

SEND OR DELIVER TO:

GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, NY 14020-9404

DEPARTMENT USE ONLY:
GCDP Referral # T-01-STAF-2-19



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
1/18/2019

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) ZBA Town of Stafford
Address 8903 Rt. 237
City, State, Zip Stafford 14143
Phone (585) 356-6159

2. APPLICANT INFORMATION

Name Gary Miller
Address 402 Benita Dr
City, State, Zip Brockport NY 14420
Phone (585) 406-0269 Email _____

MUNICIPALITY: City Town Village of Stafford

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 6275 Main Rd. Stafford NY 1414
B. Nearest intersecting road Rt.237
C. Tax Map Parcel Number 10-1-39
D. Total area of the property 1.2 acres Area of property to be disturbed _____
E. Present zoning district(s) Hamlet

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
182-31 F (2)

C. Please describe the nature of this request Applicant wants to place additional sign on property. Original sign has the name of apartments and the new sign would be advertising rentals and his real estate sales. Sign requested would be 32 sq. feet Zoning max is 8 sq.ft

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 | |

If possible, please provide a reduced version or digital copy of any supporting documentation larger than 11 x 17.
Email to planning@co.genesee.ny.us

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

Name Michael Lathan Title ZBA Chairperson Phone (585) 356-6159
Address, City, State, Zip 8903 Rt.237 Stafford NY 14143 Email mglathan@yahoo.com

**APPLICATION for APPEALS
and/or SPECIAL USE PERMIT**

91-18
Date: 11-26-2018

OWNER

APPLICANT (If other than owner)

Name: GARY MILLER
Address: 402 BENITA DR.
BROOKPORT, NV 14420
Telephone #: (585) 406-0269

Name: _____
Address: _____
Telephone #: _____

1. Request to the Board of Appeals to appeal the Zoning Enforcement Officer's decision to DENY GRANT an application for a Zoning Permit Application Number 91-18 Dated 11-26-2018

2. APPLICATION FOR: Use Variance Special Use Permit
Area Variance (Sign size) Interpretation

3. Address of Project Site: 6275 Main Rd.
Tax Map Number: 10-1-39 Zoning District: Homelet

4. Has a previous appeal been filed pertaining to this parcel? No
Yes If yes, list Appeal No. _____ Date _____ Purpose of Request: _____

5. Justification for Request: General Response WITHIN THE PAST YEAR I HAVE PURCHASED THE COMPLEX FORMERLY KNOWN AS BRIGAM APARTMENTS. I HAVE DURING THAT TIME DONE MANY CAPITAL IMPROVEMENTS AS WELL AS AESTHETIC IMPROVEMENTS WHICH BOTH IMPROVE THE SITE FOR THE COMMUNITY AT LARGE. I AM REQUESTING WITH THIS VARIANCE THE ABILITY TO
A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of the GOLD sheet which pertain to your specific appeal.

The Applicant shall submit with this appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any other material that will assist the 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.

[Signature]
Applicant's Signature

[Signature]
Owner's Signature (if other than applicant)

