



## GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

**T-01-PAV-01-24**

Review Date

**1/9/2025**

Municipality

**PAVILION, T.**

Board Name

**PLANNING BOARD**

Applicant's Name

**Har-go Farms, LLC**

Referral Type

**Special Use Permit**

Variance(s)

Description:

**Special Use Permit and Site Plan Review to convert a former church/dentist office into four new apartments.**

Location

**6932 Cato St., Pavilion**

Zoning District

**Commercial (C) District**

### PLANNING BOARD RECOMMENDS:

**APPROVAL**

### EXPLANATION:

**The proposed apartments should pose no significant county-wide or inter-community impact.**

Director

January 9, 2025

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-PAV-01-25



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

**RECEIVED**

By the Genesee County Dept. of Planning at 9:30 am, Jan 02, 2025

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 BoardAddress 1 Woodrow DrCity, State, Zip Pavilion, NY, 14525Phone (585) 584 - 8533 Ext. \_\_\_\_\_**2. APPLICANT INFORMATION**Name Har-Go Farms, LLCAddress 10965 South StCity, State, Zip Pavilion, NY, 14525Phone (716) 474 - 0850 Ext. \_\_\_\_\_ Email jill@hargofarms.comMUNICIPALITY: ☐ 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 6932 Cato StB. Nearest intersecting road West Park StC. Tax Map Parcel Number 16.-1-54.2D. Total area of the property .22 Acres Area of property to be disturbed 0E. Present zoning district(s) Commercial**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 AC. Please describe the nature of this request Covert a former church/dentist office and turn it into 4 new apartments**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 Troy Williams Title CEO Phone (585) 343 - 1729 Ext. 208Address, City, State, Zip Batavia, NY, 14020 Email twilliams@townofbatavia.com

# Building and Zoning Application Permit No. \_\_\_\_\_

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

Date 12/9/2024 Zone \_\_\_\_\_ Flood Zone \_\_\_\_\_ Wellhead Protection \_\_\_\_\_ Corner Lot \_\_\_\_\_

New Construction ☐ 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. 16-1-54.2

Owners Name Marigold Holdings, LLC Phone No. (716) 474-0850

Address P.O. Box 195 Project Road Width \_\_\_\_\_ ft

Applicants Name HAR-Go Farms, LLC Project Address 6932 Cato St. Pavilion, NY

E Mail Address Jill@hargofarms.com Phone No (716) 474-0850

Description of Project: add four apartments to former church.

(Two) two bedroom, 1 bath and (two) one bedroom, one bath

Existing Use Commercial (vacant) Proposed Use residential

Estimated Cost Building \$200,000 Plumbing \$25,000 Mechanical \$40,000 Miscellaneous \$100,000.00

