

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 # _____



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

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) ZBA
Address RT. 237
City, State, Zip STAFFORD
Phone () - Ext. _____

2. APPLICANT INFORMATION

Name JOHN GARNER
Address 6688 RANOLE RD
City, State, Zip CEROY N.Y. 14482
Phone () 356 8181 Ext. _____ Email _____

MUNICIPALITY: City Town Village of STAFFORD

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 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 6688 RANOLE RD CEROY N.Y. 14482
B. Nearest intersecting road BUCKLEY RD
C. Tax Map Parcel Number 7-1-17.12
D. Total area of the property 150' x 290' Area of property to be disturbed 48' x 30'
E. Present zoning district(s) AR

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
SCHEDULE A

C. Please describe the nature of this request REQUEST FOR VARIANCE TO BUILD POLE BARN 48' x 30' WITH SET BACKS OF 20' SIDE; 20' REAR

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 checked="" type="checkbox"/> Site plan | <input checked="" type="checkbox"/> Location map or tax maps | <input type="checkbox"/> Photos |
| <input 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 MICHAEL LATHAN Title CHAIR ZBA Phone (585) 356-6159 Ext. _____
Address, City, State, Zip RT. 237 STAFFORD Email _____