



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-03-PAV-05-25

Review Date

5/8/2025

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

PAVILION, T.

PLANNING BOARD

Michael Lobello

Special Use Permit

Special Use Permit to construct a 1,920 sq. ft. (30 x 64 ft.) building and operate a motor vehicle repair shop.

Location
Zoning District

10188 Pavilion Center Rd., Pavilion

Agricultural-Residential 1 (AR-1) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modifications are as follows: 1) Per the Town's Zoning Ordinance, automobile parts and dismantled vehicles are to be stored within the building and no major repair work is to be performed outside the building; 2) the proposed signage complies with the Town's zoning regulations; and 3) the storage and disposal of all new and used waste oils, lubricants, fuels, coolants and other hazardous materials shall be conducted in a manner consistent with all applicable State and Federal laws. With these required modifications, the proposed motor vehicle repair shop should pose no significant county-wide or inter-community impact.

Director

May 8, 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-03-PAV-05-25



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
By the Genesee County Dept. of Planning at 10:43 am, Apr 29, 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 board
Address 1 Woodrow Dr
City, State, Zip Pavilion, NY, 14525
Phone (585) 584 - 8533 Ext. _____

2. APPLICANT INFORMATION

Name Michael Lobello
Address 10188 Pavilion Center Rd
City, State, Zip Pavilion, NY, 14525
Phone (585) 317 - 5434 Ext. _____ Email mikeandnicolelobello@gmail.com

MUNICIPALITY: City Town Village of Pavilion

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 checked="" type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

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

A. Full Address 10188 Pavilion Center Road
B. Nearest intersecting road Stubb Rd
C. Tax Map Parcel Number 5.-1-94
D. Total area of the property 1.8 Acres Area of property to be disturbed .30 acres
E. Present zoning district(s) AR-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 code, schedule A

C. Please describe the nature of this request Construction and operation of a Motor Vehicle repair shop

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 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 Troy Williams Title CEO Phone (585) 343 - 1729 Ext. 208
Address, 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: **04/02/2025** Zone: **AR-1** Flood Zone NA Wellhead Protection NA Corner Lot NA

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. : **Part of S.B.L. 5-1-26.113**

Owners Name: Michael and Nicole LoBello Phone No. : **(585) 317-5434**
Address: **10188 Pavilion Center Rd. Pavilion, NY** Project Road Width: **49.5 ft**
Applicants Name: **Same as Above** Project Address: **Same as Above**
E Mail Address: **mikeandnicolelobello@gmail.com** Phone No: **(585) 317-5434**

Description of Project: **Construction of a new, 30'-0" x 64'- 0" Motor Vehicle Repair Shop on the footprint of an existing barn (removed); Preparation of a new gravel drive and parking area; Mounting of a new Sign at road.**


Existing Use: **Residence and Barns on farm property** Proposed Use: **Same, with a new commercial bldg.**
Estimated Cost: Building: **TBD** 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 PERFORMANCE OF CONSTRUCTION.

I, **Michael LoBello** (Owner); and **David Carli** (Agent) 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.

 Architect, Authorized Agent **April 02, 2025**
Signature of Owner or Authorized Agent Date



~~VILLAGE CITY OF~~ Pavilion, NY

Application # _____

Agricultural Data Statement

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.

Applicant	Owner if Different from Applicant
Name: <u>Michael Lobello</u>	Name: _____
Address: <u>10188 Pavilion Center Road</u>	Address: _____
<u>Pavilion NY 14525</u>	_____

