

Town of Canandaigua

5440 Route 5 & 20 • Canandaigua, NY 14424 • (585) 394-1120 • Fax: (585) 394-9476
townofcanandaigua.org

TOWN OF CANANDAIGUA DEVELOPMENT OFFICE		FOR REVIEW
RECEIVED		
JUN 4 2020		

NEW STRUCTURE/ADDITION BUILDING PERMIT APPLICATION

1. Subject Property Address: 3594 Middle Cheshire Rd.
Tax Map Number: 92.04-1-59.100 Zoning District: R-130

2. Property Owner: Name(s): Thomas + Roberta Sleep
Address: 3594 Middle Cheshire Rd 14424
Telephone: 585-727-2644 Email: TESleep2034@gmail.com

3. Applicant (if not property owner): Name(s): _____

Address: _____

Telephone: _____ Email: _____

4. Scope of work – including the total square footage of the project if applicable:

Add A 12'x24" Shed UNATTACHED TO The house
288 sq. ft. To be built off site AND delivered
To my Address.

5. Contractor Information:

General Contractor: Backyard Outfitters, + Becker Motors Inc.
Address: 4155 Routes 5+20 Canandaigua, NY 14424
Telephone: 585-721-4605 Email: info@beckermotors.com

CONTRACTOR INSURANCE CERTIFICATES REQUIRED PER NYS:
WORKER COMPENSATION (C-105.2 or U-26.3) and (DISABILITY) DB-120.1

OR
CONTRACTORS & HOMEOWNERS MAY COMPLETE A CERTIFICATE OF ATTESTATION OF EXEMPTION (CE-200)

*PLEASE NOTE THAT WE CANNOT ACCEPT ACORD FORMS AS PROOF OF INSURANCE. THANK YOU.

6. NEW STRUCTURE INFORMATION

1. What is the area (ft ²) of the proposed 1 st floor?	
2. What is the area (ft ²) of the proposed 2 nd floor?	
3. What is the area (ft ²) of the proposed garage?	
4. What is the area (ft ²) of the finished basement?	

5. What is the area (ft ²) of the proposed deck(s)?	
6. What is the area (ft ²) of the proposed porch(es)?	
7. What is the area (ft ²) of the proposed patio(s)?	
What is the area (ft ²) of any proposed accessory structure(s)?	288 sq FT.
What is the total area (ft ²) of items 1 - 8?	288 ft ²

7. NEW STRUCTURE ZONING INFORMATION

Dimensional Description	Applicant to Complete	DEVELOPMENT OFFICE STAFF TO COMPLETE	
		Required By Code	Variance Required
Distance from the road right-of-way	238'	60' ^{20'} 30' ₂₇	Y
Distance from rear property line	15' ^{10'} _{A 10'}	10' 15'	N
Distance from right side property line	140' ₁₅	15	
Distance from left side property line	15' ₇₅	15	
Height of New Structure	8'	16	
Percentage Building Coverage (All existing and proposed structures)		202	
Percentage Lot Coverage RLD ZONING DISTRICT ONLY			

8. EARTHWORK

Square feet (SF) of area to be disturbed: 0

(length (ft) x width (ft) = SF

Cubic yards (CY) to be excavated: 0

(length (ft) x width (ft) x depth (ft) divided by 27 = CY

ENVIRONMENTAL IMPACT

Will this structure be built within:

- a. 100 ft of the bed of a stream carrying water on an average 6 months of the year?

YES

(NO)

4082 R-BA

b. 100 ft of a NYS DEC wetland?

YES

NO

c. Close proximity to a federal wetland?

YES

NO

(If yes, setback to wetland? _____ ft.)

d. Steep slopes equal to or greater than 15%?

YES

NO

e. A wooded area greater than 5 acres?

YES

NO

f. Is an existing structure over 50 years old to be demolished?

YES

NO

(If yes, please contact Town Historian at
585-944-1506)

10. PROFESSIONALLY PREPARED PLANS

Per Article 145 of NYS Education Law - To alterations to any building or structure costing more than twenty thousand dollars or to projects which involve changes affecting the structural safety or public safety - No official of NY state, or of any city, county, town or village therein, charged with the enforcement of laws, ordinances or regulations shall accept or approve any plans, specifications, or geologic drawings or reports that are not stamped.

Project Cost (Including Labor) exceeds \$20,000?

YES

NO

11. IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST

(Required by NYS General Municipal Law § 809)

a. *If the Applicant is an Individual:* Is the applicant or any of the immediate family members of the applicant (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) related to any officer or employee of the Town of Canandaigua?

