# TOWN OF YORK 2668 Main Street, P O Box 187, York, NY 14592-0187 Tel: (585) 243-3128 Fax: (585) 243-4618

TTY NY: (800) 662-1220

## **Zoning Board of Appeals (ZBA) Application**

Project Name:	Garage	
Applicant Name:	Christine & Larry Harris	
	(	

Type of Request. Check the type of request you are applying for and complete the
indicated sections of this application. If you are uncertain which request you are applying for,
consult with the Town of York Code Enforcement Officer or the Town of York Zoning Clerk.

✓ All requests	Request Type	Complete All Required Sections
	Appeal and/or Interpretation	1, 2, 3, 4, 5, 6
V	Area Variance	1, 2, 3, 4, 5, 7
	Use Variance	1, 2, 3, 4, 5, 8

All use variances and area variances (except those involving single-family and two-family dwellings), (Check with Code Enforcement Office to see which form is needed) SEQR: State Environmental Quality Review Act (SEQR) Forms - NYS Dept. of Environmental Conservation

All use and area within 500' of agriculture: If the proposed activity will be on property within an agricultural district containing a farm operation or on property with boundaries within 500 ft. of a farm operation located within an agricultural district, then an ag data statement must be completed. Check with Town Assessor for property owners to be listed on the form.

NEW Copy of Agricultural Data Statement 002 .pdf (yorkny.org)

**Notice to Applicant:** By law, the application or amendment must be referred to the County Planning Board if it applies to real property within 500 feet of: A municipal boundary, The right-of-way of any state or county road, A state or county park or recreation area (existing or proposed), State or county land on which a public building or institution is located, A farm operation within an <u>agricultural district</u> as defined by Article 25-AA of the New York State Agriculture and Markets Law, Existing or proposed right-of-way of any county stream or drainage channel. <u>Referral Trigger Map</u>

Requests will also require a public hearing seeking comments from the public on the requested variance.

describe your request, in general:
We are proposing to construct a 30 x 30 2-car garage on our
property. A variance is required for 2 purposes: 1- garage will be in
front of the primary residence 2 - We do not meet the SetBACK requirement
From RT. 36.

Please

### TOWN OF YORK

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	Identification.	200		
	Project Name	Garas	ie .	
	Applicant Name			
	Address		in street	
	Town	Wadsworth	State NY	Zip <u>14533</u>
	Phone ( ¿	) (585) 298	- 2162 Fax(585)	243 - 4618
	Email	Gorkerve	Drochester. rr. Co	m
	Property Owner (If			
	Address			
	Town		State	
	Phone	()	Fax() _	
	Email	Version and the second		
3	Property Infor	mation.		
٠.	Property Street Add		4101 Main ST.	Wadshort
	Permanent Parcel N			-1-60
	Legal Description of		Single Family 1	
	regar a caorib trott at	,,,,,,	31.3	
	Zoning District Re	Sidential		
				pth
	Current Use(s)			
	Zoning District of Ac	ljacent Propertie	s to the:	
	61	6 11	East	Most
	North	_ South	Last	_ vvest
	North	_ South	Last	
1			Last	west
4.	Prior Requests			
4.	Prior Requests  a. Have you ever re	• equested ZBA rel	ief for this property? Yes	
4.	Prior Requests  a. Have you ever really ges, please pro	• equested ZBA rel ovide the followin	ief for this property? Yes	
4.	Prior Requests  a. Have you ever re If yes, please pro Date of Hearing	• equested ZBA rel ovide the followin	ief for this property? Yes ng information: —	No 🗸
4.	Prior Requests  a. Have you ever re If yes, please pro Date of Hearing Relief Requested	• equested ZBA rel ovide the followin	ief for this property? Yes	No 🗸
4.	Prior Requests  a. Have you ever re If yes, please pro Date of Hearing	• equested ZBA rel ovide the followin	ief for this property? Yes ng information: —	No 🗸
4.	Prior Requests  a. Have you ever real of yes, please produced by the prior of the pr	• equested ZBA rel ovide the followin d	ief for this property? Yes ng information:	No <u> </u>
4.	Prior Requests  a. Have you ever relif yes, please propate of Hearing Relief Requested Result  b. Are there any expenses and the property of t	equested ZBA relovide the following	ief for this property? Yes ng information:  for this property? Yes	No <u></u>
4.	Prior Requests  a. Have you ever really ges, please produced by the produced b	equested ZBA relovide the following d	ief for this property? Yes ng information:  for this property? Yes ng information:	No <u> </u>
4.	Prior Requests  a. Have you ever really likes, please properties Requested Result  b. Are there any explicitly likes, please properties of Hearing Date of Hearing	equested ZBA relovide the following disting variances for the following variances for	ief for this property? Yes ng information:  for this property? Yes ng information:	No V
4.	Prior Requests  a. Have you ever really yes, please produced the produced Requested Result  b. Are there any explanate of Hearing Relief Requested Result  b. Are there any explanate of Hearing Relief Requested	equested ZBA relovide the following decisions variances to by idea the following decisions and the following decisions are set to the following decisions and the following decisions are set to the following decisions are set t	ief for this property? Yes ng information:  for this property? Yes ng information:	No V

TOWN OF YORK: TOWN & COUNTY 2023 TAXES

TOWN: \$4,561,642.00 STATE AID - COUNTY: \$17,760,851.00 WARRANT DATE: 12/31/2022 FISCAL YEAR: 01/01/2023 to 12/31/2023 BANK **BILL NUMBER** PAGE 000639 1 OF 1