- Type of Application: Special Use Permit; Site Plan Approval; Use Variance; Subdivision Approval
(circle one or more)
- Description of proposed project: Construction and operation of a Motor Vehicle Repair Shop on the footprint of an existing barn (removed) on the applicant's property in an AR-1 zone.
- Location of project: Address: 10188 Pavilion Center Road, Pavilion, NY 14255
Tax Map Number (TMP) 5.-1-94
- Is this parcel within an Agricultural District? NO YES (Check with your local assessor if you do not know)
- If YES, Agricultural District Number GENE003
- Is this parcel actively farmed? NO YES
- List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: <u>Legacy Lands LLC</u>	Name: <u>Michael Lobello</u>
Address: <u>532 Peoria Rd. Pavilion, NY 14525</u>	Address: <u>10188 Pavilion Center Road; parcels are across the street from applicant's home.</u>
Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Name: _____	Name: _____
Address: _____	Address: _____
Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES	Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES

Signature of Applicant

Signature of Owner (if other than applicant)

Reviewed by: _____
Signature of Municipal Official

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.

**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: Lobello Motor Vehicle Repair Shop		
Project Location (describe, and attach a general location map): 10188 Pavilion Center Road, Pavilion, NY 14525		
Brief Description of Proposed Action (include purpose or need): Construct and operate a Motor Vehicle Repair Shop on the applicant's property in the AR-1 zoning district. New building will be of frame construction and will be 30'-0" x 64'-0" and will be sited entirely in the footprint of an existing 30'-3" x 72'-6" barn which was removed. A new gravel driveway extension of the applicant's existing driveway will connect to a new gravel parking lot for the shop.		
Name of Applicant/Sponsor: Michael and Nicole Lobello		Telephone: (585) 317-5434
		E-Mail: mikeandnicolelobello@gmail.com
Address: 10188 Pavilion Center Road		
City/PO: Pavilion	State: NY	Zip Code: 14525
Project Contact (if not same as sponsor; give name and title/role): Owner - Same		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. (“Funding” includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees	Town of Pavilion Town Board	
b. City, Town or Village <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Planning Board or Commission	Town of Pavilion Planning Board	
c. City, Town or <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Village Zoning Board of Appeals	Town of Pavilion Zoning Board of Appeals	
d. Other local agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Town of Pavilion Code Enforcement	
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Genesee County Planning Board	
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
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

C.1. Planning and zoning actions.	
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"> • If Yes, complete sections C, F and G. • If No, proceed to question C.2 and complete all remaining sections and questions in Part 1 	
C.2. Adopted land use plans.	
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 type="checkbox"/> Yes <input checked="" 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?
Agricultural/Residential -1

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? Pavilion Central

b. What police or other public protection forces serve the project site?
Genesee County Sheriff

c. Which fire protection and emergency medical services serve the project site?
Pavilion VFD

d. What parks serve the project site?
NA

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)? Commercial building on a residential lot.

b. a. Total acreage of the site of the proposed action? 2.041 acres
 b. Total acreage to be physically disturbed? 0.30 acres
 c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 56.10 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: 6 months
 ii. If Yes:
 • Total number of phases anticipated _____
 • Anticipated commencement date of phase 1 (including demolition) _____ month _____ year
 • Anticipated completion date of final phase _____ month _____ year
 • Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

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

	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

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

i. Total number of structures One

ii. Dimensions (in feet) of largest proposed structure: 20' height; 30' width; and 64' length

iii. Approximate extent of building space to be heated or cooled: 1920 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: _____
Other than the new gravel drive and parking area the site will be the same as before the existing barn was removed.

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): _____

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:

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: _____

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: _____ 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: _____
- 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.

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

If Yes:

i. Total anticipated liquid waste generation per day: _____ 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): _____

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

If Yes:

- Name of wastewater treatment plant to be used: _____
- Name of district: _____
- 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

• Do existing sewer lines serve the project site? Yes No
 • Will a line extension within an existing district be necessary to serve the project? Yes No
 If Yes:
 • Describe extensions or capacity expansions proposed to serve this project: _____

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):

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

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 _____ acres (impervious surface)
 _____ Square feet or _____ acres (parcel size)
 ii. Describe types of new point sources. _____

 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)?

