



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-02-DAR-05-25

Review Date

5/8/2025

Municipality

DARIEN, T.

Board Name

PLANNING BOARD

Applicant's Name

Susan Wise

Referral Type

Special Use Permit

Variance(s)

Description:

Special Use Permit to have a taxidermy business in a barn as a home occupation.

Location

10011 Harper Rd., Darien

Zoning District

Low Density Residential (LDR) District

PLANNING BOARD RECOMMENDS:

APPROVAL

EXPLANATION:

The proposed taxidermy business 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-02-DAR-05-25



*** GENESEE COUNTY ***
PLANNING BOARD REFERRAL

RECEIVED

By the Genesee County Dept. of Planning at 11:50 am, Apr 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) INFORMATIONBoard(s) Town of Darien Planning BoardAddress 10569 Alleghany RoadCity, State, Zip Darien, NY 14040Phone (585) 547 - 2274 Ext. 1026**2. APPLICANT INFORMATION**Name Susan WiseAddress 10011 Harper RoadCity, State, Zip Corfu, NY 14036Phone (585) 278 - 2339 Ext. _____ Email _____MUNICIPALITY: ☐ City ☒ Town ☐ Village of Darien**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 Same as aboveB. Nearest intersecting road Sumner RoadC. Tax Map Parcel Number 8.-1-6.12D. Total area of the property 5.9 acres Area of property to be disturbed NoneE. Present zoning district(s) LDR**5. REFERRAL CASE INFORMATION:**

A. Has this referral been previously reviewed by the Genesee County Planning Board?

☒ NO ☐ YES If yes, give date and action taken _____

B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law

Article VII Section 701C Par. 27C. Please describe the nature of this request To have a taxidermy business in a barn.**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 Gwen Yoder Title PBZBA Clerk Phone (585) 547 - 2274 Ext. 1026Address, City, State, Zip 10569 Alleghany Road, Darien, NY 14040 Email pbzba@townofdarienyny.com

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

Today's Date: 4/18/2025 Application Number: 28-05-2025
Owner's Name: Susan & Scott Wise Tax Map #: 8-1-6.12
Owner's Phone: 585-278-2339 Owner's 2nd Phone: 585-683-0851
Owner Address: 10011 Harper Road, Corfu, N.Y. 14036
Address of Project: Same
Owner's Email: SWise@rochester.rr.com Builder Email: _____
Builder Contact: _____ Builder Phone: _____

INSTRUCTIONS:

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

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

1. Zoning District property located in: RESIDENTIAL ☒ Low or ☐ Medium Density)
☐ Industrial ☐ Commercial ☐ Recreational
2. Permit Application for: ☐ New Construction ☐ Demolition ☐ Addition ☐ Alteration ☐ Relocation
☐ Roof ☐ Solar Panels ☐ Generator ☐ Swimming Pool ☐ Signs ☐ Fence ☐ Kennel
☐ SPECIAL USE ☐ VARIANCE ☒ SITE PLAN ☒ HOME OCCUPATION
3. Is this parcel: ☐ Corner Lot ☐ Water District ☐ Sewer District
4. Dimensions of this lot: 1125' length X 200' width and/or area 5.90 ACRES
5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW);
_____ ft and what is the set back (in feet) from project property line Side A _____ Side B _____
Back _____ (Also depict on plot diagram).
6. Total percentage (%) of coverage of all buildings on lot (including proposed): _____ %
7. Total Dwelling Units: 1
8. Project Cost: _____ Actual _____ Estimated _____

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET
House				
Garage/Pole Barn				
Accessory Structure				
Commercial				
Industrial				
Signs				

Bathrooms: _____
Bedrooms: _____
Rec Room: _____
Family Room: _____
Fireplace: _____

Describe proposed project and/or use:

Sup application for taxidermy business
in barn.