MAKE CHECK PAYABLE TO:

CHRISTINE HARRIS TAX COLLECTOR 2668 MAIN STREET YORK, NY. 14592

TO PAY IN PERSON:

Town Hall Monday - Friday 9:00 AM - 4:30 pm Wed. 9am-12 noon PROPERTY INFORMATION:

TAX MAP #: 245200 70.-1-60

DIMENSION: 1.38 acres

1 CLASS: 1 Family Res

ADDRESS: 4101 Main St SCHOOL: YORK

FULL MARKET VALUE:

152600.00

UNIFORM % OF VALUE:

100.00

ASSESSMENT:

RS:

152600

Harris Larry W Harris Christine M 4101 Main St

Wadsworth, NY 14533

**PROPERTY OWNER:** 

RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE VALUE	AMOUNT DUE
LIVINGSTON COUNTY	30810204	4.6000	6.95752400	152600.00	1061.72
YORK TOWN TAX	931320	9.9000	3.51041000	152600.00	535.69
YORK FIRE 1	216691	3.0000	0.61451100	152600.00	93.77
YORK SWR DIST #1 OCC	0	0.0000	308.45528500	1.00 Units	308.46
CONSOLIDATED WTR OCC	0	0.0000	198.68886000	1.00 Units	198.69

### **PAYMENTS RECEIVED**

Receipt#: 28 Date Paid:01/03/2023

Penalty: 0.00

Check:

**Full Payment** Surcharge: 0.00

Check #: 2036

Notice Fee: 0.00

Ret. Check Fee: 0.00

Received from Harris Larry & Christine - Via Counter: \$2198.33

11 Proof of ownership"

TOTAL TAXES PAID TO DATE:

2198.33

0.00

Tax:

Cash:

\$2198.33

2198.33

Printed on: 03/06/2023 02:13:42 PM

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**5. Application Procedure.** The following check list includes all documents required for the Town of York Code Enforcement Officer or Zoning Clerk to begin the ZBA process.

NOTE: Partial sets will not be accepted for submittal. Mapplication Form and Fees. A completed application form and the application fee are required with the initial submittal. NA SEQR Short Environmental Assessment Form. A completed Short EAF is required for all Use Variance applications and for Area Variance applications related to properties other than singlefamily and two-family dwelling properties. Proof of Ownership. Current proof of ownership of the property to utilized or contractual ability to acquire such land. If applicant is a tenant or agent of owner, then proof of ownership and written permission of owner for applicant to apply for zoning relief. Copy of Tax bill is not proof of ownership. (Attached) ☐ Response to Criteria. A completed, detailed written response to the review criteria referenced in section 1 and described in section 6(7) and 8. 7 Copies. At the time of submittal, a complete electronic file of the site plan, landscape plan, elevation drawing, color renderings, complete checklist and application documents must be emailed to planningzoningclrk@yorkny.org. This will then be forwarded to the zoning board. NOTE: The applicant and property owner will be notified when the application will be heard at a scheduled hearing. (applicant), do hereby swear that the information given ChristiNE HArris (property owner), do hereby give permission for Town of York officials, staff, and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

Printed Name of Property Owner (If different)

Signature of Property Owner (If different) Date



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## 6. Criteria for APPEALS / INTERPRETATION.

**Appeals:** The Zoning Board of Appeals, upon application, shall hear and decide appeals from, and review orders, requirements, decisions, or determinations, including any order requiring an alleged violator to stop, cease and desist, made by the Code Enforcement Officer in the enforcement of the Zoning Ordinance of the Town of York. An appeal must be initiated within sixty (60) days after the filing of such order, requirement, decision, interpretation or determination by the Code Enforcement Officer. The Board must find that the original decision was one or more of the following:

- a. Arbitrary and capricious.
- b. Based on an erroneous finding or a material fact.
- c. Constituted an abuse of discretion.
- d. Was based upon erroneous interpretation of the zoning code or zoning law.

**Interpretations:** Upon appeal from a decision by an administrative official, or upon request from the Code Enforcement Officer or any other duly constituted Board of the Town, to decide any question involving the interpretation of any provision of the Zoning Ordinance of the Town of York, including determining of the exact location of any district boundary if there is uncertainty with respect hereto.

For an appeal, please describe what determination you are appealing from and your position with regard to such determination, describing how your appeal meets one or more of the above criteria. For an interpretation, please describe that part of the Zoning Ordinance or local law you are seeking an interpretation of.:

Relief from	Article V	Section	508 C	of the	Town of You
Zoning Or.	Linence				
	11.				

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		riteria for AREA Variances. The ZBA may grant an area variance only upon a finding nat a practical difficulty exists. Please respond to the following statements.			
	a.	Public Safety and Welfare. Will the granting of a variance create an undesirable change to the character of the neighborhood or be a detriment to nearby properties?  No if well not			
	b.	Alternate Options. Can the benefit sought by the applicant be achieved by some other method, feasible for the applicant to pursue, other than an area variance?  If proposed garage had to be moved elsewhere it would require a great deal of fell to be brought in AND we would have to know a maple tree as well.			
		The degree of variance. Is the requested area variance substantial?  The Area variance we are requestif is to construct a 30x30 garage on our property where our existing turn-around is located. If possible we would also request variance consideration pertaining to st back from RT. 36			
	d.	Level of effect. Will the requested variance have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district?  No It will not			
•	e.	Not Self-Created. Is the alleged difficulty self-created?  No it is not			

The ZBA, in granting an area variance, shall grant the minimum variance that it shall deem necessary and adequate and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.