

Town of Canandaigua

Accessory Structure Permit Application (Storage Shed, Detached Garage, Non-Agricultural Barn, Pole Barn, etc.)

RECEIVED

TOWN OF CANANDAIGUA
DEVELOPMENT OFFICE

DEC 16 2016

FOR REVIEW

Accessory Structures (Storage Sheds, Pole Barns, etc) **SHALL** Be Located ~~in the Rear Yard Only.~~
Detached Garages May Be Located In the Side or Rear Yard.

- Subject Property** Address: 5415 Canandaigua-Farmington Town Line Road
Subject Property Tax Map Number: 56.00-2-2.214 Zoning District: AR 2
Lot Size (in square feet or acres): 8.026 acres
- Name and Address of **Property Owner**: Steven H and Cheryl L. Swartout
5415 Canandaigua Farmington Town Line Road, Canandaigua, NY 14424
Telephone Number / E-mail Address: 585-615-8578 / Swartout@gmail.com
- Name and Address of **Applicant** if not property owner: Venezia + Assoc
5720 Laura Ln Cdga 14424
Telephone Number / E-mail Address: 396-3267 cell 314-6313
rocco@veneziasurvey.com

EXISTING STRUCTURE(S) INFORMATION	SQUARE FOOTAGE
Principal Building: Total Living Space (all floors)	2,414
Attached Garage	624
Attached Decks / Porches	990
Accessory Buildings / Structures (storage sheds, agricultural buildings, pole barns, pool decks, etc.): List individual structures & size.	- 0 -
Total Square Footage of all Existing Structure(s)	4,028

NEW STRUCTURE INFORMATION	SQUARE FOOTAGE
What is the proposed new project? <u>Pole Barn</u>	
What is the square footage of the proposed storage shed ?	
What is the square footage of the proposed detached garage ?	
What is the square footage of the proposed pole barn ?	1,040
Other?	
What is the total square footage of this proposed project?	1,040

4. Will there be any demolition / removal / relocation of any existing structure(s)?
If yes, a demolition permit may be required.

Yes

No

5. Minimum Submission Requirements (§220-99-C):

- (1) All applications made to the Town for new uses or development to be reviewed for compliance with this chapter shall contain at a minimum:
- (a) Completed application form(s) signed by the applicant.
 - (b) A sketch plan in compliance with requirements of section Town Code § 220-66.
 - (c) Plans for development in excess of 1,000 square feet shall be prepared by a New York State licensed professional engineer and/or surveyor.
 - (d) Additional information as may be required by the Zoning Officer or Code Enforcement Officer.
- (2) For administrative reviews to be completed by staff only, these minimum submission requirements may be waived or modified by the Zoning Officer or CEO as appropriate.

Will this structure be built within:

- 100 ft of the bed of a stream carrying water on an average 6 months of the year? Yes ☒ No
- 100 ft of a NYS DEC wetland? Yes ☒ No
- Close proximity to a federal wetland? Yes ☒ No (If yes, setback to wetland? ___ ft)
- Steep slopes equal to or greater than 15%? Yes ☒ No
- A wooded area greater than 5 acres? Yes ☒ No

Dimensional Description	Applicant to Complete	Development Office Staff to Complete	
		Required By Code	Variance Required
Distance from the road right-of-way	157.4'		
Distance from rear property line	144.8'		
Distance from right side property line	442'		
Distance from left side property line	351'		
Height of Accessory Structure (measured from the average finished grade to highest peak)			
Percentage Building Coverage (All existing and proposed structures)	0.8%		
Percentage Lot Coverage (impervious/pervious structures and surfaces) <u>RLD ZONING DISTRICT ONLY</u>	n/a		

6. What utilities, if any, will be connected to the structure? None

If proposing utilities other than electricity, you may be required to obtain an area variance from the Town's Zoning Board of Appeals.

