



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-04-DAR-11-24

Review Date

11/14/2024

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

DARIEN, T.

PLANNING BOARD

Kimberly Dunn and Robert Saari

Special Use Permit

Special Use Permit for a kennel (noncommercial) housing up to 12 dogs.

Location
Zoning District

10934 Alleghany Rd. (NYS Rt. 77), Darien

Medium Density Residential (MDR) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modification is that the applicant provide a site plan to the Town Planning Board with the location of all/any outdoor fencing and boarding of the animals. With this required modification, the proposed kennel should pose no significant county-wide or inter-community impact.

Director

November 14, 2024

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-04-DAR-11-24

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
10/22/2022

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 Darien Planning Board
Address 10569 Alleghany Rd.
City, State, Zip Darien, NY 14040
Phone (585) 547-2274 Ext. 1026

2. APPLICANT INFORMATION

Name Kimberly Dunn and Robert Saari
Address 10934 Alleghany Rd.
City, State, Zip Darien, NY 14040
Phone (716) 380-4716 Ext. _____ Email _____

MUNICIPALITY: City Town Village of Darien

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Area Variance | <input type="checkbox"/> Zoning Map Change | <input type="checkbox"/> Subdivision Proposal |
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Zoning Text Amendments | <input type="checkbox"/> Preliminary |
| <input checked="" type="checkbox"/> Special Use Permit | <input type="checkbox"/> Comprehensive Plan/Update | <input type="checkbox"/> Final |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

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

A. Full Address 10934 Alleghany Rd., Darien, NY 14040
B. Nearest intersecting road O'Connor Rd.
C. Tax Map Parcel Number 14-1-27.1
D. Total area of the property 2.64 acres Area of property to be disturbed 0
E. Present zoning district(s) MDR

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
Article VIII Section 820

C. Please describe the nature of this request Special use permit for a kennel. Housing ^{up to} 12 dogs.

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 type="checkbox"/> Site plan | <input checked="" 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 checked="" type="checkbox"/> Agricultural data statement | |

7. CONTACT INFORMATION of the person representing the community in filling out this form (required information)

Name Ewen Yoder Title PBZBA clerk Phone (585) 547-2274 Ext. 1026
Address, City, State, Zip 10569 Alleghany Rd., Darien, NY 14040 Email pbzba@townofdarien.ny.com

TOWN OF DARIEN
GENESEE COUNTY, NEW YORK 14040



ORIGINAL

PLANNING BOARD
SITE PLAN REVIEW
SPECIAL USE PERMIT APPLICATION

Application #: PB-12-24
(For office use only)

Today's Date: 10/01/2024

Provision of Zoning Law Involved:

Article: VIII, Section: 820, Subsection: _____, Paragraph: _____

Purpose of Request:

*This request would be in harmony with the orderly development of the district in which it is located because: Provided the applicant obtains a Special Use Permit and complies with it stipulations and conditions, and complies with NYS licensing requirements, would be in compliance.

Maximum 12 (twelve) dogs.
Non-business, personal use only, pets.

*This request would not be detrimental to the property or persons in the neighborhood because: Dogs required to be licensed and vaccinated, and must maintain compliance with Town Zoning, and maintain compliance with provisions of the Special Use Permit.

*This request would not increase the traffic flow in the area to the extent that traffic safety would be endangered because: N/A

The applicant should submit one (1) copy of the application, nine (9) copies of the site plan and one (1) copy of the zoning application

CERTIFICATION:

I hereby certify that I have read the instructions and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use 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 ordinance regulating construction or performance of construction.

10/21/2024
Date of Signature

[Handwritten Signature]
Signature of Applicant

Date of Signature

Signature of Owner (If different from Applicant)

Office Use Only:
Zoning Permit Application #: PB Date Received: _____ Fee Paid: _____

Date of First Hearing: _____ Location: _____

Date of Second Hearing: _____ Location: _____

Date of Subsequent Hearings: _____ Location: _____

Action: () APPROVED () REJECTED Date: _____

Planning Board Chairman Signature: _____

Zoning Officer Signature: _____ Date Permit Issued: _____

Additional Conditions Imposed: _____

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT (revised 2/01/2021) ORIGINAL

Today's Date: 10/01/2024 Application Number: PB - 12-24

Owner's Name: Kymberly Dunn Tax Map #: 14.-1-27.1

Owner's Phone: 716-380-4764 Owner's 2nd Phone: _____

Owner Address: 10934 Alleghany Rd. Darien, NY 14004

Address of Project: same

Owner's Email: Virgo10934@icloud.com Builder Email: _____

Builder Contact: _____ Builder Phone: _____

INSTRUCTIONS:

Fill out the application completely. Submit the application & required attachments to the Zoning Enforcement Officer (ZEO) prior to commencing this project or use.

