GENESEE COUNTY PLANNING BOARD
ZONING REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID	**V-05-OAK-6-15**
Review Date	**6/11/2015**
Municipality	**OAKFIELD, V.**
Board Name	**PLANNING BOARD**
Applicant's Name	**Bernard Luthart**
Referral Type	**Site Plan Review**
Variance(s)	
Description:	**Site Plan Review to construct a 280 sq. ft. (14 x 20 ft.) addition to an existing garage for a single-family residence.**
Location	**123 N. Main St. (NYS Rt. 63), Oakfield**
Zoning District	**Neighborhood Commercial (C-1) District**

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed addition should pose no significant county-wide or inter-community impact.

Felix A. [illegible]

Director

June 11, 2015

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, N.Y. 14020-9404
Phone: (585) 344-2580 Ext. 5467

DEPARTMENT USE ONLY:
G.C.D.P. Referral # V-05-OAK-6-15
Date Received 5-26-15

* 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
Address 37 Main Street
Oakfield, NY 14125

2. APPLICANT INFORMATION

Name Bernard Luthart
Address 123 N. Main Street, Oakfield
Phone 585-993-2522 Email

MUNICIPALITY: ☐ City ☐ Town ☒ Village of Oakfield

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

- ☒ Area Variance
- ☐ Use Variance
- ☐ Special Use Permit
- ☒ Site Plan Review
- ☐ Zoning Map Change
- ☐ Zoning Text Amendments
- ☐ Comprehensive Plan/Update
- ☐ Other:

Subdivision Proposal
- ☐ Preliminary
- ☐ Final

No AV Needed

Per Conversation with RP 6/9/2015

RECEIVED
MAY 26 2015
GENESEE COUNTY
DEPARTMENT OF PLANNING

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

A. Address 123 N. Main Street
B. Nearest intersecting road Seneca Street
C. Tax Map Parcel Number 1.-3-5
D. Total area of the property 0.314 acres 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 SitePlan Review for a Garage to store 1 Vehicle and Lawn Goods.

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

- ☒ Local application
- ☒ Site plan
- ☐ Subdivision plot plans
- ☐ SEQR forms
- ☐ Zoning text/map amendments
- ☐ Location map or tax maps
- ☐ Elevation drawings
- ☐ Agricultural data statement
- ☐ New or updated comprehensive plan
- ☐ Other:

***** If possible, please provide a reduced version or digital copy of any supporting documentation larger that 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 ivillage@rochester.rr.com

APPLICATION FOR ZONING ☒ AND/OR BUILDING ☒ PERMIT

APPLICATION NUMBER: 6-15

APPLICATION DATE: 5/1/15

VILLAGE OF OAKFIELD, New York 14125

OWNER
Name: Bernard J. Luthart
Address: 123 N. Main St
Phone #: (585) 993-2522

APPLICANT (IF OTHER THAN OWNER)
Name:
Address:
Phone #:

PROJECT SITE LOCATION: 123 N. Main St TAX MAP # (TMP) 1.-3-5
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.

1 Application for Use: RESIDENTIAL ☒ ; COMMERCIAL ☐ ; INDUSTRIAL ☐ ; RECREATIONAL ☐ ; SITE PLAN ☐
2 Permit for: NEW CONSTRUCTION ☒ ; ADDITION ☐ ; ALTERATION ☐ ; REPAIR ☐ ; CHANGE IN USE ☐
3 Is this parcel; A corner lot? YES ☐ ; NO ☒ ; In a Sewer District? YES ☒ ; NO ☐ ; In a Water District? YES ☒ ; NO ☐
4 List the DIMENSIONS of the parcel: 137.50 x 100 and/or TOTAL PARCEL AREA (Acres) ______
5 What are the parcel setbacks [Ft.] from the project. FRONT ______; REAR ______ & SIDE yards (a) 12.02 (b) 16.33 / will
6 Total % of coverage of ALL buildings on the parcel (including the proposed project): ______ TOTAL % End up being
7 Does this project require County Health Department approval? NO ☒ ; YES ☐, If yes, submit attachment F. 2.27 From
8 Is this parcel property subdivided? NO ☒ ; YES ☐, If yes, provide documentation. Line if Built
9 Do you give the Village VALID CONSENT to do the required inspections? YES ☒ NO ☐, If no, what procedures?
10 Name of Architect/Engineer Self Telephone # ______
Address ______
11 Name of Contractor(s) Self Telephone # ______
Address ______
12 Estimates cost of the project? ______ [Substantiation may be required]
13 Total Dwelling units: ______
14