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

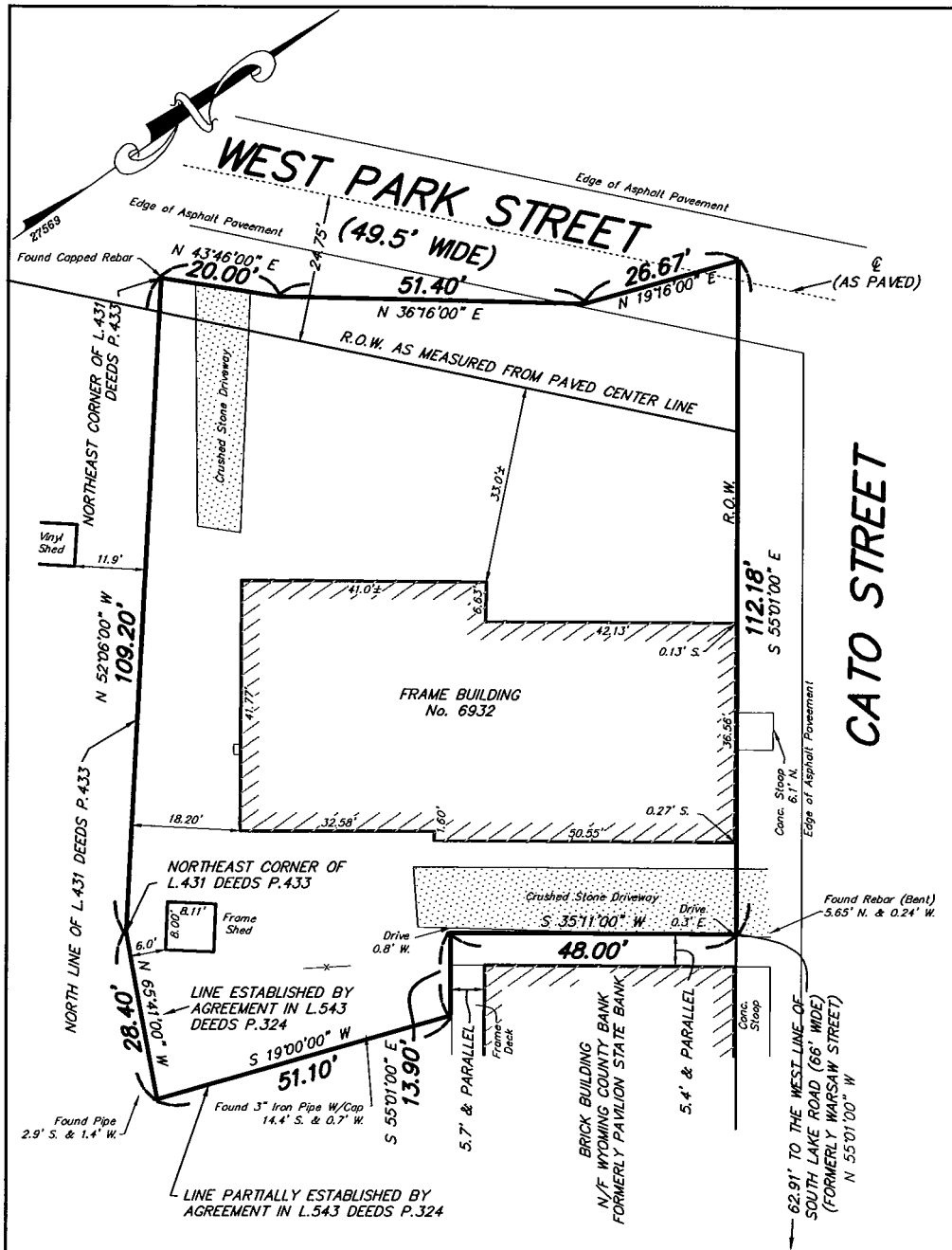
IN SIGNING THIS DOCUMENT I HEARBY GIVE THE RIGHT OF AN ON SITE INSPECTION TO THE TOWN OF PAVILION CODE ENFORCEMENT OFFICIAL OR THEIR DESIGNE. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME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

I, Jill Gould, 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.

Jill Gould, member 12/9/24

Signature of Owner or Authorized Agent

Date



INSTRUMENT(S) UTILIZED IN DETERMINING LOCATION OF BOUNDARY LINES: Liber 866 Deeds P.544

THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT ABSTRACT OF TITLE AND IS SUBJECT TO ANY STATE OF FACTS THAT MAY BE REVEALED IN SAID ABSTRACT.

NOTE: PROPERTY CORNER MONUMENTS WERE NOT PLACED AS PART OF THIS SURVEY.

THIS SURVEY MAP WAS PREPARED IN ACCORDANCE WITH THE CURRENT STANDARDS FOR LAND SURVEYS ADOPTED BY THE BAR ASSOCIATION OF ERIE COUNTY AT THE REQUEST OF Sargent & Collins, LLP

*Christopher J. Barr*

CHRISTOPHER J. BARR

NYSPLS No. 051068

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**TRUE NORTH**  
**LAND SURVEYING, PLLC**

150 AERO DRIVE  
BUFFALO, NEW YORK 14225  
(716)631-5140 ~ Truenorthpllc@aol.com

AMEND:

SURVEY DATE: 7-7-23

DRAWING DATE: 7-24-23

SCALE: 1" = 20'

"ALL RIGHTS RESERVED"

