



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-15-DAR-11-17**
Review Date **11/9/2017**

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

Municipality	DARIEN, T.
Board Name	ZONING BOARD OF APPEALS
Applicant's Name	John & Elizabeth Dickhut
Referral Type	
Variance(s)	Area Variance(s)
Description:	Area Variance to replace an existing garage for a single-family home. Side Yard Setback Minimum required: 25 ft. Proposed 6 ft.
Location	9728 Fargo Rd., Darien
Zoning District	Low Density Residential (LDR) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

Given that the new garage will not encroach any further onto the setback than the existing garage, the proposed variance should pose no significant county-wide or inter-community impact.

Director

November 9, 2017

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) 547-2274

Clear Form

DEPARTMENT USE ONLY:

GCDP Referral # T-15-DAR-11-17



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
10/31/2017

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) Darien Zoning Board of Appeals
Address 10569 Alleghany Road
City, State, Zip Darien, NY 14040
Phone (585) 547-2274 Ext. 1026

2. APPLICANT INFORMATION

Name John & Elizabeth Dickhut
Address 9728 Fargo Road
City, State, Zip Corfu, NY 14036
Phone (585) 315-9056 Ext. _____ Email _____

MUNICIPALITY: City Town Village of Darien

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 9728 Fargo Road, Corfu, NY 14036
B. Nearest intersecting road Reynolds Road
C. Tax Map Parcel Number 1.-1-43
D. Total area of the property 0.87 acres Area of property to be disturbed 0.02 acres
E. 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 VI, Section 604, Subsection B/C, Paragraph C2
C. Please describe the nature of this request Demo existing garage and replace with new garage on existing footprint
Requires area variance for setback relief

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 checked="" type="checkbox"/> Photos |
| <input type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | <input checked="" type="checkbox"/> Other: <u>Area variance test</u> |
| <input type="checkbox"/> SEQR forms | <input checked="" type="checkbox"/> Agricultural data statement | |

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

Name Alice Calmes Title Town Clerk Phone (585) 547-2274 Ext. 1026
Address, City, State, Zip 10569 Alleghany Road, Darien, NY 14040 Email townclerk@townofdarienny.com

TOWN OF DARIEN

APPLICATION TO THE ZONING BOARD OF APPEALS

APPEAL NUMBER: ZBA-8-17
DATE: 10/5/17

APPLICANT: NAME: John + Elizabeth Dickhut
ADDRESS: 9728 FALGO Rd
Crofton, NY 14036
TELEPHONE #: (516) 315-9056

1. Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to DENY GRANT an application for a Zoning Permit number _____ Dated 10/5/17

2. APPLICATION FOR: Use Variance Interpretation
Area Variance Other
Notice of Appeal _____
Please Specify

3. Address of Project Site: 9728 Falgo Rd Crofton, NY 14036

4. Provisions of Zoning Law being Appealed: Schedule A
Article VI Section 604 Subsection B/C Paragraph 2

5. Has a previous Appeal been filed pertaining to this parcel? ~~NO~~ YES
If Yes, list Appeal No. _____ Date _____ Purpose of Request: _____

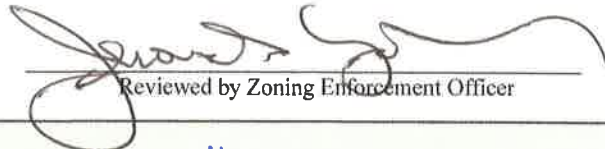
6. Justification for request (General Explanation): Setback Req'd is 25'
Requests 6' setback on North side to demo + rebuild
structure (garage)

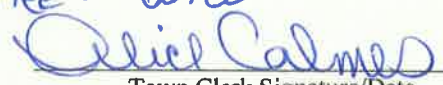
**A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper.*

The applicant shall submit with this Appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams and any other material that will assist the Zoning 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.


Applicants Signature


Reviewed by Zoning Enforcement Officer

OFFICIAL USE ONLY	FEE COLLECTED Public Hearing Fee \$ <u>30 + \$30 application fee = \$60.00</u>
	PAID: Cash \$ _____ Check # <u>1027</u>  Town Clerk Signature/Date

ORIGINAL

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT

Today's Date: 10/8/17 Application Number: ZBA-8-17
Applicant's Name: John + Elizabeth Dickhut
Address: 9728 FARGO Rd Corfu, NY 14036
Phone Number: (585) 315-9056 Tax Map #: 1.-1-43
Address of Project: Same

INSTRUCTIONS:

Please read the instructions carefully before completing the application form. Fill out the application form completely, using ball point pen or a typewriter. Submit your application form & required attachments (list of such on this form) 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 (checked) Low or Medium Density
2. Permit Application for: New Construction Addition Alteration Relocation
Accessory Structure Home Occupation SPECIAL USE PERMIT
VARIANCE (checked) SITE PLAN REVIEW TEMPORARY USE
3. Is this parcel: Corner Lot Water District Sewer District
4. Dimensions of this lot: 210' length X 180' width and/or area 0.87 ACRES
5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW);
35 ft and what is the set back (in feet) from project property line Side A 145 Side B 6
Back 158 (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: 35,000 Actual Estimated (checked)

Table with 5 columns: PROPOSED PROJECT, HEIGHT, LENGTH, WIDTH, SQUARE FEET. Row 1: House. Row 2: Garage/Pole Barn (36' x 24' = 864').