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQ. FT.
HOUSE				
GARAGE	10'	14'	20'	280
ACCESSORY BUILDING				
SWIMMING POOL				
DECK				
COMMERCIAL/INDUSTRIAL				
OTHER				
			TOTAL SQ. FT.	

15 Describe the proposed project and use:
Place to Store 1 vehicle & Lawn goods

[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.

Bernard J Luthart
Signature - OWNER
5-1-15
Date

______
Signature - APPLICANT (If different than owner)
______
Date

OFFICE USE ONLY

Action taken by Z.E.O./C.E.O.: Approved ☐ ; Denied ☒ ; Reason for denial; Schedule A ☐ ______

Article ______ Section ______ Subsection ______ Paragraph ______ *Briefly Describe:* ______ Zoning District ______

Z.E.O. Signature: [signature]
C.E.O. Signature: ______
Date of Action: 5/11/15

	YES	NO
Wetlands		
Flood Plain		

FEES:
Cash ______
Check # ______
Receipt # ______

Special Use ______
Variance $150.00
Public Hearing ______
TOTAL $150.00

Zoning ______
Building ______
TOTAL ______

VILLAGE OF OAKFIELD ATTACHMENTS LIST

Please check the required attachments:

The Zoning Enforcement Officer [Z.E.O.] will inform you of which attachments will be required for your particular project and/or use.

PLEASE NOTE: This application will not be considered complete until all appropriate attachments have been supplied and accepted. The applicant is responsible to provide all applicable attachments to the Z.E.O. Your project cannot be started until a Zoning Permit has been issued and if required the Code Enforcement Official [C.E.O.] has issued the Building Permit. The applicant is also responsible to make all necessary calls for inspections and pay any required fees as set forth in the appropriate Schedule of Fees.

If you have any questions, please call the Z.E.O.

- ☐ A. Submit a site plan. This should consist of an accurate map (tape location, survey map, etc.) showing all structures and/or buildings on the parcel. Show ALL dimensions of proposed projects and dimensions to property lines and street right-of-way(s) (R.O.W.)

- ☐ B. Identify adjoining parcels and owners within 300' (feet).

- ☐ C. Submit supporting data (written form).
  - -List construction sequence.
  - -Time schedule for completion of each phase of the project.
  - -Description of proposed uses, hours of operation, expected number of employees, and anticipated volume of traffic that this project will generate.

- ☐ D. Graphic material showing traffic circulation, parking spaces and pedestrian walks. Also, topography and landscaping plans, open space and buffer zones.

- ☐ E. Preliminary engineering plans showing street improvements, storm drainage, water supply and sanitary sewer facilities.

- ☐ F. Provide a copy of a current Genesee County Health Department approval for an individual sewage disposal system and the plans. (required for new dwelling construction, bedroom additions, etc.)

- ☐ G. Drawing of the sign, clearly showing the dimensions, characters and shape and, if illuminated, show source of the power and location of illumination.

- ☐ H. Provide 1 set of prints (signed & stamped by a licensed architect or engineer.)

- ☐ I. Describe the nature of the existing use.

- ☐ J. Provide a copy of an energy audit.

- ☐ K. Freshwater wetlands determination/permit from the N.Y.S. D.E.C. (as required by Article 24 of the Environmental Conservation Law).

- ☐ L. Certification indicating specific elevation in relation to the Federal Flood Hazard Area.

- ☐ M. (MINING ONLY) Describe extent of proposed mining operation. Removal of 1,000 + tons annually requires a N.Y.S. D.E.C. permit.

- ☐ N. Other (please specify) Storage Use

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.

