

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-DAR-3-19

RECEIVED
Genesee County
Dept. of Planning
3/4/2019



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

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
Address 10569 Allegheny Rd.
City, State, Zip Darien, NY 14040
Phone (585) 547-2274 Ext. 1026

2. APPLICANT INFORMATION

Name Clayton Hoskyns
Address 303 Broadway
City, State, Zip Darien, NY 14040
Phone (585) 944-5615 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 303 Broadway, Darien, NY 14040
B. Nearest intersecting road Countyline Road
C. Tax Map Parcel Number 9-1-12
D. Total area of the property 161 acres Area of property to be disturbed 0
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
Schedule A

C. Please describe the nature of this request It's a proposed land separation requiring an area variance for an existing garage.

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 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 Gwen Yoder Title PB ZBA Clerk Phone (585) 547-2274 Ext. 1026
Address, City, State, Zip 10569 Allegheny Rd, Darien Ctr, NY 14040 Email pbzba@townofdarien.com

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT (revised 2/20/2019)

Today's Date: 2-20-19 Application Number: ZBA-00-19

Applicant's Name: Clayton Hoskyns

Address: 303 Broadway

Phone Number: 585-944-5615 Tax Map #: 9-1-12

Address of Project: 303 Broadway

INSTRUCTIONS:

Please read the instructions carefully before completing the application form. Fill out the application form completely, using ball point pen or a typewriter. Submit your application form & required attachments (list of such on this form) to the Zoning Enforcement Officer (ZEO) prior to commencing this project or use.

***THIS APPLICATION IS NONTRANSFERABLE AND IS VALID FOR ONE YEAR PERIOD ONLY**

1. Zoning District property located in: RESIDENTIAL Low or Medium Density)
 Industrial Commercial Recreational
2. Permit Application for: New Construction Demolition Addition Alteration Relocation
 Roof Solar Panels Generator Swimming Pool Signs Fence Kennel
 SPECIAL USE VARIANCE SITE PLAN HOME OCCUPATION
3. Is this parcel: Corner Lot Water District Sewer District
4. Dimensions of this lot: 3900 length X 1710 width and/or area 16 ACRES *See attached*
5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW);
 ft and what is the set back (in feet) from project property line Side A Side B
 Back (Also depict on plot diagram).
6. Total percentage (%) of coverage of all buildings on lot (including proposed): %
7. Total Dwelling Units:
8. Project Cost: N/A Actual Estimated

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET	# Bathrooms: <input type="checkbox"/>
House					# Bedrooms: <input type="checkbox"/>
Garage/Pole Barn					Rec Room: <input type="checkbox"/>
Accessory Structure					Family Room: <input type="checkbox"/>
Commercial					Fireplace: <input type="checkbox"/>
Industrial					
Signs					

Describe proposed project and/or use: Proposed land separation requires an area variances for existing garage.

CERTIFICATION: I hereby certify that I have read the instructions, examined this application and supporting attachments and know them to be true & 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 give authority to violate or cancel the provisions of any other State or Local Law/Ordinance regulating construction, performance or use.

Clayton P. Hoskyns
 APPLICANT SIGNATURE (must sign in presence of ZEO)

PROPERTY OWNER SIGNATURE (if other than applicant)

Attachments required & verified by ZEO: _____

Action taken by ZEO: APPROVED: DENIED: Reason: Requires area variance
prior to land separation

Referral To: Town Planning Town Appeals County Planning Building Inspector

Requires: Zoning Permit Zoning/Building Permit Operating Permit Temporary Use Permit
 Emergency Housing Permit Certificate of Compliance

2/20/19
Date of Signature


Signature of ZEO

Date of Signature

of Inspects

Signature of Building Inspector

Date Fee Received

Fee

Indicate Fees Paid/Town Clerk Use Only

Date of Signature

Renewal Approval / ZEO Signature

This application will not be considered complete until all appropriate attachments have been supplied and accepted; photo-copies are acceptable. The applicant is responsible to present all applicable attachments to the ZEO. The project in question can not be started until an approved Zoning Permit has been issued, the Building Inspector contacted and if required, the Town Clerk has issued the Building Permit. The applicant is responsible to make all calls to the Building Inspector for review of plans and inspection assignments and to pay any necessary fees as set forth in the appropriate schedule of fees to the Town Clerk.

If a Site Plan is necessary, a total of nine (9) copies are needed.

