



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

GCDP Referral ID **T-07-DAR-5-16**

Review Date **5/12/2016**

Municipality
Board Name
Applicant's Name

DARIEN, T.
ZONING BOARD OF APPEALS
Thomas Fial

Referral Type
Variance(s)
Description:

Area Variance(s)
Area Variance for a new 400 sq. ft. (20 x 20 ft) garage.
Side yard setback
Minimum required: 50 ft.
Existing: 69.9 ft.
Proposed: 45.9 ft.

Location
Zoning District

10540 Harlow 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

May 12, 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-07-DAR-5-16

RECEIVED
Genesee County
Dept. of Planning
4/28/2016

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

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 Thomas Fial

Address 10540 Harlow Road

City, State, Zip Darien Center, NY 14040

Phone (716) 946-7429 Ext. _____ Email _____

MUNICIPALITY: City Town Village of Darien

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

- Area Variance
- Use Variance
- Special Use Permit
- Site Plan Review

- Zoning Map Change
- Zoning Text Amendments
- Comprehensive Plan/Update
- Other: _____

- Subdivision Proposal
- Preliminary
- Final

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

A. Full Address 10540 Harlow Road, Darien Center, NY 14040

B. Nearest intersecting road Broadway Road

C. Tax Map Parcel Number 9.-1-51

D. Total area of the property 5 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
Schedule A - setbacks for LDR

C. Please describe the nature of this request Construct a garage 40' from property line instead of 50'.

6. ENCLOSURES – Please enclose copy(s) of all appropriate items in regard to this referral

- Local application
- Site plan
- Subdivision plot plans
- SEQR forms
- Zoning text/map amendments
- Location map or tax maps
- Elevation drawings
- Agricultural data statement
- New or updated comprehensive plan
- Photos
- Other: _____

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

Name Jerry Yoder Title CEO Phone (585) 547-2274 Ext. _____

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

ORIGINAL

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT

Today's Date: 4/23/16 Application Number: ZBA-3-16

Applicant's Name: Thomas Fial

Address: 10540 Hartlaw Rd Darien Ct. NY, 14090

Phone Number: (716) 946-7429 Tax Map #: 9.-1.-57

Address of Project: 10540 Thomas Fial

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
- 3. Is this parcel: Corner Lot Water District Sewer District
- 4. Dimensions of this lot: 250 length X 300 width and/or area 53000
- 5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW);
225 ft and what is the set back (in feet) from project property line Side A 40' Side B 250'
Back _____ (Also depict on plot diagram).
- 6. Total percentage (%) of coverage of all buildings on lot (including proposed): N/A %
- 7. Total Dwelling Units: _____
- 8. Project Cost: 14,000 Actual Estimated _____

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET
House				
Garage/Pole Barn				
Accessory Structure				
Commercial				
Industrial				
Signs				

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

Describe proposed project and/or use: 20' x 20' garage

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.

APPLICANT SIGNATURE (must sign in presence of ZEO)

PROPERTY OWNER SIGNATURE (if other than applicant)

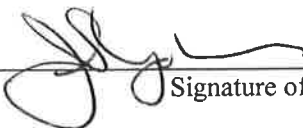
Attachments required & verified by ZEO: _____

Action taken by ZEO: APPROVED: DENIED: Reason: Doesn't meet

Setbacks per Schedule A - Zoning Law-

Referral To: Town Planning Town Appeals County Planning Building Inspector

4/23/2016
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 - 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:

ORIGINAL

TOWN OF DARIEN
APPLICATION TO THE ZONING BOARD OF APPEALS

APPEAL NUMBER: ZBA-3-16

DATE: 4/23/2016

APPLICANT:

NAME: Thomas Fiel

ADDRESS: 10540 Harlow Rd

Darien Ctr, NY 14040

TELEPHONE #: (516) 946-7429 / (516) 474-0872

1. Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to DENY [X] GRANT [] an application for a Zoning Permit number _____ Dated _____

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

3. Address of Project Site: 10540 Harlow Rd

4. Provisions of Zoning Law being Appealed: Schedule A, Setbacks for LDR Article _____ Section _____ Subsection _____ Paragraph _____

5. Has a previous Appeal been filed pertaining to this parcel? NO [X] YES [] If Yes, list Appeal No. _____ Date _____ Purpose of Request: _____

6. Justification for request (General Explanation): 20x20' garage to sit adjacent to driveway. Impracticable to situate on North side due to wetlands and septic (leach field)

*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.

Applicants Signature [Signature]

Reviewed by Zoning Enforcement Officer [Signature]

OFFICIAL USE ONLY
FEE COLLECTED
Public Hearing Fee \$ 30 Variance \$ 30
PAID: Cash \$ _____ Check # 514
Alice Calmes / 4/23/16
Town Clerk Signature/Date

Application #: ZBA-3-16
(For office use only)

ORIGINAL

Town of Darien
Criteria to Support Area Variance

In making its determination, the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety, moral, aesthetics and welfare of the neighborhood or community. The Zoning Board of Appeals shall consider the following test, as per §267-b of the NYS Town Law when making its determination:

Explain **how** the proposal conforms to EACH of the following requirements:

1. **Undesirable Change in neighborhood Character.** The granting of the variance will not produce an undesirable change in the neighborhood or a detriment to nearby properties.

- Consistent with character of the surrounding properties in which open spaces and property borders are wooded. No visual detriment.

