GENESEE COUNTY PLANNING BOARD REFERRALS
NOTICE OF FINAL ACTION

GCDP Referral ID	**T-05-PAV-11-20**
Review Date	**11/12/2020**
Municipality	**PAVILION, T.**
Board Name	**PLANNING BOARD**
Applicant's Name	**Phil Plossol**
Referral Type	**Site Plan Review**
Variance(s)	
Description:	**Site Plan Review to construct a 4,000 sq. ft. (50 x 80 ft.) storage building at an existing commercial business (Pavilion Drainage Supply Co.).**
Location	**6630 Ellicott Street Rd. (NYS Rt. 63), Pavilion**
Zoning District	**Agricultural-Residential 1 (AR-1) District**

PLANNING BOARD DECISION

WITHDRAWN

EXPLANATION:

The applicant intends to resubmit at a later time with the proper documentation.

Felix A. [illegible]

Director

November 12, 2020

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) 815-7901

DEPARTMENT USE ONLY:
GCDP Referral # T-05-PAV-11-20

RECEIVED
Genesee County
Dept. of Planning
11/5/2020

* GENESEE COUNTY *
PLANNING BOARD REFERRAL

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 Pavilion Planning Board
Address One Woodrow Drive
City, State, Zip Pavilion, NY 14525
Phone (585) 584 - 3850 Ext.

2. APPLICANT INFORMATION

Name Phil Plossol
Address 6630 Ellicott St
City, State, Zip Pavilion, NY 14525
Phone (585) 584 - 3261 Ext. Email phil@pavdrain.com

MUNICIPALITY: ☐ City ☒ Town ☐ Village of Pavilion

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 6630 Ellicott St Pavilion, NY 14525
B. Nearest intersecting road Sparks Rd
C. Tax Map Parcel Number 12.-1-28
D. Total area of the property 6.8acres Area of property to be disturbed 4,000 sq/ft
E. Present zoning district(s) AG-RES 1

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
Town of Pavilion Zoning Schedule A

C. Please describe the nature of this request Applicant is requesting to construct a 50'X80' storage building for an existing business

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 Matthew Mahaney Title ZEO Phone (585) 343 - 1729 Ext. 238
Address, City, State, Zip 3833 West Main St Rd Batavia, NY 14020 Email mmahaney@townofbatavia.com

TOWN VILLAGE CITY OF Pavilion Application #_____
(circle one)

Agricultural Data Statement

Date 11/04/2020

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant	Owner if Different from Applicant
Name: Phil Plossol Address: 6630 Ellicott Sr Pavilion, NY 14525	Name: Address:

1. Type of Application: ☐Special Use Permit; ☑Site Plan Approval ; ☐Use Variance; ☐Subdivision Approval
   (circle one or more)

2. Description of proposed project: Applicant is requesting to construct a 50'X80' storage building for an existing business

3. Location of project: Address: 6630 Ellicott St Pavilion, NY 14525
   Tax Map Number (TMP) 12.-1-28

4. Is this parcel within an Agricultural District? ☑NO ☐YES (Check with your local assessor if you do not know)
5. If YES, Agricultural District Number_____
6. Is this parcel actively farmed? ☑NO ☐YES
7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: Christopher Wells Address: 6595 Ellicott St Pavilion, NY 14525 Is this parcel actively farmed? ☐NO ☑YES	Name: Cecelia Baltz Address: 6626 Ellicott St Pavilion, NY 14525 Is this parcel actively farmed? ☐NO ☑YES
Name: Farm Bridge LLC Address: 510 Wyoming Rd Wyoming, NY 14591 Is this parcel actively farmed? ☐NO ☑YES	Name: Paul Tillotson Address: 10770 Cook Rd Pavilion, NY 14525 Is this parcel actively farmed? ☐NO ☑YES

_____ Signature of Applicant

_____ Signature of Owner (if other than applicant)

Reviewed by: _____ Signature of Municipal Official

11/4/20 Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

Building and Zoning Application Permit No._____

Town of Pavilion PO Box 126 Pavilion, NY 14525 ph. (585)584-3850 fax (585)584-8533

Date_10 /16 / 2020 Zone_____ Flood Zone_____ Wellhead Protection _____ Corner Lot_____

New Construction x Fence ☐ Pond ☐ Sign ☐ Alteration(s)☐ Addition ☐ Demolition ☐

Accessory Bldg. ☐ Mobile Home ☐ Fill Permit ☐ Home Occupation☐ Land Separation ☐ Site Plan Approval ☐

Special Use Permit ☐ Temporary Use ☐ Subdivision ☐ Zoning Variance Request ☐ Other ☐ Specify:_____

Tax Map No. 12.-1-28

Owners Name Phil Plossol Phone No. (585) 584-3261

Address__6630 Ellicott st Pavilion N.Y. 14525__ Project Road Width _____ft

Applicants Name__ Phil Plossol ___ Project Address___6630 Ellicott st Pavilion N.Y. 14525

E Mail Address_phil@pavdrain.com__ Phone No (585) ___584-3261_____

Description of Project: ____50x80 pole barn

50 x 80 x 18'

