



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-01-OAK-04-25

Review Date

4/10/2025

Municipality

OAKFIELD, T.

Board Name

PLANNING BOARD

Applicant's Name

Mitchell O. Todd

Referral Type

Zoning Text Amendments, Special Use Permit

Variance(s)

Description:

Zoning Text Amendments, Special Use Permit, and Site Plan Review to add Motor and Agricultural Vehicle Repair Shop to the list of allowed uses in the Residential-Agricultural (R&A) District and add Section 604 to further regulate these uses.

Location

3583 Lockport Rd., Oakfield

Zoning District

Residential-Agricultural (R&A) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modifications are as follows: 1) Any signage complies with the Town's zoning regulations; 2) The Town Planning Board set a maximum number of vehicles to be stored, repaired or used for parts; 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. It is recommended that the applicant submits the enclosed application for 9-1-1 Address Verification to the Genesee County Sheriff's Office to ensure that an additional address for the shop is issued that meets Enhanced 9-1-1 standards. It is further recommended that a definition of "Motor and Agricultural Vehicle Repair Shop" be added to the definitions section of the ordinance, especially given that there is a similar use "Garage, Public" already defined.

Director

April 10, 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-OAK-04-25



*** GENESEE COUNTY ***
PLANNING BOARD REFERRAL

RECEIVED
Genesee County
Dept. of Planning
03/28/2025

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 Oakfield Planning Board
Address 3219 Drake Street
City, State, Zip Oakfield NY 14125
Phone (585) 948-5835 Ext. 101

2. APPLICANT INFORMATION

Name Mitchell O. Todd
Address 3583 Lockport Road
City, State, Zip Oakfield NY 14125
Phone () - Ext. Email

MUNICIPALITY: ☐ City ☒ Town ☐ Village of Oakfield

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 3583 Lockport RD
B. Nearest intersecting road Fisher Road
C. Tax Map Parcel Number 12.-1-49
D. Total area of the property 10.21 acres Area of property to be disturbed _____
E. Present zoning district(s) Residential / Agricultural

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 _____

C. Please describe the nature of this request Request to change the Town of Oakfield's zoning laws to permit repair of agricultural and automotive vehicles & equipment in Oakfield's Residential / Agricultural Zone.

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 Gregory Houseknecht Title Oakfield Planning Board Chair Phone (585) 861-0047 Ext. _____
Address, City, State, Zip 35 Coe Ave, Oakfield NY 14125 Email gahouse56@gmail.com

TOWN OF OAKFIELD
Genesee County, New York

PETITION TO THE TOWN BOARD

Petition is made to the Town Board of the Town of Oakfield for one of the following reasons
(please check):

☐ Variance ☐ Special Permit ☒ Zoning Change ☐ Other

STATE THE NATURE OF PETITION:

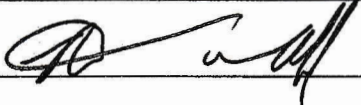
Request to change zoning laws to permit Agriculture/Auto
Repair in Residential/Agriculture Zoned area.

Name and Address of Petitioner(s):

Mitchell A. Todd

3583 Lockport RD

Oakfield NY 14125

Signature:  Date: 12-19-24

Petition Fee: \$100⁰⁰

Special Public Hearing: additional

Date Paid: 12/19/2024

Date paid: _____

Received by: Bary Flansburg

Received by: _____

Town Clerk/Deputy Town Clerk

Town Clerk/Deputy Town Clerk

To be completed by Town Board:

Public Hearing date: _____

Special Hearing date: _____

Town Supervisor: _____

Dated: _____

TOWN OF OAKFIELD
Genesee County, New York

PETITION TO THE TOWN BOARD

Petition is made to the Town Board of the Town of Oakfield for one of the following reasons
(please check):

_____ Variance X Special Permit _____ Zoning Change _____ Other

STATE THE NATURE OF PETITION:

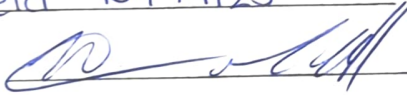
A Change in zoning to allow automotive/ag
repair within special use permit

Name and Address of Petitioner(s):

Mitchell Todd

3583 Lockport Rd

Oakfield NY 14125

Signature: 

