



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **V-02-OAK-7-18**
Review Date **7/12/2018**

Municipality	OAKFIELD, V.
Board Name	ZONING BOARD OF APPEALS
Applicant's Name	Brandon Myers
Referral Type	
Variance(s)	Area Variance(s)
Description:	Area Variance to place a 216 sq. ft. (12 x 18 ft.) shed. Side Yard Setback Minimum required: 8 ft. Proposed: 3 ft. Rear Yard Setback Minimum required: 35 ft. Proposed: 3 ft.
Location	17 Forest Ave., Oakfield
Zoning District	Residential (R-2) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

Given that neighboring properties exhibit setbacks for accessory buildings, the proposed variances should pose no significant county-wide or inter-community impact.

Director

July 12, 2018

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, N.Y. 14020-9404

DEPARTMENT USE ONLY:
G.C.D.P. Referral # V-02-OAK-7-18.
Date Received 6/13/2018



RECEIVED
Genesee County
Dept. of Planning
6/13/2018

Required According to:
GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N

1. REFERRING BOARD(S) INFORMATION

Board(s) Village of Oakfield, zoning brd.
Address 37 Main Street
Oakfield, Ny 14125

2. APPLICANT INFORMATION

Name Brandon Myers
Address 17 Forest Ave, Oakfield Ny 14125
Phone 585-813-2109 Email _____

MUNICIPALITY: City Town Village of Oakfield

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. Address 17 Forest Ave, Oakfield Ny 14125
B. Nearest intersecting road Main St.
C. Tax Map Parcel Number 1-2-71
D. Total area of the property .28 acres Area of property to be disturbed _____
E. Present zoning district(s) R-2

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
Section 301-B-1B
- C. Please describe the nature of this request Shed for storage

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"/> Other: <u>variance (area)</u> |
| <input type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | <u>application</u> |
| <input type="checkbox"/> SEQR forms | <input type="checkbox"/> Agricultural data statement | |

*** If possible, please provide a reduced version or digital copy of any supporting documentation larger than 11 x 17 in.
Digital copies may be sent via email to planning@co.genesee.ny.us ***

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

Name Andrew Maguire Title Clerk Treasurer Phone 585-948-5862
Address 37 Main St., Oakfield, Ny 14125 Email andrew@villageofOakfield.org

APPLICATION FOR ZONING AND/OR BUILDING PERMIT

APPLICATION NUMBER: 11-18

VILLAGE OF OAKFIELD, New York 14125

APPLICATION DATE: 5/24/18

OWNER	Name: <u>Brandon Myers</u>	APPLICANT (IF OTHER THAN OWNER)	Name: _____
	Address: <u>17 Forest Ave</u>		Address: _____
	<u>Oakfield NY 14125</u>		_____
	Phone #: <u>(516) 813-2109</u>		Phone #: _____

PROJECT SITE LOCATION: 17 Forest Ave. TAX MAP # (TMP) 1.2-71
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.*

- Application for Use: RESIDENTIAL ; COMMERCIAL ; INDUSTRIAL ; RECREATIONAL ; SITE PLAN
- Permit for: NEW CONSTRUCTION ; ADDITION ; ALTERATION ; REPAIR ; CHANGE IN USE
- Is this parcel; A corner lot? YES ; NO ; In a Sewer District? YES ; NO ; In a Water District? YES ; NO
- List the DIMENSIONS of the parcel: 82.5 x 143.8 and/or TOTAL PARCEL AREA (Acres) _____.
- What are the parcel setbacks [Ft.] from the project. FRONT _____; REAR _____ & SIDE yards (a) _____ (b) _____
- Total % of coverage of ALL buildings on the parcel (including the proposed project): _____ TOTAL %
- Does this project require County Health Department approval? NO ; YES , If yes, submit attachment F.
- Is this parcel property subdivided? NO ; YES , If yes, provide documentation.
- Do you give the Village VALID CONSENT to do the required inspections? YES NO , If no, what procedures?
- Name of Architect/Engineer _____ Telephone # _____
Address _____
- Name of Contractor(s) _____ Telephone # _____
Address _____
- Estimates cost of the project? \$3,000 [Substantiation may be required]

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQ. FT.
HOUSE				
GARAGE				
ACCESSORY BUILDING		<u>12ft</u>	<u>18ft</u>	<u>216 sq ft</u>
SWIMMING POOL				
DECK				
COMMERCIAL/INDUSTRIAL				
OTHER				
TOTAL SQ. FT.				<u>216 sq ft</u>

13 Total Dwelling units: _____

15 Describe the proposed project and use:
shed for storage
12' x 18'

[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.

Signature - OWNER: [Signature] Signature - APPLICANT (if different than owner): _____
 Date: 5/22/18 Date: _____

OFFICE USE ONLY

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

Article _____ Section 301 Subsection B Paragraph 1B Briefly Describe: Does not meet YRCA setbacks Zoning _____ District _____

Z.E.O. Signature: <u>[Signature]</u>	Wetlands <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Flood Plain <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	FEEES: Cash _____ Check # _____ Receipt # _____	Special Use _____ Variance _____ Public Hearing _____ TOTAL _____	Zoning <u>150</u> Building _____ TOTAL _____
C.E.O. Signature: _____		Date of Action: _____		

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

By
(Signature of Homeowner)

5/22/18
(Date Signed)

Brandon Myers
(Homeowner's Name Printed)

