



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

GCDP Referral ID **T-10-DAR-9-15**

Review Date **9/10/2015**

Municipality
Board Name
Applicant's Name

DARIEN, T.
ZONING BOARD OF APPEALS
Steven Myers

Referral Type
Variance(s)
Description:

Area Variance(s)
Area Variance to construct a storage barn for a rural single-family home.
Accessory structures not allowed in the front yard.

Location
Zoning District

555 County Line Rd., Darien
Low Density Residential (LDR) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed barn is well screened from neighboring properties and should pose no significant county-wide or inter-community impact.

Director

September 10, 2015

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) 344-2580 Ext. 5467

DEPARTMENT USE ONLY:

G.C.D.P. Referral # T-10-DAR-9-15
Date Received 9/2/2015



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

Required According to:

GENERAL MUNICIPAL LAW ARTICLE 12B, SECTIONS 239 L, M, N

(Please answer ALL questions as fully as possible)

1. REFERRING BOARD AND ADDRESS

Darien Planning Board/ZBA
10569 Alleghany Road
Darien NY 14040

2. APPLICANT'S NAME, ADDRESS & PHONE #

Steven Myers
555 County Line Road, Darien, NY 14004
(585) 298-6649

MUNICIPALITY : CITY TOWN VILLAGE : of Darien

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

- Area Variance
- Use Variance
- Special Use Permit
- Site Plan Review
- Map Change
- Text Amendments
- New Zoning Ordinance
- Other: _____
- Subdivision Proposal
 - Preliminary
 - Final

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

- A. Road name County Line Road
- B. Nearest intersection between Alley Rd. and Broadway Rd. (NYS Rt. 20)
- C. Tax Map Parcel # (T.M.P.) 13.-1-31.12
- D. Dimensions of the property _____ Area of the property _____
- E. Present zoning district Low-Density Residential (LDR) District

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 605 A(2)

C. Please describe the nature of this request To constrict a pole barn in the front yard space as it is the only suitable site, visibility is shielded by trees and driveway access is needed.

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

- Copy of local application
- Sketch of proposal
- Subdivision plot plans
- Maps
- Copy of text amendments
- Copy of new Ordinance/Law
- Site Plan
- Agricultural Data Statement
- Other: SEQR

Name, Address and Phone # of the person representing the community in filling out this form (required information)

Brooke Finkney for Jerry Yoder, 10569 Allegany Rd., Darien 14040 (585) 547-2274 x27

TOWN OF DARIEN APPLICATION FOR ZONING PERMIT

Today's Date: 8/7/15 Application Number: 13.-1-31.12
 Applicant's Name: Steven Myers
 Address: 555 County Line Rd. 14004
 Phone Number: 585-298 6649 Tax Map #: _____
 Address of Project: 555 County Line Rd. 14004

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**

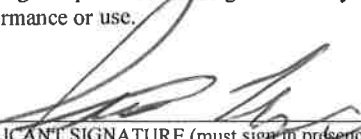
1. Zoning District property located in: RESIDENTIAL (Low or ___ Medium Density)
 ___ Industrial ___ Commercial ___ Recreational
2. Permit Application for: ___ New Construction ___ Addition ___ Alteration ___ Relocation
 Accessory Structure ___ Home Occupation ___ **SPECIAL USE PERMIT**
 ___ **VARIANCE** ___ **SITE PLAN REVIEW** ___ **TEMPORARY USE**
3. Is this parcel: ___ Corner Lot ___ Water District ___ Sewer District
4. Dimensions of this lot: _____ length X _____ width and/or area _____
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				
Garage/Pole Barn		40	24	
Accessory Structure				
Commercial				
Industrial				
Signs				

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

Describe proposed project and/or use: Pole barn for storage - vehicle / tools.

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: Pole barn

proposed in "front yard" space of property

Referral To: Town Planning Town Appeals County Planning Building Inspector

8/7/15
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:

TOWN OF DARIEN

APPLICATION TO THE ZONING BOARD OF APPEALS

APPEAL NUMBER: ZBA-7-15
DATE: _____

APPLICANT:

NAME: Steven Myers
ADDRESS: 555 County Line Rd.
Alden NY 14004
TELEPHONE #: 585-298-6649

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: 555 County Line Rd. 14004
4. Provisions of Zoning Law being Appealed:
Article 605 Section A Subsection 2 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): only suitable site.
Visibility is shaded by trees. Need driveway access.

***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	<u>FEE COLLECTED</u> Public Hearing Fee \$ _____ PAID: Cash \$ _____ Check # _____ <u>Variance pd \$30 8/7/15</u>	<u>[Signature]</u> Town Clerk Signature/Date
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TOWN OF DARIEN

Agricultural Data Statement

Application # _____

Date 8/7/15

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 Steven Myers

Address 555 County Line Rd.
Alden NY 14004

Owner if different than Applicant

Name _____

Address _____

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

2. Description of proposed project: Pole Barn Construction

3. Location of project: Address 555 County Line Rd.
Tax Map Number (TMP) 13--1-31.12

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 N/A

Address _____

Is this property actively farmed? NO YES

3.

Name N/A

Address _____

Is this property actively farmed? NO YES

4.

Name N/A

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

8/7/15
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.





T-10-DAR-9-15