Date: 3-20-25

Petition Fee: _____

Special Public Hearing: additional

Date Paid: _____

Date paid: _____

Received by: _____

Received by: _____

Town Clerk/Deputy Town Clerk

Town Clerk/Deputy Town Clerk

To be completed by Town Board:

Public Hearing date: _____

Special Hearing date: _____

Town Supervisor: _____

Dated: _____



☐ TOWN
☐ VILLAGE

OF Oakfield

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

Name Mitchell Todd

Address 3583 Lockport Rd
Oakfield NY 14125

Owner if different than Applicant

Name _____

Address _____

1. Type of application: Special use permit ☒; Site plan approval ☐; Use variance ☐;
Subdivision approval ☐
2. Description of proposed project: NA, no new projects, outlay of property will remain the same
3. Location of project: Address 3583 Lockport Rd Oakfield NY 14125
Tax Map Number (TMP) _____
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 _____

Address _____

Is this property actively farmed? NO ☐ YES ☐

2.

Name _____

Address _____

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 ☐


Signature of Applicant

Signature of Owner (if other than Applicant)

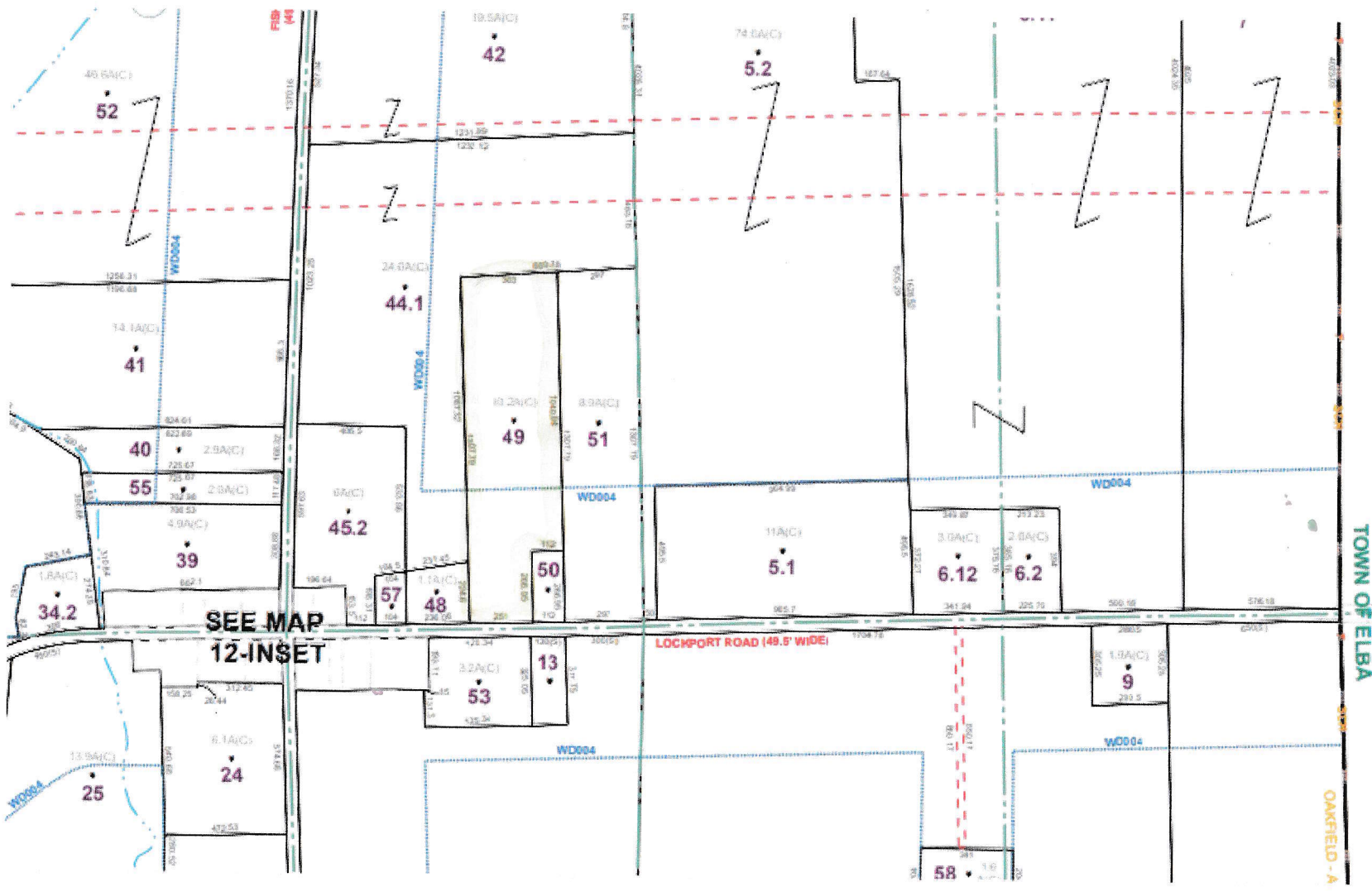
REVIEWED
BY _____

Signature of Municipal Official

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.



SEE MAP
12-INSET

LOCKPORT ROAD (49.5' WIDE)

TOWN OF ELBA

OAKFIELD - A

Tobolski Teresa M	FRNT 300.00 DPTH 150.25	193,000	TOWN TAXABLE VALUE	193,000		
5900 Fisher Rd	ACRES 1.03		SCHOOL TAXABLE VALUE	163,000		
Oakfield, NY 14125	EAST-1233122 NRTH-1139387		FD011 Oakfield fire	193,000	TO	
