

GENESEE COUNTY PLANNING BOARD REFERRALS

HOLLAND LAND OFFICE	NOTICE OF FINAL ACTION				
1802	GCDP Referral ID	T-02-DAR-4-22			
YOU TO THE THE PROPERTY OF THE	Review Date	4/14/2022			
Municipality	DARIEN, T.				
Board Name	ZONING BOARD OF	APPEALS			
Applicant's Name	Chad Downs				
Referral Type					
Variance(s)	Area Variance(s)				
Description:	, , , , , , , , , , , , , , , , , , , ,				
	Front Yard Setback Minimum Required: 50 ft Proposed: 38 ft.	t.			
Location	1300 McVean Rd., Da	arien			
Zoning District	Low Density Resider				
PLANNING BOARD I	RECOMMENDS:				
APPROVAL					
 EXPLANATION:					
	uld pose no significant cour	nty-wide or intercommunity impact.			
Felix A. Alt	Man o				
		April 14, 2022			
Director		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

Address, City, State, Zip 10569 Alleghany Rd. Darien, NY 14040

Batavia, NY 14020-9404 Phone: (585), %!+ \$%

Clear Form

DEPARTMENT USE ONLY:

Email pbzba@townofdarienny.com

GCDP Referral # <u>T-02-D</u>AR-4-22



* GENESEE COUNTY * PLANNING BOARD REFERRAL

RECEIVED Genesee County Dept. of Planning 3/31/2022

Required According to:

GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N (Please answer ALL questions as fully as possible)

The Walter of the Control of the Con	(Please answer	r ALL questions as fully	as possible)	
1. REFERRING BOARD(S) INFORMA	<u>ATION</u>	2. APPLICANT INF	ORMATION	
Board(s) ZBA		Name Chad Down	S	
Address 10569 Alleghany Rd.		Address 1300 McV	ean Road	
City, State, Zip Darien, NY 14040		City, State, Zip Cort	fu, NY 14036	
Phone (585) 547 - 2274	Ext. 1026	Phone (716) 583 - 3304	Ext. Email	
MUNICIPALITY: City	Town	Village of Darien		
3. TYPE OF REFERRAL: (Check all app	olicable items)			
■ Area VarianceUse VarianceSpecial Use PermitSite Plan Review	Zoning To	Tap Change ext Amendments ensive Plan/Update	Subdivision Proposal Preliminary Final	
4. <u>Location of the Real Prope</u>	ERTY PERTAIN	ING TO THIS REFERRA	<u>L:</u>	
A. Full Address 1300 McVean Ro	d., Darien			
B. Nearest intersecting road Allegh	nany Rd (NYS	Rt. 77)		
C. Tax Map Parcel Number 21-4	13.1			
D. Total area of the property 1.25	acres	Area of property	to be disturbed 30X40 feet	
E. Present zoning district(s) LDR				
5. <u>REFERRAL CASE INFORMATION</u> A. Has this referral been previously		Genesee County Plannin	g Board?	
NO YES If yes, give o	date and action to	aken		
B. Special Use Permit and/or Varia	nces refer to the	following section(s) of the	ne present zoning ordinance and/o	or law
Schedule A				
C. Please describe the nature of this	s request <u>He ne</u>	eds an area variance f	or a pole barn. Relief from fro	ont setback
requirement of 50 feet.				
6. ENCLOSURES – Please enclose copy	r(s) of all approp	riate items in regard to thi	s referral	
■ Local application□ Site plan□ Subdivision plot plans□ SEQR forms	Location in Elevation	xt/map amendments map or tax maps drawings ral data statement	New or updated comprehePhotosOther: Variance Test	ensive plan
7. CONTACT INFORMATION of the pe	-			
Name Gwen Yoder	11tle PB 2	ZBA Clerk	Phone (585) 547 -2274	Ext. 1026



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

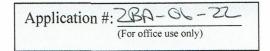
Today'	s Date: 3/21/2022		Ар	plication N	Number: 28	A-06-22
Owner's Name: Chad Downs Tax Map #: 21-43.1				3.1		
Owner	Owner's Phone: 716-583-3304 Owner's 2 nd Phone: 716-759-1492					
Owner	Owner Address: 1300 Mc Vean Rd. Corfu, NY 14036					
Addres	ss of Project: same					
Owner	's Email: Pestrx1300	@icloud.com	Bu	ilder Emai	l:	-
Builde	Contact:		Bu	ilder Phon	e:	
Fill out Officer	JCTIONS: the application completion (ZEO) prior to comment to the comment of the	ncing this proj	ect or use.			ents to the Zoning Enforcement
 Per Is t Din Wh Tot 	Industrial Commit Application for: Roof Solar Part SPECIAL USE of this parcel: Corner Densions of this lot: at is the front set back of the foot set back	New Construction of the set back (ct on plot diag	Recreuction Strator SITE PLANT District h X 200' the project in feet) from gram).	ational Demolition wimming I N HON Sewer D width to the str	Addition Signs Signs OCCUPATION Sistrict Signal Sig	Alteration Relocation Fence Kennel 25 acres y (Check Survey for ROW); de A 50' Side B 120'
	ject Cost:	***************************************	Actu	ıal E	stimated	# Doth rooms
J.	PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQUARE FEET	# Bathrooms: # Bedrooms:
	House					Rec Room:
	Garage/Pole Barn					Family Room:
	Accessory Structure					Fireplace:
	Commercial		***************************************			
	Industrial					
	Signs					
Describ	pe proposed project an	d/or use:				
	iance for pole barn. Relief fro		quirement of 50	יר		
		HOIR SQUACK TO	Adultine II OI O	· .		

