

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-02-DAR-3-16

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept of Planning
2/24/2016

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 Planning Board
Address 10569 Alleghany Road
City, State, Zip Darien Center, NY 14040
Phone (585) 547-2274 Ext. 26

2. APPLICANT INFORMATION

Name Mary Ann Cornelius
Address 652 Genesee Street
City, State, Zip Corfu, NY 14036
Phone (716) 525-5582 Ext. _____ Email _____

MUNICIPALITY: City Town Village of Darien

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 checked="" type="checkbox"/> Special Use Permit | <input type="checkbox"/> Comprehensive Plan/Update | <input type="checkbox"/> Final |
| <input type="checkbox"/> Site Plan Review | <input checked="" type="checkbox"/> Other: <u>Home Occupation</u> | |

4. LOCATION OF THE REAL PROPERTY PERTAINING TO THIS REFERRAL:

A. Full Address 652 Genesee Street, Corfu, NY 14036
B. Nearest intersecting road Fargo Road
C. Tax Map Parcel Number 1.-1-33
D. Total area of the property 1.75 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 VII Section 701, Subsection c, Paragraph 27
C. Please describe the nature of this request Home based salon and sign for salon

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 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. 27
Address, City, State, Zip 10569 Alleghany Road, Darien Center, NY 14040 Email zeo@townofdarienny.com

TOWN OF DARIEN
GENESEE COUNTY, NEW YORK 14040

PLANNING BOARD
SITE PLAN REVIEW
SPECIAL USE PERMIT APPLICATION

Application #: _____
(For office use only)

Today's Date: Jan 15-16

Provision of Zoning Law Involved:

Article: VII, Section: 701, Subsection: C, Paragraph: 27

Purpose of Request:

*This request would be in harmony with the orderly development of the district in which it is located because: limited availability for Cosmetology in the Area.

*This request would not be detrimental to the property or persons in the neighborhood because:

quiet one on one encounter between owner and client.

*This request would not increase the traffic flow in the area to the extent that traffic safety would be endangered because: ample parking for reason stated above.

The applicant should submit one (1) copy of the application, nine (9) copies of the site plan and one (1) copy of the zoning application

CERTIFICATION:

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 the provisions of any other state or local ordinance regulating construction or performance of construction.

1-19-16
Date of Signature

Mary Ann Coenels
Signature of Applicant

Date of Signature

Signature of Owner (If different from Applicant)

Office Use Only:

Zoning Permit Application #: PB-1-16 Date Received: 1/22/16 Fee Paid: \$60.00

Date of First Hearing: 2/15/16 Location: Darien Town Hall

Date of Second Hearing: 3/10/16 Location: Genesee Co. Planning Bd

Date of Subsequent Hearings: 3/21/16 Location: Darien Town Hall

Action: APPROVED REJECTED Date: _____

Planning Board Chairman Signature: _____

Zoning Officer Signature: _____ Date Permit Issued: _____

Additional Conditions Imposed: _____

TOWN OF DARIEN

Agricultural Data Statement

Application # _____

Date 1-19-16

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 MARY ANN CORNELIUS

Address 652 Genesee St
CORFU n.y. 14036

Owner if different than Applicant

Name _____

Address _____

Type of application: Special use permit ; Site plan approval ; Use variance ; Subdivision approval

Description of proposed project: Sign for home salon & home occupation

Location of project: Address 652 Genesee St Corfu ny 14036
Tax Map Number (TMP) 1.-1-33

Is this property within an Agricultural District? NO YES } Check with your local Assessor if you do not know

If yes, Agricultural District Number NO

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 Miles

Address 622 Genesee St
Corfu, NY 14036

Is this property actively farmed? NO YES

2.

Name Robert Miles

Address 9569 Fargo Rd
Corfu, NY 14036

Is this property actively farmed? NO YES

3.

Name Kenneth Feitshans

Address V/1 Fargo Rd
Corfu, NY 14036

Is this property actively farmed? NO YES

4.

Name _____

Address _____

Is this property actively farmed? NO YES

Mary Ann Cornelius
Signature of Applicant

Signature of Owner (if other than Applicant)

REVIEWED BY [Signature] Signature of Municipal Official Date 1/22/16

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.

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT

Today's Date: 1-19-16 Application Number: _____

Applicant's Name: Mary Ann Cornelius

Address: 652 Genesee St. Corfu, NY, 14036

Phone Number: (716) 525-5582 Tax Map #: 10-1-33

Address of Project: 652 Genesee St Corfu ny. 14036

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**

- Zoning District property located in: RESIDENTIAL Low or ___ Medium Density)
 ___ Industrial ___ Commercial ___ Recreational
- Permit Application for: ___ New Construction ___ Addition ___ Alteration ___ Relocation
 ___ Accessory Structure Home Occupation **SPECIAL USE PERMIT**
 ___ VARIANCE ___ SITE PLAN REVIEW ___ TEMPORARY USE
- Is this parcel: ___ Corner Lot ___ Water District ___ Sewer District
- Dimensions of this lot: 511 length X 150 width and/or area 1.75 acres
- 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).
- Total percentage (%) of coverage of all buildings on lot (including proposed): _____ %
- Total Dwelling Units: one
- Project Cost: _____ Actual _____ Estimated _____

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET
House				
Garage/Pole Barn				
Accessory Structure				
Commercial				
Industrial				
Signs	<u>2 FT</u>	<u>3 FT</u>		

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

Describe proposed project and/or use: Signs in front lawn for Salon and home occupation for salon

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.

Mary Ann Cornelius
 APPLICANT SIGNATURE (must sign in presence of ZEO)

Mary Ann Cornelius
 PROPERTY OWNER SIGNATURE (if other than applicant)

Attachments required & verified by ZEO: Approved SUP

Action taken by ZEO: **APPROVED:** **DENIED:** Reason: Provided
approval of the SUP.

Referral To: Town Planning Town Appeals County Planning Building Inspector

1/22/2016
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:

PAMPER YOURSELF

Hair & Nails

Salon

716 - 525 - 5582

2 Ft

3 Ft

Legend

- Roads (Large Scale)
- Active Railroads (Large Scale)
- Streams (Large Scale)
- 2015 Tax Parcels
- Water (Large Scale)
- Towns
- City & Villages (Large Scale)
- Counties (Large Scale)

Year 2013 Aerial Photos (Scale Dependent)4in

RGB

- Red: Band_1
- Green: Band_2
- Blue: Band_3

Year 2013 Aerial Photos (Scale Dependent)9in

RGB

- Red: Band_1
- Green: Band_2
- Blue: Band_3



T-02-DAR-3-16



04/14/2013

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