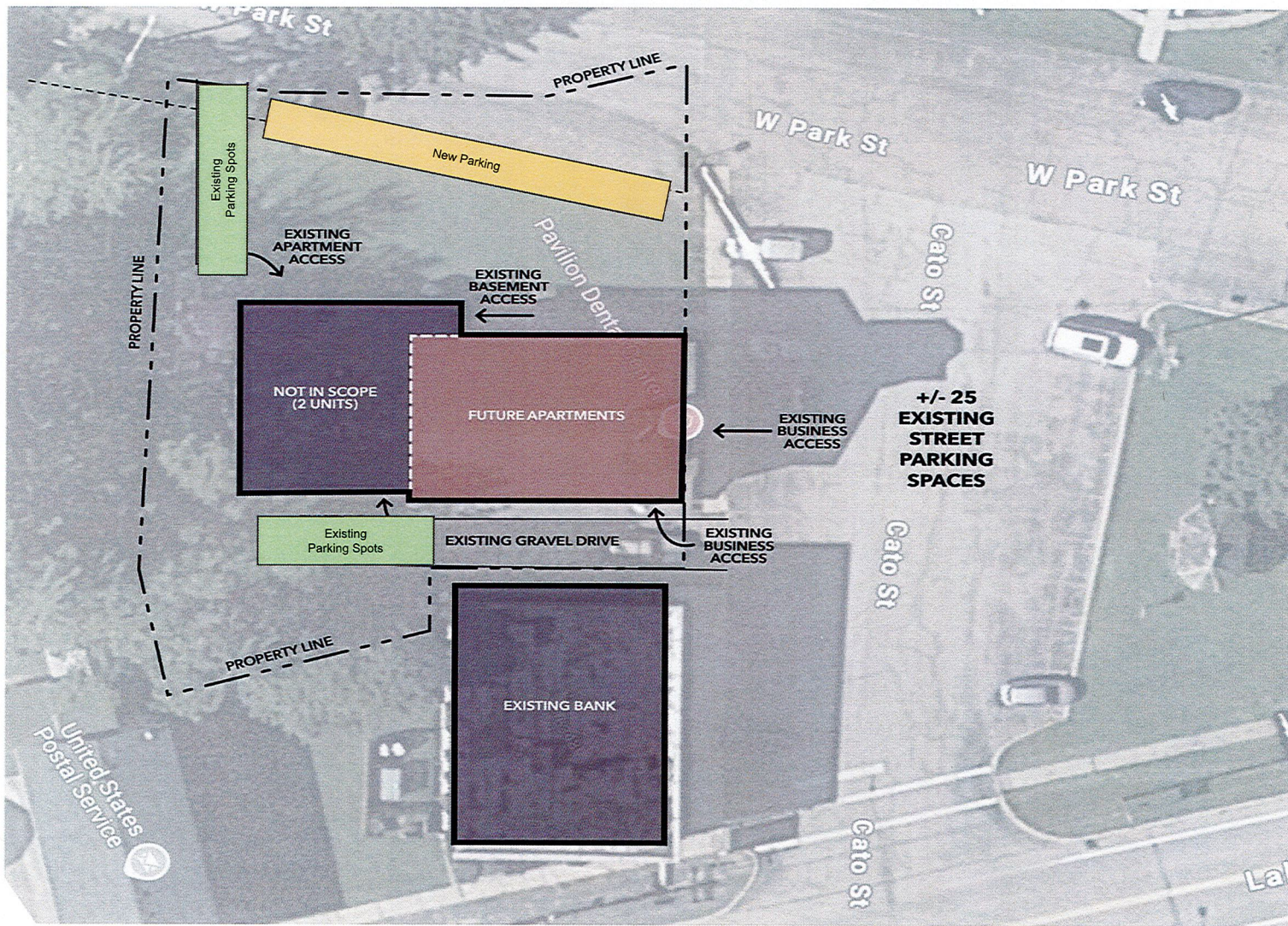
PART OF LOT 10 SECTION 2 TOWNSHIP        RANGE        OF THE:  
Craigie Tract SURVEY-- Genesee COUNTY, N.Y.

