



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-03-BYRON-5-19**
Review Date **5/9/2019**

Municipality	BYRON, T.
Board Name	ZONING BOARD OF APPEALS
Applicant's Name	Joel Branciforte
Referral Type	
Variance(s)	Area Variance(s)
Description:	Area Variances to build a single-family home on two pre-existing lots to be combined. Lot Depth - Minimum Required: 150 ft. Proposed: 85 ft. Front Yard Setback - Minimum Required: 50 ft. Proposed: 20 ft. and 30 ft. Lot Size - Minimum Required: 20,000 sq. ft. Proposed: Approx. 12,000 sq. ft.
Location	Terry and Pauline Sts., Byron
Zoning District	Residential (R-1) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

Given that the neighborhood has several examples of single family homes on even smaller lots and that the area is served by public water and sewer, the variances for the proposed home should pose no significant county-wide or inter-community impact.

Director

May 9, 2019

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 # T-03-BYRON-5-19



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
4/16/2019

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) Byron Planning
Address 7028 Byron Holley
City, State, Zip Byron NY 14422

2. APPLICANT INFORMATION

Name Joel Branciforte
Address 6841 Pauline St
City, State, Zip Byron NY 14422

Phone (585) 250-896 Ext. _____ Phone (585) 315-8271 Ext. _____ Email _____

MUNICIPALITY: City Town Village of Byron

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

- | | | |
|---|--|--------------------------------------|
| <input checked="" type="checkbox"/> Area Variance | <input type="checkbox"/> Zoning Map Change | 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 Terry and Pauline
C. Tax Map Parcel Number 5.-1-65.1
D. Total area of the property .28 Area of property to be disturbed _____
E. Present zoning district(s) R1

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 6 sec 6.05 B
- C. Please describe the nature of this request Land owner wishes to build a new home next to existing. He needs Variance
Depth of lot 100 from 150. Front yard 30 from 50. Lot size

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 checked="" 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 checked="" 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 Mike Morris Title ZEO Phone (585) 250-0896 Ext. _____
Address, City, State, Zip 7028 Byron Holley, Byron, NY 14422 Email byronceozeo@gmail.com

TOWN OF BYRON
APPLICATION TO THE
BOARD OF APPEALS

Appeal Number : ZBA-2019-15
PBA-2019-52

Date : 4/4/19

OWNER


APPLICANT (If other than owner)

Name : JOEL BRANCIFORTE
 Address : 6841 PAULINE ST
BYRON, N.Y. 14422
 Telephone # : 585-315-8271

Name : - SAME -
 Address : _____
 Telephone # : _____

- Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to DENY GRANT an application for a Zoning Permit Application Number _____ Dated _____
- APPLICATION FOR : Use Variance Other
 Area Variance
 Interpretation Please Specify _____
- Address of Project Site : 6841 PAULINE ST, BYRON N.Y. (ADJACENT TO)
 Tax Map Number : 5-1-65.1 Zoning District : _____
- 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 TO ALLOW THE LOT BE APPROVED FOR BUILDING A PRIMARY RESIDENCE.

 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.

Joel Branciforte 4/4/19 - SAME -
 Applicant's Signature Date: Owner's Signature (If other than applicant) Date:

PROVISIONS of ZONING LAW APPEALED:

- OFFICE USE ONLY**
- Article 6 Section 6.05
 Subsection B Paragraph B
 state reason; Set Backs
 - Table I or II - state reason;

FEE COLLECTED : Check # _____
 Appeal Fee \$ 100
 Public Hearing Fee \$ 100
TOTAL FEE \$ 200
 Signature - Zoning Enforcement Officer
[Signature]
 Date 4-3-19