Please be advised that you may contact the following if you have any questions or concerns with regard to procedures:

*ZEO - Filling out or filing Zoning Permits, Zoning Regulations, appointments for Zoning Permit approval, Variance & Special Use Procedures.

*Building Inspector - Construction, Plan review, Code requirements and inspections

*Town Clerk - Forms, Fees (payable to Town Clerk), Building Permit, General Information & who to contact.

ATTACHMENTS:

The following attachments are mandated for all projects or uses in question.

*Layout sketch (Plot Diagram) shall consist of an accurate map (survey or plot diagram on graph paper) showing all structures and/or buildings on the parcel. All dimensions of project, property lines and right-of-ways shall also be indicated. Identify adjoining parcels and indicate the owners of such.

Please contact the ZEO regarding which of the following attachments will be required for the project or use in question:

1. Graphic material showing traffic circulation, parking spaces, pedestrian walks, topography and landscape plans, open space & buffer zone.
2. Preliminary engineering plans showing street improvements, storm drainage, water supply and sanitary sewer facilities.
3. Copy of current Genesee County Health Department approval for an individual sewer disposal system and plans for such.
4. A drawing of any signs which the applicant wishes to post. This drawing shall include dimensions, characters, shape, and illumination (if any, show source of power & location of illumination).
5. Elevation drawings with applicable height dimensions.
6. Description of the nature of existing use.
7. Freshwater wetland determination and/or permit, from NYS Dept of Environmental Conservation.
8. Certification indicating specific elevations in relation to the Federal Flood Hazard Area.
9. Letter of review from the Department of Soil and Water Conservation when applying for a pond.

Other: _____

TOWN OF DARIEN

APPLICATION TO THE ZONING BOARD OF APPEALS

APPEAL NUMBER: _____

DATE: 2/29/19

APPLICANT:

NAME: Clayton Hoskins
 ADDRESS: 303 Broadway Rd
Darien, N.Y. 11406
 TELEPHONE #: (516) 944-5615

1. Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to **DENY** **GRANT** an application for a Zoning Permit number ZBA-00-19 Dated 2/29/19

2. **APPLICATION FOR:** Use Variance Interpretation
 Area Variance Other
 Notice of Appeal _____
 Please Specify

3. Address of Project Site: 303 Broadway Rd Darien, NY 11406

4. Provisions of Zoning Law being Appealed:
 Article Schedule A Section _____ Subsection _____ Paragraph _____

5. Has a previous Appeal been filed pertaining to this parcel? **NO** **YES**
 If Yes, list Appeal No. _____ Date _____ Purpose of Request: _____

6. Justification for request (General Explanation): Proposed compliant building lot requires setback variance for existing garage

***A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper.**

The applicant shall submit with this Appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams and any other material that will assist the Zoning 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.

Clayton P. Hoskins
 Applicants Signature

[Signature]
 Reviewed by Zoning Enforcement Officer

OFFICIAL USE ONLY	FEE COLLECTED Public Hearing Fee \$ _____ PAID: Cash \$ _____ Check # _____ <div style="text-align: right;">Town Clerk Signature/Date _____</div>
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TOWN OF DARIEN

Agricultural Data Statement

Application # _____

Date 2/20/19

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

Name Clay Hoskyns

Address 303 Broadway RE
DARIEN, NY 14040

Owner if different than Applicant

Name _____

Address _____

- Type of application: Special use permit ; Site plan approval ; ~~use~~ ^{Area} variance ; Subdivision approval
- Description of proposed project: Land separation requires an area variance for existing garages.
- Location of project: Address Same
Tax Map Number (TMP) 9-1-12
- Is this property within an Agricultural District? NO YES } Check with your local Assessor if you do not know
- If yes, Agricultural District Number 1
- Is this property actively farmed? NO YES
- List all farm operations within 500 feet of your property, (Attach additional sheets if necessary).

1.

Name DAVID LABEN

Address 460 Broadway RE
DARIEN, NY 14036

Is this property actively farmed? NO YES

2.

Name _____

Address _____

Is this property actively farmed? NO YES

3.

Name _____

Address _____

Is this property actively farmed? NO YES

4.