Existing Use _____Proposed Use Maintance of our equipment_____

Estimated Cost Building_____100,000_____ Plumbing_____ Mechanical_____ Miscellaneous_____

SEQR CLASSIFICATION Type 1 ☐ Type 2 ☐ Unlisted ☐

Review completed by Planning Board ☐_____ Zoning Board of Appeals ☐_____

Permit Fee $_____ **Application Date** ___/___/___ **Permit Expires On** ___/___/___

Issuing Officer _____ **Date**___/___/___

IN SIGNING THIS DOCUMENT I HEARBY GIVE THE RIGHT OF AN ON SITE INSPECTION TO THE TOWN OF PAVILION CODE ENFORCEMENT OFFICIAL OR THEIR DESIGNE. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PREFORMANCE OF CONSTRUCTION.

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge.

Signature of Owner or Authorized Agent

Date

Construction Attachment:

Permit No. _____

Type of Construction

Agriculture ☐ Commercial ☒ Industrial ☐ Residential ☐ Miscellaneous ☐

Contractors

COLE BUILDING SOLUTIONS HALVORSON RD PORTAGEVILLE NY 14536

General Contactors Name JOSSE COLE Address 60918 Phone (585) 469-9934

Office Phone (__)_____ Cell Phone(__)_____ Fax No. (__)_____ E-Mail JCOLE@COLEBUILDINGSOLUTION.COM