7. Earthwork:

Cubic yards (CY) to be excavated: _____
(length (ft) x width (ft) x depth (ft) divided by 27) = CY

Square feet (SF) of area to be disturbed: 4800 SF
(length (ft) x width (ft) = SF

8. Contractor Information:

General Contractor: Seneca Pole Barns
Address: _____
Telephone / E-mail: _____

Contractor Insurance Certificates Required:

C-105.2 or U-26.3 Worker Compensation and DB-120.1 Disability or CE-200 / BP-1

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

Please note that the **Property Owner** is responsible for all consultant fees during the review of this application including legal, engineering, or other outside consultants. Applications submitted to the Town of Canandaigua Planning Board will normally receive chargeback fees of at least five hours to ten hours for planning services including intake, project review, resolution preparation, SEQR, and findings of fact. PLEASE NOTE that the number of hours will be SIGNIFICANTLY INCREASED due to incomplete applications, plans lacking detail, or repeated continuations. Subdivision applications and larger commercial or industrial projects traditionally require more hours of engineering, legal, and other consultant review and preparation and will incur higher costs. Applications for new construction may be referred to the Town Engineer for engineering review which may include at least an additional eight to twelve hours of review time. The **Property Owner** will also be responsible for legal fees for applications submitted to the Town of Canandaigua Planning Board, Zoning Board of Appeals, or the Town of Canandaigua Development Office. Fees for engineering and legal expenses traditionally range between one hundred and one hundred fifty dollars per hour. A copy of the Town's annual fee schedule is available upon request from the Development Office or the Town Clerk's Office. The **Property Owner's** signature below indicates that the **Property Owner** understands that the **Property Owner** will be responsible for all outside consultant fees incurred as a result of the submitted application, and consents to these charges. Additionally projects approved by the Town of Canandaigua Planning Board may be required to pay a parks and recreation fee as established by the Town Board (currently \$ 1,000 per unit) if required as part of the conditions of approval.


(property owner)

(property owner)

The undersigned represents and agrees as a condition to the issuance of these permits that the

development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, approvals/conditions described on the ZBA / PB decision sheet, and the plans and specifications annexed hereto.

Owner's Signature: Steven H. Sussman

Date: 12/16/16

PERMIT CANNOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE

Please DO NOT send payment with this application.
Payment shall not be made until the fee is determined & the permit is issued.

For Office Use Only

Application requires review by Planning Board and/or Zoning Board of Appeals. Yes No

Reviewed By Date

Flood Zone _____ FEMA Panel # _____ Floodplain Development Permit Required? Yes / No

Within environmentally sensitive, open, deed restricted or conservation easement area? Yes / No

Code Enforcement Officer Date

Permit Issued	Permit Number	Fee
Building Permit Fee		
Soil Erosion Permit Fee		
Drainage District Fee		
Total Permit Fee	(non-refundable)	