Name _____

Address _____

Is this property actively farmed? NO YES

Clayton P. Hoskyns
Signature of Applicant

Signature of Owner (if other than Applicant)

REVIEWED BY

[Signature]
Signature of Municipal Official

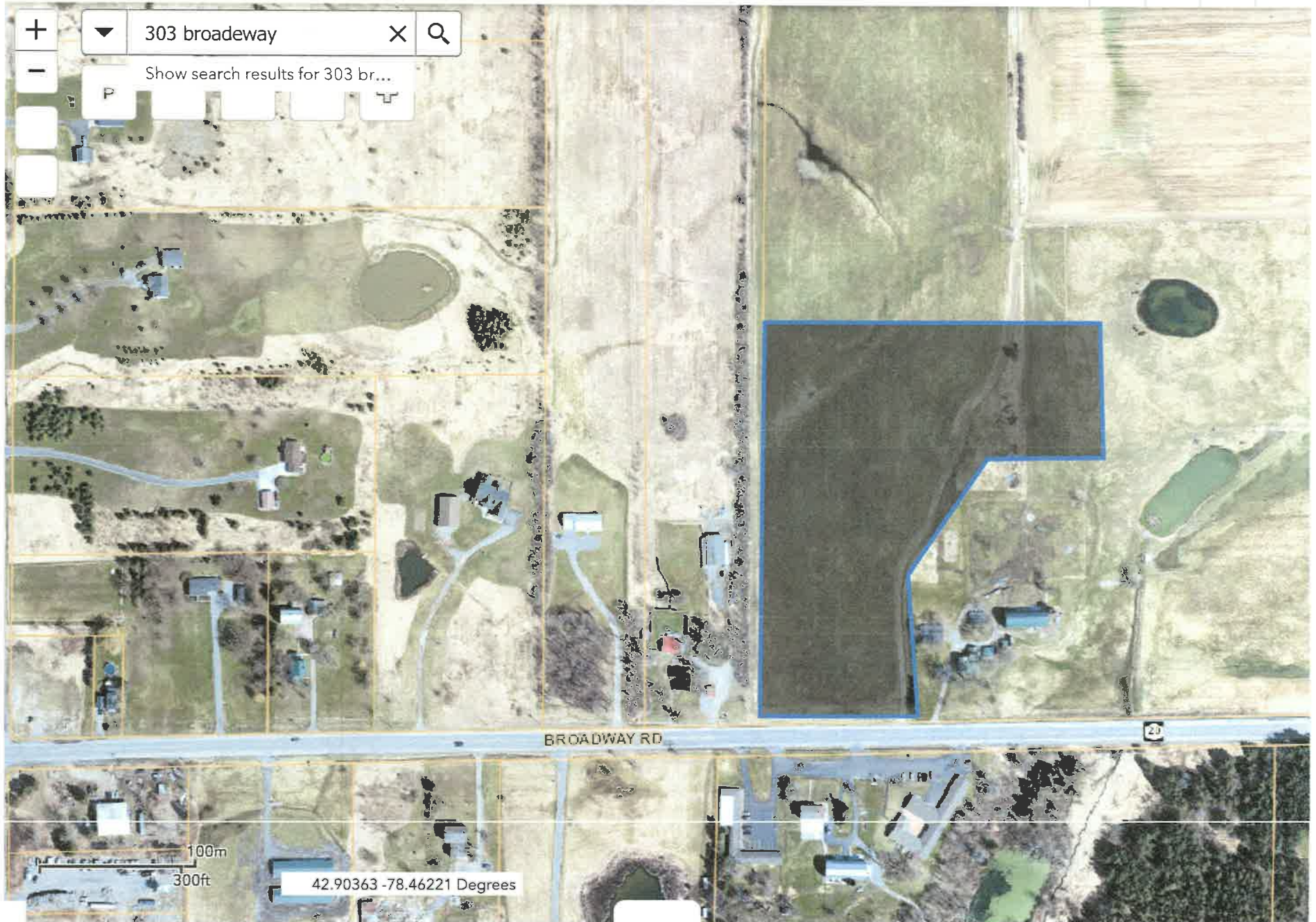
2/20/19
Date

NOTE TO REFERRAL AGENCY

County review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

Genesee County Web Mapping

[PHD]



Application #: _____
(For office use only)

Town of Darien Criteria to Support Area Variance

In making its determination, the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety, moral, aesthetics and welfare of the neighborhood or community. The Zoning Board of Appeals shall consider the following test, as per §267-b of the NYS Town Law when making its determination:

Explain **how** the proposal conforms to EACH of the following requirements:

1. **Undesirable Change in neighborhood Character.** The granting of the variance will not produce an undesirable change in the neighborhood or a detriment to nearby properties.