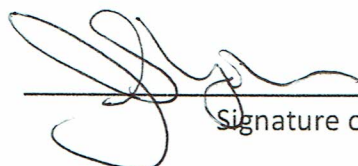
Attachments required & verified by ZEO:

Action taken by ZEO: **APPROVED:** ☒ **DENIED:** ☐ Reason:

Referral To: ☒ Town Planning ☐ Town Appeals ☒ County Planning ☐ Building Inspector

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

4/18/2025
Date of Signature


Signature of ZEO

Date of Signature # of Inspects

Signature of Building Inspector

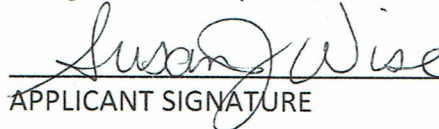
Date Fee Received Fee

Indicate Fees Paid/Town Clerk Use Only

Date of Signature Renewal Approval / ZEO Signature

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

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


APPLICANT SIGNATURE

PROPERTY OWNER SIGNATURE (If other than applicant)

Office Use Only:

Total Square Footage: _____ Average Sq. Footage Cost: _____

Valuation: _____ Reference Year: _____

**TOWN OF DARIEN
GENESEE COUNTY, NEW YORK 14040**

**PLANNING BOARD
SITE PLAN REVIEW
SPECIAL USE PERMIT APPLICATION**

Application #: PB-05-25
(For office use only)

Today's Date: 04/18/2025

Provision of Zoning Law Involved:

Article: VII, Section: 701, Subsection: c, Paragraph: 27

Purpose of Request:

*This request would be in harmony with the orderly development of the district in which it is located because: Permitted by town ordinance. SUP.

*This request would not be detrimental to the property or persons in the neighborhood because: Owner is sole employee and business is self contained within the accessory structure. No outside storage.

*This request would not increase the traffic flow in the area to the extent that traffic safety would be endangered because: By appointment only. Limited to occasional drop off and pick up of pelts and hides used for taxiderm

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

CERTIFICATION:

I hereby certify that I have read the instructions and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinance regulating construction or performance of construction.

4/18/2025
Date of Signature

Susan J Wise
Signature of Applicant

Date of Signature

Signature of Owner (If different from Applicant)

Office Use Only:

Zoning Permit Application #: _____ Date Received: _____ Fee Paid: _____

Date of First Hearing: _____ Location: _____

Date of Second Hearing: _____ Location: _____

Date of Subsequent Hearings: _____ Location: _____

Action: (☐) APPROVED (☐) REJECTED Date: _____

Planning Board Chairman Signature: _____

Zoning Officer Signature: _____ Date Permit Issued: _____

Additional Conditions Imposed: _____

From: [Jerome Yoder](#)
To: [Felipe Oltramari](#)
Cc: [PBZBA Clerk](#)
Subject: Planning Board referral - Twon of Darien
Date: Saturday, April 26, 2025 1:32:53 PM
Attachments: [Young Kennel Permit.pdf](#)
[Wise SUP application complete.pdf](#)
[Wise Referral App April 2025.pdf](#)
[Ryan Young Referral April 2025.pdf](#)

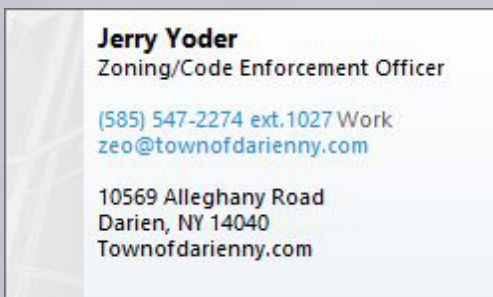
Caution! This message was sent from outside your organization.

[Allow sender](#) | [Block sender](#) | [Report](#)

Felipe,

Two referrals. 1) Ryan Young (Gen Co Sheriff) purchased this property. The maps show a lot of junk. He has cleaned this place up since purchase and he and his wife live there. They raise breed their pet labs and sell the puppies at eight weeks as service animals. He did this previously in the town of Pembroke. The dogs go into Police or Medical training. 2) Susan Wise SUP to open owner operated taxidermy shop. Hobby business when she fully retires next year.

Thanks,
Jerry



NOTICE: The information contained in this message and any documents, files, previous messages or other information attached are intended for the recipient only and may be protected from disclosure. If the reader of this message is not the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

TOWN OF DARIEN

Agricultural Data Statement

Application # YS-05-25Date 4/18/2025

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 Sue Wise
Address 10011 Harper Rd.
Corfu, NY 14036

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: Home occupation - taxidermy

3. Location of project: Address _____

Tax Map Number (TMP) 8-1-6.12

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 Corfu Darien Properties, LLC
Address 9666 Alleghany Rd.
Corfu, NY 14036
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.