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: <i>APPROVAL OF LOT TO BUILD PRIMARY HOME</i>			
Project Location (describe, and attach a location map): <i>TAX # 5-1-65.1 IN HAMLET OF BYRON, N.Y.</i>			
Brief Description of Proposed Action: <i>WORKING TO APPROVE LOT IN BYRON HAMLET TO BUILD SMALL RANCH STYLE HOME IN EXISTING NEIGHBORHOOD. PLAN IS TO BUILD HOME TO ALIGN WITH CHARACTER AND STYLE OF EXISTING HOMES IN NEIGHBORHOOD UTILIZING EXISTING MUNICIPAL WATER AND SEWER SYSTEM.</i>			
Name of Applicant or Sponsor: <i>JOEL BRANCIFORTE</i>		Telephone: <i>585-315-8271</i>	
		E-Mail: <i>joel.branciforte@nyandco.com</i>	
Address: <i>6841 PAULINE ST</i>			
City/PO: <i>BYRON</i>		State: <i>N.Y.</i>	Zip Code: <i>14422</i>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban (RESIDENTIAL)			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
BYRON HAS A STORM DRAIN SYSTEM ON BOTH PAULINE AND TERRY STREETS			

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: JOEL BRANCIFORTE Date: 4/4/19
 Signature: *Joel Branciforte*

Town of Byron

Application # ZBA-2019-15

Agricultural Data Statement

Date 4/4/19

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant

Owner if Different from Applicant

Name: <u>JOEL BRANCIFORTE</u> Address: <u>6841 PAULINE ST</u> <u>BYRON, N.Y. 14422</u>	Name: <u>- SAME -</u> Address: _____ _____
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1. Type of Application: Special Use Permit; Site Plan Approval; Use Variance; Subdivision Approval

2. Description of proposed project: APPROVE SITE TO ALLOW FOR BUILDING
PRIMARY RESIDENT TO ENHANCE NEIGHBORHOOD AND PROVIDE
OUR NEXT HOME

3. Location of project: Address: ADJACENT TO 6841 PAULINE ST, BYRON, N.Y. 14422
Tax Map Number (TMP) 5-1-65.1

4. Is this parcel within an Agricultural District? NO YES (Check with your local assessor if

5. If YES, Agricultural District Number _____ you do not know)

6. Is this parcel actively farmed? NO YES

7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: <u>- NONE -</u> Address: _____ Is this parcel actively farmed? NO YES	Name: _____ Address: _____ Is this parcel actively farmed? NO YES
Name: _____ Address: _____ Is this parcel actively farmed? NO YES	Name: _____ Address: _____ Is this parcel actively farmed? NO YES

Joel Branciforte
Signature of Applicant

JOEL BRANCIFORTE
Signature of Owner (if other than applicant)