 • If to surface waters, identify receiving water bodies or wetlands: _____

 • 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

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)

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

 iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)
 Ambient heating of the building's occupied spaces. _____

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 (CO₂)
 • _____ Tons/year (short tons) of Nitrous Oxide (N₂O)
 • _____ Tons/year (short tons) of Perfluorocarbons (PFCs)
 • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆)
 • _____ 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? Yes No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: _____
 Approx. estimate - 5000 kwh

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

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:

- Monday - Friday: _____ 7:00 AM - 4:00 PM _____
- Saturday: _____
- Sunday: _____
- Holidays: _____

ii. During Operations:

- Monday - Friday: _____ 8:30 AM - 5:30 PM _____
- Saturday: _____
- Sunday: _____
- Holidays: _____

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:
 Various typical light construction equipment during listed hours of construction during construction.

ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? Yes No
 Describe: _____

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:
 Building mounted light fixtures at exterior building doors, aimed at parking area, approx. 150' from applicant's residence back door.

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? Yes No
 Describe: _____

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
 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: _____ tons per _____ (unit of time)
 • Operation : _____ tons per _____ (unit of time)
 ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:
 • Construction: _____
 • Operation: _____
 iii. Proposed disposal methods/facilities for solid waste generated on-site:
 • Construction: _____
 • Operation: _____

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 Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			No Change
• Forested			No Change
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			No Change
• Agricultural (includes active orchards, field, greenhouse etc.)			No Change
• Surface water features (lakes, ponds, streams, rivers, etc.)			No Change
• Wetlands (freshwater or tidal)			No Change
• Non-vegetated (bare rock, earth or fill)			No Change
• Other Describe: _____			

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes <input type="checkbox"/> No • Explain: _____ 	
E.2. Natural Resources On or Near Project Site	
a. What is the average depth to bedrock on the project site? _____	Unknown feet
b. Are there bedrock outcroppings on the project site? If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Predominant soil type(s) present on project site: _____	Unknown - farm and wood land. _____ % _____ % _____ %
d. What is the average depth to the water table on the project site? Average: _____ feet	
e. Drainage status of project site soils: <input checked="" type="checkbox"/> Well Drained: _____ 100 % of site <input type="checkbox"/> Moderately Well Drained: _____ % of site <input type="checkbox"/> Poorly Drained _____ % of site	
f. Approximate proportion of proposed action site with slopes: <input checked="" type="checkbox"/> 0-10%: _____ % of site <input type="checkbox"/> 10-15%: _____ % of site <input type="checkbox"/> 15% or greater: _____ % of site	
g. Are there any unique geologic features on the project site? If Yes, describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Surface water features.	
i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Do any wetlands or other waterbodies adjoin the project site? If Yes to either i or ii, continue. If No, skip to E.2.i.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iv. For each identified regulated wetland and waterbody on the project site, provide the following information:	
<ul style="list-style-type: none"> • Streams: Name <u>Intermittent stream is not identified.</u> Classification <u>R4SBC</u> • Lakes or Ponds: Name _____ Classification _____ • Wetlands: Name _____ Approximate Size _____ • Wetland No. (if regulated by DEC) <u>ST-38</u> 	
v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? If yes, name of impaired water body/bodies and basis for listing as impaired: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Is the project site in a designated Floodway?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
j. Is the project site in the 100-year Floodplain?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
k. Is the project site in the 500-year Floodplain?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? If Yes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
i. Name of aquifer: _____	

m. Identify the predominant wildlife species that occupy or use the project site: _____
 Deer; birds, etc. _____

n. Does the project site contain a designated significant natural community? Yes 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? Yes No
 If Yes:
 i. Species and listing (endangered or threatened): _____

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? Yes No
 If Yes:
 i. Species and listing: _____

q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? Yes No
 If yes, give a brief description of how the proposed action may affect that use: _____

E.3. Designated Public Resources On or Near Project Site

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? Yes No
 If Yes, provide county plus district name/number: GENE003

b. Are agricultural lands consisting of highly productive soils present? Yes No
 i. If Yes: acreage(s) on project site? _____
 ii. Source(s) of soil rating(s): _____

c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? Yes No
 If Yes:
 i. Nature of the natural landmark: Biological Community 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? Yes 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 Lobello Date April 3, 2025