Bathrooms: /
Bedrooms: /
Rec Room: /
Family Room: /
Fireplace: /

Describe proposed project and/or use: Demo existing garage + replace with new garage on existing footprint. Requires zoned variance for setback relief.

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.

Applicant Signature (must sign in presence of ZEO)

PROPERTY OWNER SIGNATURE (If other than applicant)

ORIGINAL

ZBA-8-17

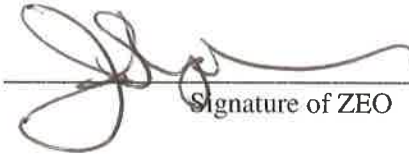
Attachments required & verified by ZEO: _____

Action taken by ZEO: APPROVED: DENIED: Reason: Requires

Variance for setback relief

Referral To: Town Planning Town Appeals County Planning Building Inspector

10/5/17
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

This application will not be considered complete until all appropriate attachments have been supplied and accepted; photo-copies are acceptable. The applicant is responsible to present all applicable attachments to the ZEO. The project in question can not be started until an approved Zoning Permit has been issued, the Building Inspector contacted and if required, the Town Clerk has issued the Building Permit. The applicant is responsible to make all calls to the Building Inspector for review of plans and inspection assignments and to pay any necessary fees as set forth in the appropriate schedule of fees to the Town Clerk.

If a Site Plan is necessary, a total of nine (9) copies are needed.

Please be advised that you may contact the following if you have any questions or concerns with regard to procedures:

*ZEO - Filling out or filing Zoning Permits, Zoning Regulations, appointments for Zoning Permit approval, Variance & Special Use Procedures.

*Building Inspector - Construction, Plan review, Code requirements and inspections

*Town Clerk - Forms, Fees (payable to Town Clerk), Building Permit, General Information & who to contact.

ATTACHMENTS:

The following attachments are mandated for all projects or uses in question.

*Layout sketch (Plot Diagram) shall consist of an accurate map (survey or plot diagram on graph paper) showing all structures and/or buildings on the parcel. All dimensions of project, property lines and right-of-ways shall also be indicated. Identify adjoining parcels and indicate the owners of such.

Please contact the ZEO regarding which of the following attachments will be required for the project or use in question:

1. Graphic material showing traffic circulation, parking spaces, pedestrian walks, topography and landscape plans, open space & buffer zone.
2. Preliminary engineering plans showing street improvements, storm drainage, water supply and sanitary sewer facilities.
3. Copy of current Genesee County Health Department approval for an individual sewer disposal system and plans for such.
4. A drawing of any signs which the applicant wishes to post. This drawing shall include dimensions, characters, shape, and illumination (if any, show source of power & location of illumination).
5. Elevation drawings with applicable height dimensions.
6. Description of the nature of existing use.
7. Freshwater wetland determination and/or permit, from NYS Dept of Environmental Conservation.
8. Certification indicating specific elevations in relation to the Federal Flood Hazard Area.
9. Letter of review from the Department of Soil and Water Conservation when applying for a pond.

Other:

ORIGINAL

ZBA-8-17

Application #: _____
(For office use only)

Town of Darien Criteria to Support Area Variance

In making its determination, the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety, moral, aesthetics and welfare of the neighborhood or community. The Zoning Board of Appeals shall consider the following test, as per §267-b of the NYS Town Law when making its determination:

Explain how the proposal conforms to EACH of the following requirements:

1. **Undesirable Change in neighborhood Character.** The granting of the variance will not produce an undesirable change in the neighborhood or a detriment to nearby properties.

Consistent with harmony of neighborhood because it is a replacement of a building which currently exists.

2. **Alternative Cure Sought.** There are no other means feasible for the applicant to pursue that would result in the difficulty being avoided or remedied, other than the granting of the area variance.

True

3. **Substantiality.** The requested area variance is not substantial.

The request is not more substantial than currently exists.

4. **Adverse Effect or Impact.** The requested variance will not have an adverse effect or impact on the physical or environmental condition in the neighborhood or community.

No - replacement of an existing structure in which it is more efficient and cost effective to replace an aging building.

5. **Not Self-Created.** The alleged difficulty existed at the time of the enactment of the provision or was created by natural force or governmental action, and was not the result of any action by the owner or the predecessors in title.

True

Applicant's Signature

10/5/17

Date

TOWN OF DARIEN ORIGINAL

Agricultural Data Statement

Application # ZBA-8-17
Date 10/5/17

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 John + Elizabeth Dickhut
Address 9728 FARGO 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 AREA VARIANCE
2. Description of proposed project: Demo existing garage and replace

3. Location of project: Address Same
Tax Map Number (TMP) 1.01-43

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 1
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 Glenn Hersae
Address 9794 FARGO Rd
CORFU, NY 14036

Is this property actively farmed? NO YES

2.

Name Woods Edge Farms, LLC
Address 2V/1 Fargo Rd

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  Date 10/5/2017

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.

9728 Fargo Rd - Dickhut

ZBA-8-17



04/27/2016

ORIGINAL