



# GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **V-02-OAK-10-19**  
Review Date **10/10/2019**

Municipality  
Board Name  
Applicant's Name  
Referral Type  
Variance(s)  
Description:

**OAKFIELD, V.**  
**ZONING BOARD OF APPEALS**  
**Chris and Mike Shultz**  
**Area Variance(s)**  
**Area Variance for a 720 sq. ft. (24 x 30 ft.) addition to a single family home.**  
**Rear Yard Setback**  
**Minimum required: 35 ft.**  
**Existing home: 1.69 ft.**  
**Proposed addition: 1.17 ft.**

Location  
Zoning District

**13 Webber Ave., Oakfield**  
**Residential (R-1) District**

## PLANNING BOARD DECISION

**APPROVAL**

## EXPLANATION:

The proposed variance should pose no significant county-wide or inter-community impact. Neighboring properties exhibit similar such setbacks.

Director

October 10, 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) , 981+ 586



**DEPARTMENT USE ONLY:**  
GCDP Referral # \_\_\_\_\_

**\* GENESEE COUNTY \*  
PLANNING BOARD REFERRAL**

RECEIVED  
Genesee County  
Dept. of Planning  
10/2/2019

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) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone ( ) - Ext. \_\_\_\_\_

**2. APPLICANT INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone ( ) - Ext. \_\_\_\_\_ Email \_\_\_\_\_

**MUNICIPALITY:**  City  Town  Village of \_\_\_\_\_

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

- |   |  |                                      |
|---|--|--------------------------------------|
| <input 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 \_\_\_\_\_
- C. Tax Map Parcel Number \_\_\_\_\_
- D. Total area of the property \_\_\_\_\_ Area of property to be disturbed \_\_\_\_\_
- E. Present zoning district(s) \_\_\_\_\_

**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  
\_\_\_\_\_
- C. Please describe the nature of this request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 |  |

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

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) - Ext. \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

APPLICATION FOR ZONING  AND/OR BUILDING  PERMIT

APPLICATION NUMBER: 15-19

VILLAGE OF OAKFIELD, New York 14125

APPLICATION DATE: 8/22/19

<b>OWNER</b>	Name: <u>CHRIS &amp; MIKE SCHULTZ</u>	Name: _____
	Address: <u>13 WEBER AVE.</u>	Address: _____
	<u>OAKFIELD N.Y. 14125</u>	_____
	Phone #: <u>(585) 297-5028</u>	Phone #: _____
<b>APPLICANT</b> (IF OTHER THAN OWNER)	_____	_____
	_____	_____
	_____	_____
	_____	_____

PROJECT SITE LOCATION: 13 WEBER AVE. TAX MAP # (TMP) Q-1-74  
 Check with the local Assessor

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

- Application for Use: RESIDENTIAL  ; COMMERCIAL  ; INDUSTRIAL  ; RECREATIONAL  ; SITE PLAN
- 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: \_\_\_\_\_ x \_\_\_\_\_ and/or TOTAL PARCEL AREA (Acres) 0.252
- What are the parcel setbacks [Ft.] from the project. FRONT 51.9; REAR \_\_\_\_\_ & SIDE yards (a) 20 (b) 40
- Total % of coverage of ALL buildings on the parcel (including the proposed project): 32.6 TOTAL %
- Does this project require County Health Department approval? NO  ; YES  , If yes, submit attachment F.
- Is this parcel property subdivided? NO  ; YES  , If yes, provide documentation.
- Do you give the Village VALID CONSENT to do the required inspections? YES  NO  , If no, what procedures?

10 Name of Architect/Engineer GINA PESTICELLO Telephone # 585-469-1113  
 Address SEVEN SPRINGS RD. BATAVIA N.Y. 14020

11 Name of Contractor(s) ATOZ Telephone # 585-716-474-3773  
 Address 3373 PRAT RD. BATAVIA N.Y. 14020

12 Estimates cost of the project? 90,000.00 [Substantiation may be required]

13 Total Dwelling units: 2

15 Describe the proposed project and use:  
APPROX 20 X 30 ADDITION  
TO EXISTING HOUSE  
FOR AN IN-LAW  
APT.

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQ. FT.
HOUSE				
GARAGE				
ACCESSORY BUILDING				
SWIMMING POOL				
DECK				
COMMERCIAL/INDUSTRIAL				
OTHER	<u>8'</u>	<u>24</u>	<u>30</u>	<u>720</u>
<b>TOTAL SQ. FT.</b>				<b>720</b>

[Use additional sheet(s) for more information]

**\*\*SIGNATURE BLOCK\*\***

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.