PROVISIONS of ZONING LAW APPEALED

FEE COLLECTED Date 11-26-18

1. Article VI Section F (2)
Subsection _____ Paragraph _____

TOTAL FEE \$ 75.00 Check # _____

state reason; 32 ft sign where only 8 ft is allowed

ACTION TAKEN Date _____
 Approved Rejected

2. Schedule A - state reason; _____

By: _____ Chairmar
 Board of Appeals Town Board
 Planning Board

OFFICE USE ONLY


Support

Proof ✕

kw
KELLERWILLIAMS.
REALTY

**FOR
LEASE**

Gary Miller
585-406-0269

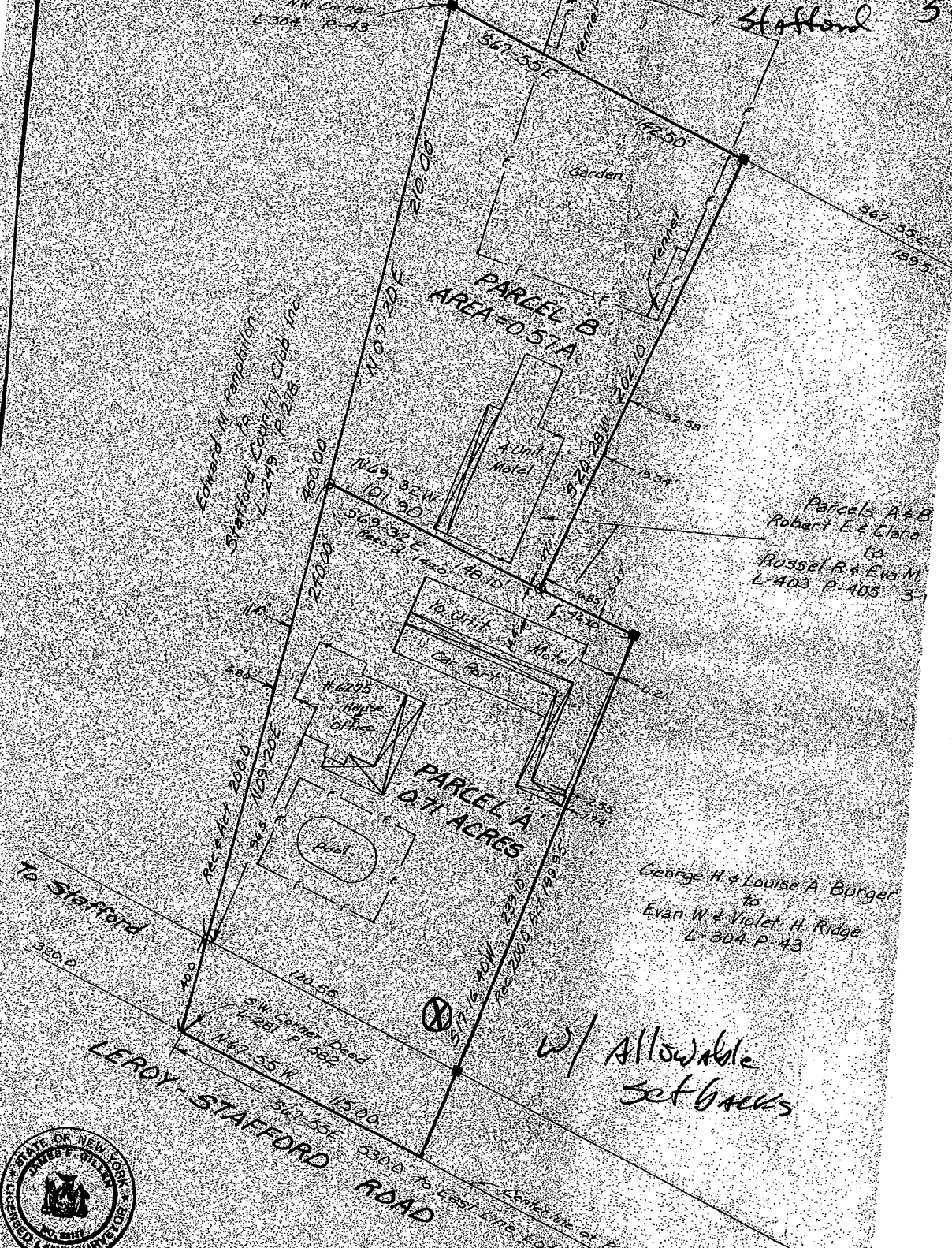


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Stafford Co. Va.
L 245 P 218

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Robert E & Clara
to
Russel R & Eva M
L 403 P 405 3-1

George H & Louise A. Burger
to
Evan W & Violet H. Ridge
L 304 P 43

w/ Allowable
set backs



LEROY-STAFFORD ROAD

T-01-STAF-2-19



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04/22/2018