



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

GCDP Referral ID **T-03-STAF-3-17**

Review Date **3/9/2017**

Municipality
Board Name
Applicant's Name

STAFFORD, T.
ZONING BOARD OF APPEALS
Terri A. Ernst

Referral Type
Variance(s)
Description:

Area Variance(s)
Area Variance to build a new garage for a single-family home.
Rear Yard Setback
Minimum required: 25 ft.
Proposed: 3.2 ft.

Location
Zoning District

6155 E. Morganville Rd., Stafford
Residential (R) 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

March 9, 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
Phone: (585) 845-7901

DEPARTMENT USE ONLY:
G.C.D.P. Referral # T-03-STAF-3-17
Date Received 2-23-17



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED

FEB 23 2017

Required According to:
GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N Genesee County Department of Planning
(Please answer ALL questions as fully as possible)

1. REFERRING BOARD(S) INFORMATION

Board(s) ZBA
Address 8903 RT. 237
STAFFORD

2. APPLICANT INFORMATION

Name TERRI A. ERNST
Address 9323 TRANSIT RD, STAFFORD
Phone 585-645-9866 Email _____

MUNICIPALITY: City Town Village of _____

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 6155 E. MORGANVILLE RD.
B. Nearest intersecting road MORGANVILLE RD
C. Tax Map Parcel Number 6-1-30.2
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 WANTS TO BUILD GARAGE 3' 2" FROM BACK PROPERTY LINE

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"/> Other: _____ |
| <input type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | |
| <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 MICHAEL LATHAN Title CHAIRPERSON ZBA Phone 356-6159
Address 8903 RT. 237 STAFFORD Email _____

TOWN OF STAFFORD
APPLICATION for APPEALS
and/or SPECIAL USE PERMIT

Appeal Number : 4-17

Date : 2-6-2014


OWNER

APPLICANT (If other than owner)

Name : Terri A. Ernst
 Address : 9323 Transit Rd
Stafford
 Telephone # : 585-615-9866

Name : _____
 Address : _____
 Telephone # : _____

- Request to the Board of Appeals to appeal the Zoning Enforcement Officer's decision to DENY GRANT an application for a Zoning Permit Application Number _____ Dated _____.
- APPLICATION FOR : Use Variance Special Use Permit
 Area Variance Interpretation
- Address of Project Site : 6155 E. Morganville Rd
 Tax Map Number : 6-1-30.2 Zoning District : R
- Has a previous appeal been filed pertaining to this parcel? No
 Yes If yes, list Appeal No. _____ Date _____ Purpose of Request : _____
- Justification for Request : General Response Due to
landscape and accessibility to door when
handicap access needed.

 A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of the GOLD sheet which pertain to your specific appeal.

The Applicant shall submit with this appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any other material that will assist the 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.

Terri Ann Ernst

Applicant's Signature

Owner's Signature (if other than applicant)

OFFICE USE ONLY

PROVISIONS of ZONING LAW APPEALED:

- Article _____ Section _____
 Subsection _____ Paragraph _____
 state reason; _____
- Schedule A - state reason; _____

FEE COLLECTED: Date 2-6-2014

TOTAL FEE \$ 7500 Check # _____

ACTION TAKEN: Date _____

Approved Rejected

By: _____ Chairman

Board of Appeals Town Board
 Planning Board

APPLICATION FOR ZONING and/or BUILDING PERMIT
TOWN OF STAFFORD, N. Y. 14143

APPLICATION NUMBER: 4-17

APPLICATION DATE: 2-1-2017

OWNER	Name: <u>Terri Ernst</u>	APPLICANT <small>(IF OTHER THAN OWNER)</small>	Name: _____
	Address: <u>9323 Transit Rd.</u>		Address: _____
	<u>Stafford N.Y.</u>		_____
	Phone #: <u>585-615-9866</u>		Phone #: _____

PROJECT SITE LOCATION: 6155 E. Morganville Rd Tax Map # (TMP) 67-30.2
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 Z.E.O./C.E.O. This application is NON-TRANSFERRABLE and is NOT a permit to commence work.

