



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-06-BER-8-21**
Review Date **8/12/2021**

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

BERGEN, T.
PLANNING BOARD/ZBA
Jacob Berardi
Subdivision: Final
Area Variance(s)
Area Variance and Final Subdivision to create two lots from one parcel.
Lot Size
Minimum required: 40,000 sq. ft.
Proposed: 40,000 and 38,750 sq. ft.

Location
Zoning District

N. Lake Rd., Bergen
Residential-Agricultural (RA-40) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed variance and subdivision 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 addresses are assigned that meet Enhanced 9-1-1 standards.

Director

August 12, 2021

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) 370-5676

Clear Form

DEPARTMENT USE ONLY:

GCDP Referral # T-06-BER-8-21



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

**RECEIVED
Genesee County
Dept. of Planning
8/4/2021**

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) Zoning Board of Appeals
Address 10 Hunter St
City, State, Zip Bergen NY 14416
Phone (585) 370-5676 Ext. _____

2. APPLICANT INFORMATION

Name Jacob Berardi
Address 7001 Appletree Ave
City, State, Zip Bergen NY 14416
Phone (585) 750-5676 Ext. _____ Email _____

MUNICIPALITY: City Town Village of Bergen

3. TYPE OF REFERRAL: (Check all applicable items)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Area Variance | <input type="checkbox"/> Zoning Map Change | <input type="checkbox"/> Subdivision Proposal |
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Zoning Text Amendments | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Comprehensive Plan/Update | <input checked="" type="checkbox"/> Final |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

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

A. Full Address N. Lake Rd (NYS Rt. 19), Bergen
B. Nearest intersecting road Creamery Rd
C. Tax Map Parcel Number 8.-1-39 182689A0080000001039000
D. Total area of the property 1.7 A 74052 Area of property to be disturbed _____
E. Present zoning district(s) RA 40

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 Create 2 lots from one parcel. One lot with less than required Lot Area

6. ENCLOSURES – Please enclose copy(s) of all appropriate items in regard to this referral

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Local application | <input type="checkbox"/> Zoning text/map amendments | <input type="checkbox"/> New or updated comprehensive plan |
| <input type="checkbox"/> Site plan | <input type="checkbox"/> Location map or tax maps | <input type="checkbox"/> Photos |
| <input checked="" type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SEQR forms | <input type="checkbox"/> Agricultural data statement | |

7. CONTACT INFORMATION of the person representing the community in filling out this form (required information)

Name Mike Lovett Title Board Chair Phone (585) 750-6233 Ext. _____
Address, City, State, Zip _____ Email _____

TOWN OF BERGEN
APPLICATION TO THE
BOARD OF APPEALS

Appeal Number : SD 2021-03

Date : 7-12-21

OWNER

APPLICANT (if other than owner)

Name : J.D. Berardi Ent. Inc.
 Address : LAKE RD RT 19
see survey
 Telephone # : 585-370-5676

Name : JACOB Berardi
 Address : _____
 Telephone # : 585-370-5676

1. Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to DENY GRANT an application for a Zoning Permit Application Number _____ Dated _____.
2. APPLICATION FOR : Use Variance Other
 Area Variance
 Interpretation Please Specify _____
3. Address of Project Site : _____
 Tax Map Number : 81-39 Zoning District : RA 40
4. Has a previous appeal been filed pertaining to this parcel? No
 Yes If yes, list Appeal No _____ Date _____ Purpose of Request : _____
5. Justification for Request : General Response would like to divide parcel into 2 for building. (see survey)

A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of the GOLD sheet which pertain to your specific appeal.

The Applicant shall submit with this appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any other material that will assist the Board in making a determination regarding this request.

CERTIFICATION : I hereby certify that I have read 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 an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating construction or performance of construction and/or use.

[Signature]
 Applicant's Signature

Owner's Signature (if other than applicant)

OFFICE USE ONLY

PROVISIONS of ZONING LAW APPEALED:

1. Article _____ Section _____
 Subsection _____ Paragraph _____
 state reason; _____
2. Schedule A - state reason; 2nd parcel is only 38750 sq ft.

