



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-01-DAR-05-24

Review Date

5/9/2024

Municipality
Board Name
Applicant's Name
Referral Type
Variance(s)
Description:

DARIEN, T.

PLANNING BOARD

Kevin Haskell

Special Use Permit

Special Use Permit for a Non-Commercial Recreational Use.

Location
Zoning District

2226 Chick Rd., Darien

Low Density Residential (LDR) District

PLANNING BOARD RECOMMENDS:

APPROVAL

EXPLANATION:

The proposed non-commercial recreational use should pose no significant county-wide or inter-community impact.

Director

May 9, 2024

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-01-DAR-05-24**



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
4/22/2024

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) Town of Darien Planning Board
Address 10569 Alleghany Rd
City, State, Zip Darien Center, NY 14040
Phone (585) 547-2274 Ext. 1026

2. APPLICANT INFORMATION

Name Kevin Haskell
Address P.O. Box 57, 1312 Abby Lane
City, State, Zip Alden, NY 14001
Phone (716) 998-7999 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 | 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 2226 Chick Rd., Darien, NY 14040
B. Nearest intersecting road Orther Rd.
C. Tax Map Parcel Number 16.-1-58
D. Total area of the property 6.8 acres Area of property to be disturbed less than 0.5 acre
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 701C Par. 16

C. Please describe the nature of this request To place a camper on the property for seasonal use.

i. 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 | |

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

Name Gwen Yoder Title PBZBA clerk Phone (585) 547-2274 Ext. 1026
Address, City, State, Zip 10569 Alleghany Rd., Darien Ctr, NY 14040 Email pbzba clerk@townofdarien.ny.gov



SCANNED



ORIGINAL

TOWN OF DARIEN
GENESEE COUNTY, NEW YORK 14040

PLANNING BOARD
SITE PLAN REVIEW
SPECIAL USE PERMIT APPLICATION

Application #: PB-01-24
(For office use only)

Today's Date: 04/02/2024

Provision of Zoning Law Involved:

Article: VII, Section: 701, Subsection: C, Paragraph: 16

Purpose of Request:

*This request would be in harmony with the orderly development of the district in which it is located because: Fits character of the community. Seasonal family use. Long term plan to build single family home.

*This request would not be detrimental to the property or persons in the neighborhood because: Low intensity land use. Allowable by Special Use Permit.

*This request would not increase the traffic flow in the area to the extent that traffic safety would be endangered because: Personal use.

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.

4/2/24
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 (revised 2/01/2021)

ORIGINAL

Today's Date: APRIL 2, 2024 Application Number: PB-01-24

Owner's Name: KEVIN A HASKELL Tax Map #: 16-1-58.1

Owner's Phone: 716 998 7995 Owner's 2nd Phone: _____

Owner Address: 1312 ABBY LN

Address of Project: 2226 CHICK RD

Owner's Email: KEVIN HASKELL @ HOTMAIL.COM Builder Email: _____

Builder Contact: _____ Builder Phone: _____

INSTRUCTIONS:

Fill out the application completely. Submit the application & required attachments 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 ___ Demolition ___ Addition ___ Alteration ___ Relocation
 ___ Roof ___ Solar Panels ___ Generator ___ Swimming Pool ___ Signs ___ Fence ___ Kennel
 SPECIAL USE ___ VARIANCE ___ SITE PLAN ___ HOME OCCUPATION
3. Is this parcel: ___ Corner Lot ___ Water District ___ Sewer District
4. Dimensions of this lot: 1000 length X 300 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 _____

9.

| 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:
Place Campers for seasonal use.
Non-commercial part-time recreational use - SUP Reg'd

Attachments required & verified by ZEO:

Ag DATA, Site Plan App., SEQR, Site Plan

Action taken by ZEO: **APPROVED:** **DENIED:** Reason:

Requires PB Approval

Referral To: Town Planning Town Appeals County Planning Building Inspector

Requires: Zoning Permit Zoning/Building Permit Operating Permit Temporary Use Permit
 Emergency Housing Permit Certificate of Compliance

4/24/2024
Date of Signature

[Signature]
Signature of ZEO

Date of Signature # of Inspects

Signature of Building Inspector

160

Date Fee Received Fee Indicate Fees Paid/Town Clerk Use Only

Date of Signature Renewal Approval / ZEO Signature

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.