No, consistent with surrounding land uses

2. **Alternative Cure Sought.** There are no other means feasible for the applicant to pursue that would result in the difficulty being avoided or remedied, other than the granting of the area variance.

True. The proposed new building lot conforms to the requirements of zoning law. The area variance allows the garage to exist on the original parcel.

3. **Substantiality.** The requested area variance is not substantial.

The requested variance is 30% of the total setback requirements.

4. **Adverse Effect or Impact.** The requested variance will not have an adverse effect or impact on the physical or environmental condition in the neighborhood or community.

No. There are many properties with similar building setbacks.

5. **Not Self-Created.** The alleged difficulty existed at the time of the enactment of the provision or was created by natural force or governmental action, and was not the result of any action by the owner or the predecessors in title.

Clayton C. Hopkins
Applicant's Signature

2/20/19
Date

APPROVED BY RESOLUTION OF THE PLANNING BOARD

OF THE TOWN OF DARIEN, N.Y. ON THE _____ DAY

OF _____ 2019. SUBJECT TO ALL REQUIREMENTS AND CONDITIONS OF SAID RESOLUTION. ANY CHANGE, ERASURE, MODIFICATION OR REVISION OF THIS PLAT AS APPROVED SHALL VOID THIS

APPROVAL SIGNED THIS _____ DAY OF _____ 2019, BY:

FILED IN THE GENESEE COUNTY CLERK'S OFFICE AT:

