Town of Canandaigua

5440 Routes 5 & 20 West Canandaigua, NY 14424

Phone: (585) 394-1120 / Fax: (585) 394-9476

Sketch Plan Checklist

| NOV | 1 | 7 | 2022 | 092 |
|-----------------|---|-------|------|-----|
| or the contract | _ | ***** | ~/ | 000 |

CPN #: ______

| Applicant: Mark + Karen Kreiser |
|----------------------------------------------------------------------------------------------------------------------|
| Project Address: 5945 Knapp Rd Carandaigua NY 14424 Tax Map #: 322400 Zoning District: |
| Tax Map #: Zoning District: |
| Project Description Narrative: The Contractors positioned the house to close to the West property line by about Sft. |
| to close to the west property line by about Sft. |
| |

| Sketch Plan Checklist – Chapter 220 §220-66 (Not required for any property in a major subdivision) | Shown on Plan by Applicant | Initial PRC Review | PRC Follow Up Review |
|-------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|-------------------------------|
| A. The sketch plan shall be clearly designated as such and shall | | | |
| identify all existing and proposed: | | | |
| 1) Zoning classification and required setbacks. | | | |
| 2) Lot lines. | | | |
| 3) Land features including environmentally sensitive features | | | |
| identified on the NRI. (woods, streams, steep slopes, wetlands) | | | |
| 4) Land use(s). (residential, agricultural, commercial, or industrial) | | | |
| 5) Utilities. (i.e. location of electric, gas, well, septic, sewer, cable)* | | | |
| 6) Development including buildings, pavement and other | | | |
| improvements including setbacks. | | | |
| 7) Location and nature of all existing easements, deed | | | |
| restrictions and other encumbrances. | | | |
| B. Sketch plans shall be drawn to scale. | | | |
| C. It is the responsibility of the applicant to provide a sketch plan | | | |
| that depicts a reasoned and viable proposal for development of | | | |
| the lot. | | | |

I have reviewed my submitted application and drawings against the above noted criteria and hereby certify that the submitted application matches this check list.

| MM | 11-17-22 |
|-----------------------------------------|----------|
| Signature of Applicant / Representative | Date |

^{*}May be obtained from UFPO - dial 811 for assistance.

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NOV 17 2022

CPN#: 22 012

ZONING BOARD OF APPEALS APPLICATION

| | , |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FO | OR: D'AREA VARIANCE D'USE VARIANCE INTERPRETATION |
| P | Permission for on-site inspection for those reviewing application: Yes No |
| | Name and address of the property owner: Mark + Karen Kreiser 5945 Knapp Rd PO Box 182 Canandargua NY 14424 Telephone Number of property owner: 907-388-7765 Fax # NA E-Mail Address: MKreiser @gmail. Com **If you provide your e-mail address, this will be the primary way we contact you** |
| 2. | Name and Address of Applicant if not the property owner: |
| 3. | Telephone Number of Applicant: Fax # E-Mail Address: WA **If you provide your e-mail address, this will be the primary way we contact you ** Subject Property Address: |
| 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 |
| | 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? |
|----|-----------------------------------------------------------------------------------------------------------------------------------|
| | What is your proposed new project and the variance(s) or interpretation requested? The Contractors made a mistake and positioned |
| | Our house 35.6 feet from the west property |
| | line instead of the distance required. |
| 7. | Have the necessary building permit applications been included with this form? If not, please |

- 7. Have the necessary building permit applications been included with this form? If not, please verify with the Development Office which forms are required to be submitted.
- 8. 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*.
- 9. 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.
- 10. 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.
- 11. 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.

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)