Christina Schultzy  
 Signature - OWNER

\_\_\_\_\_  
 Signature - APPLICANT (If different than owner)

8-22-19  
 Date

\_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Action taken by Z.E.O./C.E.O.: Approved  ; Denied  ; Reason for denial; Schedule A

Article \_\_\_\_\_ Section \_\_\_\_\_ Subsection \_\_\_\_\_ Paragraph \_\_\_\_\_ Briefly Describe: \_\_\_\_\_ Zoning \_\_\_\_\_ District \_\_\_\_\_

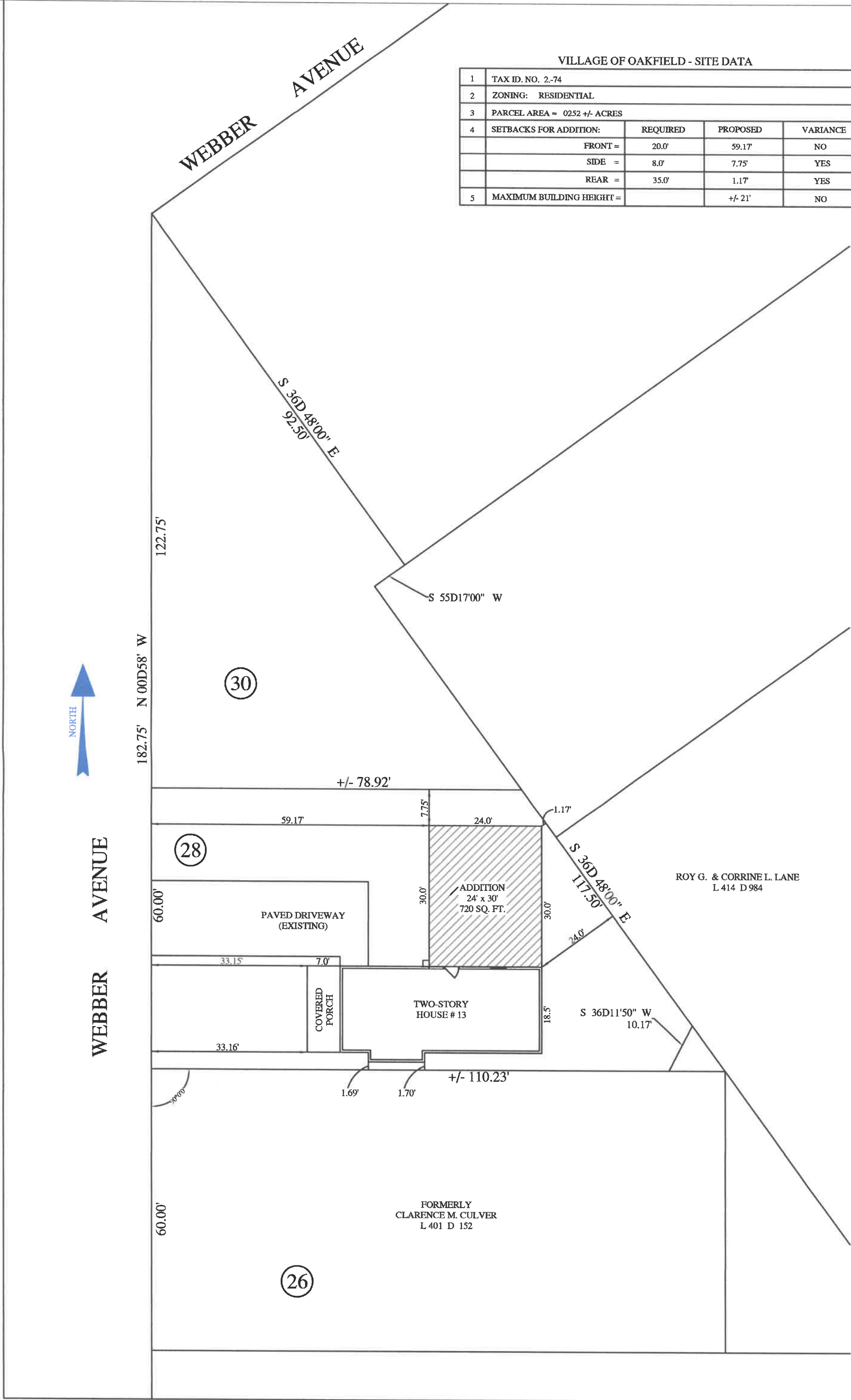
Z.E.O. Signature: \_\_\_\_\_  
 C.E.O. Signature: \_\_\_\_\_  
 Date of Action: \_\_\_\_\_

	YES	NO		
Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	FEE:	
Flood Plain	<input type="checkbox"/>	<input type="checkbox"/>	Cash	
			Check #	
			Receipt #	

Special Use	_____	Zoning	<u>150.00</u>
Variance	_____	Building	_____
Public Hearing	_____	TOTAL	<u>150.00</u>
TOTAL	_____		

VILLAGE OF OAKFIELD - SITE DATA

1	TAX ID. NO. 2-74			
2	ZONING: RESIDENTIAL			
3	PARCEL AREA = 0252 +/- ACRES			
4	SETBACKS FOR ADDITION:	REQUIRED	PROPOSED	VARIANCE
	FRONT =	20.0'	59.17'	NO
	SIDE =	8.0'	7.75'	YES
	REAR =	35.0'	1.17'	YES
5	MAXIMUM BUILDING HEIGHT =		+/- 21'	NO



ROY G. & CORRINE L. LANE  
L 414 D 984

Location of Project:

Mike & Chris Schultz  
13 Webber Ave.  
Oakfield, NY 14125

Title of Project:

Single Story Addition  
30' X 24' = 720 sq. ft.

Consultant/Designer:

Design & Drafting by Gina, LLC  
Gina Pestillo  
Architectural Designer

gpestillo@gmail.com (585) 469-1113

SITE PLAN

DATE: SEPT 29, 2019  
PROJECT #: 2019.86

DRAWN BY: GMP  
SCALE: 1:20



V-02-OAK-10-19



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04/23/2018