Signature PLEASE SEE SIGNATURE ON FOLLOWING PAGE (ADDED) Title Owner, Applicant

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? Yes No
 If Yes:
 i. Nature of historic/archaeological resource: Archaeological Site Historic Building or District
 ii. Name: _____
 iii. 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? Yes No

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 If Yes:
 i. Describe possible resource(s): _____
 ii. Basis for identification: _____

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 i. Identify resource: _____
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i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? Yes No
 If Yes:
 i. Identify the name of the river and its designation: _____
 ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? Yes No

F. Additional Information

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

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G. Verification

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

Applicant/Sponsor Name Michael Lobello Date April 3, 2025

Signature  Title Owner, Applicant



New York State Department of Motor Vehicles
**OFFICIAL BUSINESS
 CERTIFICATE**

THIS CERTIFICATE EXPIRES 02/28/27

FACILITY IDENTIFICATION NO. 7103617 DLU

Validation Date and Number: 02/27/25 18528

This person is REGISTERED AS A
 DEALER

pursuant to the provisions of the Vehicle and Traffic Law.

CIVIC IMPORTS LLC
 2517 GENESEE PO B 29
 PIFFARD NY 14533



This document does not certify that this business complies with zoning and other local laws
POST IN A CONSPICUOUS PLACE

MV-61P (11/95)



New York State Department of Motor Vehicles
**OFFICIAL BUSINESS
 CERTIFICATE**

THIS CERTIFICATE EXPIRES 02/28/27

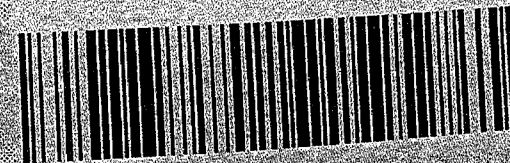
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Validation Date and Number: 02/27/25 18527

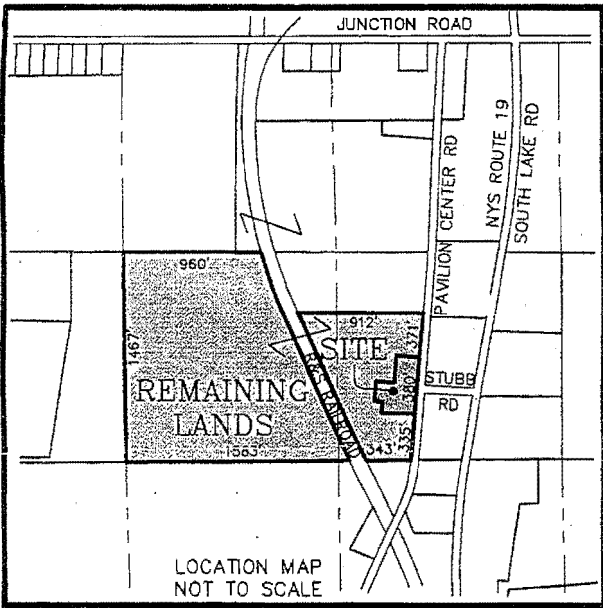
This person is REGISTERED AS A
 REPAIR SHOP

pursuant to the provisions of the Vehicle and Traffic Law.

