



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **V-01-OAK-2-21**
Review Date **2/11/2021**

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

| |
|--|
| OAKFIELD, V. |
| ZONING BOARD OF APPEALS |
| Jeff Qamoos |
| |
| Area Variance(s) |
| Area Variance for a garage addition for single-family home. |
| Side Yard Setback Minimum required: 12 ft. Existing and proposed: 3 ft. |

Location
Zoning District

| |
|-------------------------------------|
| 43 Farnsworth Ave., Oakfield |
| Residential (R-1) District |

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

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

Director

February 11, 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) , 941+ 586



DEPARTMENT USE ONLY:
GCDP Referral # _____

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

**RECEIVED
Genesee County
Dept. of Planning
2/3/2021**

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) _____
Address _____
City, State, Zip _____
Phone () - Ext. _____

2. APPLICANT INFORMATION

Name _____
Address _____
City, State, Zip _____
Phone () - Ext. _____ Email _____

MUNICIPALITY: City Town Village of _____

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

- | | | |
|---|--|---|
| <input 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 _____
- B. Nearest intersecting road _____
- C. Tax Map Parcel Number _____
- D. Total area of the property _____ Area of property to be disturbed _____
- E. Present zoning district(s) _____

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 _____

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

- | | | |
|---|--|--|
| <input 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 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 _____ Title _____ Phone () - Ext. _____
Address, City, State, Zip _____ Email _____

APPLICATION FOR ZONING AND/OR BUILDING PERMIT

APPLICATION NUMBER: 3-21

VILLAGE OF OAKFIELD, New York 14125

APPLICATION DATE: 1/29/21

| | | | |
|--------------|--|--|---|
| OWNER | Name: <u>JEFF & JOANNE CAMOOS</u> | APPLICANT (IF OTHER THAN OWNER) | Name: <u>TIM KABEL</u> |
| | Address: <u>43 FARNSWORTH AVE OAKFIELD, N.Y. 14125</u> | | Address: <u>P.O. BOX 191 OAKFIELD, N.Y. 14125</u> |
| | Phone #: <u>585-409-4035</u> | | Phone #: <u>716-474-4473</u> |

PROJECT SITE LOCATION: 43 FARNSWORTH AVE. TAX MAP # (TMP) 1-1-23
Check with the local Assessor

INSTRUCTIONS: Using a ball point pen please fill out this application as completely as possible. Submit additional Attachment(s) [listed on the back of this sheet] and the completed application to the Village Clerk. This application is NON-TRANSFERRABLE and is NOT a permit to commence work.

- 1 Application for Use: RESIDENTIAL ; COMMERCIAL ; INDUSTRIAL ; RECREATIONAL ; SITE PLAN
- 2 Permit for: NEW CONSTRUCTION ; ADDITION ; ALTERATION ; REPAIR ; CHANGE IN USE
- 3 Is this parcel; A corner lot? YES ; NO ; In a Sewer District? YES ; NO ; In a Water District? YES ; NO
- 4 List the DIMENSIONS of the parcel: 75' x 100' and/or TOTAL PARCEL AREA (Acres) _____
- 5 What are the parcel setbacks [Ft.] from the project. FRONT 35'; REAR 8' & SIDE yards (a) 12' (b) 3'
- 6 Total % of coverage of ALL buildings on the parcel (including the proposed project): 27 TOTAL %
- 7 Does this project require County Health Department approval? NO ; YES , If yes, submit attachment F.
- 8 Is this parcel property subdivided? NO ; YES , If yes, provide documentation.
- 9 Do you give the Village VALID CONSENT to do the required inspections? YES NO , If no, what procedures?
- 10 Name of Architect/Engineer N/A Telephone # _____
Address _____
- 11 Name of Contractor(s) TIM KABEL Telephone # 716-474-4473
Address P.O. BOX 191 OAKFIELD, N.Y. 14125
- 12 Estimates cost of the project? \$40,000 [Substantiation may be required]
- 13 Total Dwelling units: 1

| PROPOSED PROJECT | HEIGHT | LENGTH | WIDTH | SQ. FT. |
|-----------------------|------------|------------|-----------|------------|
| HOUSE | | | | |
| GARAGE | | | | |
| ACCESSORY BUILDING | | | | |
| SWIMMING POOL | | | | |
| DECK | | | | |
| COMMERCIAL/INDUSTRIAL | | | | |
| OTHER <u>ADDITION</u> | <u>15'</u> | <u>20'</u> | <u>6'</u> | <u>120</u> |
| TOTAL SQ. FT. | | | | <u>120</u> |

15 Describe the proposed project and use:
ADD 6' TO FRONT OF GARAGE BY CONSTRUCTING NEW WALL & TWO 6' WALLS
ADD ROOF OVER PATIO WAY TO CREATE ATTACHED GARAGE.

[Use additional sheet(s) for more information]

****SIGNATURE BLOCK****
 I hereby certify that I have read the instructions 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 a permit does not presume to give authority to violate or cancel provisions of any other state or local law or ordinance regulating construction or performance of construction.