	DEED BOOK 837 PG-692		SD001 Sewer Imp Dist #1	193,000	TO	
	FULL MARKET VALUE	193,000	WD007 Water District #7	1.00	UN	
*****				12,-1-49	*****	
	3583 Lockport Rd					
12,-1-49	210 1 Family Res		VET WAR C 41122	0	15,000	0
Todd Mitchell O	Oakfield-Alabam 183801	45,900	VET WAR T 41123	0	0	6,000
Wirth Danielle M	FRNT 251.00 DPTH 1307.79	173,000	VET WAR S 41124	0	0	6,000
3583 Lockport Rd	ACRES 10.21 BANKFAR0100		COUNTY TAXABLE VALUE	158,000		
Oakfield, NY 14125	EAST-1238864 NRTH-1129844		TOWN TAXABLE VALUE	167,000		
	DEED BOOK 2019 PG-1479		SCHOOL TAXABLE VALUE	167,000		
	FULL MARKET VALUE	173,000	FD011 Oakfield fire	173,000	TO	
			SD001 Sewer Imp Dist #1	173,000	TO	
			WD004 Water District #4	1.00	UN	
*****				12,-1-40	*****	
	6466 Fisher Rd					
12,-1-40	210 1 Family Res		COUNTY TAXABLE VALUE	138,000		
Tooley Robert J	Oakfield-Alabam 183801	26,300	TOWN TAXABLE VALUE	138,000		
6466 Fisher Rd	FRNT 166.32 DPTH 815.00	138,000	SCHOOL TAXABLE VALUE	138,000		
Oakfield, NY 14125	ACRES 3.10 BANKFAR0100		FD011 Oakfield fire	138,000	TO	
	EAST-1237601 NRTH-1129719		SD001 Sewer Imp Dist #1	138,000	TO	

3583 Lockport Rd



3583 Lockport Rd



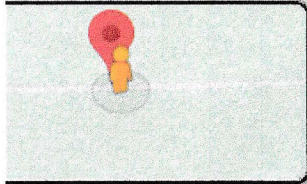
Lockfield, New York



Google Street View

Jun 2023

[See more dates](#)



Google

Image capture: Jun 2023 © 2025 Google United States Terms P

Summary and proposed wording of the Planning Board's recommendation to allow auto and agricultural vehicle repair in the R&A zone.

[After adding this allowance by special use permit in Section 421B of the Zoning Ordinance, the following conditions will be spelled out in section 604.]