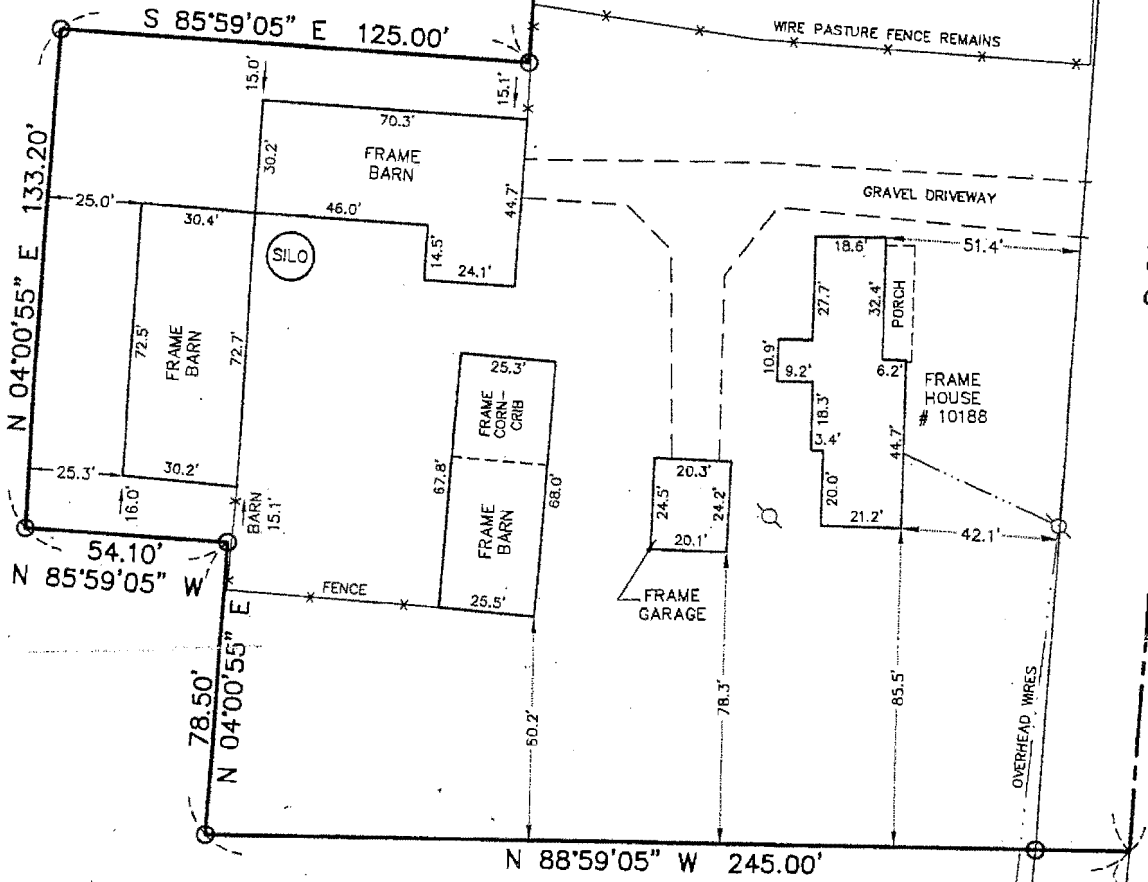
CIVIC IMPORTS LLC
 2517 GENESEE PO B 29
 PIFFARD NY 14533



This document does not certify that this business complies with zoning and other local laws



REMAINING LANDS OF
 MATHEW A. REDMOND & ANGELA CARLSON
 L.885 D.938
 S.B.L. #5.-1-26.113
 REMAINING AREA =
 13.653 ACRES EAST OF RAILROAD
 42.466 ACRES WEST OF RAILROAD



PAVILION CENTER (49.5' WIDE) ROAD

STUBB (49.5' WIDE) ROAD

5-1-24
 PARCEL SURVEYED
 = 2.041 ACRES
 (1.825 ACRES EXCLUDING THE HIGHWAY)
 PART OF S.B.L. #5.-1-26.113

○ = IRON PIN SET
 ⊕ = UTILITY POLE
 M&M = MAP & MEASURED

- ~ REFERENCES ~
- 1) DEED TO MATHEW A. REDMOND & ANGELA CARLSON L.885 D.938
 - 2) MAP BY WELCH & O'DONOGHUE DATED MARCH 1, 2011 JOB No. G11-3677S
 - 3) STEWART TITLE INSURANCE CO. ABSTRACT No. 52099 DATED: JANUARY 4, 2011

