



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **V-07-LEROY-5-21**
Review Date **5/13/2021**

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

LEROY, V.
ZONING BOARD OF APPEALS
Thomas Weis
Area Variance(s)
Area Variance to extend an existing garage. Rear Yard Setback Minimum required: 35 ft. Existing garage: 15 ft. Proposed extension: 3 ft.
39 E. Main St. (NYS Rt. 5), LeRoy
Residential (R-1) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed variance should pose no significant county-wide or inter-community impact. Neighboring properties exhibit similar such setbacks.

Director

May 13, 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) 815-7901

DEPARTMENT USE ONLY:
GCDP Referral # V-07-LEROY-5-21

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

**RECEIVED
Genesee County
Dept. of Planning
4/14/2021**



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) LeRoy Zonning Board of Appeals

Address 3 West Main street

City, State, Zip LeRoy, New York 14482

Phone (585) 768-6910 Ext. 223

2. APPLICANT INFORMATION

Name Thomas Weis

Address 39 East Main Street

City, State, Zip LeRoy, New York 14482

Phone (716) 474-1492 Ext. _____ Email tom@weisrepairs.com

MUNICIPALITY: City Town Village of LeRoy

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 39 East Main Street, LeRoy, New York 14482

B. Nearest intersecting road North Street Road

C. Tax Map Parcel Number SBL8.-1-84

D. Total area of the property 23550 sqft Area of property to be disturbed 852 sqft

E. Present zoning district(s) R-1

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

Village of LeRoy Schedule "A", R-1, Single Family, Min. rear set back 35'

C. Please describe the nature of this request Would like to add on to the existing 22 x 30 garage by adding 14' to the

side and 12' to the rear. Proposed structure with addition would be 3' from rear lot line requiring a

32' variance.

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 type="checkbox"/> Location map or tax maps | <input checked="" 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 Risewick Title CEO Phone (585) 768-6910 Ext. 223

Address, City, State, Zip 48 Main St LeRoy, NY 14482 Email mrisewick.code@leroyny.org

Application for a Variance

Le Roy Zoning Board of Appeals

Tax Map # 8-1-84

Application Date: 4/6/21

Permit # 19-2021

Applicant if not property owner: _____

Date Received: 4/6/21

Property owner: Thomas Shwed

Date Advertised: _____

Address of variance: 39 Putnam St
Le Roy NY 14482

Phone Number(s): 716-474-1492

Variance Request, circle: AREA USE

Zone of property: R1

Reason for variance request:

To Add Additional Storage for outside Equipment

Provide Inside Storage for Cars

Provide Building to be Secure Store Fire Wood
to make Dry & Easy to move

Documents needed: Six copies of the Survey and a picture of the buildings.

Any additional information attached to this application.

Applicants signature: [Signature]

Date: 4/6/21

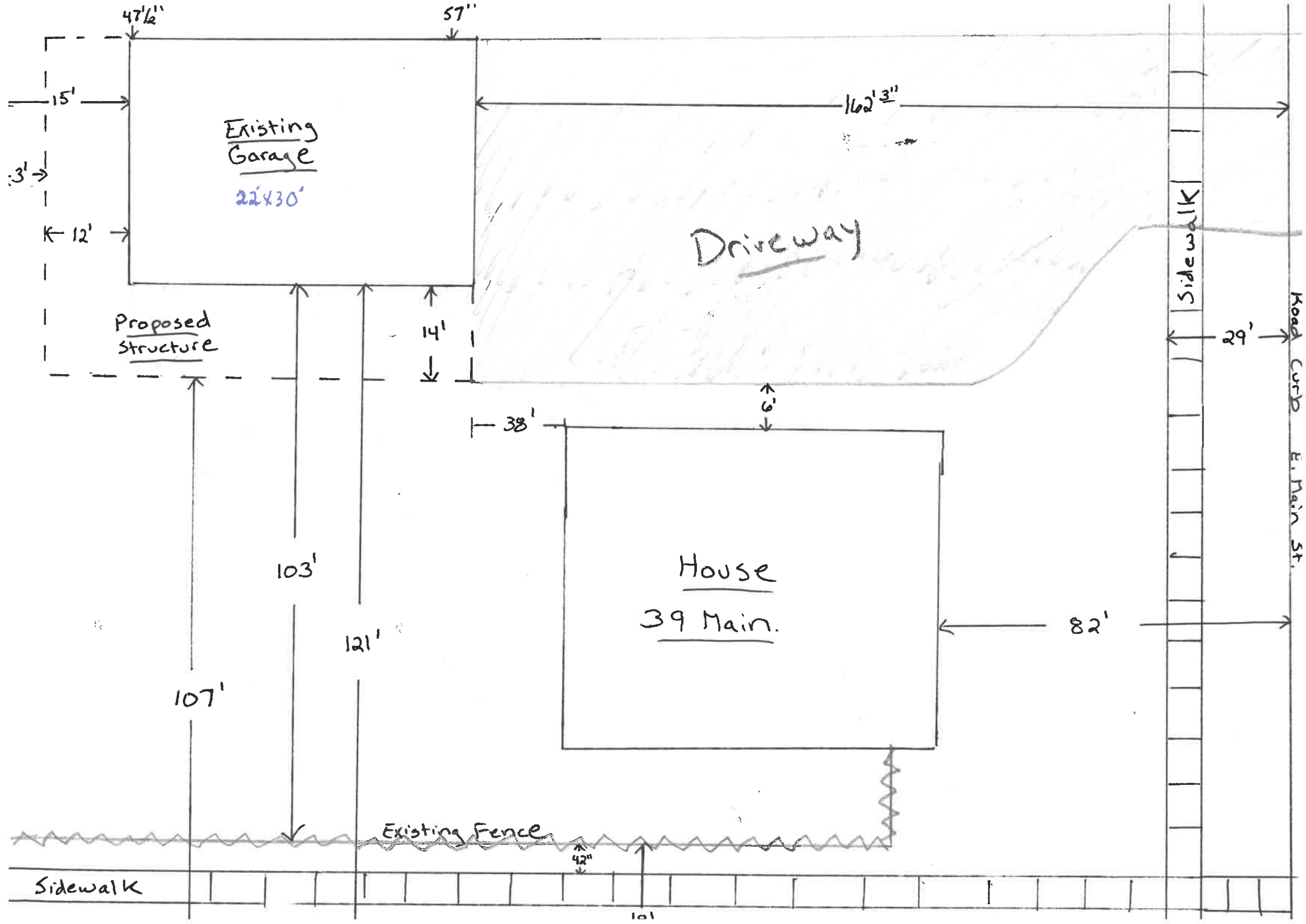
Code Enforcement Officer Signature: [Signature]

Date: 4/6/21

Amount received: \$100.00 Check #: 168

Date: 4/6/21

Town Clerk signature: [Signature]



39 East Main street



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