SURVEY OF: 6932 Cato Street, Town and Hamlet of Pavilion

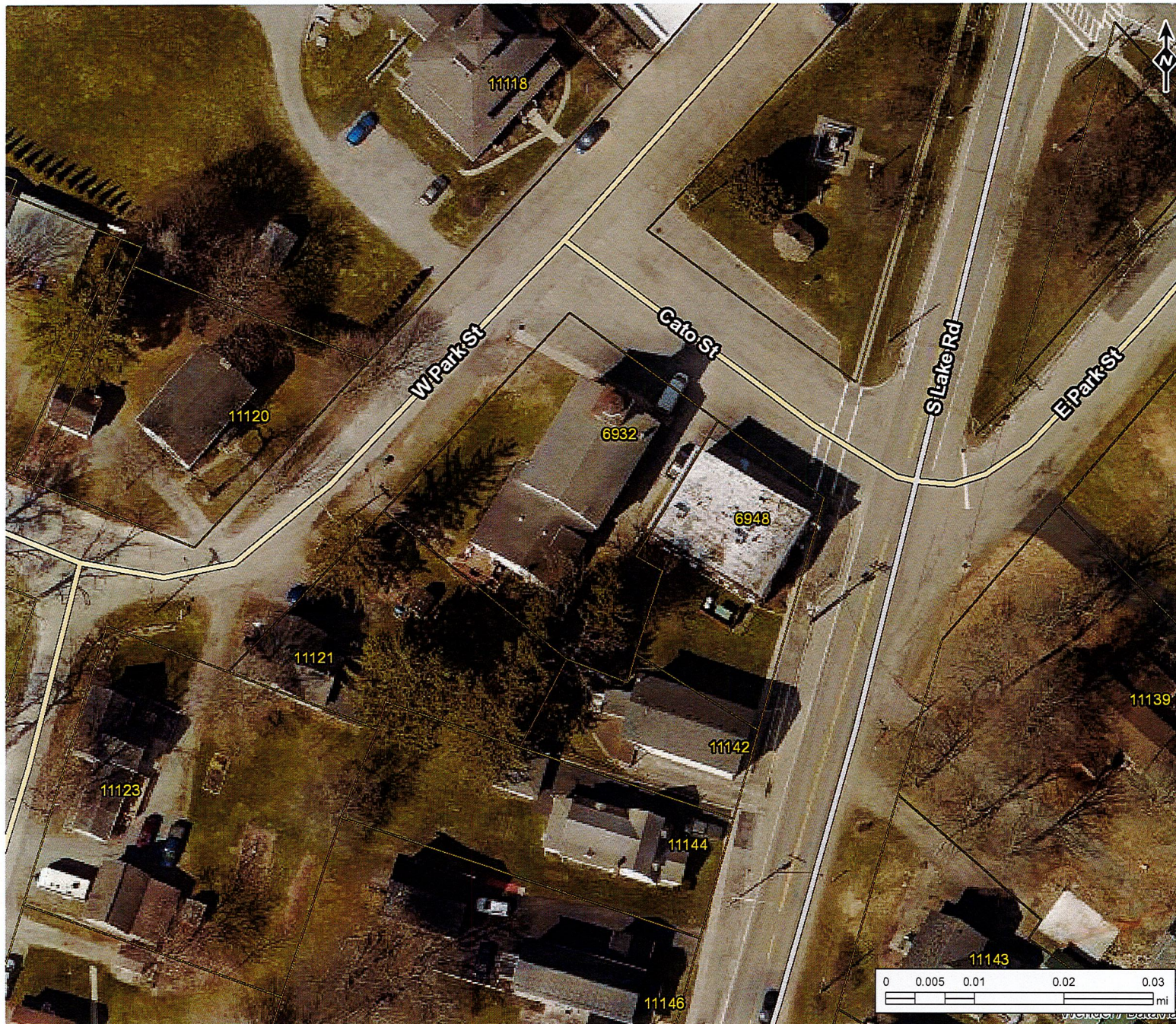
THIS MAP VOID UNLESS EMBOSSED WITH NEW YORK STATE LICENSED LAND SURVEYOR'S SEAL. ALTERING ANY ITEM ON THIS MAP IS A VIOLATION OF THE LAW EXCEPT AS PROVIDED IN SECTION 7209, PART 2, OF THE NEW YORK STATE EDUCATION LAW.

SBL No. 16.00-1-54.2

FILE NO. 16.00-1-54.2



# Town of Batavia Web Mapping Application



## LEGEND

- Water Tank
- Pump Station
- Hydrant Out of Service**
  - Red, Out of Service
  - Yellow w/ Blue Caps, Out of Service
  - Yellow, Out of Service
- Hydrant**
  - Red
  - Yellow
  - Yellow w/ Blue Caps
- Blowoff**
  - Below-Grade
  - Programable Flushing Unit
  - Blowoff Connection
  - Portable Continuous Flushing Setup
  - Portable Programable Hydrant Flushing Unit
- Fittings**
  - Type Not Specified
  - Bend
  - Cap
  - Cross
  - Coupling
  - Reducer
  - Blowoff Connection
  - Sleeve
  - Tee
  - Other