• **SECTION 604 MOTOR AND AGRICULTURAL VEHICLE REPAIR SHOP**

A. Motor and agricultural vehicle repair shop shall comply with the following:

1. Lots containing such uses shall not be located within three hundred (300) feet of any lot occupied by a school, playground, library, or religious institution. Measurement shall be made between the nearest respective lot lines.
2. Lot size shall be at least forty-four thousand (44,000) square feet. *
3. Lot frontage shall be at least two hundred (200) feet.
4. Lot depth shall be at least two hundred twenty (220) feet.
5. There shall be no more than two (2) access driveways from any street. Maximum width of each access driveway shall be thirty (30) feet.
6. Oil and other waste fluid storage shall be located at least thirty (30) feet from all lot lines. No more than 100 gallons of waste fluid shall be stored on the property.
7. Automobile parts and dismantled vehicles are to be stored within the building. If agricultural equipment is too large to fit inside of a building, any storage and motor vehicle repair work must have privacy fence coverage so as not to be within sight lines from the front of the property or from adjacent residences. Where the topography, natural growth of timber or other considerations accomplish these purposes in whole or in part, the fencing requirements may be reduced or waived by the Town Board, provided that such natural barrier conforms with the purposes of this section and is maintained.

* One acre contains 43,560 square feet.

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 project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Sponsor Information.

Name of Action or To add a provision in the Town of Oakfield's Zoning Code that would allow auto vehicle repair in the Residential/Agricultural zone by Special Use Permit with conditions.			
P) Future projects might be anywhere in the R/A zone, but a resident living at 3583 Lockport Road, Oakfield has requested we change the Code initially for this use at his address.			
Brief Description of Proposed Action (include purpose or need): <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">First proposed action: Town of Oakfield to amend Zoning Code to allow auto and farm vehicle repair in the R/A zone via special use permit.</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Second proposed action: For this use to be allowed for the applicant named below on the property shown below.</div>			
Name of Applicant/Sponsor: Mitchell O. Todd		Telephone: 716-425-5370	
Address: 3583 Lockport Road		E-Mail:	
City/PO: Oakfield, NY 14125		State:	Zip Code:
Project Contact (if not same as sponsor; give name and title/role): Greg Haiseknecht		Telephone: 585-861-0047	
Address: 35 Coe Ave		E-Mail: gchaise56@gmail.com	
City/PO: Oakfield NY 14125		State:	Zip Code:
Property Owner (if not same as sponsor): * Same as applicant		Telephone:	
Address:		E-Mail:	
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, or Village Board of Trustees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Town Board: Oakfield	3/12/2025
b. City, Town or Village Planning Board or Commission <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. City Council, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Genesee Cty Planning Dept.	
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? ☒ Yes ☒ No

- 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? ☒ Yes ☐ No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☒ Yes ☐ No

Just that it adhere to R/A zone laws

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?) ☐ Yes ☒ 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? ☐ Yes ☒ No

If Yes, identify the plan(s):

possibly farmland protection? I DK

C.3. Zoning	
a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. If Yes, what is the zoning classification(s) including any applicable overlay district?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Residential / Agricultural</u>	
b. Is the use permitted or allowed by a special or conditional use permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Is a zoning change requested as part of the proposed action?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, i. What is the proposed new zoning for the site? <u>To add Auto & farm vehicle repairs as allowed use in the R/A zone by spl use permit</u>	
C.4. Existing community services.	
a. In what school district is the project site located?	<u>O/A</u>
b. What police or other public protection forces serve the project site?	<u>Genesee Cty Sheriff</u>
c. Which fire protection and emergency medical services serve the project site?	<u>O/A Fire Dept., Gen. Co. Ambulance</u>
d. What parks serve the project site?	<u>N/A</u>

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)?	<u>Residential / Agricultural / Commercial in nature if allowed by Spl. Use Permit</u>
b. a. Total acreage of the site of the proposed action?	<u>10.21</u> acres
b. Total acreage to be physically disturbed?	<u>Approx 7</u> acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?	<u>10.21</u> acres
c. Is the proposed action an expansion of an existing project or use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
iii. Number of lots proposed?	_____
iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____	
e. Will proposed action be constructed in multiple phases?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i. If No, anticipated period of construction: _____ months	
ii. If Yes:	
• Total number of phases anticipated	<u>P</u>
• 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: <u>Applicant will begin auto repair in existing buildings but may add additional structures in the future.</u>	

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

	One Family	Two Family	Three Family	Multiple Family (four or more)
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 At least one mentioned
 ii. Dimensions (in feet) of largest proposed structure: N/A height; width; and length
 iii. Approximate extent of building space to be heated or cooled: N/A 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? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) ☐ Yes ☒ No
 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:

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 proposed action cause or result in disturbance to bottom sediments?

