



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-04-PAV-08-25

Review Date

8/14/2025

Municipality

PAVILION, T.

Board Name

PLANNING BOARD

Applicant's Name

Joseph Dries

Referral Type

Special Use Permit

Variance(s)

Description:

Special Use Permit and Site Plan Review to operate a motor vehicle repair shop at an existing garage.

Location

Telephone Rd. (NYS Rt. 20), Pavilion

Zoning District

Agricultural-Residential 1 (AR-1) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modifications are as follows: 1) The applicant obtains a driveway permit from NYS DOT for the change of use to commercial; 2) The applicant adhere to Sec 604 of the Pavilion Zoning Law which states "Automobile parts and dismantled vehicles are to be stored within the building and no major repair work is to be performed outside the building." This would include the removal and/or storage indoors of any existing automobile parts and dismantled vehicles from the property; and 3) Any signage complies with the Town's zoning regulations. 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 attached application for 9-1-1 Address Verification to the Genesee County Sheriff's Office to ensure that an address is assigned to the shop that meets Enhanced 9-1-1 standards.

Director

August 14, 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-04-PAV-08-25



*** GENESEE COUNTY ***
PLANNING BOARD REFERRAL

RECEIVED

By the Genesee County Dept. of Planning at 4:15 pm, Aug 07, 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) Pavilion Planning BoardAddress One Woodrow Dr.City, State, Zip Pavilion NY 14525Phone (585) 584 - 3850 Ext. _____**2. APPLICANT INFORMATION**Name Joseph DriesAddress 2543 Cowan RdCity, State, Zip Piffard NY 14533Phone (585) 993 - 5848 Ext. _____ Email olsmokeytrucking@gmail.comMUNICIPALITY: ☐ City ☒ Town ☐ Village of Pavilion**3. TYPE OF REFERRAL:** (Check all applicable items)☐ Area Variance☐ Use Variance☒ Special Use Permit☐ Site Plan Review☐ Zoning Map Change☐ Zoning Text Amendments☐ Comprehensive Plan/Update☐ Other: _____

Subdivision Proposal

☐ Preliminary☐ Final**4. LOCATION OF THE REAL PROPERTY PERTAINING TO THIS REFERRAL:**A. Full Address Telephone Rd. PavilionB. Nearest intersecting road LinwoodC. Tax Map Parcel Number 11.-1-21.11D. Total area of the property 34.35 Area of property to be disturbed 0.0E. Present zoning district(s) Ag-Res 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

C. Please describe the nature of this request Change use to auto repair facility**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 Robert LaPoint Title Code Enforcement Officer Phone (585) 245 - 1291 Ext. _____Address, City, State, Zip One Woodrow Dr. Pavilion NY 14525 Email rlapoint3@gmail.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 7/21/25 Zone _____ Flood Zone _____ Wellhead Protection _____ Corner Lot _____

New Construction ☐ Fence ☐ Pond ☐ Sign ☐ Alteration(s) ☐ Addition ☐ Demolition ☐

Accessory Bldg. ☐ Mobile Home ☐ Fill Permit ☐ Home Occupation ☐ Land Separation ☐ Site Plan Approval ☒

Special Use Permit ☐ Temporary Use ☐ Subdivision ☐ Zoning Variance Request ☐ Other ☐ Specify: _____

Tax Map No. 11.-1-21.11

Owners Name Joseph Dries Phone No. 585 993-5848

Address 2543 Cowan Rd. Piffard, NY 14533 Project Road Width 543 ft

Applicants Name Joseph Dries Project Address 8016 Telephone Rd. Leroy, NY 14482

E Mail Address bismoke@trucking@gmail.com Phone No 585 993-5848

Description of Project: Operate an automotive repair shop using existing shop and parking areas

Existing Use private Proposed Use Commercial

Estimated Cost Building \$10,000 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, Joseph Dries, 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.

Joseph Dries

7/21/2025

Signature of Owner or Authorized Agent

Date

TOWN VILLAGE CITY OF _____

Application # _____

(circle one)

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>Joseph Dries</u> Address: <u>2543 Cowan Rd</u> <u>Piffard, NY 14533</u>	Name: _____ Address: _____ _____
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1. Type of Application: ☐ Special Use Permit; ☒ Site Plan Approval ; ☐ Use Variance;
 (circle one or more) ☐ Subdivision Approval

2. Description of proposed project: Operate an automotive repair shop at exsisting shop using existing driveway and parking areas.

3. Location of project: Address: 8016 Telephone Rd. Le Roy, NY 14482
 Tax Map Number (TMP) 11.-1-21.11

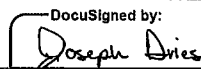
4. Is this parcel within an Agricultural District? ☒ NO ☐ YES (Check with your local assessor if

5. If YES, Agricultural District Number _____ you do not know)

6. Is this parcel actively farmed? ☒ NO ☐ YES

7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES	Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES
Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES	Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES

DocuSigned by:


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.

