



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-04-DAR-10-23

Review Date

10/12/2023

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

DARIEN, T.

ZONING BOARD OF APPEALS

Jeff Faatz

Area Variance(s)

Area Variance to divide one parcel into two.

Lot Frontage

Minimum Required: 300 ft.

Proposed: 300 and 247 ft.

Location
Zoning District

County Line Rd., Darien

Low Density Residential (LDR) District

PLANNING BOARD RECOMMENDS:

APPROVAL

EXPLANATION:

The proposed frontages should pose no significant county-wide or intercommunity impact.

Director

October 12, 2023

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) , 9/!+ \$%

DEPARTMENT USE ONLY:

GCDP Referral # T-04-DAR-10-23



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
9/27/2023

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 Road
City, State, Zip Darien Center, NY 14040
Phone (585) 547 - 2274 Ext. 1026

2. APPLICANT INFORMATION

Name Jeff Faatz
Address 3219 Crittenden Road
City, State, Zip Alden, NY 14004
Phone (716) 818 - 8266 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 Land on Countyline Road
- B. Nearest intersecting road Genesee Street
- C. Tax Map Parcel Number 1.-1-57.11
- D. Total area of the property 5.85 acres Area of property to be disturbed None
- E. Present zoning district(s) 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
Schedule A
- C. Please describe the nature of this request Request for parcel split requires an area variance due to lack of required frontage. Minimum required: 300 ft.; Proposed: 300 ft. and 247 ft.

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 PBZBA Clerk Phone (585) 547 - 2274 Ext. 1026
Address, City, State, Zip 10569 Alleghany Road, Darien Center, NY 14040 Email pbzba@townofdarienny.com

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

Today's Date: 9/12/2023 Application Number: ZBA-06-23

Owner's Name: Faatz, Jeff Tax Map #: 1.-1-57.11

Owner's Phone: 716-818-8266 Owner's 2nd Phone: _____

Owner Address: 3219 Crittenden Rd. Alden, NY 14004

Address of Project: Tax parcel 1.-1-57.11

Owner's Email: Jeffreyfaatz@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: _____ length X _____ width and/or area 5.85 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): _____%
7. Total Dwelling Units: _____
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:

Request to split into two buildable lots.

Attachments required & verified by ZEO:

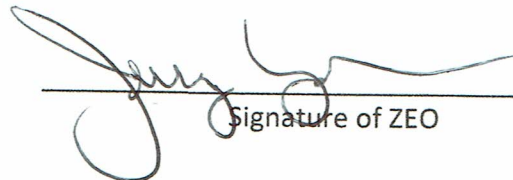
Action taken by ZEO: **APPROVED:** **DENIED:** Reason:
referred to ZBA

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

9/12/2023

Date of Signature


Signature of ZEO

Date of Signature

of Inspects

Signature of Building Inspector

9/12/2023

160⁰⁸



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: _____

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.

No, there are other parcels in the neighborhood that are undersized. The variance requested is minimal and does not detract from the character of the neighborhood.

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.

The is no other means available to split the existing lot into two parcels.

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

The variance requested is approximately 20% of the required frontage.

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, the variance does not alter the existing character of the neighborhood.