☐ Yes ☐ No

If Yes, describe:

iv. Will 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: slight - auto & parts washing 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: Town of Oakfield Water Supply

• 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), 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: Approx 2 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): oil and fluids from internal combustion engines.

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

<ul style="list-style-type: none"> • Do existing sewer lines serve the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Will line extension within an existing district be necessary to serve the project? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ 	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	
<p>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):</p> <p>_____</p>	
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____</p> <p>_____</p>	
<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p>_____ Square feet or _____ acres (impervious surface)</p> <p>_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____</p>	
<p>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)?</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ _____ • Will stormwater runoff flow to adjacent properties? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<p>iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)</p> <p style="margin-left: 20px;"><i>Vehicle emissions - auto and farm equipment</i></p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)</p> <p>_____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)</p> <p>_____</p>	
<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>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) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ 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 semi-trailer truck trips/day: _____

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 1/2 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: Slight additional demand of electricity ~~due to~~ to run tools & compressors.

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

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: 8^{am} - 5 pm

- Monday - Friday: _____
- Saturday: _____
- Sunday: _____
- Holidays: _____

ii. During Operations: 8^{am} - 5 pm

- Monday - Friday: _____
- 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:
Daytime use of pneumatic tools compressor recharge, mostly within the building but sometimes outside.

ii. Will 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:
Night light in parking / repair yard for security

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 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: Just normal waste from building an auto repair shop.

- Construction: _____ tons per _____ (unit of time)
- Operation: 1 tons per mo. (old parts) (unit of time)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction: _____
- Operation: Selling of scrap metals as they accumulate.

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: at Dumpster
- Operation: Dumpster & scrap metal bin.

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 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: Oil & Fluids from internal combustion engines.

ii. Generally describe processes or activities involving hazardous wastes or constituents: Collection in containers for later disposal per NYS environmental regulations - at recycling facilities. Maximum on-site accumulation of 200 gal. before disposal.

iii. Specify amount to be handled or generated < 1 tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: Temporary storage in appropriate containers. Periodic removal to recycling facilities.

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☒ Yes ☐ No

If Yes: provide name and location of facility: Applicant will take to Root Bros. farm where fluids are collected for recycling, 14034 NY-31, Albion NY.

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	<u>< 1 Acre</u>	<u>~</u>	<u>< 1 acre</u>
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	<u>Approx 9.2 acres</u>	<u>same</u>	<u>< 1 acre</u>
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• 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? ☐ Yes ☒ No

- 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? ☐ Yes ☒ 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? ☐ Yes ☒ No
If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %

c. Predominant soil type(s) present on project site: clay 60 %
loam 40 %

d. What is the average depth to the water table on the project site? Average: 15 feet

e. Drainage status of project site soils: ☒ Well Drained: 100 % of site
☐ Moderately Well Drained: _____ % of site
☐ Poorly Drained: _____ % of site

f. Approximate proportion of proposed action site with slopes: ☒ 0-10%: 100 % of site
☐ 10-15%: _____ % of site
☐ 15% or greater: _____ % of site

g. Are there any unique geologic features on the project site? ☐ Yes ☒ No
If Yes, describe: _____

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? ☐ Yes ☒ No

ii. Do any wetlands or other waterbodies adjoin the project site? ☐ Yes ☒ No

If Yes to either i or ii, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? ☐ Yes ☒ No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name _____ Classification _____
- Lakes or Ponds: Name _____ Classification _____
- Wetlands: Name _____ Approximate Size _____
- Wetland No. (if regulated by DEC) _____

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? ☐ Yes ☒ No
If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? ☐ Yes ☒ No

j. Is the project site in the 100 year Floodplain? ☐ Yes ☒ No

k. Is the project site in the 500 year Floodplain? ☐ Yes ☒ No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? ☐ Yes ☒ No
If Yes:
i. Name of aquifer: _____

m. Identify the predominant wildlife species that occupy or use the project site: None

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

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

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: _____

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, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes: <ul style="list-style-type: none"> i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> 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?	<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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes: <ul style="list-style-type: none"> i. Describe possible resource(s): _____ ii. 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: <ul style="list-style-type: none"> i. Identify resource: _____ ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____ iii. 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: <ul style="list-style-type: none"> i. Identify the name of the river and its designation: _____ ii. 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 Greg Houseknecht Date 3-12-2025
 Signature Greg Houseknecht Title Oakfield Planning Board Chair

