

SEND OR DELIVER TO:

GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, NY 14020-9404
Phone: (585) 547-274

Clear Form

DEPARTMENT USE ONLY:

GCDP Referral # T-01-DAR-1-18



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
1/3/2018

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 Rd.
City, State, Zip Darien, NY 14040
Phone (585) 547-274 Ext. 1026

2. APPLICANT INFORMATION

Name Harold McWilliams
Address 793 Sumner Road
City, State, Zip Darien, NY 14040
Phone (716) 868-5666 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 793 Sumner Road, Darien, NY 14040
B. Nearest intersecting road Fargo Road
C. Tax Map Parcel Number 6.-1-1-.2
D. Total area of the property 1.8 acres Area of property to be disturbed _____
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, Sec 605, Sub B, Para 1
C. Please describe the nature of this request Place pole barn forward of the house.

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 checked="" type="checkbox"/> Other: <u>letters and petition in support</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 Jerry Yoder Title ZEO Phone (585) 547-2274 Ext. 1027
Address, City, State, Zip 10569 Alleghany Rd., Darien, NY 14040 Email zeo@townofdarienny.com