***THIS APPLICATION IS NONTRANSFERABLE AND IS VALID FOR ONE YEAR PERIOD ONLY**

1. Zoning District property located in: RESIDENTIAL Low or Medium Density)
 Industrial Commercial Recreational
2. Permit Application for: New Construction Demolition Addition Alteration Relocation
 Roof Solar Panels Generator Swimming Pool Signs Fence Kennel
 SPECIAL USE VARIANCE SITE PLAN HOME OCCUPATION
3. Is this parcel: Corner Lot Water District Sewer District
4. Dimensions of this lot: 400 length X 286 width and/or area 2.64 acres
5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW);
 _____ ft and what is the set back (in feet) from project property line Side A _____ Side B _____
 Back _____ (Also depict on plot diagram).
6. Total percentage (%) of coverage of all buildings on lot (including proposed): _____%
7. Total Dwelling Units: _____
8. Project Cost: _____ Actual Estimated

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET	
House					# Bathrooms: _____
Garage/Pole Barn					# Bedrooms: _____
Accessory Structure					Rec Room: _____
Commercial					Family Room: _____
Industrial					Fireplace: _____
Signs					

Describe proposed project and/or use:

Special Use permit for a kennel. Housing nine dogs.

Attachments required & verified by ZEO:

Ag. Data Statement / SUP App / SCD

Action taken by ZEO: APPROVED: DENIED: Reason:

Referral To: Town Planning Town Appeals County Planning Building Inspector

Requires: Zoning Permit Zoning/Building Permit Operating Permit Temporary Use Permit
 Emergency Housing Permit Certificate of Compliance

10/01/2024

Date of Signature

[Signature]
Signature of ZEO

Date of Signature

of Inspects

Signature of Building Inspector

10/1/24
Date Fee Received

160
Fee

[Signature]
Indicate Fees Paid/Town Clerk Use Only

Date of Signature

Renewal Approval / ZEO Signature

CERTIFICATION: I hereby certify that I have read the instructions, examined this application and supporting attachments and know them to be true & correct. All provisions of Laws and Ordinances covering this type of work or use will be complied with, whether specified herein or not. The granting of a permit does not give authority to violate or cancel the provisions of any other State or Local Law/Ordinance regulating construction, performance, or use.

Designation of Representative to act in my stead form required? _____ (attach form if required)

[Signature]
APPLICANT SIGNATURE

PROPERTY OWNER SIGNATURE (If other than applicant)

Office Use Only:

Total Square Footage: _____

Average Sq. Footage Cost: _____

Valuation: _____

Reference Year: _____



October 3, 2024

Dog Kennel Waste Disposal Plan

Participants: Mr. Robert Saari

Address: 10934 Alleghany Road, Darien Center, NY 14040

Goal of the project:

- Disposal of waste from dogs on your property

Overview

At the time of our site visit on October 2, 2024, you had six mature dogs on your property. You indicated that your intent is not to breed and sell these animals or to board other people's dogs, you were just looking to provide a home for these animals. You currently dispose of the animal waste in a trash can

Disposal Plan for Animal Waste

- Animal waste from the dog areas should continue to be collected and disposed of in the trash
- The trash should be emptied weekly and sent to a landfill

Other Considerations

- Ensure that the refuse disposal company is aware that they are transporting animal waste and comply with any restrictions they may have.
- The lid on the dumpster should be securely fastened at all times to prevent rainfall from entering the dumpster. Contaminated rainfall is prone to runoff, which has potential to pollute surface and ground waters. This will also contain scent from the animal waste.
- Place dumpster in an area where the wind is blocked to prevent the spread of the animal waste scent.

Respectfully,

Jared Elliott
Senior Field Manager

TOWN OF DARIEN

Agricultural Data Statement

Application # PB-12-24

Date 10/1/2024

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

Name Kimberly Dunn

Address 10934 Alleghany Rd.
Darien, NY 14040

Owner if different than Applicant

Name _____

Address _____

ORIGINAL

1. Type of application: Special use permit ; Site plan approval ; Use variance ; Subdivision approval

2. Description of proposed project: Applicant has nine adult dogs as pets. Requires a kennel permit.

3. Location of project: Address same
Tax Map Number (TMP) 14-1-27.1

4. Is this property 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 property actively farmed? NO YES

7. List all farm operations within 500 feet of your property, (Attach additional sheets if necessary).

1. Name Wayne Snyder

Address 10907 Alleghany Rd.
Darien, NY 14040

Is this property actively farmed? NO YES

2. Name Ruth Harmon

Address 9851 Alleghany Rd - PO Box 340
Corfu, NY 14036

Is this property actively farmed? NO YES

3. Name _____

Address _____

Is this property actively farmed? NO YES

4. Name _____

Address _____

Is this property actively farmed? NO YES

Kimberly Dunn
Signature of Applicant

Signature of Owner (if other than Applicant)

REVIEWED BY

[Signature]
Signature of Municipal Official

10/1/2024
Date

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.