# 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.

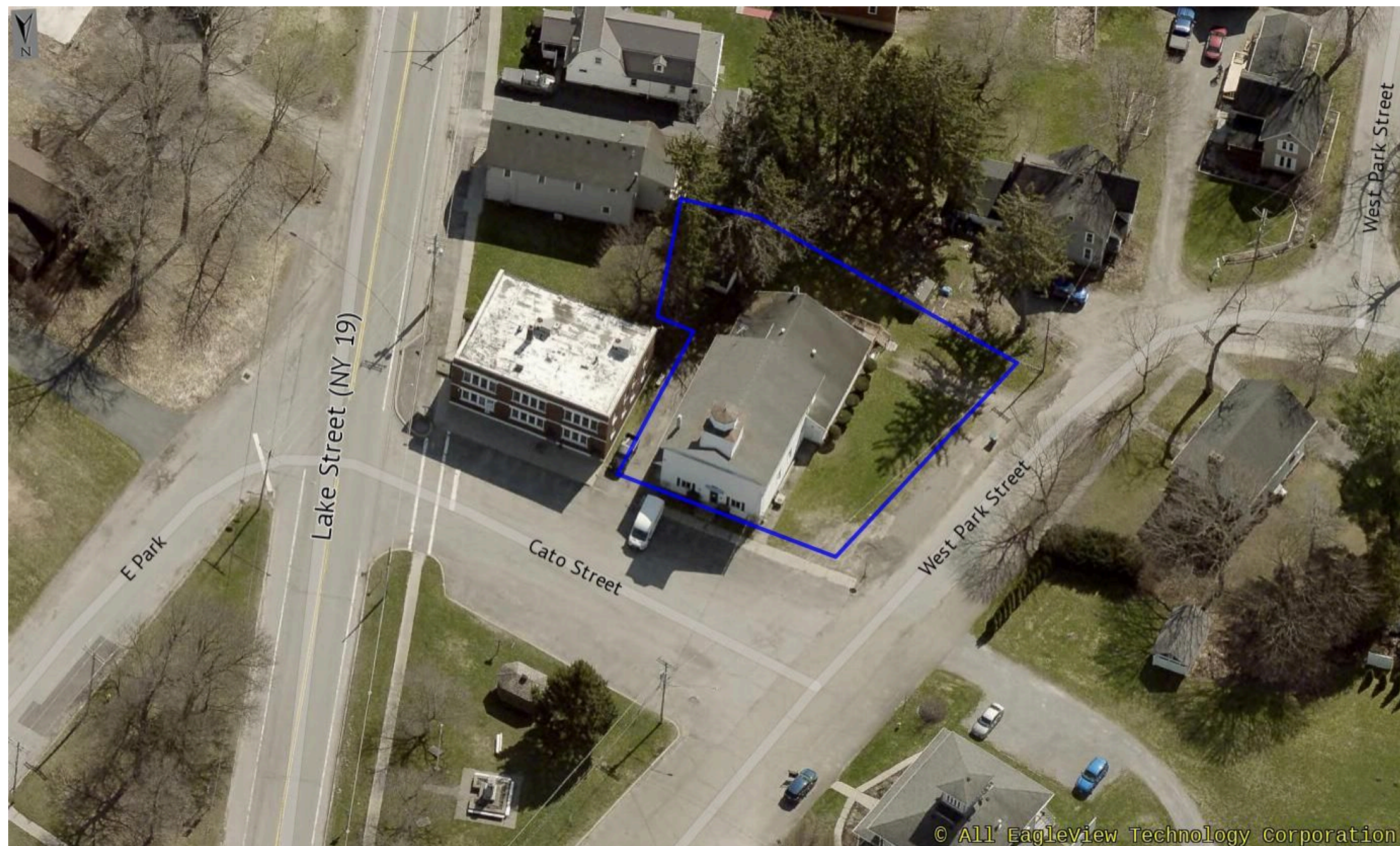
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project: <div style="font-size: 1.2em; font-family: cursive;">Cato Commons Apartments</div>			
Project Location (describe, and attach a location map): <div style="font-size: 1.2em; font-family: cursive;">6932 Cato St. Pavilion, NY 14525</div>			
Brief Description of Proposed Action: <div style="font-size: 1.2em; font-family: cursive;">Convert a former church turned dentist office into 4 new apartments in the downtown hamlet of Pavilion.</div>			
Name of Applicant or Sponsor: <div style="font-size: 1.2em; font-family: cursive;">Har-Go Farms, LLC</div>		Telephone: 716-474-0850 E-Mail: Jill@hargofarms.com	
Address: <div style="font-size: 1.2em; font-family: cursive;">10965 South St. Rd.</div>			
City/PO: <div style="font-size: 1.2em; font-family: cursive;">Pavilion</div>		State: <div style="font-size: 1.2em; font-family: cursive;">NY</div>	Zip Code: <div style="font-size: 1.2em; font-family: cursive;">14525</div>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO <input type="checkbox"/>
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.			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO <input checked="" type="checkbox"/>
If Yes, list agency(s) name and permit or approval: <div style="font-size: 1.2em; font-family: cursive;">Town of Pavilion Planning + Gen Co. Planning</div>			YES <input type="checkbox"/>
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:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input 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?	NO	YES	
If Yes, identify: _____	<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?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
_____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: <u>Stephen Gould</u> Date: <u>12/8/2024</u> Signature: <u></u> Title: <u>owner</u>		

**T-01-PAV-01-25**



**04/08/2023**

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