Reviewed by: _____
Signature of Municipal Official

Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

TERRY Jr

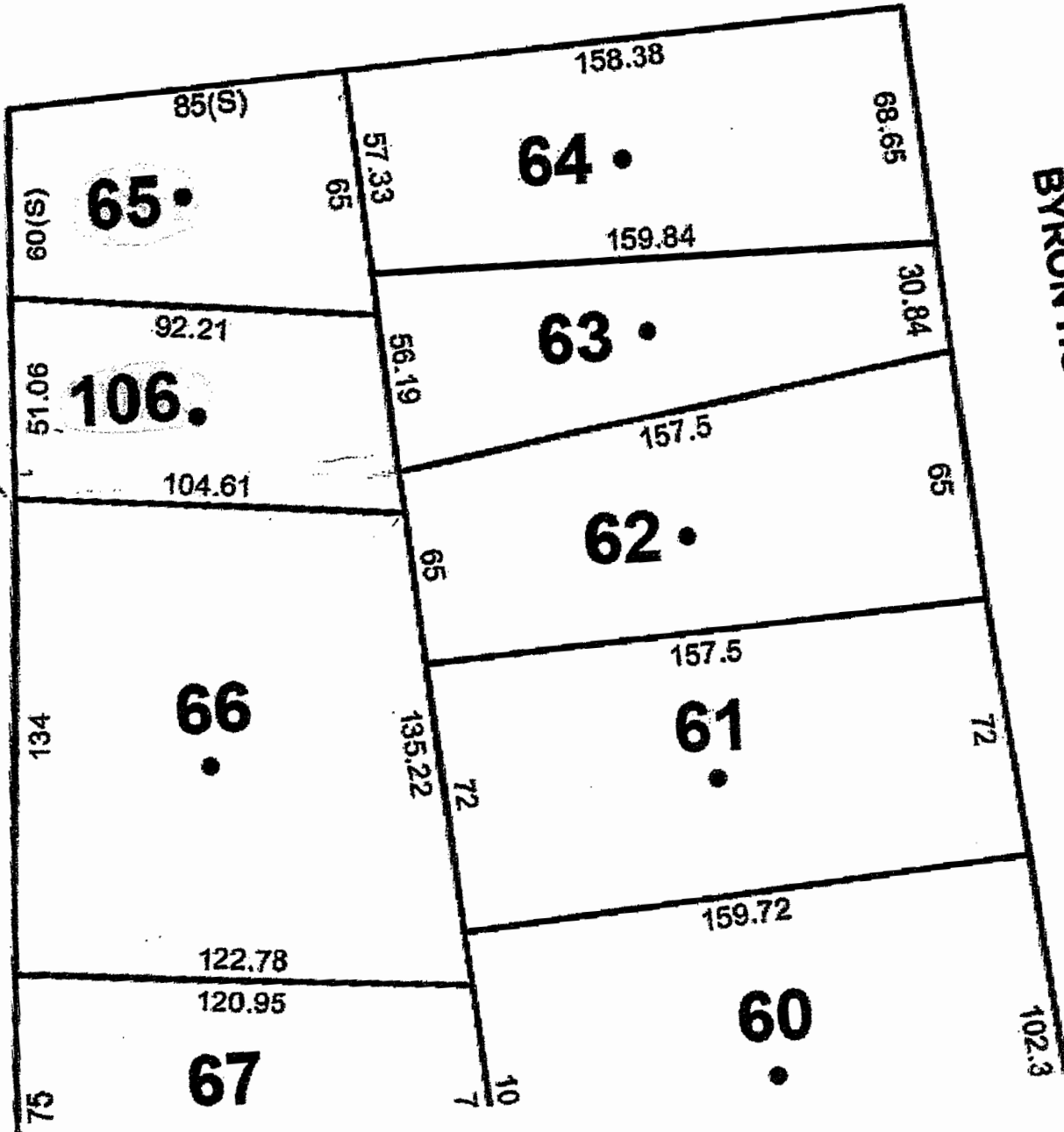
(2) 1/2

2/15/19
COMBINED

110' WIDE
X
85' DEEP

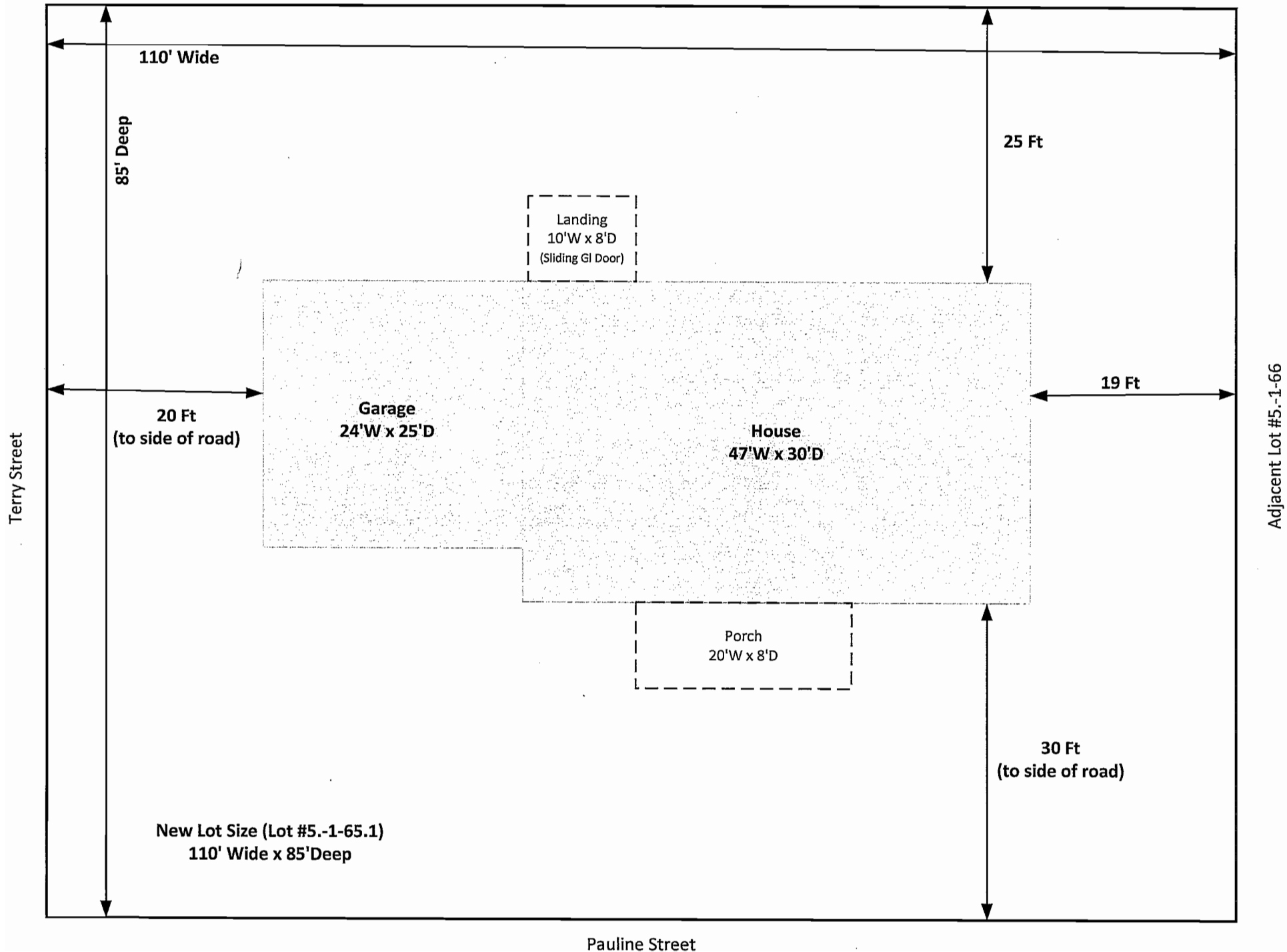
[Handwritten signature]

