



**GENESEE COUNTY PLANNING BOARD
ZONING REFERRALS NOTICE OF FINAL
ACTION**

GCDP Referral ID **T-06-BER-7-17**

Review Date **7/13/2017**

Municipality
Board Name
Applicant's Name

BERGEN, T.

ZONING BOARD OF APPEALS

Shari Loewke

Referral Type
Variance(s)
Description:

Area Variance(s)

Area Variance to construct a 1,080 sq. ft. (36 x 30 ft.) addition to an existing storage barn.

**Side Yard Setback
Minimum required: 25 ft.
Existing: 25 ft.
Proposed: 16 ft.**

Location
Zoning District

5860 West Sweden Rd., Bergen

Residential-Agricultural (RA-40) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

Given that on neighboring properties accessory buildings exhibit similar setbacks, the proposed variance should pose no significant county-wide or inter-community impact.

Director

July 13, 2017

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, N.Y. 14020-9404

DEPARTMENT USE ONLY:
G.C.D.P. Referral # T-06-BER-7-17
Date Received 7-5-17



**GENESEE COUNTY
PLANNING BOARD REFERRAL**

RECEIVED

JUL 05 2017

Genesee County
Department of Planning

Required According to:
GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N

~~(Please answer all questions unless otherwise specified)~~

1. REFERRING BOARD(S) INFORMATION ZBA

Board(s) Town of Bergen Planning Board
Address 10 Hunter St.
Bergen, NY 14414

2. APPLICANT INFORMATION

Name Shan Loewke
Address 5840 N. Sweden Rd
Phone (585) 813-7675 Email _____

MUNICIPALITY: City Town Village of Bergen

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. Address 5840 N. Sweden Rd.
- B. Nearest intersecting road N Main Bergen Road
- C. Tax Map Parcel Number 9.-1-20.1
- D. Total area of the property .86 acres Area of property to be disturbed 30' x 36'
- E. Present zoning district(s) RA-40

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
zoning schedule A

C. Please describe the nature of this request Area variance needed for side setback that does not meet the required 25ft. Construction of a pole barn extension - 30'x36' - to be built

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 type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | <input checked="" 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 in. Digital copies may be sent via email to planning@co.genesee.ny.us ***

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

Name Laura Smith Title Secretary Phone (585) 943-6742
Address 10 Hunter St. / Bergen Email secretary@bergenny.org

APPLICATION FOR ZONING and/or BUILDING PERMIT
TOWN OF BERGEN, N. Y. 14416

APPLICATION NUMBER: _____

APPLICATION DATE: _____

OWNER	Name: <u>SHARI LOEWOKE</u>	APPLICANT <small>(OTHER THAN OWNER)</small>	Name: _____
	Address: <u>5860 W. SWEDEN</u>		Address: _____
	<u>BERGEN 14416</u>		_____
	Phone #: <u>585-813-7675</u>		Phone #: _____

MUST BE FILLED IN PROJECT SITE LOCATION: 5860 W. SWEDEN Tax Map # (TMP) 9-1-20.1
Check w/ local Assessor or Tax Bill

INSTRUCTIONS: Using a ball point pen please fill out this application as completely as possible. Submit additional Attachment(s) [listed on the back of the Gold sheet] and the completed application to the Zoning Enforcement Officer (Z.E.O.). This application is **NON-TRANSFERRABLE** and is **NOT** a permit to commence work.

- Application for Use: RESIDENTIAL ; COMMERCIAL ; INDUSTRIAL ; RECREATIONAL ; SITE PLAN ; AG
- Permit for: NEW CONSTRUCTION ; ADDITION ; ALTERATION ; REPAIR ; CHANGE IN USE
- Is this parcel? A corner lot: YES NO ; In a Sewer District? YES NO ; In a Water District? YES NO
- List the DIMENSIONS of the parcel: _____ and/or TOTAL PARCEL AREA (Acres) 0.81
- What are the parcel setbacks [Ft.] from the project. FRONT 160'; REAR 85' & SIDE yards (a) 18' (b) 94'.
- Total % of coverage of ALL buildings on the parcel (including the proposed project): _____ TOTAL %
- Does this project require County Health Department approval? NO YES . If yes, submit attachment F.
- Is this parcel properly subdivided? NO YES . If yes, provide approved survey map.
- Do you give the Town VALID CONSENT to do the required inspections? YES NO . If no, what procedures?
- Name of Architect/Engineer _____ Telephone # _____
Address _____

11 Name of Contractor(s) DATKA HABITAT & Design Telephone # (585) 752-5612
 Address 8066 Wilcox Rd LEROY N.Y.

12 Estimated cost of the project? \$20,000 [Substantiation may be required]

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQ. FT.
HOUSE (1st. floor)				
OTHER (or 2nd floor)				
GARAGE		<u>36</u>	<u>30</u>	
ACCESSORY BUILDING				
SWIMMING POOL				
DECK				
COMMERCIAL/INDUSTRIAL				
TOTAL SQ. FT.				

- Total Dwelling units: _____
- Will electric be installed? Yes No
- Describe the proposed project and use:
30x36 pole barn EXTENSION for Storage

[Use additional sheet(s) for more information]

***** I hereby certify that I have read the instructions 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 a permit does not presume to give authority to violate or cancel provisions of any other state or local law or ordinance regulating construction or performance of construction. *****

Signature - OWNER: Shari Loeuwe Date: 6/15/17
 Signature - APPLICANT (if different than owner): _____ Date: _____

***** Action taken by Zoning Enforcement Officer: APPROVED DENIED . Action necessary: SPECIAL USE SITE PLAN SCHEDULE A VARIANCE: Area Use

Article _____ Section _____ Subsection _____ Paragraph _____ Briefly Describe: Does not meet 25' side setback
 Zoning Schedule: A Zoning District: RA-40

Attachments Required: _____
 Z.E.O. David Maser Signature
 Date of Action: 6/19/17

Wetlands <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	F Zoning \$ _____	Cash: _____
Flood Plain <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	E Building \$ _____	Check #: _____
		E Electric \$ _____	Receipt #: _____
		S Late \$ _____	
		S TOTAL \$ _____	

T-06-BER-7-17



9-1-24

9-1-84.11

9-1-25

9-1-20.1

West Sweden Road

9-1-29.1

9-1-84.2

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04/20/2016

T-06-BER-7-17