6/25/25

To whom it may concern,

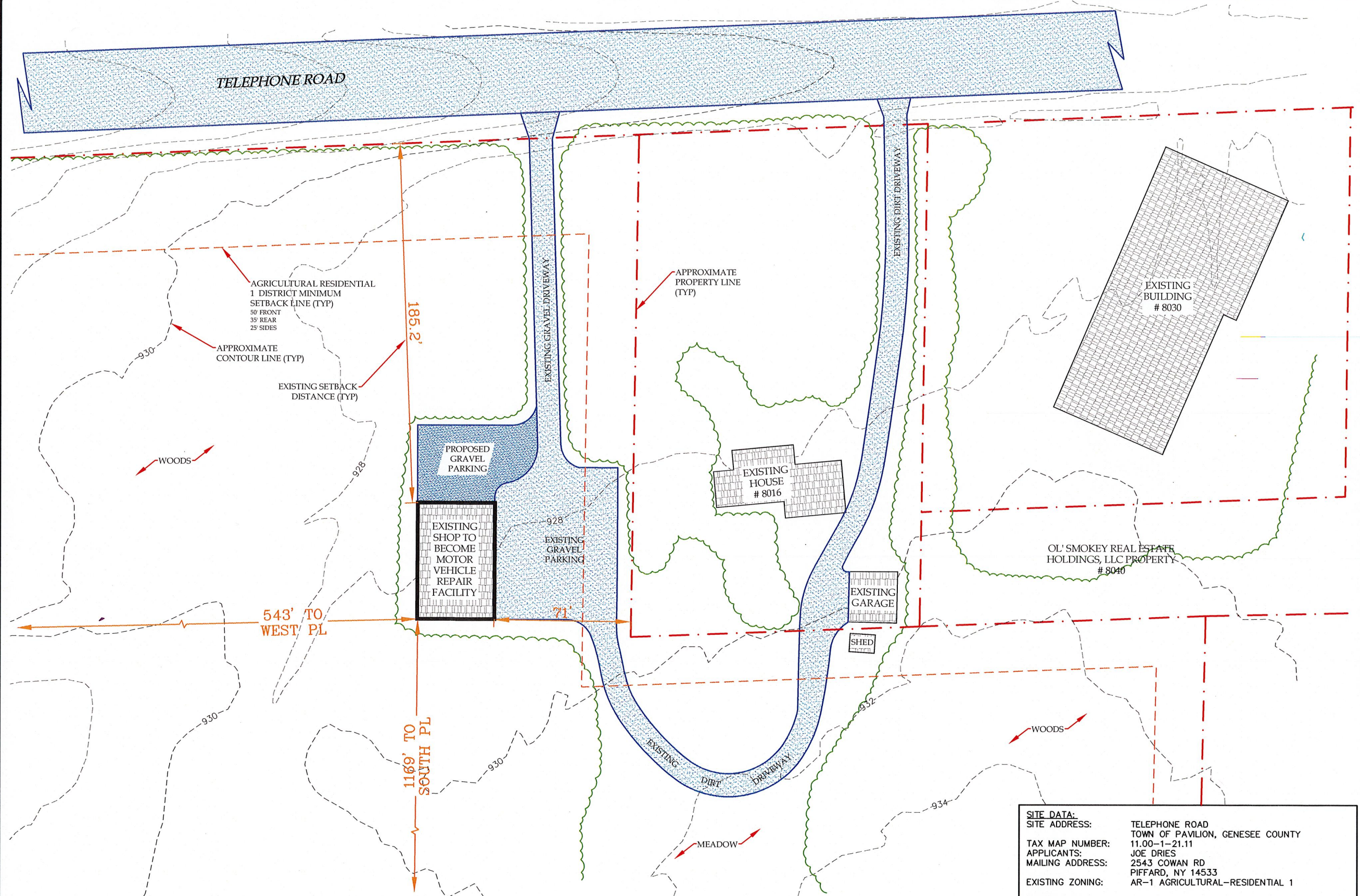
We are requesting the zoning for the property directly west of 8016 Telephone Rd. site map number 11.-1-21.11 be changed to commercial zoning. We intend to run an auto repair shop out of the existing barn that is on site. There is already an existing driveway that will remain the same with a parking area to the east of the barn where customers can park well off the road.

Please feel free to contact me with any questions.

Joseph Dries

585-993-5848

Owner - Ol' Smokey Trucking & Excavating, LLC and Ol' Smokey Mechanical
olsmokeytrucking@gmail.com



It is a violation of the NYS Education Law for any person, unless he is acting under the direction of a licensed professional engineer or land surveyor, to alter an item in any way. If an item bearing the seal of an engineer or land surveyor is altered, the altering engineer or land surveyor shall affix to the item his seal and the notation "altered by" followed by his signature and the date of such alteration, and a specific description of the alteration.

PLAN VIEW
SCALE 1"=50'

SITE DATA:	
SITE ADDRESS:	TELEPHONE ROAD TOWN OF PAVILION, GENESEE COUNTY 11.00-1-21.11
TAX MAP NUMBER:	11.00-1-21.11
APPLICANTS:	JOE DRIES
MAILING ADDRESS:	2543 COWAN RD PIFFARD, NY 14533
EXISTING ZONING:	AR-1 AGRICULTURAL-RESIDENTIAL 1
MINIMUM SETBACKS:	
50' FRONT	185.2' EXISTING
35' REAR	1169' EXISTING
25' SIDE	543' & 71' EXISTING
MAXIMUM HEIGHT:	40' ABOVE AVERAGE GRADE (±20' EXISTING)
MAXIMUM COVERAGE:	15% (0.16% EXISTING)



GROVE
ENGINEERING, PLLC

8677 STATE ROUTE 53
NAPLES, NEW YORK 14512
585-797-3989 PHONE
grove.engineering@yahoo.com

**PROPOSED
AUTOMOTIVE
REPAIR FACILITY
SITE PLAN**

**DRIES
PROPERTY**

5575 COUNTY ROAD 37

TM# 11.00-1-21.11

TOWN OF PAVILION

GENESEE COUNTY
NEW YORK

JULY 17, 2025

SHEET 1 OF 1



WILLIAM J. GROVE, PE
NYS LICENSE #084111

T-04-PAV-08-25



04/04/2025

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