Designation of Representative to act in my stead form required? _____ (attach form if required)

[Signature]
APPLICANT SIGNATURE

PROPERTY OWNER SIGNATURE (If other than applicant)

Office Use Only:

Total Square Footage: _____ Average Sq. Footage Cost: _____

Valuation: _____ Reference Year: _____

TOWN OF DARIEN

Agricultural Data Statement

Application # PB - 01 -24

Date 03/02/2024



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 Kevin HASKELL

Address PO Box 57

Alden, NY 14004

Owner if different than Applicant

Name ORIGINAL

Address _____

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

2. Description of proposed project: Place a camper for seasonal use. Non-commercial part time recreational use.

3. Location of project: Address 2226 Chick Rd. Darien, NY 14040
Tax Map Number (TMP) 16-1-58

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 Jonathon George

Address 10058 Simonds Rd.

Corfu NY 14036

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

4/2/2024
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.



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 RB - 01 - 24 | | | |
| Name of Action or Project: HASKELL recreational part time use. | | | |
| Project Location (describe, and attach a location map): 2226 Chick Rd. | | | |
| Brief Description of Proposed Action: Applicant wishes to place a camper for seasonal part time use. Requires a Special Use Permit for non-commercial part time use. | | | |
| Name of Applicant or Sponsor: KEVIN HASKELL | | Telephone: 716-998-7995 | |
| Address: PO Box 57 | | E-Mail: Kevinhaskell@Hotmail.com | |
| City/PO: Alden | | State: New York | Zip Code: 14004 |
| 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. | | | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: | | | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ 6.8 acres | | | |
| b. Total acreage to be physically disturbed? _____ less than 0.5 acres | | | |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 6.8 acres | | | |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | |
| 5. <input type="checkbox"/> Urban <input 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 | | | |

| | | NO | YES | N/A |
|---|--|-------------------------------------|-------------------------------------|--------------------------|
| 5. Is the proposed action, | a. A permitted use under the zoning regulations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | b. Consistent with the adopted comprehensive plan? | <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? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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: _____ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input 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: _____ _____ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ Applicant to drill a well. _____ | | <input type="checkbox"/> | <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: _____ Applicant to install holding tank to be pumped as needed for camper. To use camper holding tank also. _____ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input 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? 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: _____ _____ _____ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

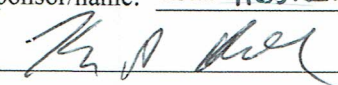
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline Forest Agricultural/grasslands Early mid-successional
 Wetland Urban 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 plan? | 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, | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Will storm water discharges flow to adjacent properties? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, briefly describe: _____ _____ | | |
| 18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____ | NO | YES |
| | <input checked="" type="checkbox"/> | <input 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 CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: Kevin Haskell Date: 04/02/2024