FEE COLLECTED : Check # _____
 Appeal Fee \$ 100-
 Public Hearing Fee \$ 100-
TOTAL FEE \$ 200-

[Signature]
 Signature - Zoning Enforcement Officer
7/15/21
 Date

TOWN OF BERGEN

APPLICATION FOR SUBDIVISION

<input checked="" type="checkbox"/> MINOR 1-4 Lots	<input type="checkbox"/> MAJOR 5+ Lots	<input type="checkbox"/> BULKLAND TRANSFER 40+ Acres
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Date: 7-12-21

OWNER (of land to be subdivided)

APPLICANT (if other than owner)

Name: J.D. Berardi ENT INC
 Address: Rt 19 8-1-39 RA 40
 City, State/Zip: Bergen NJ
 Phone #: _____

Name: JACOB Berardi
 Address: 7001 Apple tree Ave
 City, State/Zip: Bergen N.J
 Phone #: 585-370-5676

INSTRUCTIONS: Please fill out this application as completely as possible. Submit additional documents which can include but is not limited to Maps - Sketch, Tape and/or Survey Maps, Abstracts, Deeds Covenants, etc.

1. Location of proposed Subdivision - Tax Map # (TMP) 8-1-39
 Road Lake RD Nearest street intersection CREAMERY RD

2. Number of existing lot(s) 1 Number of proposed lot(s) 2
 (SUBMIT A MAP/SKETCH OF THE EXISTING LOT(S) AND OF THE PROPOSED NEW LOT(S) LINE(S))

3. Current Zoning District RA 40 If yes, list the requested Zone change _____
 Will there be a Zoning District Change? NO YES

4. Check the intended use of the subdivision and the # of lot(s)

	# of PARCELS		# of PARCELS
√	1	RESIDENTIAL	2
		AGRICULTURAL	
		RECREATION	
		COMMERCIAL	
		INDUSTRIAL	

5. Is a Special Use permit , Variance , or Other procedure necessary? BRIEFLY STATE REASON _____

6. Are there any Deed restrictions and/or covenants that apply or are contemplated for this subdivision?
 NO YES IF YES, ATTACH A COPY OF THE PROPOSED DEED RESTRICTION OR COVENANT.
 BRIEFLY LIST THE NATURE OF THE RESTRICTION HERE _____

7. Is there an Engineer designing this project? NO YES

Name: Apex (tim) Not Retained yet Phone #: _____
 Address: _____ Firm Name: _____
UPON APPROVAL Address: _____

SIGNATURE BLOCK*****

Signature [Signature] OWNER

Date 7-12-21

Signature APPLICANT (if different than owner)

Date

OFFICE USE ONLY

REVIEW BY: (if applicable)	Date
State	_____
Health Department	_____
County Planning Bd.	_____
Town Engineer	_____
Town D.O.T.	_____
Fire Department	_____

FEES COLLECTED:	AMOUNT	DATE
Preliminary	100	_____
Final	_____	_____
Bulkland Transfer	_____	_____
Recreational Fee	_____	_____
Per Lot	_____	_____
Amendments	_____	_____
Public Hearing	100	_____
TOTAL	200	_____
Cash <input type="checkbox"/> or Check # _____		

BOARD ACTION:	DATE MTG./ACTION TAKEN
Consultation	_____
Preliminary	_____
S.E.Q.R.	_____
Public Hearing	_____
Final	_____
Filed w/ County Clerk	_____

GREGORY W. TOWNSEND
Licensed Land Surveyor
115 Washington Avenue
Batavia, New York 14020
Phone (585) 344-1331
gwtownsendsurvey@gmail.com

R/O PETERS, BONNIE
INST. #DE2021-802

Formerly SW. Corner
Nancy L. Marinucci
Liber 457, Page 696

Formerly South
Line Marinucci

Pin w/
Cap

Pin

BOUNDARY

S 80°54'42" E 250.00'

38,750 sq ft

R/O WHITTAKER, THOMAS D.
LIBER 843, PAGE 487

N 06°44'08" E 314.49'

PARCEL SURVEYED
CONTAINING
1.805+/- ACRES
LIBER 723, PAGE 332

155'

S 06°44'08" W 315.05'

40,000 sq ft

160'

Formerly South
Line Read

Formerly SE. Corner
Frederick E. & Barbara K. Read
Liber 392, Page 102

N 80°47'00" W 250.02'

(66.0' R.O.W.)

ROUTE 19

LAKE ROAD

HIGHWAY

R/O CORDARO, RICHARD
LIBER 894, PAGE 665

LEGEND
⊙ EXISTING IRON STAKE
○ SET IRON PIN

177.50'
3:44'08" E

T-06-BER-8-21



04/06/2021