

SEND OR DELIVER TO:
GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, N.Y. 14020-9404
Phone: (585) 815-7901

DEPARTMENT USE ONLY:
G.C.D.P. Referral # V-04-OAK-9-16
Date Received 8-31-16



**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) Village of Oakfield Planning Bd
Address 37 Main St
Oakfield NY 14125

2. APPLICANT INFORMATION

Name Evelyn Jaeger
Address 102 S. main St. Oakfield NY 14125
Phone _____ Email _____

MUNICIPALITY: City Town Village of Oakfield

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 type="checkbox"/> Special Use Permit | <input type="checkbox"/> Comprehensive Plan/Update | <input type="checkbox"/> Final |
| <input checked="" type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

RECEIVED

AUG 31 2016

**GENESEE COUNTY
DEPARTMENT OF PLANNING**

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

- A. Address 102 S. Main St.
B. Nearest intersecting road Orchard St.
C. Tax Map Parcel Number 5-1-118
D. Total area of the property 0.629 Area of property to be disturbed _____
E. Present zoning district(s) C-1

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 Open a consignment shop for retail shopping

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

- | | | |
|---|--|--|
| <input 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 Andrew Maguire Title Clerk-Treasurer Phone 585-948-5862
Address 37 Main St., Oakfield NY 14125 Email village@rochester.nn.com

APPLICATION FOR ZONING AND/OR BUILDING PERMIT

APPLICATION NUMBER: 24-16

VILLAGE OF OAKFIELD, New York 14125

APPLICATION DATE: 8/31/16

OWNER	Name: <u>EVELYN JABER</u>	APPLICANT (IF OTHER THAN OWNER)	Name: <u>KATHY ALLEN</u>
	Address: <u>102 S. MAIN ST OAKFIELD, NY 14125</u>		Address: <u>4439 BAT-ELBA TLRD BATAVIA, NY 14020</u>
	Phone #: _____		Phone #: <u>716-560-0415</u>

PROJECT SITE LOCATION: 102 S. MAIN ST, OAKFIELD TAX MAP # (TMP) 5-1-118
 Check with the local Assessor

INSTRUCTIONS: Using a ball point pen please fill out this application as completely as possible. Submit additional Attachment(s) [listed on the back of this sheet] and the completed application to the Village Clerk. This application is NON-TRANSFERRABLE and is NOT a permit to commence work.

- Application for Use: RESIDENTIAL ; COMMERCIAL ; INDUSTRIAL ; RECREATIONAL ; SITE PLAN
- Permit for: NEW CONSTRUCTION ; ADDITION ; ALTERATION ; REPAIR ; CHANGE IN USE:
- Is this parcel; A corner lot? YES ; NO ; In a Sewer District? YES ; NO ; In a Water District? YES ; NO
- List the DIMENSIONS of the parcel: 100 x 274 and/or TOTAL PARCEL AREA (Acres) _____
- What are the parcel setbacks [Ft.] from the project. FRONT _____ ; REAR _____ & SIDE yards (a) _____ (b) _____
- Total % of coverage of ALL buildings on the parcel (including the proposed project): _____ TOTAL %
- Does this project require County Health Department approval? NO ; YES , if yes, submit attachment F.
- Is this parcel property subdivided? NO ; YES , If yes, provide documentation.
- Do you give the Village VALID CONSENT to do the required inspections? YES NO , If no, what procedures?
- Name of Architect/Engineer N/A Telephone # _____
Address _____
- Name of Contractor(s) NONE Telephone # _____
Address _____
- Estimates cost of the project? N/A [Substantiation may be required]
- Total Dwelling units: 1

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQ. FT.
HOUSE				
GARAGE				
ACCESSORY BUILDING				
SWIMMING POOL				
DECK				
COMMERCIAL/INDUSTRIAL				
OTHER				
TOTAL SQ. FT.				

15 Describe the proposed project and use:
USAGE IS FOR A CONSIGNMENT SHOP FOR RETAIL SHOPPING.
 [Use additional sheet(s) for more information]

****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.

[Signature]
 Signature - OWNER
 Date 8.30.16

[Signature]
 Signature - APPLICANT (If different than owner)
 Date 8/31/16

OFFICE USE ONLY
 Action taken by Z.E.O./C.E.O.: Approved ; Denied ; Reason for denial; Schedule A SITE PLAN NEEDED
 Article _____ Section _____ Subsection _____ Paragraph _____ Briefly Describe: NEW BUSINESS Zoning _____
 District _____

Z.E.O. Signature: <u>[Signature]</u>	YES NO	FEES:	Special Use	Zoning
C.E.O. Signature: _____	Wetlands <input type="checkbox"/> <input type="checkbox"/>	Cash _____	Variance _____	Building
Date of Action: _____	Flood Plain <input type="checkbox"/> <input type="checkbox"/>	Check # _____	Public Hearing _____	TOTAL <u>1500</u>
		Receipt # _____	TOTAL _____	