- 1 Application for Use: RESIDENTIAL ; COMMERCIAL ; INDUSTRIAL ; RECREATIONAL ; AGRICULTURAL ; SITE PLAN
- 2 Permit for: NEW CONSTRUCTION ; ADDITION ; ALTERATION ; REPAIR ; CHANGE IN USE
- 3 Is this parcel? A corner lot: YES NO ; Have a Driveway permit? YES NO . In a Water District? YES NO .
- 4 List the DIMENSIONS of the parcel: _____ x _____ and/or TOTAL PARCEL AREA (Acres) 0.11.
- 5 What are the parcel setbacks [Ft.] from the project. FRONT _____; REAR _____ & SIDE yards (a) _____ (b) _____. Attachment A
- 6 Total % of coverage of ALL buildings on the parcel (including the proposed project): _____ TOTAL %
- 7 Does this project require County Health Department approval? NO YES . If yes, submit Attachment F.
- 8 Is this parcel properly Land Separated/Subdivided? NO YES . If yes, provide documentation.
- 9 Do you give the Town VALID CONSENT to do the required inspections? YES NO . If no, what procedures?
- 10 Name of Architect/Engineer David Carli Telephone # 716/560/4760

Address _____
 11 Name of Contractor(s) Richard Chrinkovich Telephone # _____
 Address _____

- 12 Estimated cost of the project? _____ [Substantiation may be required]
- 14 Total Dwelling units: _____
- 15 Will electric be installed? YES NO .
- 16 Describe the proposed project and use:

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQ. FT.
HOUSE (1st. floor) <input checked="" type="checkbox"/>				
OTHER (or 2nd floor) <input checked="" type="checkbox"/>				
GARAGE <input checked="" type="checkbox"/>				
ACCESSORY BUILDING				
SWIMMING POOL				
DECK				
COMMERCIAL/INDUSTRIAL				
TOTAL SQ. FT.				

***** 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.

Terri Ann Ernst
 Signature - OWNER
2/6/17
 Date

 Signature - APPLICANT (if different than owner)

 Date

 Action taken by Zoning Enforcement Officer: APPROVED DENIED . Action necessary: SPECIAL USE: SITE PLAN:
 Article 9 Section _____ Subsection _____ Paragraph _____ Briefly Describe: _____
 SCHEDULE A: VARIANCE: Area Use

OFFICE USE ONLY	Attachments Required: _____	Zoning District: <u>R</u>	F E E S	Zoning \$ <u>75.00</u>	Cash: _____
	Z.E.O./C.E.O. <u>Sister Muller</u>	Wetlands <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Building \$ _____	Check #: _____
	Date of Action: <u>2-2-2016</u>	Flood Plain <input type="checkbox"/>		Late \$ _____	Receipt #: _____
				TOTAL \$ <u>75.00</u>	

LINE OF EXIST. 2-STORY WD.-FRAME
STRUCTURE; REMOVE COMPLETELY TO
ACCOMMODATE NEW ADDITION.

MORGANVILLE ROAD

EAST MORGANVILLE ROAD (66'-0")

NEW, 2-ST.
WD.-FRM.
ADDITION

EXISTING
2-ST. WD. FR.

EXIST.
PORCH

NEW
PORCH

EXIST. DRIVEWAY EXTENDED

NEW,
1-1/2-ST.
WD.-FR
GARAGE

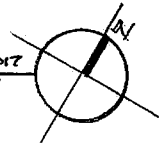
NEW CONC. APRON
& WALK.

WOOD STORAGE
FENCE - 0 FT.

