GENESEE COUNTY PLANNING BOARD
ZONING REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID	**T-01-PEM-3-16**
Review Date	**3/10/2016**

Municipality	**PEMBROKE, T.**
Board Name	**ZONING BOARD OF APPEALS**
Applicant's Name	**Jonathan Reisdorf**
Referral Type	
Variance(s)	**Area Variance(s)**
Description:	**Area Variances to erect an above-ground swimming pool for a single-family home.** **Side Yard Setback** **Minimum required: 25 ft.** **Proposed: 10 ft.** **Rear Yard Setback** **Minimum required: 30 ft.** **Proposed: 10 ft.**
Location	**8532 Indian Falls Rd., Pembroke**
Zoning District	**Agricultural-Residential (A-R) District**

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The location of the proposed pool is not out-of-character with the location of other accessory structures in neighboring properties, therefore, it should pose no significant county-wide or inter-community impact.

Felix A. Ottaviano

Director

March 10, 2016

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-01-PEM-3-16

RECEIVED
Genesee County
Dept of Planning
3/1/2016

* 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) Zoning Board of Appeals
Address 1145 Main Road
City, State, Zip Corfu, NY 14036
Phone (585) 599-4892 Ext. 5

2. APPLICANT INFORMATION

Name Jonathan Reisdorf
Address 8532 Indian Falls Rd.
City, State, Zip Corfu, NY 14036
Phone (585) 409-4423 Ext. Email

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 8532 Indian Falls Rd.
B. Nearest intersecting road RT 5 (Main Rd.)
C. Tax Map Parcel Number 17.-1-85
D. Total area of the property .88 acre Area of property to be disturbed
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

Zoning Schedule A

C. Please describe the nature of this request Need 20 ft. rear lot and 15 ft side lot variances for placement of swimming pool in the southwest corner of lot: 10 ft off rear line and 10 ft. from side lot.

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 Diane M Denton Title Zoning Admin Secretary Phone (585) 762-4110 Ext.
Address, City, State, Zip 1145 Main Rd., Corfu, NY 14036 Email Zoning-Clerk@townofpembroke.org

TOWN OF PEMBROKE
1145 MAIN ROAD
CORFU, NEW YORK 14036
585-599-4892

APPLICATION FOR:			
	SPECIAL USE PERMIT		ZONING APPEAL
	TEMP. SPECIAL USE PERMIT		LAND SEPARATION
	USE VARIANCE		SUB DIVISION
X	AREA VARIANCE		ZONE DISTRICT CHANGE
			SITE PLAN REVIEW

DATE APPLIED FOR	2/23/16
APPLICATION NUMBER	16.02.01
REFERRED TO PLANNING	
REFERRED TO ZBA	X
PUBLIC HEARING REQ.	X

APPLICANT	Jonathan Reisdorf	STREET LOCATION #	
ADDRESS	8532 Indian Falls	TAX MAP PARCEL #	17-1-85
		ZONING DISTRICT	AG-R
TELEPHONE #	585 409 4423	SIZE OF PARCEL	.88 acres
		CORNER LOT	no
PROPERTY OWNER (IF OTHER THAN ABOVE)		SMART GROWTH DEVELOPMENT AREA?	Y / (N)
NAME		CURRENT SET BACK OF BUILDING	
ADDRESS		FRONT	
		REAR	
TELEPHONE #		SIDE	

PERMIT OR VARIANCE FOR:

- ____ NEW CONSTRUCTION
- ____ ADDITION
- ____ SIGN
- ____ HOME OCCUPATION
- X OTHER

IF THIS APPLICATION IS FOR A VARIANCE PLEASE STATE THE SECTION OF THE ORDINANCE UNDER WHICH THE VARIANCE REQUESTED

Zoning Schedule A AG-R

DESCRIBE REASON FOR VARIANCE

For placement of swimming pool in rear yard corner

DOES THIS PROJECT REQUIRE APPROVAL FROM THE FOLLOWING? CHECK THOSE THAT APPLY:

	GENESEE CO. HEALTH DEPARTMENT		TOWN BOARD
	GENESEE CO. SOIL & WATER	X	Z.B.A.
	DEPARTMENT OF TRANSPORTATION		PLANNING BOARD
X	COUNTY PLANNING DEPARTMENT	X	PUBLIC HEARING
	D.E.C.		