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

9/12/2023

Date

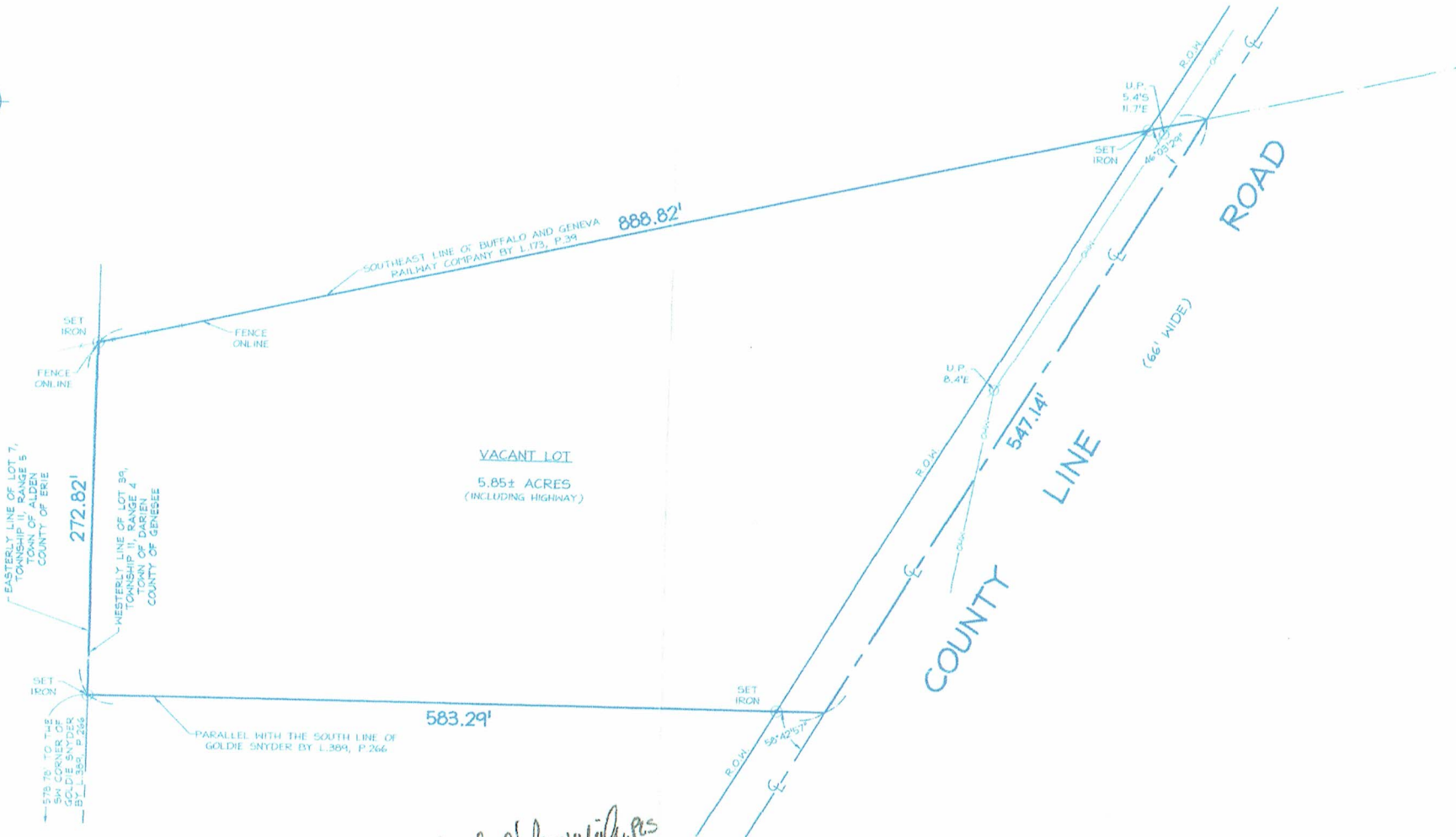


FRONTAGE :

Primary Lot : 300'

Secondary Lot : 245'

Both Lots > 80,000 sq. ft. area



NO IRONS SET OR FOUND AT PROPERTY CORNERS UNLESS NOTED HEREON.

This survey was prepared without the benefit of an abstract of title and is subject to any state of facts that may be revealed by an examination of such.

Unauthorized alterations or additions to any survey, drawing, design, specification, plan or report is a violation of section 7204, provision 2 of the New York State Education Law.

Melvin J. Nussbaum, P.E.

PART OF LOT : 39		TOWNSHIP : II		RANGE : 4		OF THE HOLLAND LAND COMPANY'S SURVEY	
LOCATION : TOWN OF DARIEN		COUNTY OF GENESEE		STATE OF NEW YORK		SCALE: 1"=80'	
KIND	DATE	REQUESTED BY		JOB NO.			
SURVEY	07/17/14	GARVEY & GARVEY		14J2-0134			

Nussbaum & Clarke, Inc.
 Engineers and Surveyors
 3556 Lake Shore Road
 Buffalo, New York 14219-1494
 (716) 627-8000

T-04-DAR-10-23