2. **Alternative Cure Sought.** There are no other means feasible for the applicant to pursue that would result in the difficulty being avoided or remedied, other than the granting of the area variance.

Not practical to site the garages to the North side due to wet lands and existing leach fields.

3. **Substantiality.** The requested area variance is not substantial.

20% variance requested. No impact on surrounding properties.

4. **Adverse Effect or Impact.** The requested variance will not have an adverse effect or impact on the physical or environmental condition in the neighborhood or community.

No adverse impact. No significant visual detriment.

5. **Not Self-Created.** The alleged difficulty existed at the time of the enactment of the provision or was created by natural force or governmental action, and was not the result of any action by the owner or the predecessors in title.

At time of construction, house was sited due to topography, wetlands, drainage issues. It was not practical to situate on other areas of the lot.

Applicant's Signature

Date

4/23/2016

TOWN OF DARIEN

Application # ZBA-3-16

Agricultural Data Statement

ORIGINAL Date 4/24/16

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 Thomas Fial

Address 10540 Harlow Rd
Darien Ctr, NY 14040

Owner if different than Applicant

Name Same

Address _____

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

2. Description of proposed project: Area variance for proposed garage

3. Location of project: Address 10540 Harlow Rd
Tax Map Number (TMP) 9-1-51

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 _____

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 N/A

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~~

[Signature]
Signature of Applicant

Signature of Owner (if other than Applicant)

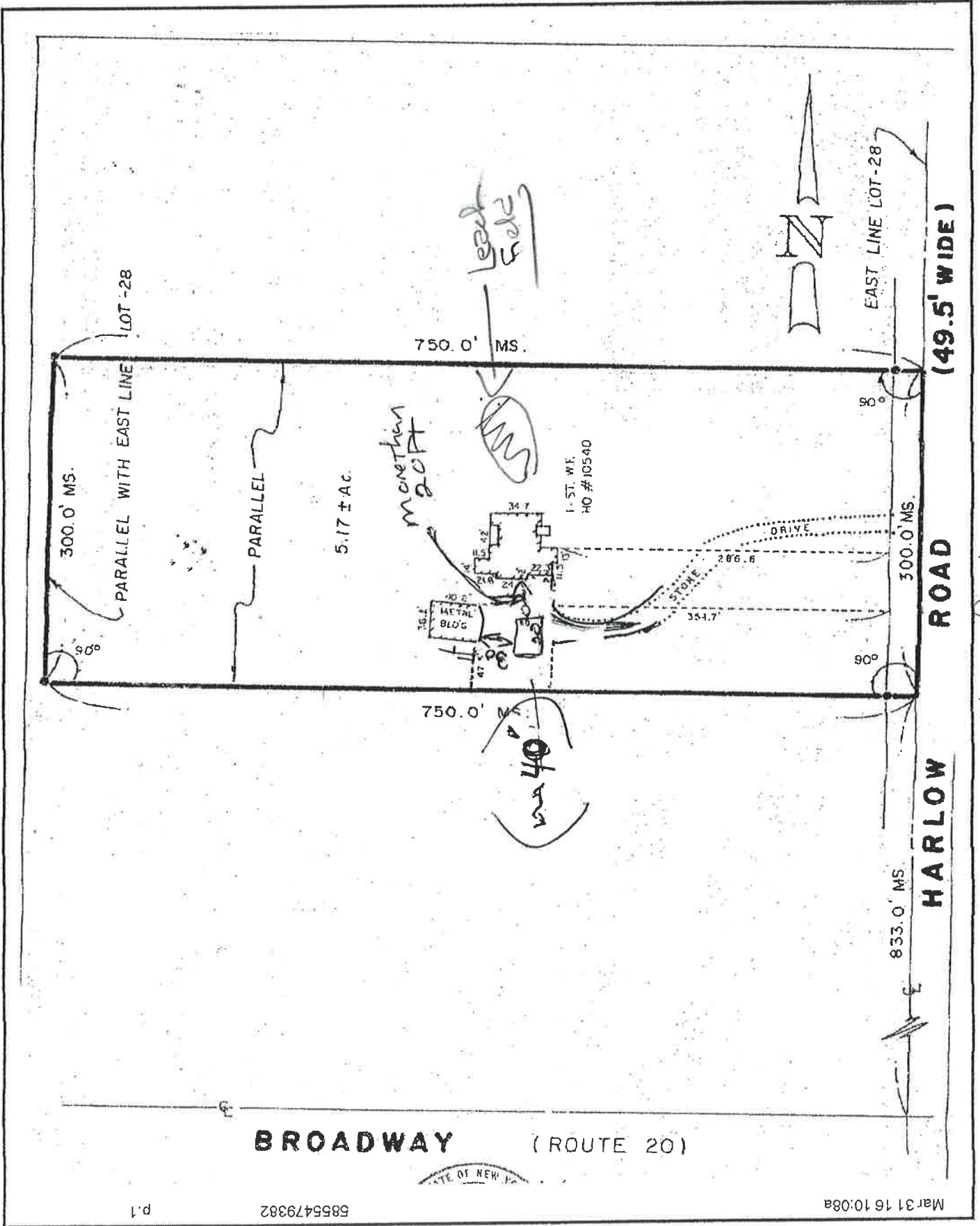
REVIEWED BY

[Signature]
Signature of Municipal Official

4/23/16
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.



State Park

ORIGINAL

T-07-DAR-5-16



04/15/2013

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