YES

NO

b. *If the Applicant is a Corporate Entity:* Are any of the officers, employees, partners, or directors, or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua?

YES

NO

c. *If the Applicant is a corporate entity:* Are any of the stockholders or partnership members (holding 5% or more of the outstanding shares), or any of their immediate family members (including spouse, brothers, sisters, parents, children, grandchildren, or any of their spouses) of the company on whose behalf this application is being made related to any officer or employee of the Town of Canandaigua?

YES

NO

d. *If the Applicant has made any agreements contingent upon the outcome of this application:* If the applicant has made any agreements, express or implied, whereby said applicant may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of this application, petition, or request, are any of the parties to said agreement

officers or employees of the Town of Canandaigua?

YES

NO

If the answer to any of the above questions is YES, please state the name and address of the related officer(s) or employee(s) as well as the nature and extent of such relationship:

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

12. 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.

Owner's Signature: Thomas Sleep

Date: 05/18/2020

Carol Sleep
All applications made to the Town for new uses or development will be reviewed for compliance to the Town of Canandaigua Code and Uniform Code. Additional information may be required by the Zoning Officer or Code Enforcement Officer to complete a review and issue permit.

PLEASE INCLUDE APPLICABLE CONSTRUCTION PLANS
AND A SITE PLAN DETAILING THE PROPOSED PROJECT.

The undersigned represents and agrees as a condition to the issuance of this permit that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

Owner's Signature: Thomas Sleep

Date: 05/18/2020

Owner's Signature: Carol Sleep

Date: 05/18/2020

PERMIT WILL NOT BE ISSUED WITHOUT PROPERTY OWNER(S) SIGNATURE.

Please **DO NOT** send payment with this application.

Payment shall not be made until the fee is determined and the permit is issued.

For Office Use Only

Application requires review by Planning Board and/or Zoning Board of Appeals?

YES NO

Application has been reviewed by Planning Board and all approval(s) required have been granted?

N/A YES NO

Approval Date: _____

Application has been reviewed by Zoning Board and all variances(s) required have been granted?

N/A YES NO

Approval Date: _____

Zoning Officer

Date

Floodplain Development Permit Required?

YES NO

Flood Hazard Area: _____ FEMA FIRM Panel # _____

Within environmentally sensitive, open, deed restricted or conservation easement area?

YES NO

Comments:

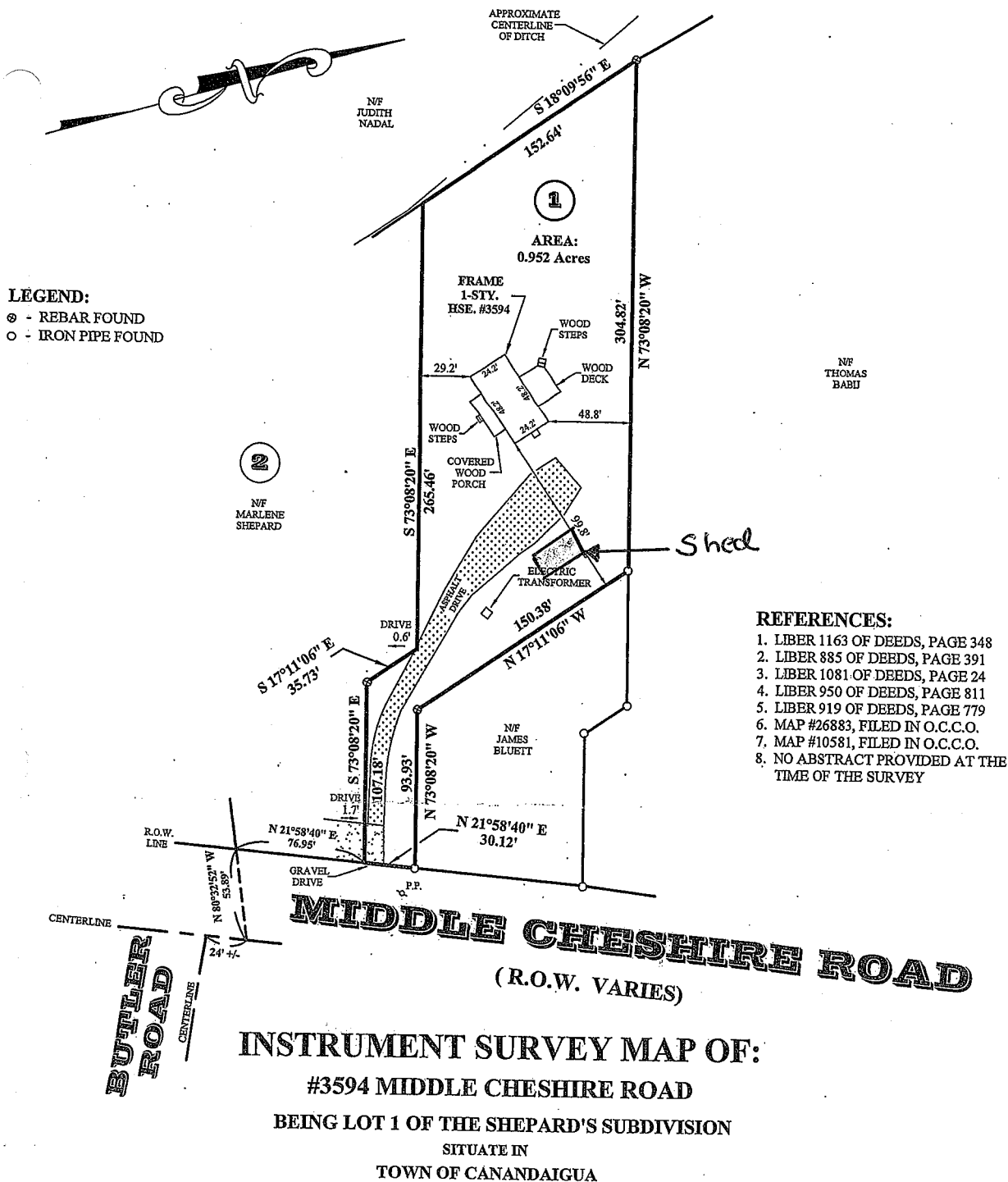
Permit Application Approved?