PAULINE ST



BYRON HOLLEY ROAD

BRUCE FORTÉ



GENESEE COUNTY PARCEL MERGE REQUEST



REQUIREMENTS TO COMPLETE MERGE REQUEST:

- All real property taxes assessed to each parcel must be paid in full
- The owner(s) and type of ownership interest of each parcel must be the same
- All parcels must be located in the same school district, agricultural district, and / or special district(s)
- All parcels must be contiguous to one another
- All parcels must be located in the same tax map section
- The owner(s) must complete and return an Affidavit of Ownership (see reverse)

Property Owner(s)

JOEL C. BRANCIFORTE

Municipality BYRON

Mailing Address of Applicant(s)

6841 PAULINE ST (POB 162)
BYRON, N.Y. 14422

Tax Map Numbers to be Merged

183000 5.-1-65

183000 5.-1-106

Deed References

Liber 873 Page 671

Liber 582 Page 117

Liber _____ Page _____

Liber _____ Page _____

Important: A filing fee of \$55.00 plus \$.50 for each deed listed above is required in order for this form to be accepted. This fee **must** be paid in the form of a **check** made payable to the **Genesee County Clerk**.

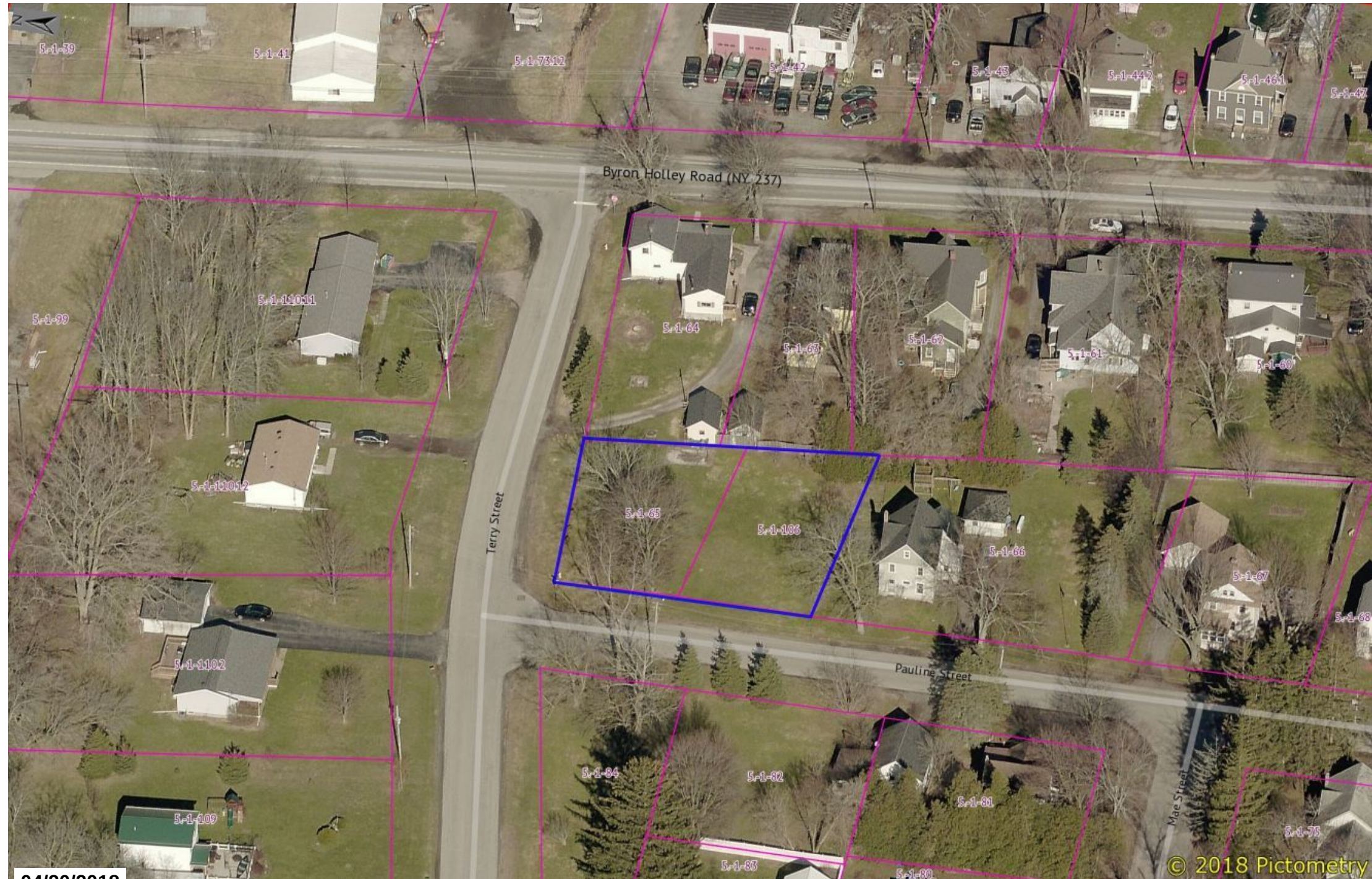
Please make sure to sign the affidavit on the back of this form. Please mail or deliver original, completed forms to:

Genesee County Real Property
County Building #1
Batavia, NY 14020
(585) 344-2550 ext. 2225

Please note that future separation of parcels combined by this request may be subject to Town / City / Village Planning Board Approval

FOR USE BY GENESEE COUNTY REAL PROPERTY TAX SERVICES ONLY	
<p>REQUEST APPROVED <input checked="" type="checkbox"/></p> <p>By <u>JRG</u></p> <p>Date <u>2/5/2019</u></p> <p>New Tax Map # <u>5.-1-65.1</u></p>	<p>REQUEST DENIED <input type="checkbox"/> DUE TO:</p> <p><input type="checkbox"/> Unpaid property taxes</p> <p><input type="checkbox"/> Different ownership</p> <p><input type="checkbox"/> Different school / ag / special district</p> <p><input type="checkbox"/> Parcels not contiguous</p> <p><input type="checkbox"/> Parcels not on the same map section</p> <p><input type="checkbox"/> Incorrect fee amount / incorrect form of payment</p> <p><input type="checkbox"/> Incorrect signatures / form otherwise incomplete</p>

T-03-BYRON-5-19



04/20/2018

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