				Variances  Lot. Cov.  Blog Cov.  Garage Size  Setbacks				
	2			Int. COV.				
T	OWN OF CANANDATION	n of Car	randaiau	a Blok CN.				
R	DEVELOPMENT OFFICE C	₹ 5440 Routes 5 & 2	20 West	Convince 8121				
RECE		Canandaigua, NY	14424	Cot backs				
	NOV 1 3 2015 Phone	(\$85) 394-1120 / Fa:	k: (585) 394-9476	School				
VE		/   	CPN#: 102-15					
D	ZONING DO	WIDD OF ADDR						
	ZONING BU	ARD OF APPEA	ALS APPLICAT	TION				
F	OR: AREA VARIANCI	E 🗖 USE VAR	HANCE 🗆	INTERPRETATION				
	Permission for on-site inspectio	n for those reviewing	application:	Yes No				
1	Name and address of the property 126 Fiddlers 1							
	126 Fiddlers 1	tollow, Pen	field Ny	14576				
	Telephone Number of property	owner: ph 3	17-5020	the same year				
	Fax #	E-Mail Address:	sandy 731@	rochester rr com				
	**If you	provide your e-mail add	ess, this will be the prin	nary way we contact you**				
2.								
	MEAGHER ENGINE Telephone Number of Applica	nt: <u>\$85 - 924</u>	7430 Qu	vendy@meagherengined				
	Fax #	E-Mail Addr	ess: inte @ med	is be painted in the in				
	Fax # E-Mail Address: in Comeagher engineers (com  **If you provide your e-mail address, this will be the primary way we contact you **							
3.	Subject Property Address: 3	478 SLNDY B	EACH DRIVE					
	Nearest Road Intersection: Pc							
	Tax Map Number: <u>98.15</u> -	1-60.00	Zoning District:	LAKESHURE				
4.	Is the subject property within 5	00' of a State or Cour	nty Road or Town B	oundary? (If was the				
	Town may be required to refer y	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 5 Statement must be completed ar only.)	600' of an Agricultura ad submitted with this	al District? (If yes, application – for use	an Agricultural Data variance applications				
	Please circle one:	YES	NO	•				
			(	(Continued on back)				

6.	What is your proposed new project and the variance(s) or interpretation requested?  ADDITION OND EXISTING PETACHED CARAGE. REQUESTING					
	AREA WARTAULE FOR 10'STIDE SETBACK FOR ACCESSORY STRUCTURE					
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					
una Zon	ave examined this application and declare that it is true, correct, and complete. I erstand that my application and all supporting documentation will be examined by the ing Board of Appeals as an integral component of deliberations.					
I M	ereby grant my designee permission to represent me during the application process.					
	(Signature of Property Owner)  (Date)					

Town of Canandaigua

## 5440 Routes 5 & 20 West Canandaigua, NY 14424

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

Sketch Plan Checklist  Applicant: MEAGHER ENGINEERING  Project Address: 3478 SANDY BEACH DRIVE  Tax Map #: 48.15-1-60.00 Zoning District: PES. LAKESHORE  Project Description Narrative: CONSTRUCTING NEW ADDITION ONTO EXTERT OF	Sketch Pla	CPN#:
Project Address:         3478         SANDY BEACH TRADE           Tax Map #:         98.15-1-60.00         Zoning District:         PES. LAKESHORE		in Checklist
Project Address:         3478         SANDY BEACH TRADE           Tax Map #:         98.15-1-60.00         Zoning District:         PES. LAKESHORE	Applicant: MEAGHER ENGINEERING	
Tax Map #: 98.15-1-60.00 Zoning District: Res. LAKESHORE		7E.
	Project Description Narrative: Constructive	
DETACHED GARAGE	DETACHED GARAGE	
	Sketch Plan Checklist - Chapter 220 §220-66	Shown on Initial PRC Plan by PRC Follow

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:			1,440.7
Zoning classification and required setbacks.	V		
2) Lot lines.	V		
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)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5) Utilities. (i.e. location of electric, gas, well, septic, sewer, cable)*			
<ol> <li>Development including buildings, pavement and other improvements including setbacks.</li> </ol>		:	
<ol> <li>Location and nature of all existing easements, deed restrictions and other encumbrances.</li> </ol>			
B. Sketch plans shall be drawn to scale.	1/		
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.	/	-4	

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

| 11-3-15 |
| Date |

<sup>\*</sup>May be obtained from UFPO - dial 811 for assistance.