

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-4-16

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
3/30/2016

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 Zoning Board of Appeals
Address 10569 Alleghany Rd.
City, State, Zip Darien, NY 14040
Phone (585) 547-2274 Ext. 26

2. APPLICANT INFORMATION

Name Robert Smykowski
Address 10496 Alleghany Rd.
City, State, Zip Darien, NY 14040
Phone (716) 560-2770 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 1094 Sumner Road, Darien, NY 14040
B. Nearest intersecting road _____
C. Tax Map Parcel Number 6.-1-31.1
D. Total area of the property 396,000 ' 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, Schedule A
C. Please describe the nature of this request No additional land available to meet minimum lot frontage. Does meet area requirement for square footage.

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"/> 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 Rd., Darien, NY 14040 Email zeo@townofdarienny.com

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT

Today's Date: 2/29/16 Application Number: _____

Applicant's Name: Robert Smykowski

Address: 10496 Allegheny Rd Darien, NY 14090

Phone Number: (716) 560-2770 Tax Map #: 6-1-31.1

Address of Project: 1094 Sumner Rd Darien, NY 14090

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 AREA
3. Is this parcel: Corner Lot Water District Sewer District
4. Dimensions of this lot: 990 length X 400 width and/or area 396,000 sq. ft.
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					# Bathrooms: _____
Garage/Pole Barn					# Bedrooms: _____
Accessory Structure					Rec Room: _____
Commercial					Family Room: _____
Industrial					Fireplace: _____
Signs					

Describe proposed project and/or use: Request area variances for lot frontage for land separation into two building lots

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.

[Signature]
 APPLICANT SIGNATURE (must sign in presence of ZEO)

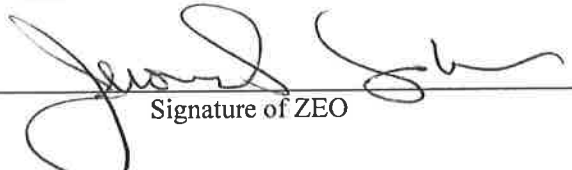
 PROPERTY OWNER SIGNATURE (If other than applicant)

Attachments required & verified by ZEO: _____

Action taken by ZEO: **APPROVED:** **DENIED:** Reason: Requires 300'
Frontage per lot. Frontage available is approximately 570'.

Referral To: Town Planning Town Appeals County Planning Building Inspector

2/29/16
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 – Filing 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
Building and Zoning
10569 Allegany Road
Darien Center, NY 14040
585-547-2274 TDD: 1-800-662-1220
Fax 585-547-3331

March 14, 2016

Robert Smykowski
10496 Alleghany Rd.
Darien Ctr., NY 14040

Dear Mr. Smykowski,

The request for your area variance will be presented to the Zoning Board of Appeals on Monday, March 28, 2016. I will be present to help represent your case and you should be present to explain your situation and need for a variance. To facilitate the process, there are several questions you must be prepared to answer. I have enclosed the section of the zoning law for your reference. Also, after review of the survey and measuring distances, the new lots will only be approximately 260' wide. If you use the minimum side lot setback of 50' required in zoning law for low density residential lots, you would create 265' frontage for each lot.

Feel free to contact me with any questions.

Sincerely,

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.htm, 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

TOWN OF DARIEN

APPLICATION TO THE ZONING BOARD OF APPEALS

APPEAL NUMBER: _____
DATE: _____

APPLICANT: NAME: ROBERT Smykowski
ADDRESS: 10496 Alleghany Rd
Darien, NY 14040
TELEPHONE #: (716) 560-2770

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 _____

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

3. Address of Project Site: 1094 Sumner Rd, Darien, NY 14040
4. Provisions of Zoning Law being Appealed:
Article VII Section 201 Subsection _____ Paragraph _____
Schedule A

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): No additional land available to meet minimum lot frontage. Does meet area requirements for square footage.

