

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-09-DAR-7-16

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
6/29/2016

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, NY 14040
Phone (585) 547-5547 Ext. 1026

2. APPLICANT INFORMATION

Name Tom Evans
Address 477 Seven Day Road
City, State, Zip Darien Center, NY 14040
Phone (716) 560-3116 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 | <input type="checkbox"/> 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 type="checkbox"/> Other: _____ | |

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

A. Full Address 477 Seven Day Road, Darien Center, NY 14040
B. Nearest intersecting road County Line Road
C. Tax Map Parcel Number 13.-1-11.1
D. Total area of the property 16.09 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
C. Please describe the nature of this request _____
Put in a pond for private use and enjoyment

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 checked="" 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 Zoning Enforcement Officer Phone (585) 547-2274 Ext. _____
Address, City, State, Zip 10569 Alleghany Road, Darien, 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: 6/18/16

Provision of Zoning Law Involved:

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

Purpose of Request:

*This request would be in harmony with the orderly development of the district in which it is located because: LDR. Ponds located on many of the LDR parcels in that neighborhood - recreational usage

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

Consistent with the character of existing residential area

*This request would not increase the traffic flow in the area to the extent that traffic safety would be endangered because: Private use only. No traffic.

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.

6-18-16
Date of Signature

[Signature]
Signature of Applicant

Date of Signature

Signature of Owner (If different from Applicant)

Office Use Only:		
Zoning Permit Application #:	Date Received:	Fee Paid:
Date of First Hearing:	Location:	
Date of Second Hearing:	Location:	
Date of Subsequent Hearings:	Location:	
Action: () APPROVED () REJECTED	Date:	
Planning Board Chairman Signature: _____		
Zoning Officer Signature: _____	Date Permit Issued: _____	
Additional Conditions Imposed: _____		

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT

Today's Date: 6/18/16 Application Number: _____

Applicant's Name: Tom Evans

Address: 4577 Seven Day Rd Darien Ct., NY, 14090

Phone Number: 716-860-3116 Tax Map #: 13.-1-11.1

Address of Project: Same

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 POND
 VARIANCE SITE PLAN REVIEW TEMPORARY USE
3. Is this parcel: Corner Lot Water District Sewer District
4. Dimensions of this lot: 983 length X 595 width and/or area 16.09 ACRES
5. What is the front set back (in feet) from the project to the street right-of-way (Check Survey for ROW); 300 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): N/A %
7. Total Dwelling Units: _____
8. Project Cost: \$ 7000 Actual _____ Estimated _____

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET	# Bathrooms: _____
House					# Bedrooms: _____
Garage/Pole Barn					Rec Room: _____
Accessory Structure					Family Room: _____
Commercial					Fireplace: _____
Industrial					
Signs					

Describe proposed project and/or use: Pond Approximately 170' diameter.

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: Approved by
Genesee Cty Soil + Water

Referral To: Town Planning Town Appeals County Planning Building Inspector

6/17/16
Date of Signature _____ Signature of ZEO [Signature]

_____ # of Inspects _____ Signature of Building Inspector

_____ 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

Agricultural Data Statement

Application # _____

Date 6/18/16

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 Tom Evans

Address 477 Seven Day Rd
Darien Cr., NY, 14040

Owner if different than Applicant

Name _____

Address _____

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

2. Description of proposed project: Creation of approximately 170' Diameter Pond

3. Location of project: Address 477 Seven Day Rd Darien Cr. NY 14040
Tax Map Number (TMP) P.-1-11.1

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 _____

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 David Leben

Address 460 Broadway Rd
Darien Cr., NY, 14040

Is this property actively farmed? NO YES

2. Name John Kubik

Address 3889 Foleys Trail
Lexington, Ky 40514

Is this property actively farmed? NO YES

3. Name BRIAN KUBIK

Address 95 Cheney Rd
Port Henry, NY 12974

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

6/18/16
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.

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information																		
Name of Action or Project: Tom Evans - "POND"																		
Project Location (describe, and attach a location map): 477 Seven Day Rd Darien Ctr. NY, 14040																		
Brief Description of Proposed Action: Creation of approximately 170' Diameter ponds																		
Name of Applicant or Sponsor: Tom Evans		Telephone: (716) 560-3116																
		E-Mail: N/A.																
Address: 477 Seven Day Rd																		
City/PO: DARIEN CTR. NY		State: NY	Zip Code: 14040															
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
NO	YES																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: Genesee County Soil and Water Appraisal			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NO</th> <th style="width: 50%;">YES</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
NO	YES																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
3.a. Total acreage of the site of the proposed action?		16 acres																
b. Total acreage to be physically disturbed?		21 acres																
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		16 acres																
4. Check all land uses that occur on, adjoining and near the proposed action.																		
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Urban</td> <td><input checked="" type="checkbox"/> Rural (non-agriculture)</td> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Commercial</td> <td><input checked="" type="checkbox"/> Residential (suburban)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Forest</td> <td><input checked="" type="checkbox"/> Agriculture</td> <td><input type="checkbox"/> Aquatic</td> <td colspan="2"><input type="checkbox"/> Other (specify): _____</td> </tr> <tr> <td><input type="checkbox"/> Parkland</td> <td colspan="3"></td> <td></td> </tr> </table>				<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural (non-agriculture)	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Residential (suburban)	<input checked="" type="checkbox"/> Forest	<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Aquatic	<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Parkland				
<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural (non-agriculture)	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Residential (suburban)														
<input checked="" type="checkbox"/> Forest	<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Aquatic	<input type="checkbox"/> Other (specify): _____															
<input type="checkbox"/> Parkland																		

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: <u>N/A</u>	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input checked="" type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: <u>residential recreational pond</u>	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Thomas J. Evans</u>	Date: <u>6-18-16</u>	
Signature: <u>[Signature]</u>		

APPLICANT STOP HERE. PLEASE PRINT ENTIRE FORM.

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

GENESEE COUNTY
SOIL & WATER CONSERVATION DISTRICT
USDA Center, 29 Liberty Street, Suite 3, Batavia, NY 14020-3247
OFFICE (585) 343-2362 FAX (585) 345-1815



June 7th, 2016

Mr. Tom Evans
477 Seven Day Rd.
Darien, NY 14040

Dear Mr. Evans:

This is to inform you that, after discussion of your plans and review of your pond site at 477 Seven Day Road (Town of Darien, Genesee County, NY) approval is hereby granted. As a result of my visit on June 7th, 2016 visit and subsequent review of soils, drainage, and wetland information, I do not foresee any problems with the selected site. Please keep in mind, however, that you must still comply with all local zoning laws.

This letter may be used to satisfy the needs of your local board's requirement for Soil & Water Conservation District review of the proposed pond site. Should you require further information or assistance in this matter, please don't hesitate to call the District at 585- 343-2362.

Yours in conservation,

A handwritten signature in cursive script that reads "Molly S. Cassatt". The signature is written in black ink and is positioned above the printed name and title.

Molly S. Cassatt
District Manager

E LINE SCHMITT
-531 P-250



415'

18.50' x 14.45'
METAL FRAME
SHED

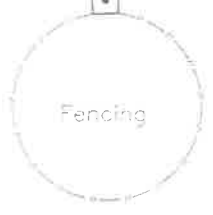


75ft →

333.30'

345ft

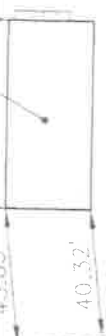
5.0' x 8.1'
WOOD FRAME
SHED



331.16'

Fencing

2'
E



40.32'



Stone Driveway

595.23'