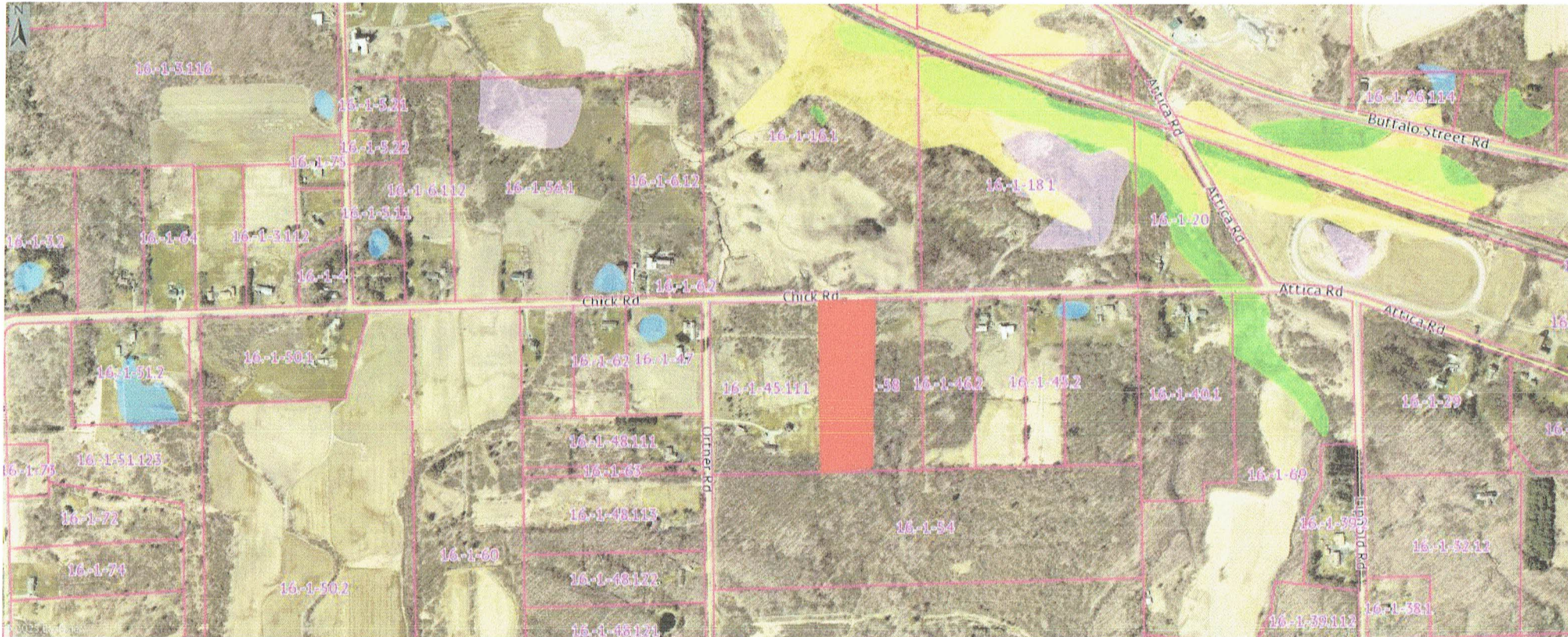
Signature:  Title: Owner

Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

| | |
|---|---|
| Part 1 / Question 7 [Critical Environmental Area] | No |
| Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites] | No |
| Part 1 / Question 12b [Archeological Sites] | No |
| Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies] | Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook. |
| Part 1 / Question 15 [Threatened or Endangered Animal] | No |
| Part 1 / Question 16 [100 Year Flood Plain] | Digital mapping data are not available or are incomplete. Refer to EAF Workbook. |
| Part 1 / Question 20 [Remediation Site] | No |

