

**TOWN OF YORK**  
2668 Main Street P.O. Box 187  
York, NY 14592  
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Fax: (585) 243-4618  
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**ZONING REFERRAL FORM**

Date: 2/21/25

Type of Application: (Check all that apply)

- Change in zoning classification (Rezoning)
- Amendment to text of zoning law/ordinance
- Variance to zoning law/ordinance ( Area  Use)
- Special use Permit (special permit or conditional use permit)
- Site Plan Review
- Subdivision Review
- Adoption or amendment of a comprehensive plan
- Moratorium on issuance of building permits or development approvals

Name(s) of Applicant: Sara Puccia  
Address: 458 High St Victor, NY 14504

Location of property (Attach map indicating exact boundaries.)  
2727 Genesee St. Pliffard NY 14533

Property is located in \_\_\_\_\_ Zoning District.

Describe proposed use or zoning change as completely as possible. Indicate the applicable section of the zoning law or ordinance, and explain the applicant's basis for this application. (Attach separate sheet, if necessary.) Include copy of completed Environmental Assessment Form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Municipal board with jurisdiction over application \_\_\_\_\_  
(Town Board, Planning Board, Zoning Board of Appeals)

Indicate what action the municipal board has taken on this application (reviewed, approved, discussed, etc.) \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## 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: <p style="text-align: center; font-size: 1.2em;">Piffard Self Storage</p>							
Project Location (describe, and attach a location map): <p style="text-align: center; font-size: 1.2em;">Mini Storage 2727 Genesee St. Piffard NY 14533</p>							
Brief Description of Proposed Action: <p style="text-align: center; font-size: 1.2em;">To add a 6,900 SF (60 x 115 ft.) cold storage building for self storage.</p>							
Name of Applicant or Sponsor: <p style="text-align: center; font-size: 1.2em;">Sara Puccia &amp; Bill Sager</p>		Telephone: 585-414-2080 E-Mail: ivyhouse Realty@gmail					
Address: <p style="text-align: center; font-size: 1.2em;">458 High St.</p>							
City/PO: <p style="text-align: center; font-size: 1.2em;">Victor</p>		State: <p style="text-align: center; font-size: 1.2em;">NY</p>	Zip Code: <p style="text-align: center; font-size: 1.2em;">14564</p>				
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3.a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres							
4. Check all land uses that occur on, adjoining and near the proposed action. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland							

	NO	YES	N/A
5. Is the proposed action: a. A permitted use under the zoning regulations?  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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?  b. Are public transportation service(s) available at or near the site of the proposed action?  c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?  b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?  b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

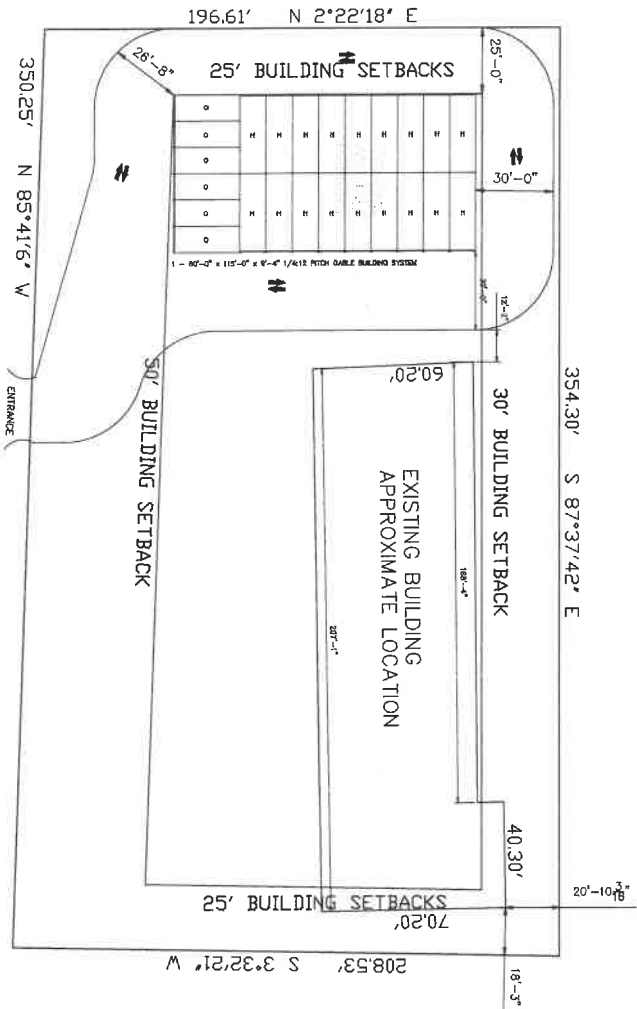
18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of 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"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: <u>Sara Puccia</u>	Date: <u>2/21/25</u>	
Signature: <u><i>Sara Puccia</i></u>		

Owner:

Authenticator  
**Ken Mignemi**

02/25/25

**PRINT FORM**




UNIT MIX

LABEL	UNIT SIZE	# UNITS	%	SQ. FEET
G	10 x 25	6	25.0	1500
H	10 x 30	18	75.0	5400
TOTAL		24	100	6900

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\*\*\* THE ABOVE PLAN MAY NOT REFLECT THE REGULATIONS OF SECTION 904.0 OF THE 2015 OR 2016 IBC CODE  
 WHICH MAY REQUIRE 3 HOUR FIREWALLS EVERY 3000 SQFT OR MAY REQUIRE YOU TO SPECIFY THE BUILDING  
 TYPE AND CHOOSE TO NOT COMPLY THEREBY WILL NOT BE BEEN ACCOMMODATED.

	<p>PROPOSED MINI-STORAGE SYSTEM for:          SARA PUCIA          GENESSEE STREET          PIPFARD, NY</p>	<p>TRADES BUILDING SYSTEMS, Inc.  <small>This drawing and all parts thereof is the exclusive property of Trades Building Systems, Inc. 314 Wilson Road, Sun Prairie, Wisconsin (920) 596-5522 (Fax) (920) 597-7890 and may not be reproduced in whole or part without written permission.</small></p>	<p>DATE: 2/10/25          DRAWING NO: 24</p>
<p>SITE PLAN</p>	<p>DATE: 2/10/25          DRAWING NO: 24</p>		