MAP CABINET No. _____ SLIDE No. _____ MAP No. _____

DATE _____

COUNTY CLERK _____

GREGORY W. TOWNSEND

Licensed Land Surveyor

115 Washington Avenue

Batavia, New York 14020

Phone (585) 344-1331

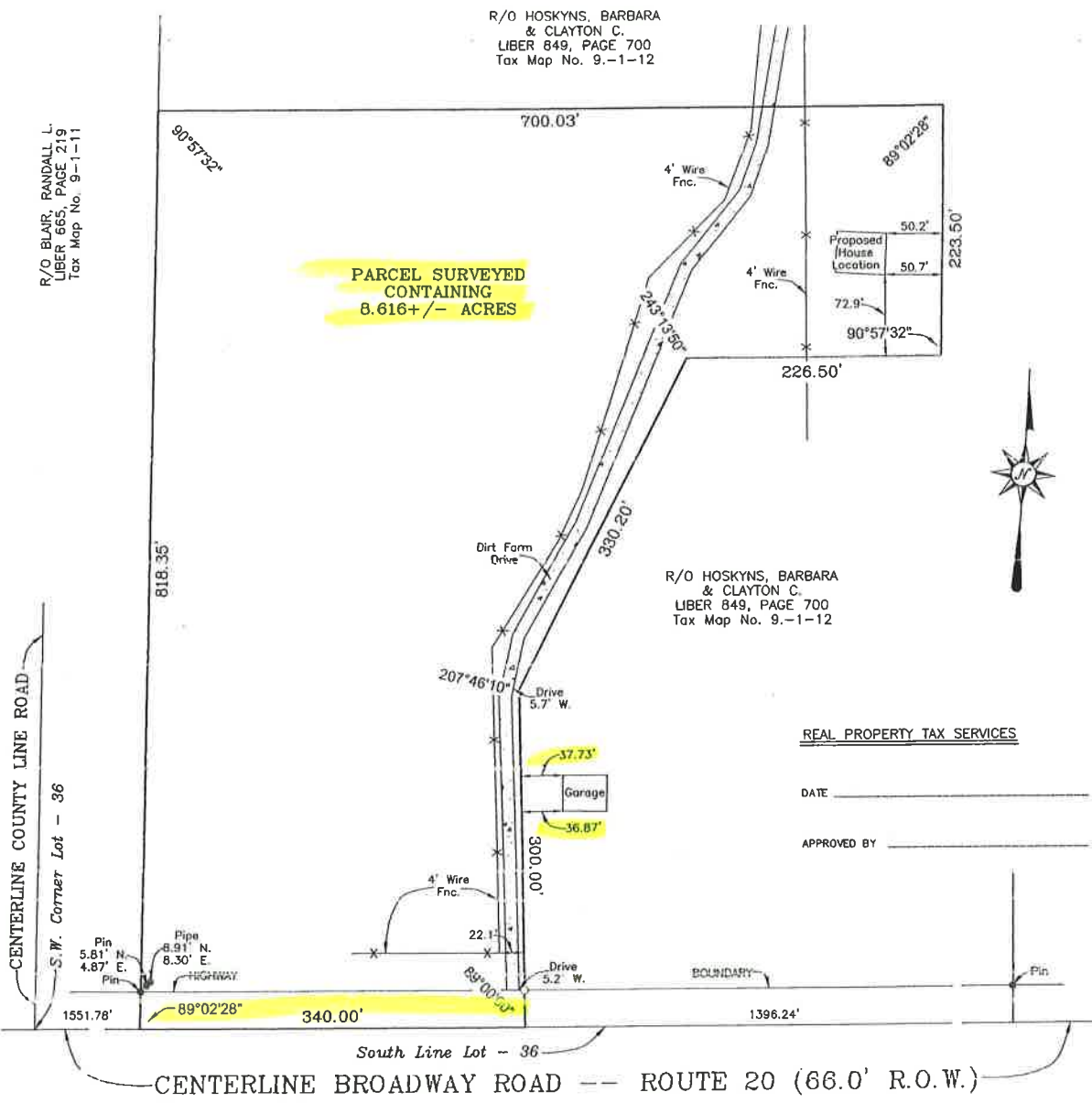
Fax (585) 219-4313

gwtownsendsurvey@gmail.com

This particular referenced action is not subject to Genesee County Health Department review under New York State Public Health Law Article 11 Title ff

Signature _____

Date _____



LEGEND

- EXISTING IRON STAKE
- SLT IRON PIN

REFERENCE

SURVEY MAP NO. 02-249 BY DAVID S. LAMENDOLA, L.S., DATED DECEMBER 2, 2002

NOTES:

- The parcel surveyed is part of tax map no. 9-1-12
- The parcel surveyed is part of land conveyed to Barbara and Clayton C. Hoskyns at Liber 849 of Deeds, page 700

I HEREBY CERTIFY THAT THIS LAND SEPARATION WAS SURVEYED BY ME AND WAS MADE FROM AN ACTUAL SURVEY OF THE LANDS AND WAS FILED ON JANUARY 8, 2019 AND REFERENCES LISTED HEREIN

BOUNDARY SURVEY SHOWING THE SEPARATION OF LANDS OF BARBARA AND CLAYTON C. HOSKYNS BEING PART OF LOT NO. 36, TOWNSHIP 11, RANGE 4 OF THE HOLLAND LAND COMPANY'S SURVEY. SITUATE IN THE TOWN OF DARIEN, COUNTY OF GENESEE AND STATE OF NEW YORK.

JANUARY 8, 2019 SCALE 1' = 100"

JOB NO. 19-06

DATE _____ N.Y.S.R.L.S. NO. 50249

Town of Darien
Building and Zoning
10569 Allegany Road
Darien Center, NY 14040
585-547-2274 TDD: 1-800-662-1220
Fax 585-547-3331

March 2, 2019

Town of Darien ZBA
Genesee County Planning Department

**RE: ZBA – 00-19; Area Variance application; Clayton Hoskyns 303 Broadway Rd.
Darien, NY 14040**

Dear Boards,

Clayton Hoskyns of 303 Broadway Rd. Darien Center, NY has applied for an area variance for a pending land separation. The proposed land separation creates the need for variance relief of an existing garage which would be 38' from the property line.

Mr. Hoskyns owns 161 acres. The existing home and garage are nearing the end of their useful lifespan having been built in 1890. Mr. Hoskyns intends to create a land separation to comply with town zoning law and build a new home for himself and his wife. Because of utilizing the driveway for the new home, the land separation creates the need for an area variance. Mr. Hoskyns intends to utilize the existing garage on the original parcel for a few more years until he demolishes it once established in the new home. He will maintain the existing old home for a period to shelter a family member. Once that use ceases, he intends to demolish the existing home. The area variance allows him the benefit of utilizing his existing land without placing an unreasonable and undue burden on the community.

Respectfully Submitted,

Jerry Yoder ZEO

This institution is an equal opportunity provider, and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA officer, or call (866)632-9992 (TDD (800)662-1220) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at: USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202)690-7442 or email at: program.intake@usda.gov