Certificate of Workers Compensation: Yes ☐ No ☐ Expiration Date ___/___/___

Liability Insurance: Yes ☐ No ☐ Expiration Date ___/___/___

APPLICANT SHALL PROVIDE A COPY OF ALL INSURANCE AND WORKERS COMP. WITH THIS APPLICATION

- **Masonry** _____ Phone (__)_____

Office Phone (__)_____ Cell Phone(__)_____ Fax No. (__)_____ E-Mail _____

- **Electrical** _____ Phone (__)_____

Office Phone (__)_____ Cell Phone(__)_____ Fax No. (__)_____ E-Mail _____

- **Plumbing** _____ Phone (__)_____

Office Phone (__)_____ Cell Phone(__)_____ Fax No. (__)_____ E-Mail _____

- **Alarms / Sprinklers** _____ Phone (__)_____

Office Phone (__)_____ Cell Phone(__)_____ Fax No. (__)_____ E-Mail _____

- **HVAC** _____ Phone (__)_____

Office Phone (__)_____ Cell Phone(__)_____ Fax No. (__)_____ E-Mail _____

- **Landscape / Site** _____ Phone (__)_____

Office Phone (__)_____ Cell Phone(__)_____ Fax No. (__)_____ E-Mail _____

- **Miscellaneous** _____ Phone (__)_____

Office Phone (__)_____ Cell Phone(__)_____ Fax No. (__)_____ E-Mail _____

Signature of Owner or Authorized Agent *X* _____ Date _____

Christopher Wells
6595 Ellicott St Rd
Pavilion, NY 14525

Christopher Wells Linda Cranston
10280 Grubbs Rd
Wexford, PA 15090

Michael J Adams
6645 Ellicott St Rd
Pavilion, NY 14525

Cecelia H Baltz
6626 Ellicott St Rd
Pavilion, NY 14525

Philip J Plossl
1 Washington St
LeRoy, NY 14482

Mark Calmes
10751 Roanoke Rd
Pavilion, NY 14525

Margaret A Humphrey
6568 Ellicott St Rd
Pavilion, NY 14525

Rosemary Burns A/K/A Rosemary Ruckdes(
7478 S. Fitzhugh St
Sodus Point, NY 14555

Jason A Howland
6638 Ellicott St Rd
Pavilion, NY 14525

Farm Bridge LLC
510 Wyoming Rd
Wyoming, NY 14591

Paul Tillotson
10770 Cook Rd
Pavilion, NY 14525

Town of Batavia Web Mapping Application

LEGEND

- Water Tank
- Pump Station

Hydrant

- Red
- Yellow
- Yellow w/ Blue Caps

Fittings

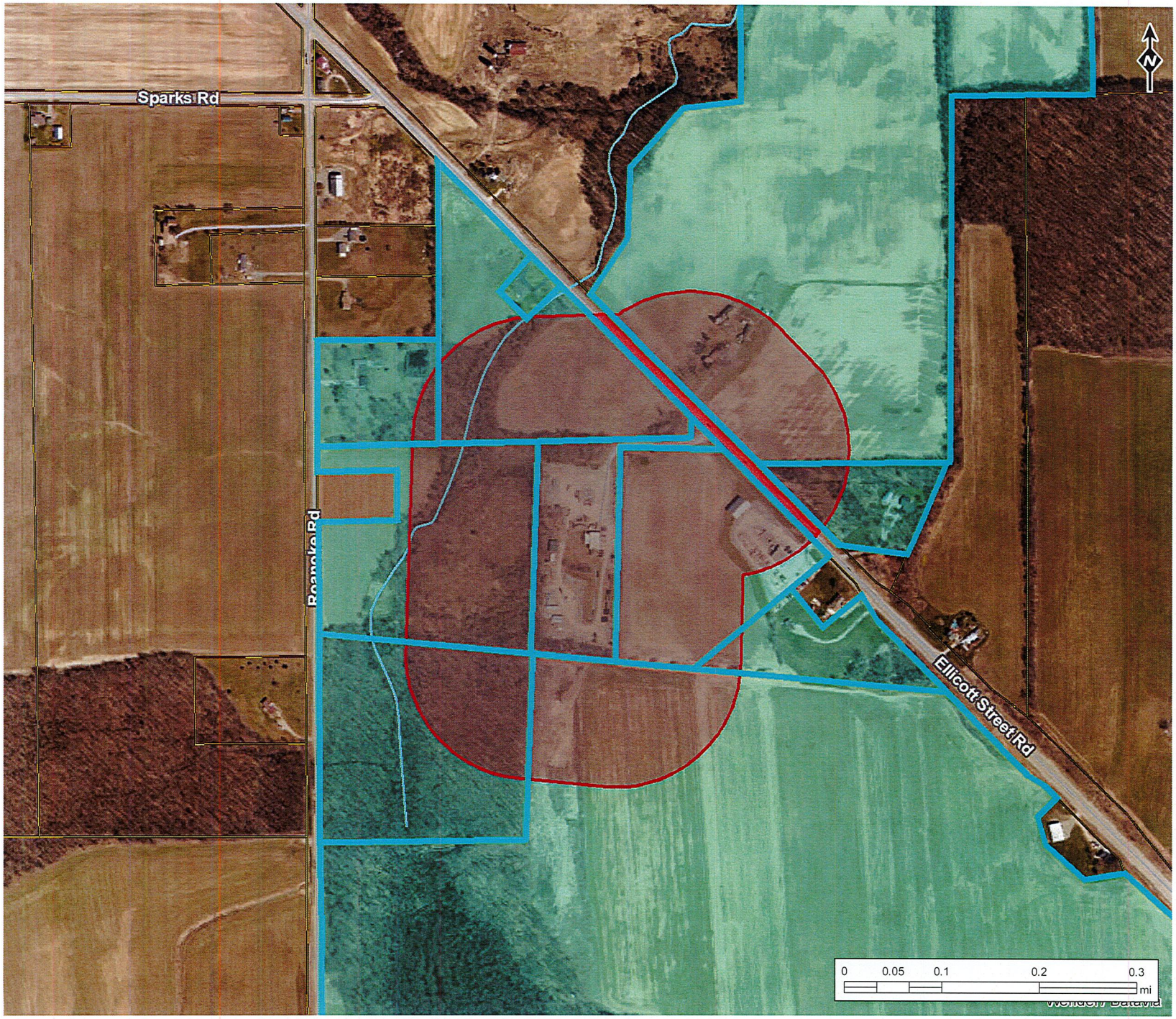
- Type Not Specified
- Bend
- Cap
- Cross
- Coupling
- Reducer
- Blowoff Connection
- Sleeve
- Tee
- Other

Meters

- Unknown
- Master Meter
- Master w/ PRV-PSV
- Meter

wendelcompanies.com

Town of Batavia Web Mapping Application



LEGEND

- Water Tank
- Pump Station

Hydrant

- Red
- Yellow
- Yellow w/ Blue Caps

Meters

- Unknown
- Master Meter
- Master w/ PRV-PSV
- Meter

Valves

- Line Valve
- Check
- Corporation Stop
- Curb Box
- Gate
- Hydrant
- Pressure Reducing
- Tapping
- Water Main

Sewer Pump Station

- Pump Station
- Grinder Station

wendelcompanies.com

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:
50x80 pole barn building

Project Location (describe, and attach a location map):
South of our exsisting building on 6630 Ellicott st pPavilion N.Y.

Brief Description of Proposed Action:
Putting up a building for light maintenance of our tools and equipment

Name of Applicant or Sponsor:	Telephone: 585 584 3261
	E-Mail: phil@pavdrain.com

Address:
6630 Ellicott st Pavilion N.Y. 14525

City/PO:	State:	Zip Code:
Pavilion	New York	14525

	NO	YES
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.	☐	☐
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:	☐	☐

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

4. Check all land uses that occur on, are adjoining or near the proposed action:

☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☑ Commercial ☐ Residential (suburban)
☐ Forest ☑ Agriculture ☐ Aquatic ☐ Other(Specify):
☐ Parkland

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	☐	☑	☐
b. Consistent with the adopted comprehensive plan?	☐	☐	☐

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☑

	NO	YES
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
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	YES
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
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	☐	☑

	NO	YES
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	☐	☑

	NO	YES
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	YES
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: _____		

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional

☐ Wetland ☐ Urban ☐ Suburban

	NO	YES
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?	☑	☐
16. Is the project site located in the 100-year flood plan?	☑	☐
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:		
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:	☑	☐
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	☑	☐
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:	☑	☐

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: JOHN GARLAND Date: Oct 26, 2020

Signature: [signature] Title: MECHANIC

PRINT FORM

T-05-PAV-11-20

04/22/2018