

SEND OR DELIVER TO:

GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, NY 14020-9404
Phone: (585) 547-2274

Clear Form

DEPARTMENT USE ONLY:

GCDP Referral # T-13-DAR-10-17



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
10/4/2017

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

2. APPLICANT INFORMATION

Name Elizabeth Mecca
Address 557 Genesee Street
City, State, Zip Corfu, NY 14036
Phone (716) 866-6899 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 557 Genesee Street, Corfu, NY
B. Nearest intersecting road Lake Road
C. Tax Map Parcel Number 1.-1-19.1
D. Total area of the property 11.9 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 VIII, Sec 804, Seb c, Para 1, Sched A
C. Please describe the nature of this request Area variance to create a new building lot.

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 Jerry Yoder Title ZEO Phone (585) 547-2274 Ext. 1027
Address, City, State, Zip 10569 Alleghany Rd., Darien, NY 14040 Email zeo@townofdarienny.com

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT

Today's Date: 9/11/2017 Application Number: ZRA-5-17
 Applicant's Name: Elizabeth Mecca
 Address: 557 Genesee St. Corfu, NY 14036
 Phone Number: 716-866-6899 Tax Map #: 1.-1-19.1
 Address of Project: Same

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 Addition Alteration Relocation
 Accessory Structure Home Occupation SPECIAL USE PERMIT
 VARIANCE SITE PLAN REVIEW TEMPORARY USE
3. Is this parcel: Corner Lot Water District Sewer District
4. Dimensions of this lot: _____ length X _____ width and/or area 11.90 acres
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: _____ Actual _____ Estimated _____


PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET
House				
Garage/Pole Barn				
Accessory Structure				
Commercial				
Industrial				
Signs				

Bathrooms: 1
 # Bedrooms: 1
 Rec Room: 1
 Family Room: 1
 Fireplace: 1

Describe proposed project and/or use: Application for area variance to create a new building lot.

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.

Elizabeth Mecca
 APPLICANT SIGNATURE (must sign in presence of ZEO)


 PROPERTY OWNER SIGNATURE (If other than applicant)

Attachments required & verified by ZEO: Sketch Plan

Action taken by ZEO: APPROVED: DENIED: Reason: Land Separation
would create a non-conforming flag lot with undersize frontage

Referral To: Town Planning Town Appeals County Planning Building Inspector

9/11/17
Date of Signature
[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: ZBA-5-17
 DATE: 9/11/2017

APPLICANT: NAME: Elizabeth Mecca
 ADDRESS: 557 Genesee St
Cortland, NY 14036
 TELEPHONE #: (716) 866-6899

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 _____ Dated 9/11/2017

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

3. Address of Project Site: 557 Genesee St Cortland, NY 14036
 4. Provisions of Zoning Law being Appealed: Zoning Schedule A
 Article VII Section 804 Subsection C Paragraph 7

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): MAIN house and property to much to maintain. Request land separation to build duplex on Lake Rd.

**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.

Elizabeth Mecca
 Applicants Signature

[Signature]
 Reviewed by Zoning Enforcement Officer

OFFICIAL USE ONLY	FEE COLLECTED Public Hearing Fee \$ <u>30.00</u> + <u>30.00</u> Variance = \$ <u>60.00</u> PAID: Cash \$ <u>60.00</u> Check # _____ <div style="text-align: right;"><u>Debbie E. Calmes</u> Town Clerk Signature/Date</div>
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Application #: ZBA-5-17
(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.

Granting of the variance in no manner changes the use or aesthetics of the current residential structure. The created compliant building lot on Lake Rd complies with zoning law.

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. There is no other alternative cure that allows the owner to build a smaller home on currently owned lot.


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

The created land separation creates frontage of 206' for the existing residence which is a 30% requested variance.

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. The created lot is consistent with adjoining parcels as the entire neighborhood is currently non-conforming in frontage.

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.


Applicant's Signature

9-11-17
Date

TOWN OF DARIEN

Agricultural Data Statement

Application # ZBA-5-17
Date 9/11/17

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 Augustine Mecca
Address 557 Genesee St.
Cortu, NY 14036

Owner if different than Applicant

Name Elizabeth Mecca
Address 557 Genesee St.
Cortu, NY 14036

1. Type of application: Special use permit ; Site plan approval ; ~~Use~~ variance ; Subdivision approval
2. Description of proposed project: Land separation - Divide one parcel into two to create a building lot
3. Location of project: Address 557 Genesee St.
Tax Map Number (TMP) 1-1-19.1
4. Is this property within an Agricultural District? NO YES } Check with your local Assessor if you do not know
5. If yes, Agricultural District Number _____
5. Is this property actively farmed? NO YES
7. List all farm operations within 500 feet of your property, (Attach additional sheets if necessary).

1. Name G+D Apartments LLC
Address 770 Gabby Rd
Cortu, NY. 14036
Is this property actively farmed? NO YES

2. Name Robert Miles
Address 9564 Fango Rd
Cortu, NY. 14036
Is this property actively farmed? NO YES

3. Name Cortu Darien Properties
Address v/1 Genesee
Is this property actively farmed? NO YES

4. Name _____
Address _____
Is this property actively farmed? NO YES

Augustine Mecca
Signature of Applicant


Signature of Owner (if other than Applicant)

REVIEWED BY [Signature]
Signature of Municipal Official

9/11/17
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.



S LAKE RD

S LAKE RD

GENESEE ST