DESCRIPTION OF PROPOSED PROJECT OR REASON FOR PERMIT REQUEST

Placement of swimming pool in the south west corner of lot 10-feet off rear line and 10-feet from side lot.

20-ft rear lot variance 15-ft side lot variance

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 SEQR 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** 02/23/16

$50 pd. 02/23/16 [illegible]

617.20
Appendix B
Short Environmental Assessment Form

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:
J. Variance for Pool

Project Location (describe, and attach a location map):
8532 Indian Falls Rd

Brief Description of Proposed Action:
15' side Variance
20' Rear Variance

Name of Applicant or Sponsor:
JONATHAN REISDORF

Telephone: 585-409-4423
E-Mail: REISDORFJA@YAHOO.COM

Address:
8532 INDIAN FALLS RD

City/PO:
CORFU NY 14036

State: NY

Zip Code: 14036

	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 governmental Agency? If Yes, list agency(s) name and permit or approval:	☑	☐

3.a. Total acreage of the site of the proposed action? .88 acres
b. Total acreage to be physically disturbed? n/a acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? .88 acres

4. Check all land uses that occur on, adjoining and 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?	☐	☑
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	☑	☐
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	☑	☐
b. Are public transportation service(s) available at or near the site of the proposed action?	☑	☐
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	☑	☐
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: _____	☐	☑
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	☑	☐
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	☑	☐
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	☑	☐
b. Is the proposed action located in an archeological sensitive area?	☑	☐
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 plain?	☑	☐
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? ☐ NO ☐ YES	☑	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: ☐ NO ☐ YES _____		

	NO	YES
18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size:	☑	☐
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 AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

X Applicant/sponsor name: JONATHAN REISDORF Date: 02/23/16

Signature:

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	☐	☐
2. Will the proposed action result in a change in the use or intensity of use of land?	☐	☐
3. Will the proposed action impair the character or quality of the existing community?	☐	☐
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	☐	☐
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	☐	☐
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	☐	☐
7. Will the proposed action impact existing: a. public / private water supplies?	☐	☐
b. public / private wastewater treatment utilities?	☐	☐
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	☐	☐
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	☐	☐

Town of Pembroke
Agricultural Data Statement

Application #_____

Date

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.

Jahnathan Reisdorf Applicant Name	Owner if Different than Applicant
8532 I F Rd. Address	Address

1. Type of Application: Special Use Permit ☐ Site Plan Approval ☐
   Area ~~Use~~ Variance: ☑ Subdivision Approval ☐
2. Description of proposed project: 2 variances for pool
3. Location of project: 8532 I F Rd. Tax Map # 17.-1-85
4. Is this project within an Agricultural District? No ☐ Yes ☑
5. If yes, Agricultural District Number #2
6. Is this property actively farmed? No ☑ Yes ☐
7. List all farm operations within 500 feet of your property, (Attach additional sheets if necessary)

Jahnathon Reisdorf Applicant Name owner of Field Richar Mahaney Address 1220 End. Falls Rd	Applicant Name Address
Applicant Name Address	Applicant Name Address

Signature of Applicant

Signature of Owner (if other than Applicant)