Seneca Pole Barns

585-704-0678
PROJECT

Steve Swartout
5415 Canadagiva Farmington town
Canadagiva NY 14424

Typical Construction

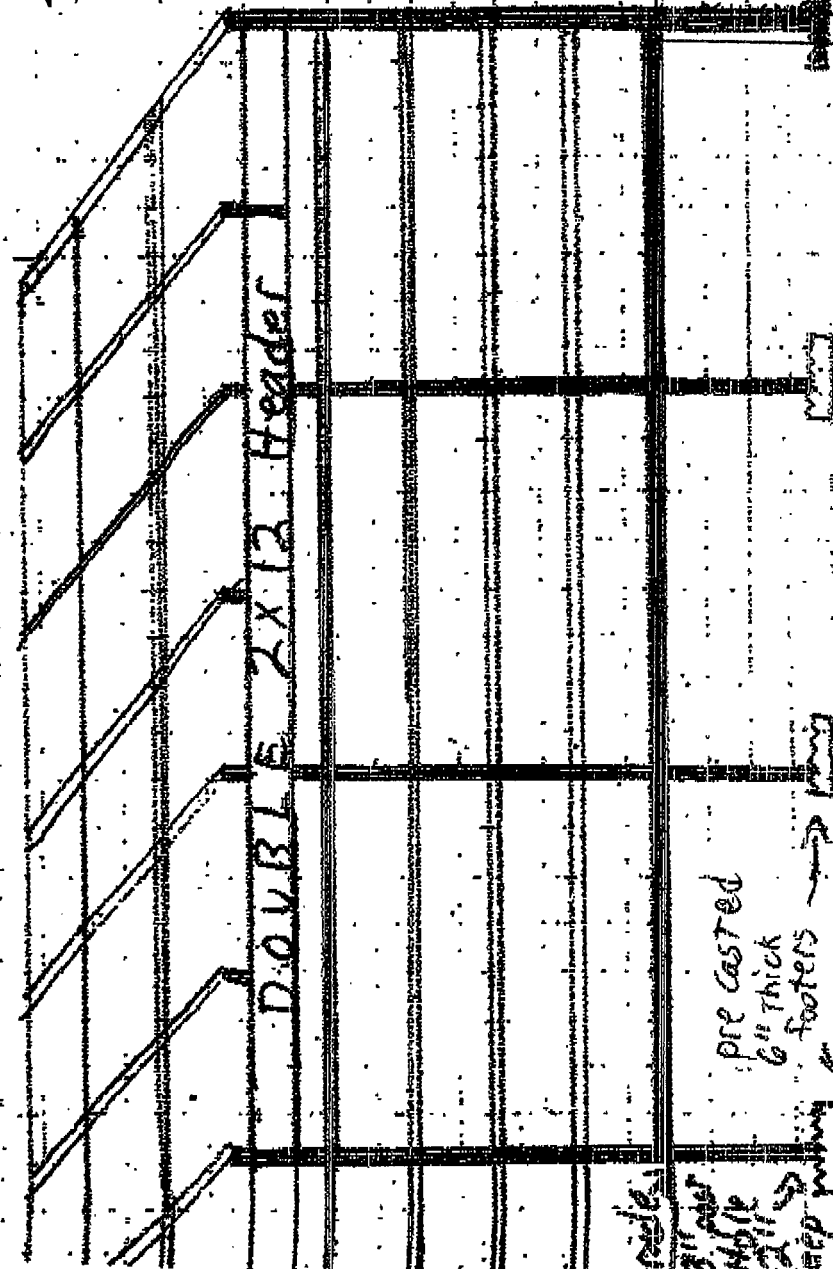
29 ga steel siding
and roofing

1/2" pitched pte eng. truss
4' o/c

8" o/c Gable posts

2' o/c 2x4 perkins
roof and sides

2x6 pt. Splash Board



Canadagiva
18" pole
Hole
4x2x11
Deep footing

pre casted
6" thick
footers

TOWN OF CANANDAIGUA	F
DEVELOPMENT OFFICE	O
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DEC 16 2016	
REVIEW	

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>JOHN J. NEWSWANGER SENECA POLE BARN 2706 COUNTY RD 4 CLIFTON SPRINGS, NY 14432-9352</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured (585) 704-0678</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 46-3368171</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>TOWN OF CANANDAIGUA 8540 NY - 5 CANANDAIGUA, NY 14424</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>RECEIVED</p> <p>DEC 7 2016</p> <p>FOR REVIEW</p> </div>	<p>3a. Name of Insurance Carrier UNITED FARM FAMILY INSURANCE COMPANY</p> <p>3b. Policy Number of entity listed in box "1a" 3101W9660</p> <p>3c. Policy effective period 09/01/2016 to 09/01/2017</p> <p>3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded. </p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days if a policy is canceled due to nonpayment of premiums or within 30 days if there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: JAMES R. GRAY AGENCY
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 12/06/2016
(Signature) (Date)

Title: OWNER/AGENT

Telephone Number of authorized representative or licensed agent of insurance carrier: (315) 536-6407

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address only)

JOHN NEWSWANGER DBA SENECA POLE BARN
2706 COUNTY ROAD 4
CLIFTON SPRINGS, NY 14432

Work Location Of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1b. Business Telephone Number Of Insured