APPROVALS:
 AUTHORIZED AGENT Matthew Mahaney DATE 2/18/21
ZEO DATE 2/18/21
 GENESEE COUNTY REAL PROPERTY TAX SERVICES DATE

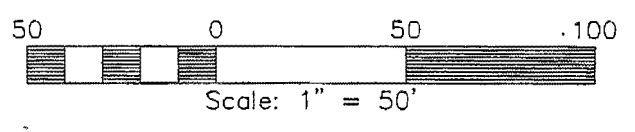
LOT 5, RANGE 8
 LOT 5, RANGE 9

This particular referenced action is not subject to Genesee County Health Department review under New York State Public Health Law Article II Title II.

Signature Allyn Par
 Date 2/18/2021

FILED IN GENESEE COUNTY CLERK'S OFFICE AS:
 MAP TITLE Redmond Land Separation
 MAP No. 2714 SLIDE No. 86
 CABINET No. 4 DATE: 2/18/21
 Deputy COUNTY CLERK

REDMOND LAND SEPARATION
 OF LAND BELONGING TO
MATHEW A. & ANGELA REDMOND
 BEING PART OF LOT 5, RANGE 8 OF THE CRAIGIE TRACT
 SITUATE IN THE
TOWN OF PAVILION
GENESEE COUNTY, NEW YORK
 FEBRUARY 3, 2021



NOTES:
 1) UNAUTHORIZED ALTERATION OR ADDITION TO THIS SURVEY MAP IS A VIOLATION OF SECTION 7209 PROVISION 2 OF THE NEW YORK STATE EDUCATION LAW.
 2) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A CURRENT ABSTRACT OF TITLE AND IS SUBJECT TO ANY STATE OF FACT THAT MAY BE REVEALED BY AN EXAMINATION OF SUCH.

WELCH & O'DONOGHUE
 LAND SURVEYORS, P.C.
 P.O. BOX 297
 2077 LAKEVILLE ROAD
 AVON, NEW YORK 14414
 PH. (585) 226-2990
 wosurvey@yahoo.com

JOB No. G11-3677S-1

I HEREBY CERTIFY
 THAT THIS MAP WAS MADE FEBRUARY 3, 2021 FROM
 NOTES OF A SURVEY COMPLETED DECEMBER 16, 2020.
Kevin M. O'Donoghue
 KEVIN M. O'DONOGHUE, L.S. No. 49514

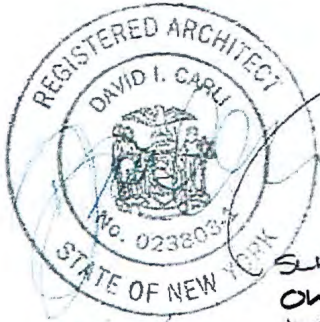
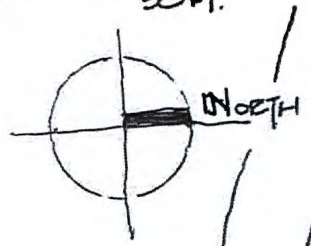
NORTH PER REF. 1 & 2