Joanne L. Camoos
 Signature - OWNER

Tim Kabel
 Signature - APPLICANT (if different than owner)

1/23/21
 Date

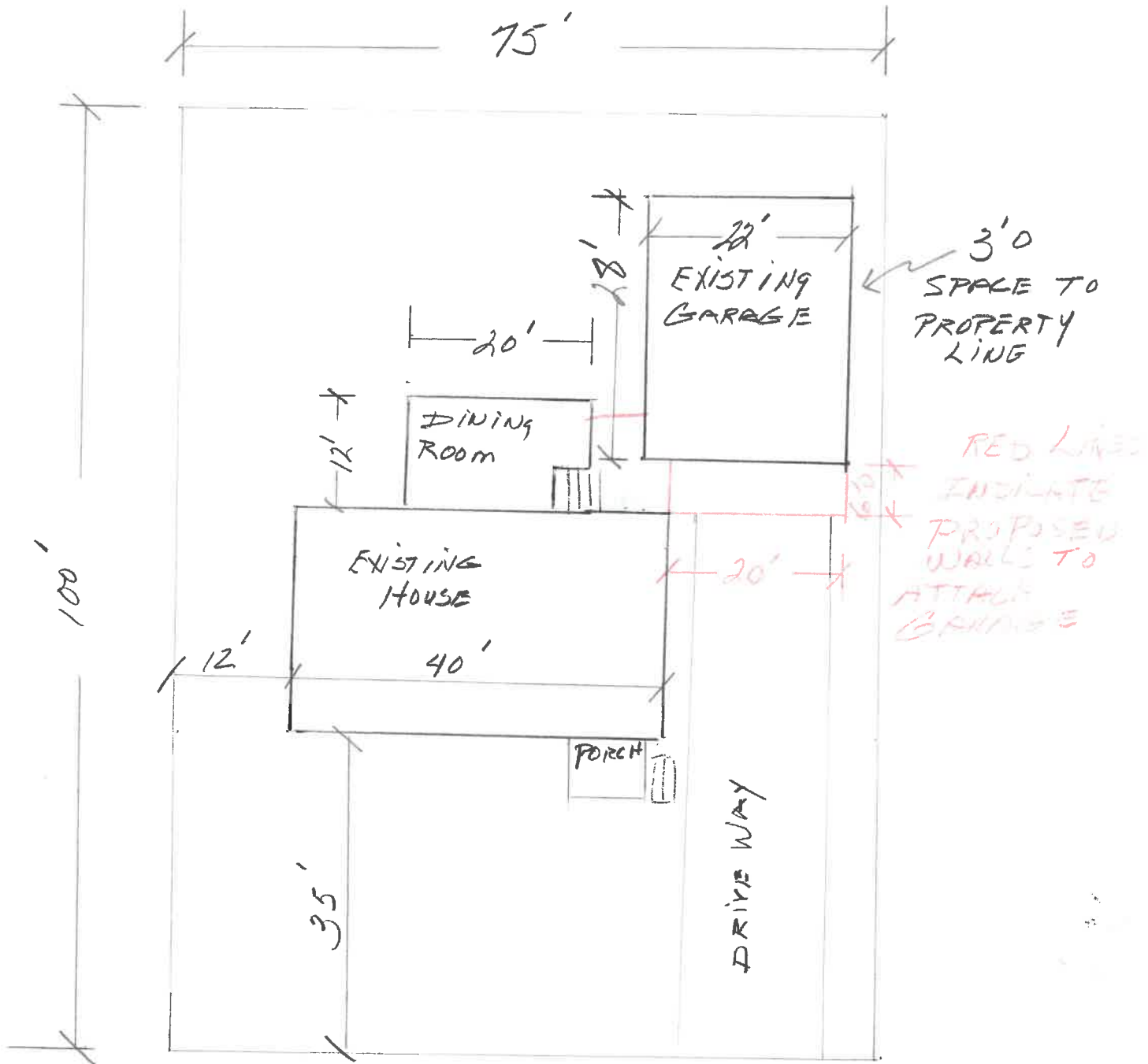
1-22-21
 Date

OFFICE USE ONLY

Action taken by Z.E.O./C.E.O.: Approved ; Denied ; Reason for denial; Schedule A

Article _____ Section _____ Subsection _____ Paragraph _____ Briefly Describe: _____ Zoning _____ District _____

| | | | | |
|-------------------------|---|--|----------------------|----------------|
| Z.E.O. Signature: _____ | Wetlands <input type="checkbox"/> YES <input type="checkbox"/> NO Flood Plain <input type="checkbox"/> | FEES: Cash _____ Check # _____ Receipt # _____ | Special Use _____ | Zoning _____ |
| C.E.O. Signature: _____ | | | Public Hearing _____ | Building _____ |
| Date of Action: _____ | | | TOTAL _____ | TOTAL _____ |



PROPERTY OF
 JEFF & JOANNE RAMOS
 43 FARNSWORTH AVE.
 OAKFIELD, N.Y.

FARNSWORTH AVE.

V-01-OAK-2-21