YES NO

Code Enforcement Officer

Date

Permit Issued	Permit Number	Fee
Building Permit Fee		
Soil Erosion Permit Fee		
Recreation Fee		

**REFERENCES:**

1. LIBER 1163 OF DEEDS, PAGE 348
2. LIBER 885 OF DEEDS, PAGE 391
3. LIBER 1081 OF DEEDS, PAGE 24
4. LIBER 950 OF DEEDS, PAGE 811
5. LIBER 919 OF DEEDS, PAGE 779
6. MAP #26883, FILED IN O.C.C.O.
7. MAP #10581, FILED IN O.C.C.O.
8. NO ABSTRACT PROVIDED AT THE TIME OF THE SURVEY

NEW YORK
JULY 23, 2015

"The certification is limited to persons for whom the boundary survey map is prepared, to the title company, to the government agency, and to the lending institution listed on this survey map. The certifications herein are not transferrable."

"Only boundary survey maps with the surveyors embossed seal are genuine true and valid copies of the surveyors original work."

"Any unauthorized alteration or addition to this survey map bearing a licensed land surveyors seal is a violation of section 7209, sub-division 2, of the New York State Education Law."



ONTARIO COUNTY

SCALE: 1"=60'

I HEREBY CERTIFY THAT THIS MAP WAS PREPARED FROM NOTES OF AN INSTRUMENT SURVEY COMPLETED ON JULY 22, 2015

CERTIFIED TO:

1. M & T Bank, its successors and/or assigns, as their interest may appear
2. Thomas E. Sleep
3. Roberta J. Sleep
4. AR ABSTRACT
5. chioni & Associates

Jamie C. Wolcott

JAMIE C. WOLCOTT, PLS
LICENSE NO. 050902

2449 MAGOG ROAD - PALMYRA, NY 14522
PHONE: 1-315-597-3554 FAX: 1-315-597-3779





**Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

**In the Application of
(Legal Entity Name and Address):**

Thomas Sleep
3594 Middle Cheshire Rd
Canandaigua, NY 14424
PHONE: 585-727-2611 FEIN: XXXXX1156

**Business Applying For:
Building Permit**

From: Town of Canandaigua

The location of where work will be performed is
3594 Middle Cheshire Rd, Canandaigua, NY 14424.

Estimated dates necessary to complete work associated with the building permit are from **June 1, 2020 to June 30, 2020.**

The estimated dollar amount of project is **\$0 - \$10,000**

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The applicant is acting as a general contractor with no employees, day laborers, leased employees, borrowed employees, part-time employees, unpaid volunteers and only has independent contractors that meet the standards of the New York Construction Industry Fair Play Act (Section 861 of the New York State Labor Law).

Disability and Paid Family Leave Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:

The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, Thomas Sleep, am the Homeowner with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: <i>Thomas Sleep</i>	Date: <i>05/22/2020</i>
Exemption Certificate Number 2020-026393		Received May 19, 2020 NYS Workers' Compensation Board