Attachments required & Application, Site map, Varia	· ·	
Action taken by ZEO: AP Requires area variance.	PROVED: DENIE	D: Reason:
Referral To: Town F	Planning Town App	peals County Planning Building Inspector
	1 1	ng Permit Operating Permit Temporary Use Permit Certificate of Compliance
3/21/2022		Joseph Land Son Comment of the Comme
Date of Signature		Signature of ZEO
Date of Signature	# of Inspects	Signature of Building Inspector
3)21/2022	160	
Date Fee Received	Fee	Indicate Fees Paid/Town Clerk Use Only
Date of Signature		Renewal Approval / ZEO Signature
attachments and know t	hem to be true & correct plied with, whether spec	the instructions, examined this application and supporting ct. All provisions of Laws and Ordinances covering this type of cified herein or not. The granting of a permit does not give ny other State or Local Law/Ordinance regulating construction,
Designation of Represen	tative to act in my stead	d form required?(attach form if required)
APPLICANT SIGNATURE		PROPERTY OWNER SIGNATURE (If other than applicant)
Office Use Only:		
Total Square Footage:	Ave	rage Sq. Footage Cost:
Valuation:	Ref	erence Year:

TOWN OF DARIEN APPLICATION TO THE ZONING BOARD OF APPEALS

APPEAL NUMBER: 2BA -06 -22
DATE: 3202

APPLICA	ANT: NAME.	Chad Downs	
	ADDRESS:	1300 Mc Vean Rd.	
		Corfu, NY 14036	
	TELEPHONE #:	716-583-1492	
1.	to DENY (V) GRA	ppeals to overturn the Zoning E N T (an application for a Zo Dated	oning Permit
2.	APPLICATION FOR:	Use Variance () Area Variance (\varbu) Notice of Appeal ()	Interpretation () Other () Please Specify
2		2001	T teuse specify
<i>3</i> .		300 Mc vean Rd. Corfu, NY 14036	
4.	Provisions of Zoning Law Article Schedule A Schedule A Schedule A	being Appealed: ection Subsection _	Paragraph
5.		en filed pertaining to this parcel Date	
6.		eneral Explanation): Request from y to make the building functionally and	
*A m	ore SPECIFIC RESPONSI	E should accompany this appli	cation on separate sheet(s) of paper.
elevation determ	ons, traffic circulation diagrams a ination regarding this request.	and any other material that will assist t	
CERTIFIC know the s be complied violate or s	CATION: I hereby certify that same to be true and correct. A ed with whether specified here	I have read and examined this app Il provisions of laws and ordinance in or not. The granting of an Appe	**************************************
Ar	oplicants Signature		Reviewed by Zoning Enforcement Officer
OFFICI			
USE	PAID: Cash \$	Check # 1075	
			Town Clerk Signature/Date



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 requirement 1. Undesirable Change in neighborhood Character. The granting of the produce an undesirable change in the neighborhood or a detriment to ne No, the owner merged his two adjacent parcels to create a larger parcel. The reque	ne variance will not earby properties.
enhance the aesthetics of the parcel. To conform with the	
setback would actually detract from the aesthetics of the neighborhood.	
2. Alternative Cure Sought. There are no other means feasible for the a that would result in the difficulty being avoided or remedied, other than the area variance. Compliance would create an undesirable aesthetic by altering the driveway flow of the	ne granting of the
increasing surface driveways.	
3. Substantiality. The requested area variance is not substantial. Reequest is appproximately 20% of requirement. Request 38' setback as opposed	to 50' required
under zoning .	
4, Adverse Effect or Impact. The requested variance will not have an a impact on the physical or environmental condition in the neighborhood of No	
5. Not Self-Created. The alleged difficulty existed at the time of the enaction or was created by natural force or governmental action, and was no action by the owner or the predecessors in title.	
$\frac{2}{3/21/26}$	2
Applicant's Signature Date /	

Downs area variance 1300 Mc Vean Rd