(585) 704-0678

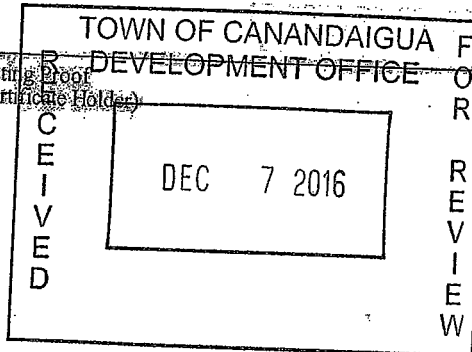
1c. NYS Unemployment Insurance Employer Registration Number of Insured

1d. Federal Employer Identification Number of Insured or Social Security Number

46-3368171

2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

Town of Canandaigua
5340 NY-5
Canandaigua, NY 14424



3a. Name of Insurance Carrier

WESCO INSURANCE COMPANY

3b. Policy Number of entity listed in box 1a

0243952

3c. Policy effective period:

12/6/2016 to 12/31/2017

4. Policy covers:

- a. ☒ All of the employer's employees eligible under the New York Disability Benefits Law
b. ☐ Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed 12/6/2016 By

K. M. Shea

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 800-535-2711

Title

Vice President

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

State of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

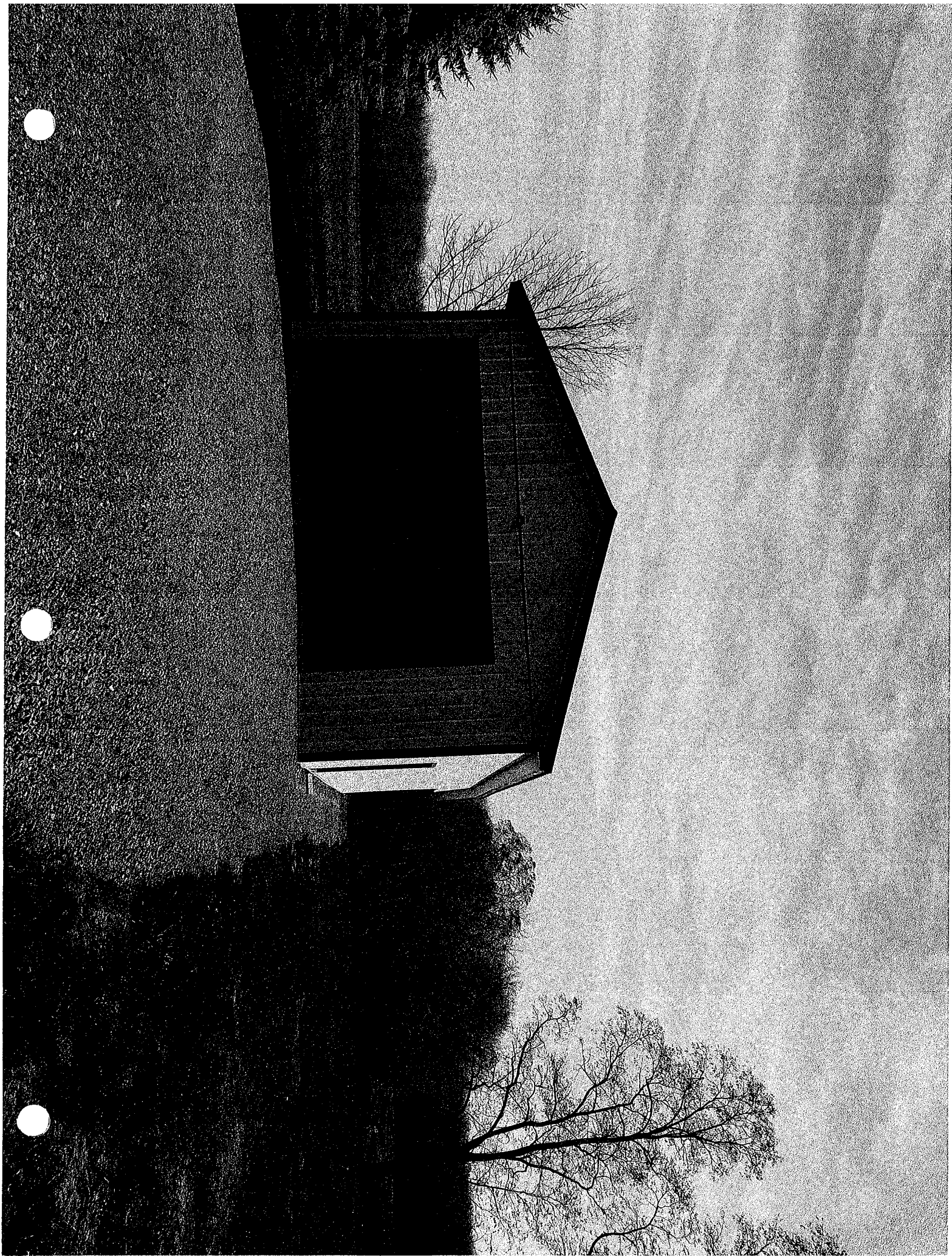
Date Signed By

(Signature of NYS Workers' Compensation Board Employee)

Telephone Number Title

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (9-15)




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Municipality of Town of Canandaigua

SWIS:	322400	Tax ID:	56.00-2-2.214
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Structure

Building Style:	Colonial
Number of Baths:	3 (Full)
Number of Bedrooms:	4
Number of Kitchens:	1
Number of Fireplaces:	1
Overall Condition:	Good
Overall Grade:	Good
Porch Type:	
Porch Area:	
Year Built:	1997
Basement Type:	Full
Basement Garage Cap.:	0
Attached Garage Cap.:	624 sq. ft.

Area

Living Area:	2,414 sq. ft.
First Story Area:	1,294 sq. ft.
Second Story Area:	1,120 sq. ft.
Half Story Area:	0 sq. ft.
Additional Story Area:	0 sq. ft.
Three-Quarter Story Area:	0 sq. ft.
Finished Basement:	0 sq. ft.