***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.

[Signature]
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>
-------------------------	---

TOWN OF DARIEN

Agricultural Data Statement

Application # _____

Date _____

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

Owner if different than Applicant

Name Robert J Smykowski
 Address 10496 Allegheny Rd.
Darien Center, NY 14040

Name Estate of Bernard J & Virginia M. Smykowski
 Address 1094 Sumner Rd.
Darien Center, NY 14040

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

2. Description of proposed project: 2 building lots on west side of owner property
SBL 6.00-1-31.1

3. Location of project: Address 1094 Sumner Rd., Darien Ctr, NY 14040
 Tax Map Number (TMP) 6.-1-31.1

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 60

6. 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 _____
 Address _____
 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

Robert J Smykowski
 Signature of Applicant

 Signature of Owner (if other than Applicant)

REVIEWED BY _____

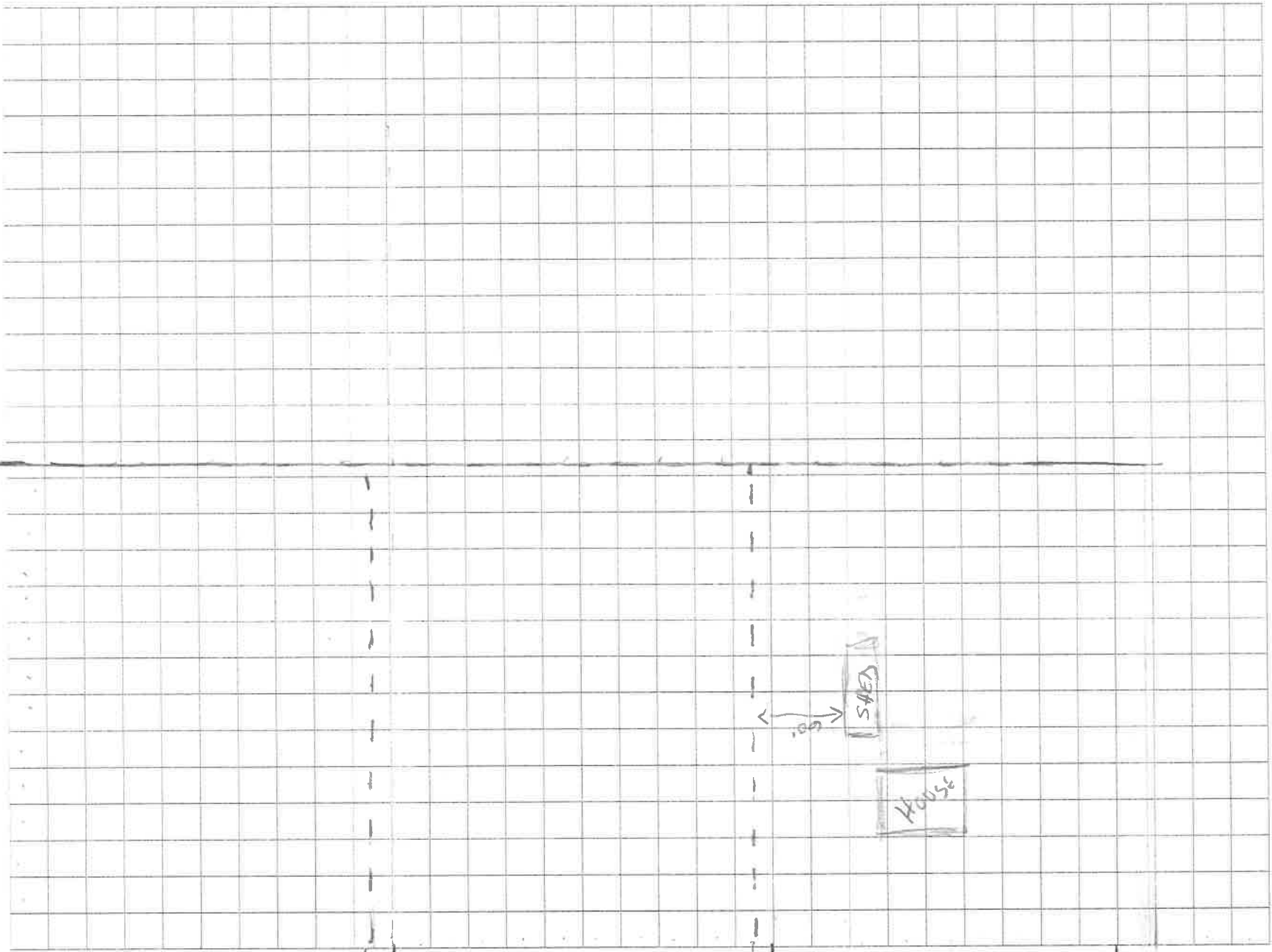
 Signature of Municipal Official

 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.

