



# GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-02-DAR-05-24

Review Date

5/9/2024

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

**DARIEN, T.**

**ZONING BOARD OF APPEALS**

**Jeffrey Andrzejewski**

**Area Variance(s)**

**Area Variance to place a pole barn/garage for storage.**

**Front Yard Setback**

**Minimum required: 50 ft.**

**Proposed: 30 ft.**

Location  
Zoning District

**10254 Colby Rd., Darien**

**Low Density Residential (LDR) District**

## PLANNING BOARD RECOMMENDS:

**APPROVAL**

## EXPLANATION:

**The proposed variance 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-02-DAR-05-24**



**\* GENESEE COUNTY \***  
**PLANNING BOARD REFERRAL**

RECEIVED  
Genesee County  
Dept. of Planning  
4/25/2024

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 ZBA  
Address 10569 Alleghany Rd  
City, State, Zip Darien Center, NY 14040  
Phone (585) 571-2274 Ext. 1026

**2. APPLICANT INFORMATION**

Name Jeffrey Andrzejewski  
Address 10254 Colby Rd  
City, State, Zip Darien, NY 14040  
Phone (716) 572-6645 Ext. \_\_\_\_\_ Email \_\_\_\_\_

MUNICIPALITY:  City  Town  Village of Darien

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

- |   |  |   |
|---|--|---|
| <input checked="" 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 type="checkbox"/> Site Plan Review         | <input type="checkbox"/> Other: _____              |   |

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

A. Full Address 10254 Colby Rd., Darien, NY 14040  
B. Nearest intersecting road Shank Rd.  
C. Tax Map Parcel Number 7.-1-38.2  
D. Total area of the property 4.7 acres Area of property to be disturbed n/a  
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

C. Please describe the nature of this request area variance request for relief from frontage from street right of way.

**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 checked="" type="checkbox"/> Other: <u>criteria to support</u> |
| <input type="checkbox"/> SEQR forms                   | <input type="checkbox"/> Agricultural data statement         |   |

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

Name Gwen Yoder Title ptzba clerk Phone (585) 571-2274 Ext. 1026  
Address, City, State, Zip 10569 Alleghany Rd Darien Ct, NY 14040 Email ptzba@townofdarien.ny.us

# TOWN OF DARIEN APPLICATION FOR ZONING PERMIT (revised 2/01/2021)

Today's Date: 04/18/2024 Application Number: ZBA 03-24

Owner's Name: Jeffrey Andrzejewski Tax Map #: 7.-1-38.2

Owner's Phone: 716-572-6645 Owner's 2<sup>nd</sup> Phone: \_\_\_\_\_

Owner Address: 10254 Colby Rd. Darien, NY 14040

Address of Project: same

Owner's Email: Jeffriss17@yahoo.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: 1500 length X 430 width and/or area 14.7 acres
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): n/a %
7. Total Dwelling Units: 1
8. Project Cost: \_\_\_\_\_ Actual  Estimated

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

Describe proposed project and/or use:

Area variance request for relief from frontage from street right of way.

Attachments required & verified by ZEO:

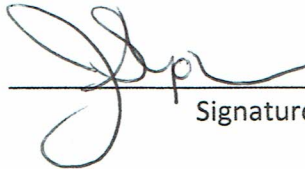
Zoning application, ZBA appeals app, Criteria to Support Area Variance, Site Plan

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

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

4/18/2025  
Date of Signature

  
Signature of ZEO

\_\_\_\_\_  
Date of Signature                      # of Inspects

\_\_\_\_\_  
Signature of Building Inspector

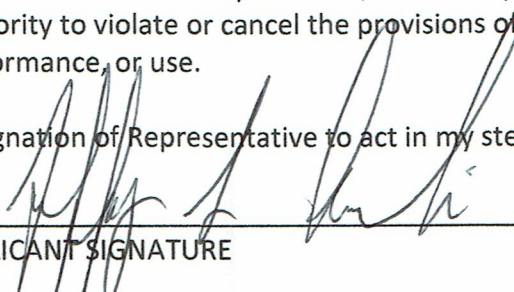
\_\_\_\_\_  
Date Fee Received                      Fee

\_\_\_\_\_  
Indicate Fees Paid/Town Clerk Use Only

\_\_\_\_\_  
Date of Signature                      Renewal Approval / ZEO Signature

**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)

  
APPLICANT SIGNATURE

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE (If other than applicant)

**Office Use Only:**

Total Square Footage: \_\_\_\_\_

Average Sq. Footage Cost: \_\_\_\_\_

Valuation: \_\_\_\_\_

Reference Year: \_\_\_\_\_



Application # ZBA-03-24

(For office use only)

## 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.

The change does not impact adjacent properties due to the land owner possessing a fifteen acres parcel. The closest structure across the street also sits less than fifty feet from the right of way and is residential/agricultural land. Land to the south is farmland. Land to the north is buffeted by woods and a creek. No undesirable change is noted.

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.

Existing topography, landscaping and driveways lends itself to this natural development of the parcel. Other locations create logistical issues which would require the removal of existing features and the natural landscape desirable in this neighborhood to preserve character.

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

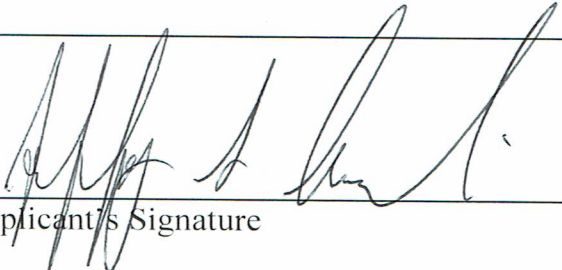
The request is approximately twenty five - thirty percent relief from the ordinance.

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

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.

N/A

  
Applicant's Signature

April 18, 2024

Date



Crooked Creek

10254

Colby Rd

10257

Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen, 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, USFWS



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**T-02-DAR-05-24**



**04/08/2023**