Bernard J. Hubbard
(Signature of Homeowner)

5.1.15
(Date Signed)

Bernard J. Hubbard
(Homeowner's Name Printed)

Home Telephone Number (cell) 585) 993-2522

Property Address that requires the building permit:

_____

_____

_____

_____

Sworn to before me this _____ day of

_____, _____.

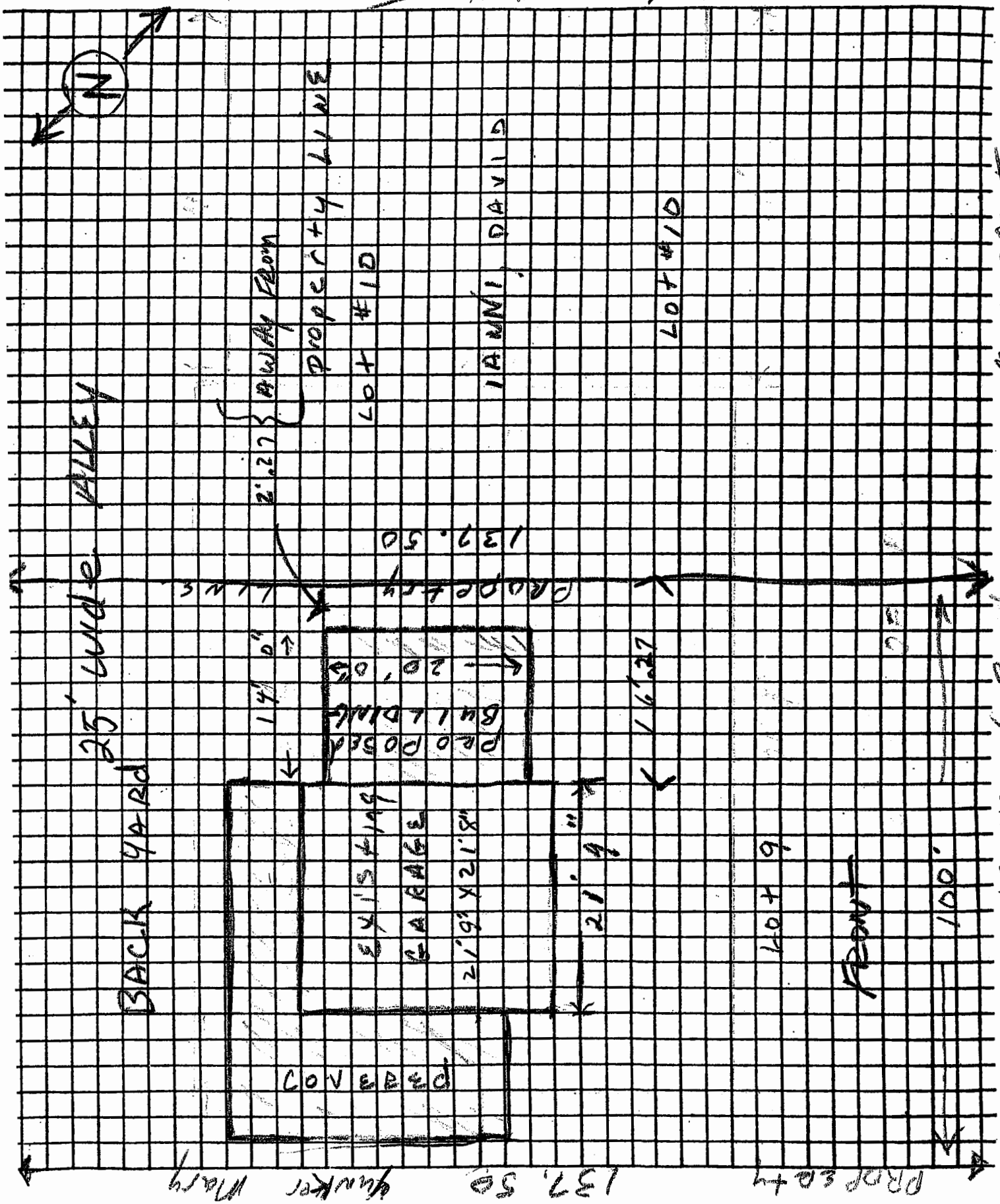
_____

(County Clerk or Notary Public)

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

PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all yard dimensions from property lines. Give identifying information or deed description, show street names and adjacent property owner names,



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