Reviewed by _____ Signature of Municipal Official

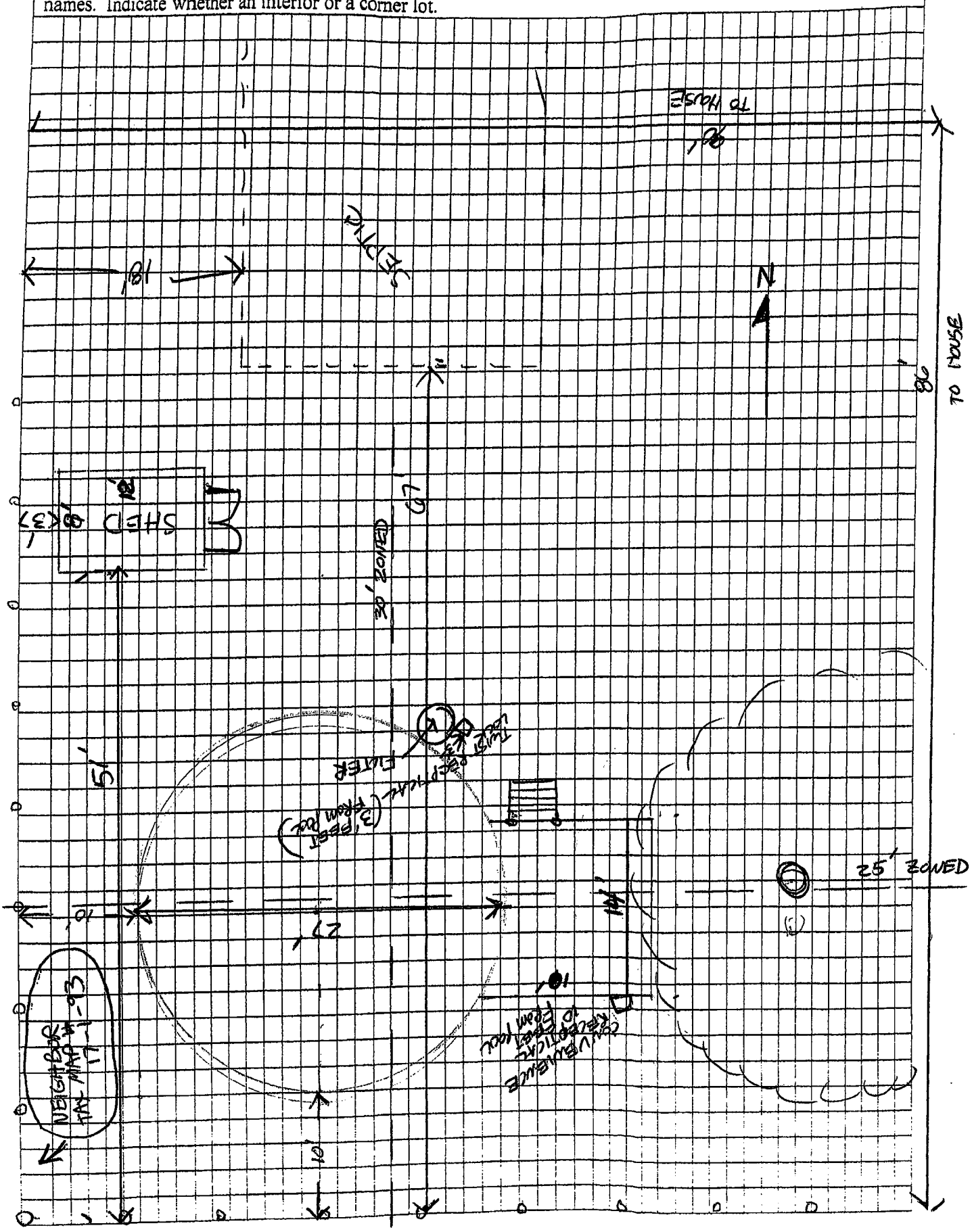
Date 2/23/16

Note to referral Agency: County review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

JONATHAN BELSDORF
POOL PERMIT

Plot Diagram

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all yard dimensions from property lines. Give indentifying information or deed description, show street names and adjacent property owner names. Indicate whether an interior or a corner lot.



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Indian Falls Rd (CR 4)
03/31/2013
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