

TOWN OF CANANDAIGUA
5440 Route 5 & 20 West
Canandaigua, NY 14424
Telephone – 585-394-1120 / Fax – 585-394-9476

ZONING BOARD OF APPEALS

INTERPRETATION

APPLICATION

NOTICE TO ALL APPLICANTS:

The ZONING BOARD OF APPEALS reviews submitted applications on a first-come-first-served basis. The number of applications scheduled for review will vary depending upon the number and complexity of the applications received. The goal of the ZBA is to process all applications in a timely and efficient manner.

Applicant must see that all forms are filled out completely and accurately before the application can be processed. All completed applications are subject to the rules and regulations as established by the Town of Canandaigua and the State of NY. This department does not guarantee any board approvals for completed applications.

ZONING BOARD OF APPEALS
REQUIRED PAPERWORK FOR APPLICATION SUBMITTAL

_____ Variance Application (Zoning Board of Appeals)

_____ Area/Use Variance: Map showing size and location of all existing and proposed structures, including lot width, lot area, setback dimensions, and computations of percentage of lot coverage and building height.

_____ Area Variance: Description or documents which would support a determination that it is practically difficult for you to conform to the dimensional requirements of the Zoning Law.

_____ Use Variance: Description or documents in support of your request for a Use Variance and a detailed description of the proposed use.

_____ Interpretation: Description or documents in support of your appeal, a detailed description of the proposed use, an up-to-date site plan, and a copy of the zoning law determination of which said appeal is being taken.

_____ Sign Detail Sheet.

_____ Color rendering of sign to scale with dimensions.

_____ Front elevation or view of proposed structure show the height measured from the average finished grade.

_____ Agricultural Data Statement (*required for Use Variance only*)

You must submit the original application and attachments/survey map/site plan PLUS
_____ copies of the survey maps/site plans.

FEES:

1. Application Fee is required upon submission of application. This fee shall be paid prior to being placed on any agenda. This fee is non-refundable.
2. The property owner is responsible for reimbursement of any Town Engineer and/or Town Attorney fees incurred during application review.
3. Building/Sign Permit Fees Vary -- The fee will be determined by the Code Enforcement Officer.

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ZONING BOARD OF APPEALS APPLICATION

FOR: AREA VARIANCE USE VARIANCE INTERPRETATION

Permission for on-site inspection for those reviewing application: _____ Yes _____ No

1. Name and address of the property owner: _____

Telephone Number of property owner: _____

Fax # _____ E-Mail Address: _____

2. Name and Address Applicant *if not the property owner*: _____

Telephone Number of Applicant: _____

Fax # _____ E-Mail Address: _____

3. Subject property address: _____

Nearest Road Intersection: _____

Tax Map Number: _____

Zoning District: _____

4. Is the subject property within 500' of a State or County Road or Town Boundary? (If Yes, the Town may be required to refer your application to the Ontario County Planning Board.)
please circle one: YES NO

5. Is the subject property within 500' of an Agricultural District? (If Yes, an Agricultural Data Statement must be completed and submitted with this application – for use variance applications only.)
please circle one: YES NO

(Continued on back)

6. What is your proposed new project and the variance(s) or interpretation requested?

7. With your completed application for an Area Variance, attach a tape map/survey/site plan, elevation of the proposed structure, and other documentation necessary describing the requested variance(s) illustrating why it is practically difficult for you to conform to the Zoning Law.

All maps, surveys, or site plans shall accurately depict the property including all existing and proposed structures, setbacks, and dimensions. *All dimensions must be precise.*

8. With your completed application for a Use Variance, attach a current survey map/site plan of the subject parcel with a detailed description of the proposed use, a statement as to why you feel this use variance is necessary, and a completed Environmental Assessment Form.

9. With your completed application for an Interpretation, attach a current survey map/site plan of the subject parcel with a detailed description of the proposed use, a statement as to why you are appealing the zoning law determination, and a copy of the zoning law determination of which said appeal is requested.

10. If the variance requested is related to signs, attach a Sign Detail Sheet, a site plan, and colored renderings of the proposed signage, and any other documentation required in Article IX (Sign Regulations) of the Town of Canandaigua Zoning Law.

***Property Owner is responsible for any consultant fees*
(Town Engineer, Town Attorney, etc.) incurred during the application process.
(*See Town Clerk for current Fee Schedule)***

I have examined this application and declare that it is true, correct, and complete. I understand that my application and all supporting documentation will be examined by the Zoning Board of Appeals as an integral component of deliberations.

I hereby grant my designee permission to represent me during the application process.

(Signature of Property Owner)

(Date)

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
 Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?
 Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes No If Yes, explain briefly:

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (If different from responsible officer)