Home Telephone Number 813-2109

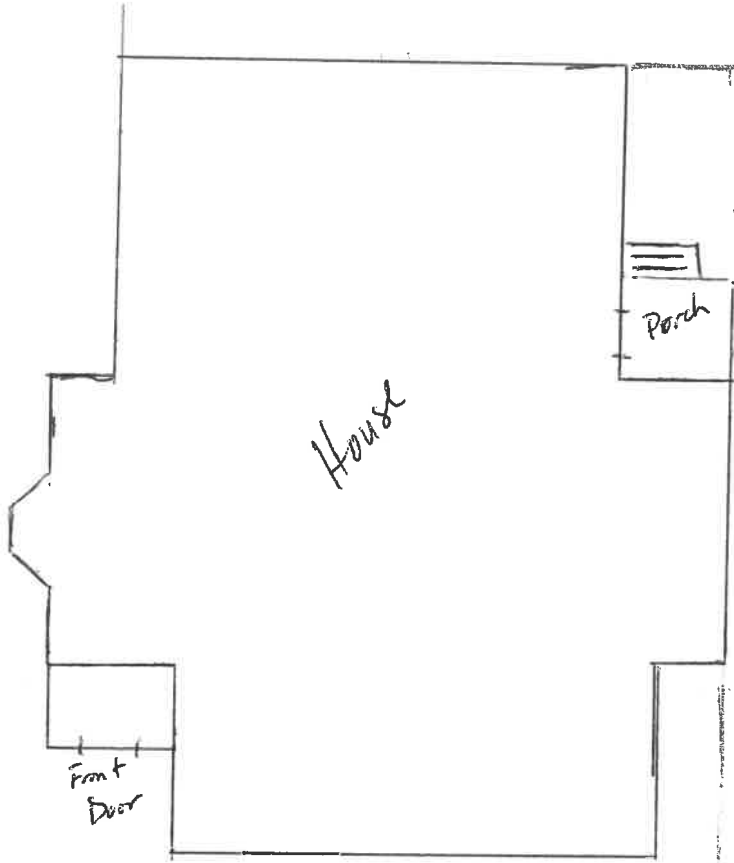
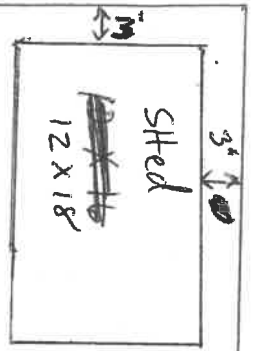
Property Address that requires the building permit:

17 Forest Ave
Dunkirk NY 14125

Sworn to before me this _____ day of _____, _____ (County Clerk or Notary Public)
--

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

← 143.8 →



End of Driveway

Porch

← 82.5 →

Driveway

VILLAGE OF OAKFIELD

37 Main Street, Oakfield, N. Y. 14125

Telephone: (585)-948-5862 Fax: (585)-948-9588

Website: ivillage@rochester.rr.com

ZONING BOARD OF APPEALS APPLICATION

I (Name) Brandon Myers of (address) 17 Forest Ave hereby appeal to the Zoning Board of Appeals the decision of the Zoning Officer on the application for Building permit dated 5/26/18

Type of Appeal: Area Variance: Use Variance: Interpretation: Application Fee: \$150

Date/ Plans Submitted: 5/26/18 Environmental Assessment Form Submitted: _____

- PROPERTY ADDRESS: 17 Forest Ave
Tax Map Parcel #(s): _____ Parcel size: _____ width _____ depth _____
Property Zoning District: _____
- Present Use of Property: Yard
Proposed Use of Property: Shed
Provision of Code Appealed (give section and subsection numbers): _____

- Has a previous applications for this property been made? Planning Board Zoning Board of Appeals. If yes, provide results: _____
- Is property located within 500 feet of a municipal boundary or on a state or county road?

Description of Proposal / Detail of Request: (Use extra sheet if necessary)

Please review the legal criteria on the next page

Interpretation of Zoning Ordinance is requested
because _____

Area Variance is requested

because I would like to place Shed 3 ft. from property line.

A Use Variance is requested

because _____

The applicant(s) hereby affirms they are title owner(s) and the above information is accurate and complete, to the best of their knowledge.

Applicant Signature By _____

Applicant Name Printed Brandon Myers

Mailing Address 17 Forest Ave Phone # 585-813-2109

VILLAGE OF OAKFIELD

GUIDELINES AND CRITERIA TO SUPPORT ZONING APPEAL

AREA VARIANCE

In order to be entitled to an Area Variance, an Applicant to the Village of Oakfield must show by documentation in the record that the benefit to the Applicant from the proposed variance will not outweigh the detriment to the health, safety, and welfare of the community and the neighborhood, if the variance is granted. (See Village Law § 7-712-b(3))

In making this determination the Zoning Board of Appeals shall consider the following factors, and the Applicant must respond to these questions with facts and circumstances and not merely repeat all or part of the questions.

1. Whether or not an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the Area Variance.

The proposed structure will have a clean finish and will not change any character of the neighborhood.

2. Whether or not the benefit sought by the Applicant can be achieved by some method, feasible for the applicant to pursue, other than an Area Variance.

Due to the location of the shed the variance is necessary.

3. Whether or not the requested Area Variance is substantial.

Not substantial

4. Whether or not the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district.

There will be no effect on the environment

VILLAGE OF OAKFIELD

AREA VARIANCE-continued

5. Whether or not the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the Area Variance.

Just trying to get Shed closer to property line.


Applicant Signature

5/24/18
Date

The _____ Variance was Denied () Granted () with the following conditions as attached. (if applicable) The Interpretation was Supported () Overturned ()

Signed: _____ Date _____

Chairperson Zoning Board of Appeals

Additional Comments and Requirements:

V-02-OAK-7-18