PRINT FORM

EMPLOYEE
PARKING

STORAGE
BUILDING

Dumpster

HOUSE

CUSTOMER
PARKING

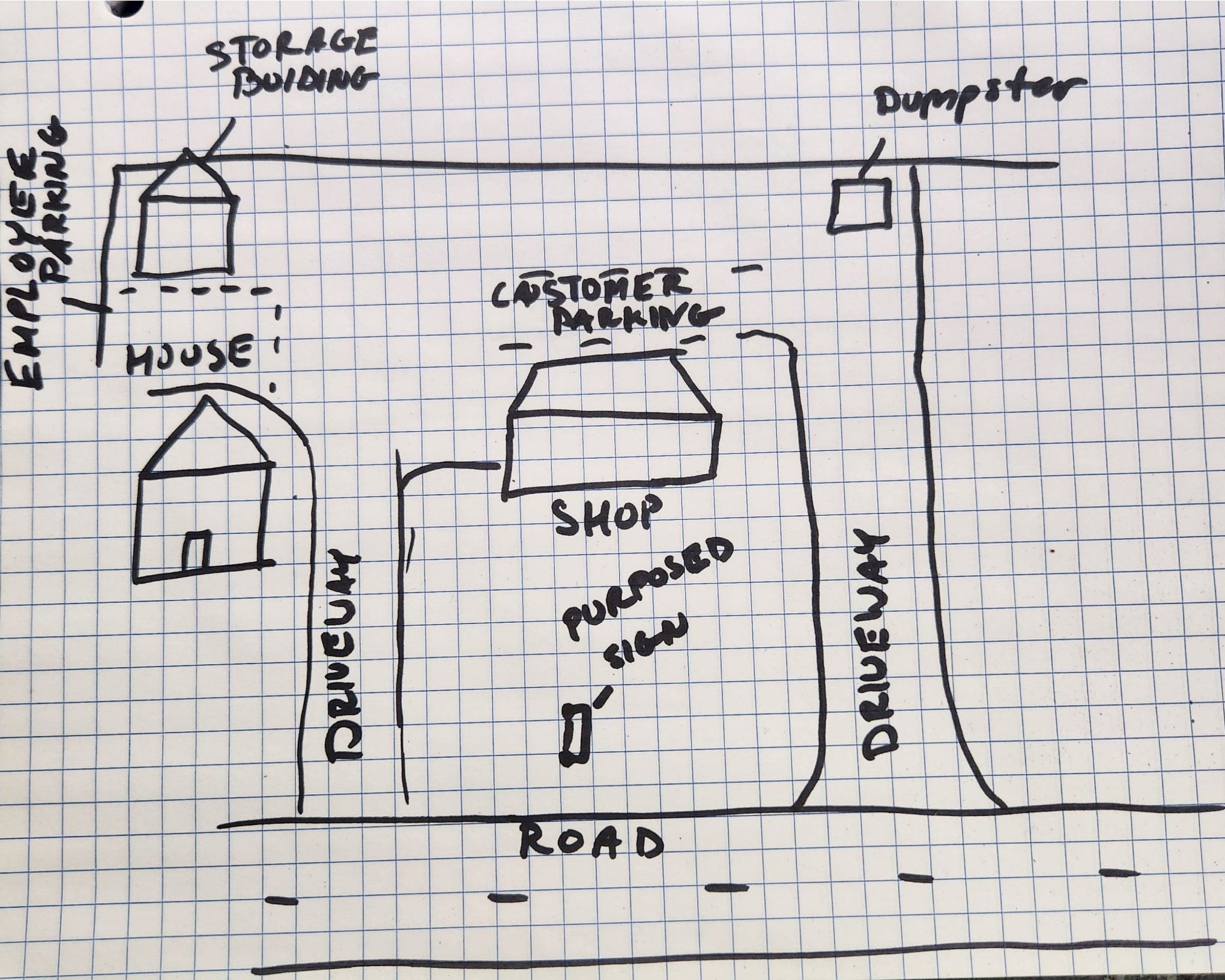
SHOP

PURPOSED
SIGN

DRIVEWAY

DRIVEWAY

ROAD





PARKING
EMPLOYEE

PARKING CUSTOMER

DUMPSTE



PROPERTY
LINE

3563

3597

STORAGE BUILDING

16x22

EMPLOYEE PARKING