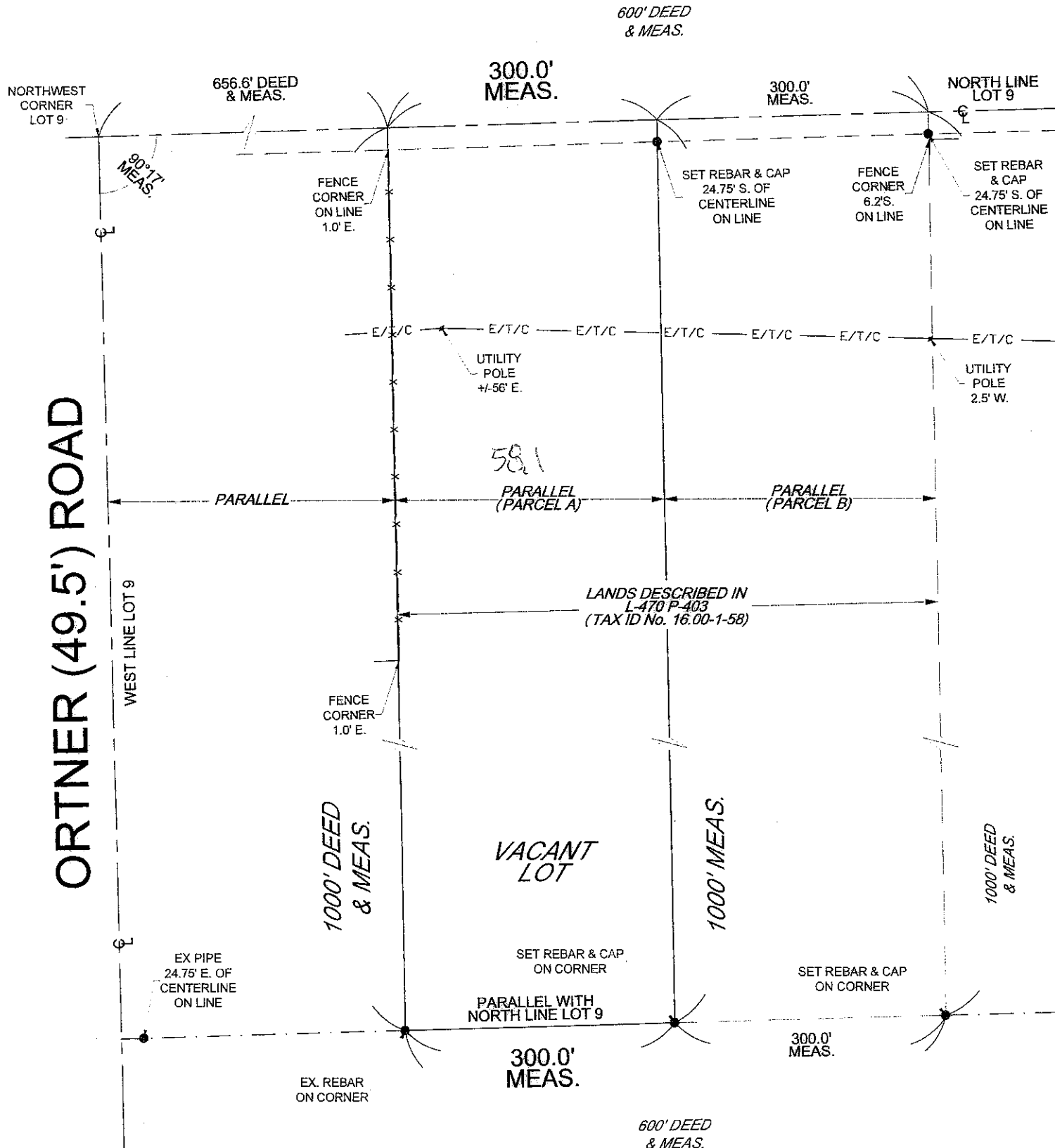
HASKELL recreation application

SCANNED
ORIGINAL



04/02/2023 - 04/08/2023

CHICK (49.5') ROAD



FILED IN THE GENESEE COUNTY CLERK'S OFFICE AT:
 MAP CABINET No. 6 SLIDE No. 98 MAP No. 2910

DATE: 12/7/2023
 COUNTY CLERK: [Signature]

REAL PROPERTY TAX SERVICES

DATE: 12/6/2023

APPROVED BY: [Signature]

This particular referenced action is not subject to Genesee County Health Department review under New York State Public Health Law Article 11 Title II

Signature: [Signature]
 Date: 12-6-23

BOUNDARY SURVEY SHOWING THE SEPARATION OF LAND OF BARBARA A. SCHUNK BEING PART OF LOT 9, TOWNSHIP 11, RANGE 3 OF THE HOLLAND LAND COMPANY'S SURVEY SITUATE IN THE TOWN OF DARIEN, COUNTY OF GENESEE AND STATE OF NEW YORK.
 October 30, 2023 Job # 23s-08-00A
 Scale 1" = 150'

APPROVED BY RESOLUTION OF THE PLANNING BOARD OF THE TOWN OF DARIEN, NY ON THE 20 DAY OF DEC, 2023. SUBJECT TO ALL REQUIREMENTS AND CONDITIONS OF SAID RESOLUTION. ANY CHANGE, ERASURE, MODIFICATION OR REVISION OF THIS PLAT AS APPROVED SHALL VOID THIS APPROVAL. SIGNED THIS 5th DAY OF DEC 2023 BY:

[Signature], CHAIRMAN

"Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of section 7209, subdivision 2, of the New York State Education Law"
 "Only copies from the original survey map marked with an original of the land surveyor's embossed seal and signature shall be considered to be valid true copies."

PART OF THE HOLLAND LAND COMPANY'S SURVEY:
 LOT 12 SEC. -- TWP. 12 RANGE 7
 TOWN OF DARIEN
 GENESEE COUNTY, NEW YORK
 TAX MAP NO.: PORTION OF 16.00-1-58
 MAP COVER: --
 MAP PAGE: --
 SUBLOT: --
 DRAWN: mdr

SURVEY REQUESTED BY
 VALLONE LAW, PLLC
 A PORTION OF LANDS DESCRIBED IN
 LIBER 403 OF 403

NOTES:
 1) This survey is subject to easements and right of way of record.
 2) Measurements made to the siding of the building.
 3) This survey was completed without the benefit of an updated title report and is subject to the facts contained therein.

NORTHEAST TOWER SURVEYING, INC.
 140 WEST MAPLEMERE ROAD
 WILLIAMSVILLE, NEW YORK 14221
 PHONE: 716-444-6108 EMAIL: mrozkeski@gmail.com
 SCALE 1" = 150'
 AREA = 6.89 ACRES +/- (PARCEL A)
 FIELD SURVEY DATE: OCTOBER 18, 2023
 OFFICE SURVEY DATE: OCTOBER 30, 2023
 JOB NO.: 23S-08-001A
 REVISION: --

[Signature] 12-06-23
 Date NYRLS 050523

CERTIFICATION:
 I hereby certify that this land separation was prepared by me, and was made from an actual field survey completed by me on October 18, 2023.



Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodastystyrelsen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap and the GIS user community, Esri Community Maps Contributors, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USEWS

T-01-DAR-05-24



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