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

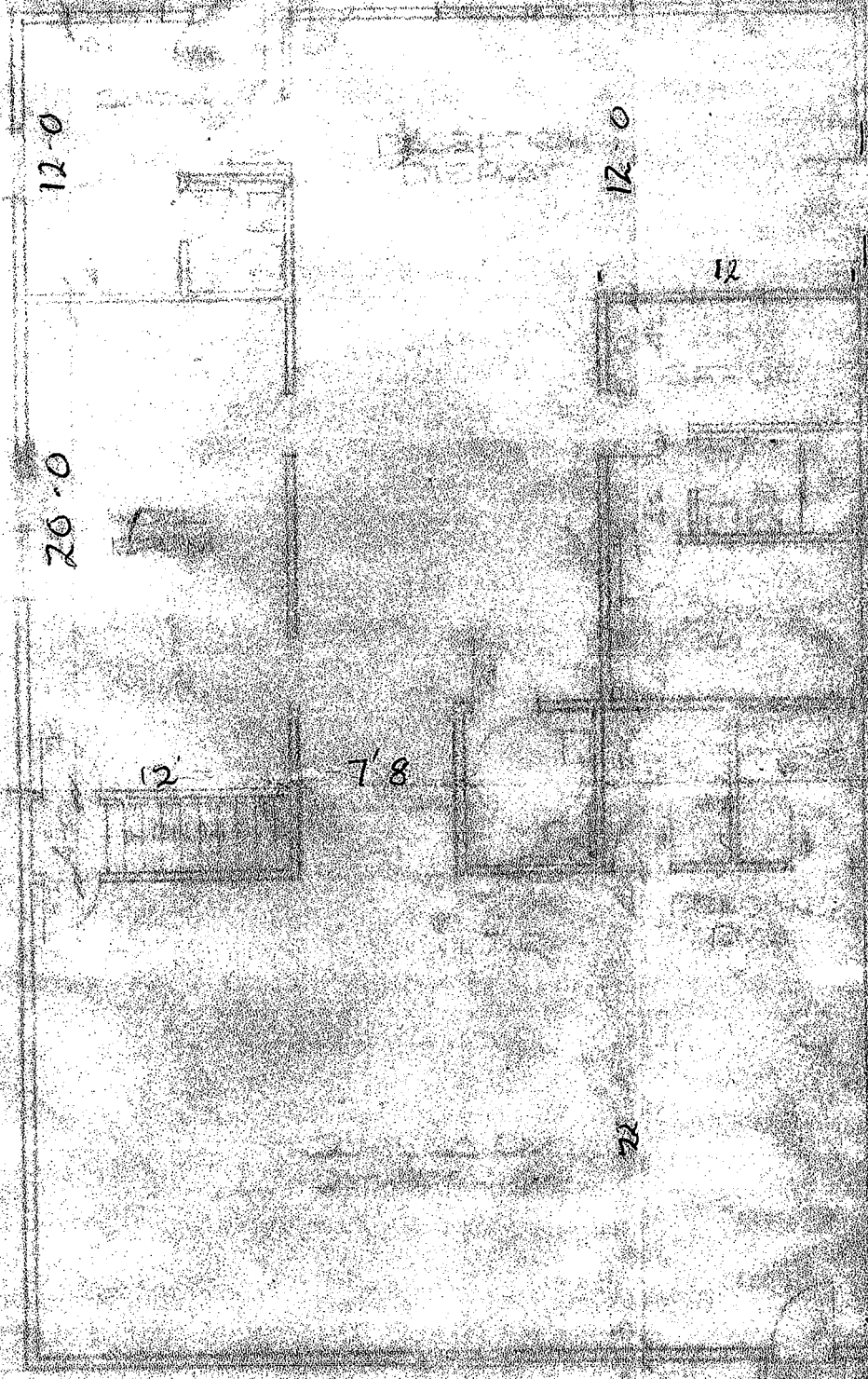
<p>Sworn to before me this _____ day of _____,</p> <p>_____ (County Clerk or Notary Public)</p>

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

RT. 63

FRONT

GRASS



OUTSIDE

AMERICAN BANK

PARKING LOT

PROPERTY AT 102 S. MAIN, OAKFIELD

1. THERE ARE APPROXIMATELY 6-8 OFF STREET PARKING SPOTS w/ ADA ENTRANCE CAPABILITIES

2. HOURS OF OPERATION:

SUNDAY + MONDAY = CLOSED

TUESDAY + WEDNESDAY = 11-6

THURSDAY = 11-8

FRIDAY = 11-5

SATURDAY = 9-3

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04/23/2016

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