Approx
700'



*varianc
6.85'

482.58
SBL 6.00-1+31.1

1094 Sumner Rd.
Darien Ctr. NY 14040

*var
6.285'
100'

*varianc sq. FT per lot.
114,006 sq. FT.

To Whom It May Concern;

I/We, Bernard L. Smykowski, as a beneficiary of the estate of Bernard & Virginia Smykowski having property at 1094 Sumner Road, Tax Map #6.-1-31.1, hereby designate Robert Smykowski to act as my representative on any and all actions pertaining to said property.

Date

3/4/16

Signature of Beneficiary

Bernard L. Smykowski

State of Virginia

County of James city

Sworn and subscribed before me this 4 day of March in the year 2016.

K. Daniel
Notary Public

5/31/16
Commission Expires

Kristi Daniel commissioned as Kristi Duff
Kristi Duff
NOTARY PUBLIC
Commonwealth of Virginia
Reg. #7530635
My Commission Expires 5/31/16

To Whom It May Concern;

I/We, MARK Anthony Smykowski, as a beneficiary of the estate of Bernard & Virginia Smykowski having property at 1094 Sumner Road, Tax Map #6.-1-31.1, hereby designate Robert Smykowski to act as my representative on any and all actions pertaining to said property.

Date

Signature of Beneficiary

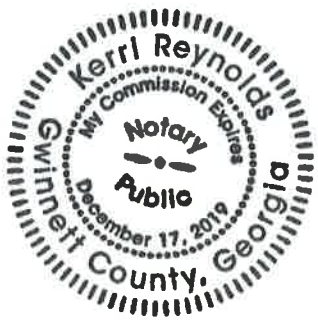
March 7th 2016
Mark A. Smykowski

State of Georgia
County of Cwinnett

Sworn and subscribed before me this 7th day
of March in the year 2016.

Kerri Reynolds
Notary Public

December 19th 2017
Commission Expires



To Whom It May Concern;

I/We, Thomas Smykowski, as a beneficiary of the estate of Bernard & Virginia Smykowski having property at 1094 Sumner Road, Tax Map #6.-1-31.1, hereby designate Robert Smykowski to act as my representative on any and all actions pertaining to said property.

Date

3-3-16

Signature of Beneficiary

Thomas Smykowski

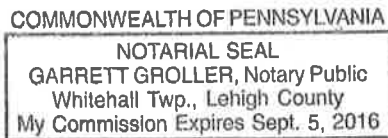
State of PA

County of LEHIGH

Sworn and subscribed before me this 3 day of MARCH in the year 2016.

[Signature]
Notary Public

9-5-16
Commission Expires



To Whom It May Concern;

I/We, Daniel Smykowski, as a beneficiary of the estate of Bernard & Virginia Smykowski having property at 1094 Sumner Road, Tax Map #6.-1-31.1, hereby designate Robert Smykowski to act as my representative on any and all actions pertaining to said property.

Date

3/7/16

Signature of Beneficiary

Daniel Smykowski

State of New York

County of Erie

Sworn and subscribed before me this 7th day

of March in the year 2016.

Notary Public

Jody A. Brege

Commission Expires

JODY A. BREGE

Notary Public, State of New York

No. 01BR6050263

Qualified in Erie County

Commission Expires Oct. 30, 2018

To Whom It May Concern;

I/We, Mary Alajko, as a beneficiary of the estate of Bernard & Virginia Smykowski having property at 1094 Sumner Road, Tax Map #6.-1-31.1, hereby designate Robert Smykowski to act as my representative on any and all actions pertaining to said property.

Date

3-7-2016

Signature of Beneficiary

Mary Alajko

State of New York

County of Genesee

Sworn and subscribed before me this 7th day

of March in the year 2016.

Alice E. Calmes

Notary Public

Jan. 19, 2018

Commission Expires

ALICE E. CALMES
Notary Public, State of New York
Qualified in Genesee County
My Commission Expires Jan. 19, 2018

