



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

GCDP Referral ID **T-04-DAR-4-16**

Review Date **4/14/2016**

Municipality  
Board Name  
Applicant's Name

**DARIEN, T.**  
**ZONING BOARD OF APPEALS**  
**Ben Kohlhagen**

Referral Type  
Variance(s)  
Description:

**Area Variance(s)**  
**Area Variance for an addition to a single-family home.**  
**Side yard setback**  
**Minimum required: 50 ft.**  
**Existing: 69.9 ft.**  
**Proposed: 45.9 ft.**

Location  
Zoning District

**11140 Alexander-Darien Townline Rd., Darien**  
**Low Density Residential (LDR) District**

**PLANNING BOARD DECISION**

**APPROVAL**

**EXPLANATION:**

**The proposed setback should pose no significant county-wide or inter-community impact.**

Director

April 14, 2016

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) 815-7901

**DEPARTMENT USE ONLY:**

GCDP Referral # T-04-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 Road  
City, State, Zip Darien, NY 14040  
Phone (585) 547-2274 Ext. 26

**2. APPLICANT INFORMATION**

Name Ben Kohlhagen  
Address 11140 Alexander-Darien Townline  
City, State, Zip Attica, NY 14011  
Phone (585) 356-2710 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 11140 Alexander-Darien Towline, Attica, NY 14011  
B. Nearest intersecting road Attica Road  
C. Tax Map Parcel Number 16.-1-33.11  
D. Total area of the property .8 acres Area of property to be disturbed 575'  
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  
Schedule A  
C. Please describe the nature of this request less than 5' variance needed to build an addition onto the home, frontage was existing as undersized when purchased.

**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 type="checkbox"/> Location map or tax maps               | <input type="checkbox"/> Photos                            |
| <input type="checkbox"/> Subdivision plot plans       | <input type="checkbox"/> Elevation drawings                     | <input checked="" type="checkbox"/> Other: <u>survey</u>   |
| <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, NY 14040 Email zeo@townofdarienny.com

**TOWN OF DARIEN APPLICATION FOR ZONING PERMIT**

Today's Date: 3/21/16 Application Number: ZBA-2-16  
 Applicant's Name: Ben Kohlhagen  
 Address: 11140 Alex-Darien, Attica, NY 14011  
 Phone Number: 585-356-2710 Tax Map #: 16.-1-33.11  
 Address of Project: 11140 Alex-Darien Trln

**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 <sup>Area</sup>  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 .8 acres
5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW);  
77' plus ft and what is the set back (in feet) from project property line Side A 45.9' Side B about 100'  
 Back <sup>about</sup> 130' (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				
<i>Addition</i> Accessory Structure				575 sq ft
Commercial				
Industrial				
Signs				

# Bathrooms: \_\_\_\_\_  
 # Bedrooms: \_\_\_\_\_  
 Rec Room: \_\_\_\_\_  
 Family Room: \_\_\_\_\_  
 Fireplace: \_\_\_\_\_

Describe proposed project and/or use: variance of about 5' needed to build an addition onto our house; frontage was undersized existing as undervalued when purchased

**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.

*Ben Kohlhagen*  
 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: LDA - Requires

50' setback. Needs an area variance

Referral To:  Town Planning  Town Appeals  County Planning  Building Inspector

3/24/16  
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: 26A-2-16  
DATE: \_\_\_\_\_

**APPLICANT:** NAME: Ben Kohlhagen  
ADDRESS: 11140 Alex-Darien Tn In Rd  
Attica, NY 14011  
TELEPHONE #: 585-380-2710

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: 11140 Alex-Darien Tn In Rd

4. Provisions of Zoning Law being Appealed:  
Article \_\_\_\_\_ Section \_\_\_\_\_ Subsection \_\_\_\_\_ Paragraph \_\_\_\_\_

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): less than a 5' variance needed to build an addition onto our home; frontage was existing as undersized when purchased

**\*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.

+ Ben Kohlhagen  
Applicants Signature

[Signature]  
Reviewed by Zoning Enforcement Officer

OFFICIAL USE ONLY	FEE COLLECTED Public Hearing Fee \$ <u>30.00 pd</u>  PAID: Cash \$ <u>30.00 pd</u> Check # _____	<u>[Signature]</u> Town Clerk Signature/Date
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# TOWN OF DARIEN

## Agricultural Data Statement

Application # ZBA-2-16

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

Name Ben Kohlhagen

Address 11140 Alex-Darien Tpk Rd  
Attica, NY 14011

Owner if different than Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

- Type of application: Special use permit ; Site plan approval ; Use variance ; Subdivision approval  Area Variance
- Description of proposed project: less than a 5' variance needed to build an addition onto our home; footage was existing as undersized when purchased
- Location of project: Address 11140 Alex-Darien Tpk Rd  
Tax Map Number (TMP) 16.-1-33.11
- Is this property within an Agricultural District? NO  YES  } Check with your local Assessor if you do not know
- If yes, Agricultural District Number \_\_\_\_\_
- Is this property actively farmed? NO  YES
- List all farm operations within 500 feet of your property, (Attach additional sheets if necessary).

1.

Name Gary Wysko

Address v/1 Attica Rd  
Town of Alexander

Is this property actively farmed? NO  YES

2.

Name Norm Kriger

Address v/1 Attica Rd  
Town of Darien

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

[Signature]  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner (if other than Applicant)

REVIEWED BY

[Signature]  
Signature of Municipal Official

3/21/16  
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.

Kohlhagen

PARCEL SURVEYED  
AREA = 0.80 ACRES

MERRILL GELTNER  
REGISTERED LAND SURVEYOR  
L-897 E-1196 S-118-1199

GERALD GETTNER  
L-442 P-774

REC. 2 RODS  
& 3 LINKS =  
34.98'

BARN

HEDGEROW

REC. 5 CH. = 330.0'

N05-88E  
REC. 126.20

OVERHEAD  
UTILITY LINES

S80-59-20E  
REC. 56.50'

FARM  
DRIVE

N17-33-40E 73.52'  
REC. N17-30-40E 73.5'

S87-24-20E  
REC. 132.00'

GRAVEL DRIVE

S89-01-40W  
REC. 223.00'

DRILLED  
WELL

HSE. No.  
11140

GERALD GETTNER  
L-421 P-884

REC. 292.49'

REC. 234.38'

TOWN OF DARIEN

REC. 275.15'

ROAD, LOT LINE & TOWN LINE

PAVEMENT

REC. 177.0'

SOUTH

177.00'

REC. FRONTAGE 1186 CH. = 782.76'

TOWNLINE

ROAD

(49.5' WIDE)

REC. 78'

287.55'

PAVEMENT

DARIEN  
ROAD

ROAD

NOTE:  
THE PAR  
SUBJECT  
GRANTED  
P-205 (BL

**T-04-DAR-4-16**



04/14/2013

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