Finished Rec Room:	0 sq. ft.
Finished Area Over Garage:	0 sq. ft.
Number of Stories:	2

Utilities

Sewer Type:	Private
Water Supply:	Comm/public
Utilities:	Gas & elec
Heat Type:	Hot air
Fuel Type:	Natural Gas
Central Air:	Yes

[View All Images](#)
Photographs

(Click on photo to enlarge it)



5415 Cdga Town Line Road

Photo 1 of 3

Pictometry LiveLink

View this property's Pictometry imagery in LiveLink.

Documents

No documents found for this parcel

Maps
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Municipality of Town of Canandaigua

SWIS:	322400	Tax ID:	56.00-2-2.214
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Tax Map ID / Property Data

Status:	Active	Roll Section:	Taxable
Address:	5415 Cdga-Farm TI Rd		
Property Class:	210 - 1 Family Res	Site Property Class:	210 - 1 Family Res
Ownership Code:			
Site:	Res 1	In Ag. District:	No
Zoning Code:	AR2 - Ag Rural-2ac	Bldg. Style:	Colonial
Neighborhood:	24360 - Public Water	School District:	Canandaigua City
Property Description:	Legal description not given for property		
Total Acreage/Size:	7.70	Equalization Rate:	----
Land Assessment:	2016 - \$37,200	Total Assessment:	2016 - \$273,000
Full Market Value:	2016 - \$273,000		
Deed Book:		Deed Page:	
Grid East:	625111	Grid North:	1073196

Special Districts for 2016

Description	Units	Percent	Type	Value
FP241-Canandaigua fire	0	0%		0
WD241-Cdga-farm water	0	0%		0
FD241-Cdga fire protection	0	0%		0
AG001-Agr dist #1	0	0%		0

Land Types

Type	Size
Primary	1.00 acres
Residual	6.70 acres

View All Images
Photographs

(Click on photo to enlarge it.)



5415 Cdga Town Line Road

Photo 1 of 3

Pictometry LiveLink

View this property's Pictometry imagery in LiveLink.

Documents

No documents found for this parcel

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