PROPOSED
SITE PLAN

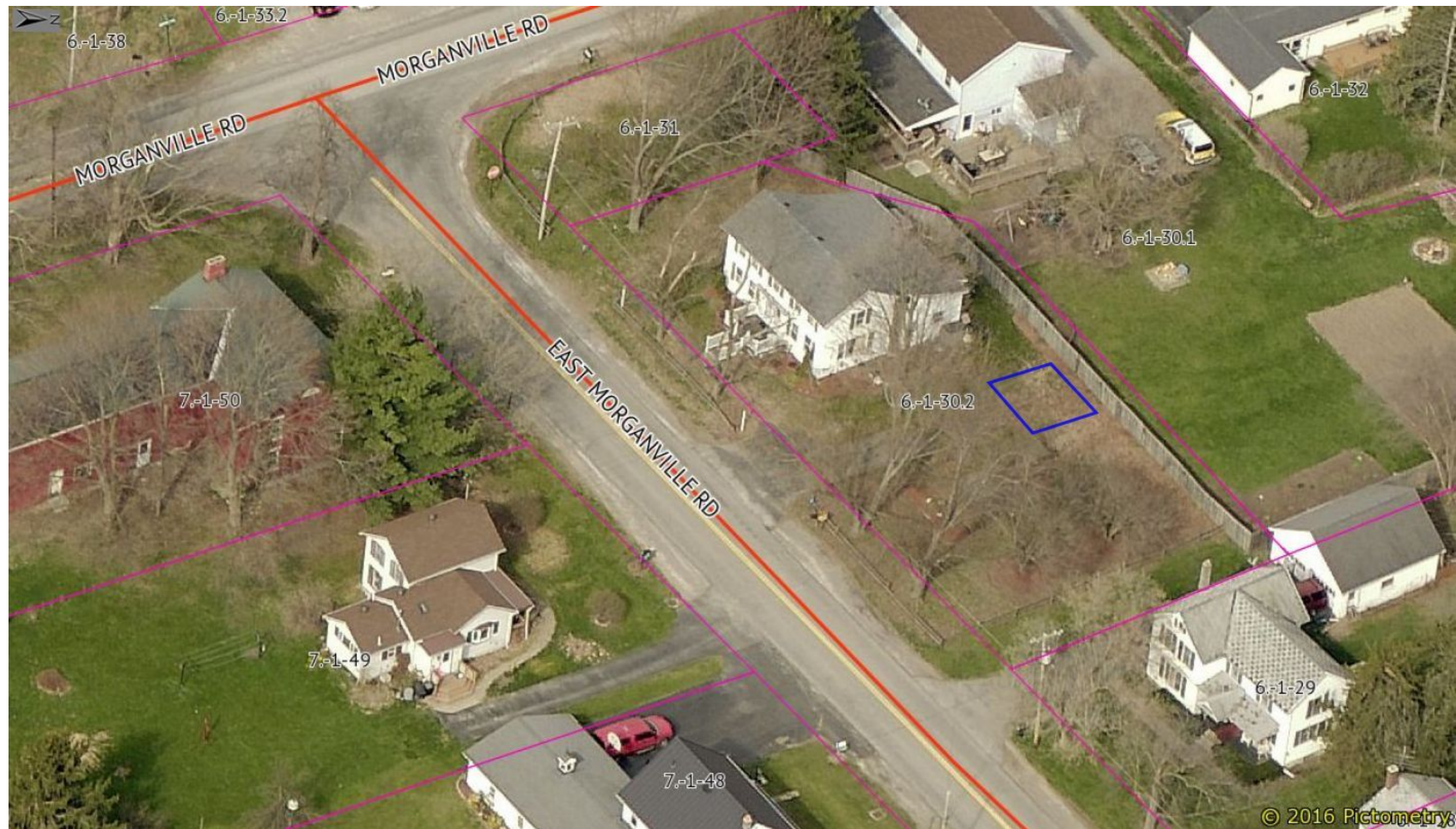
JANUARY, 2017

SCALE: 1" = 20'-0"
SITE PLAN INFO. TAKEN FROM MCINTOSH
SURVEY; PART OF LOT 190, CONNECTICUT (?) TRACT,
STAFFORD (TOWN OF), GENESEE COUNTY, NEW YORK
RECORDED LIBER 874 PG. 516
REFER TO SURVEY FOR ADDITIONAL INFORMATION.



ERNST RESIDENCE
6155 E. MORGANVILLE RD. STAFFORD, NY

T-03-STAF-3-17



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04/21/2016