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

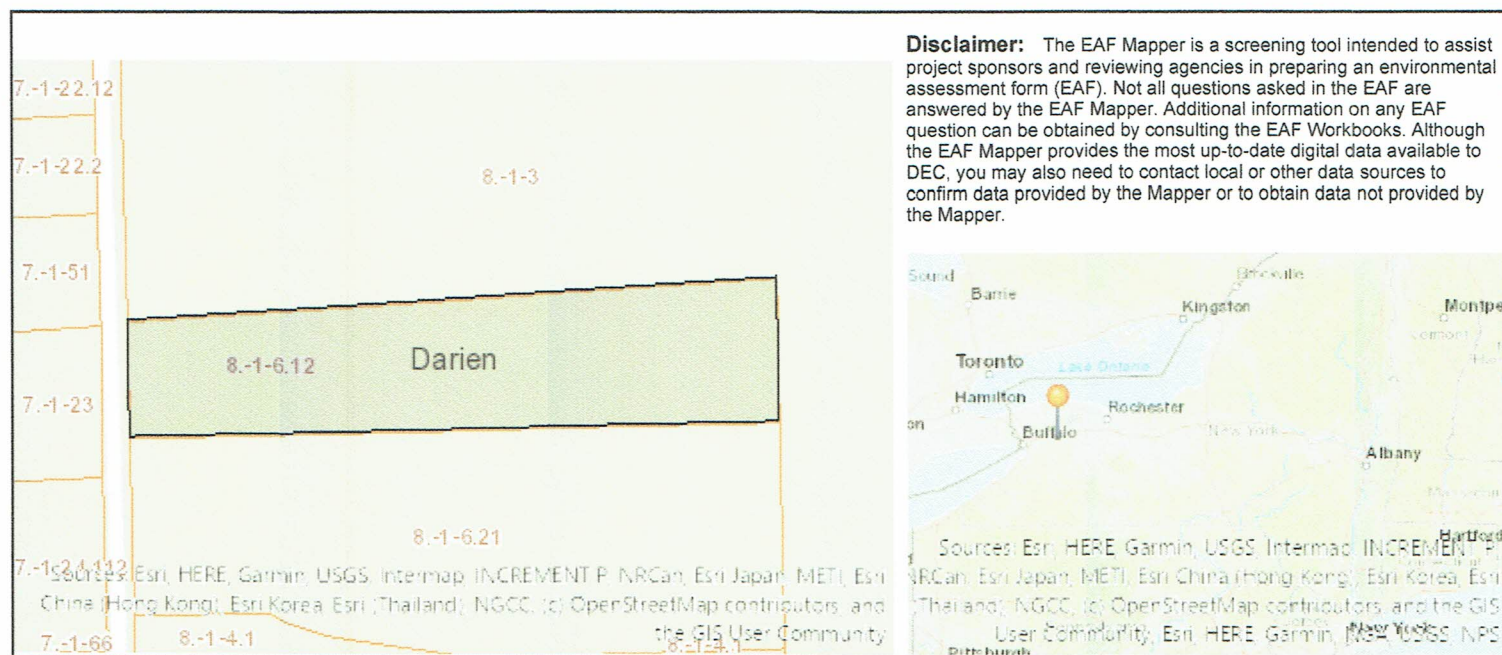
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

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

Part 1 – Project and Sponsor Information			
Name of Action or Project: Swise Taxidermy			
Project Location (describe, and attach a location map): 10011 Harper Rd. Corfu, NY 14036			
Brief Description of Proposed Action: Owner - sole employee of Taxidermy business. Home occupation.			
Name of Applicant or Sponsor: Sue Wise		Telephone: 585-278-2339	
		E-Mail: swise@rochester.rr.com	
Address: 10011 Harper Rd.			
City/PO: Corfu		State: NY	Zip Code: 14036
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: Darien Planning Board Genesee County Planning board			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		5.9 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		5.9 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input checked="" type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, <div style="margin-left: 20px;"> a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? </div> If Yes, briefly describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Susan Wise</u> Date: <u>04/18/2025</u> Signature: <u>Susan Wise</u> Title: <u>Owner</u>		



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 20 [Remediation Site]	No



T-02-DAR-05-25



04/04/2025

Harper Road

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