Short Environmental Assessment Form

Part 1 - Project Information



ORIGINAL

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: Kennel Permit to house 9 (nine) dogs.			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: Town Zoning Law requires the issuance of a kennel permit to house greater than four dogs older than six months of age.			
Name of Applicant or Sponsor: Kymberly Dunn		Telephone: 7163804764	
		E-Mail: Virgo10934@icloud.com	
Address: 10934 Alleghany Rd			
City/PO: Darien		State: NY	Zip Code: 14040
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: Genesee Co Planning Board			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		2.64 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		2.64 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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	YES	
		<input type="checkbox"/>	<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	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?		<input checked="" 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	YES	
		<input checked="" type="checkbox"/>	<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	YES	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ Residential septic _____		NO	YES	
		<input checked="" type="checkbox"/>	<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?		NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?		<input checked="" 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?		NO	YES	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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: _____ _____ _____		<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:

- Shoreline Forest Agricultural/grasslands Early mid-successional
 Wetland Urban 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?

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?
If Yes, briefly describe:

NO	YES
<input 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"/>

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:

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:

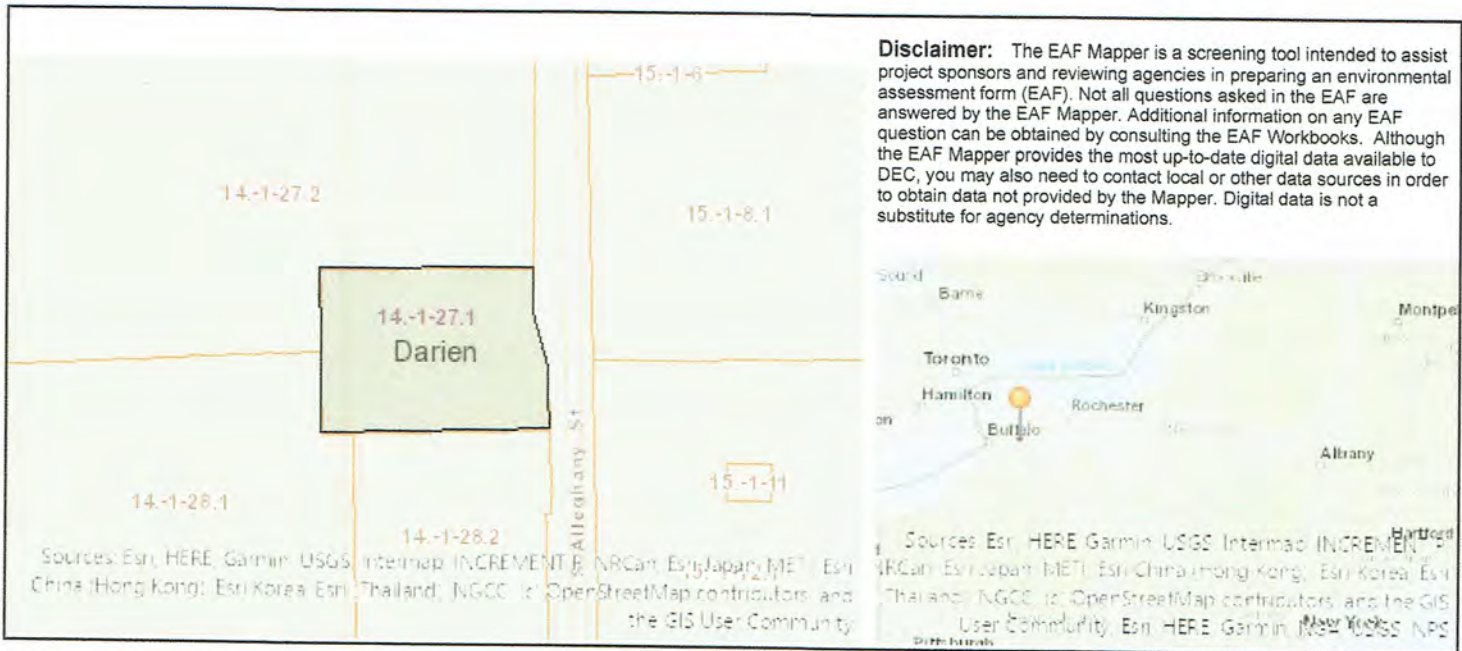
NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Applicant/sponsor/name: Kymberly Dunn Date: 10/09/2024

Signature:  Title: Owner

EAF Mapper Summary Report



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

T-04-DAR-11-24



Alleghany Road (NY 77)

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04/08/2023