14 APRIL 2025

PROPOSED SITE PLAN

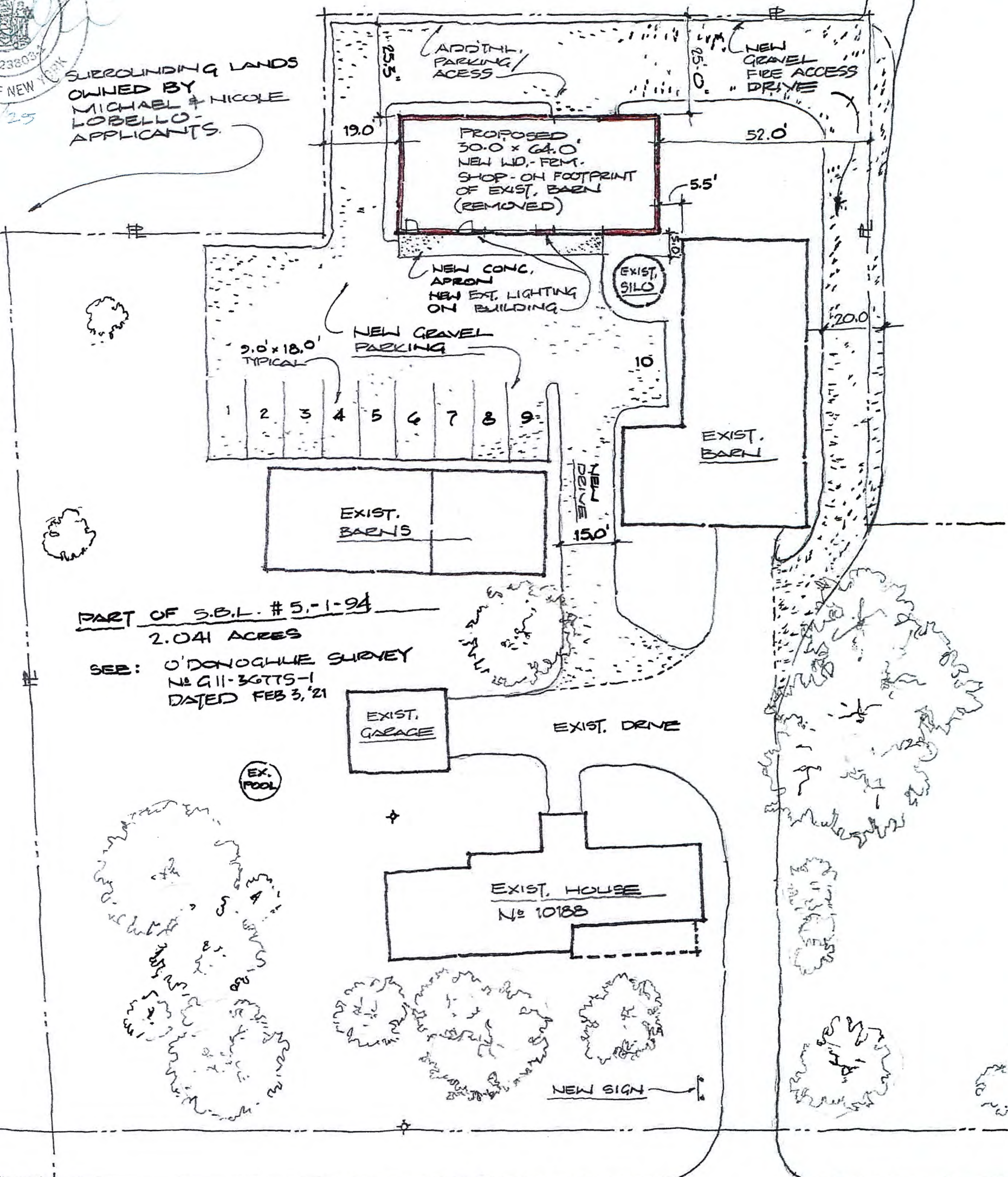
MOTOR VEHICLE REPAIR SHOP

MICHAEL AND NICOLE LOBELLO
10188 PAVILION CENTER ROAD
PAVILION, NEW YORK



SURROUNDING LANDS
OWNED BY
MICHAEL & NICOLE
LOBELLO -
APPLICANTS.

24 01 / 25



PART OF S.B.L. # 5.-1-94
2.041 ACRES

SEE: O'DONOGHUE SURVEY
Nº G11-367TS-1
DATED FEB 3, '21

EX. POOL

EXIST. GARAGE

EXIST. DRIVE

EXIST. HOUSE
Nº 10188

NEW SIGN

380.00'

PAVILION CENTER ROAD (49.5' WIDE)

STUBB
ROAD

T-03-PAV-05-25



04/04/2025

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