HOUSE

DRIVEWAY

CUSTOMER PARKING

SHOP

30x40

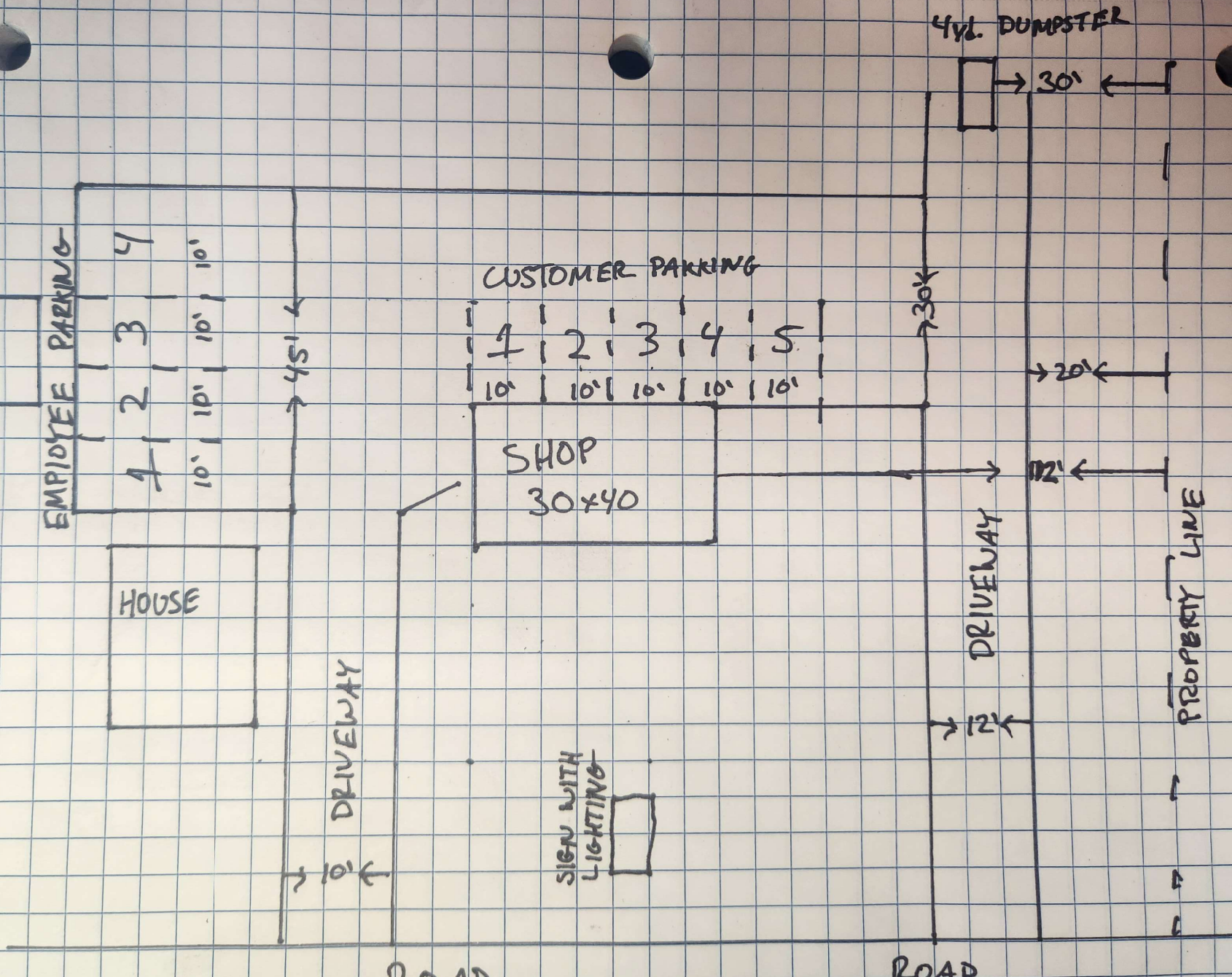
SIGN WITH
LIGHTING

4 YL. DUMPSTER

DRIVEWAY

PROPERTY LINE

ROAD



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04/02/2023

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