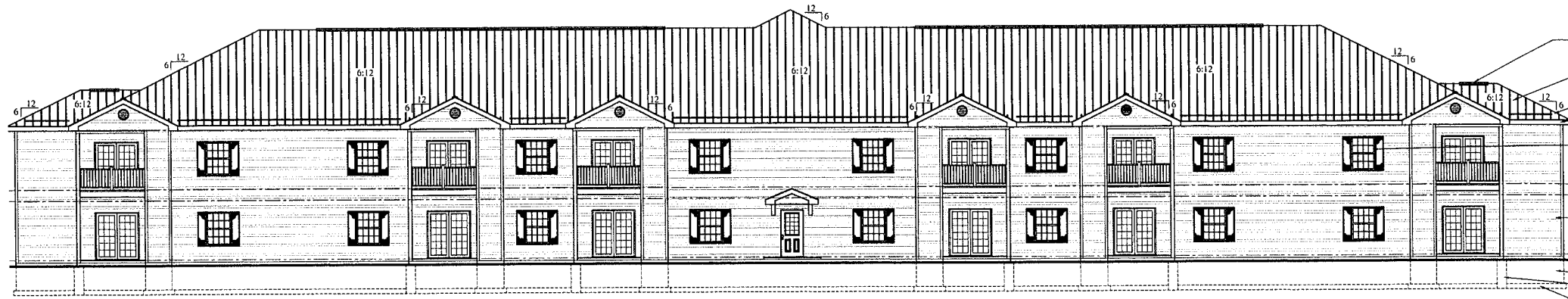
CONCEPT PLAN

SCALE:	1" = 40'
DATE:	JULY 24, 2023
JOB NO.:	M-2314
SHEET NO.:	CP-3

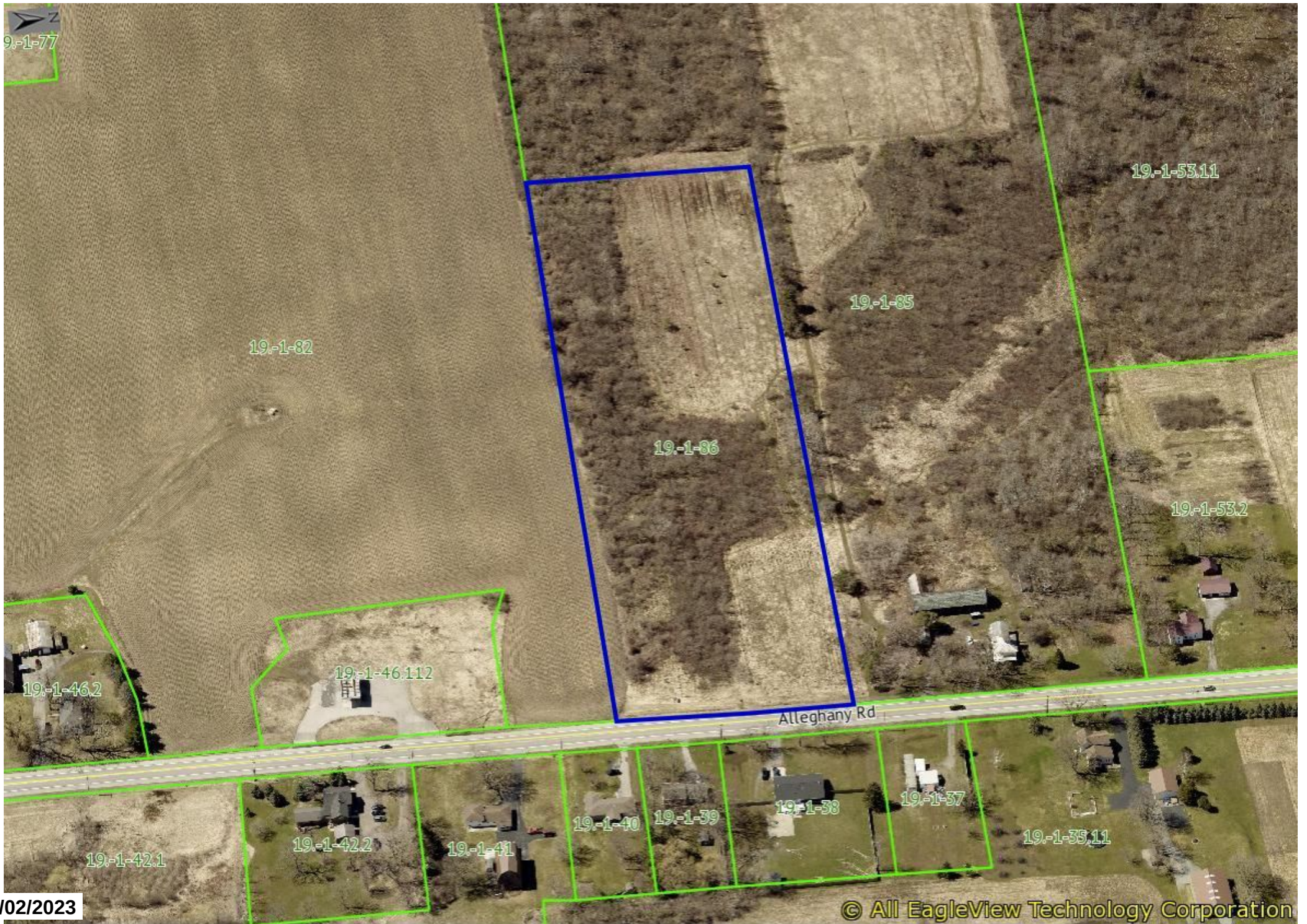
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**FRONT ELEVATION**  
SCALE: 1/8"=1'-0"



# T-08-PEM-08-23



04/02/2023

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