TOWN OF CANANDAIGUA F DEVELOPMENT OFFICE OR R St40 Routes 5 & 20 West Canandaigua, NY 14424 Phone: (585) 394-1120 / Fax: (585) 394-976

PLANNING BOARD APPLICATION SITE PLAN / SPECIAL USE PERMIT

FO	ı R .	Sketch Plan Review			CPN_C	
ro		One Stage Site Plan Approval (Preliminary & Final Combined)				
		Two Stage Preliminary S				Plan Annroval
		Special Use Permit (New)			ial Use Permit (F	
		ssion for on-site inspection				No
1.	Name a	and address of the property	owner: _ The	mas Ane	drews	
		9133 Capsto	me Court,	Noblesi	ille, IN L	16060
	Telepho	one Number of property ow	mer: 3t	7-714-	3649 hav	1/ey/1006 gmaile
					i	2
			ou provide your e-mai	l address, this wil	l be the primary wa	y we contact you **
2.		and Address Applicant if no				
	M	ans Spained	rino 42 F	Blema	nS+Ca	2ga
	Telepho	one Number of Applicant:	585	5-905	-0360	<u></u>
					_	Markseng noens
		**If yo	ou provide your e-mai	l address, this will	l be the primary wa	y we contact you ** 🏻 💞
3.	Subject	t Property Address:	1690 NOV	hoad		
	Nearest	t Road Intersection:	Andrew	3 Rd		
		ap Number: 57-57.00 -			ning District:	4R-1
4.	Is the S	Subject Property within 500	of a State or Cou	nty Road or To	wn Boundary?	(If yes, the
	Town n	nay refer your application t	o the Ontario Cou	nty Planning B	oard.)	
		Please circle one:	YES	NO		
5.	Is the S	ubject Property within 500	of an Agricultura	ll District? (If	yes, an Agricult	ural Data
	Stateme	ent must be completed and	submitted with the	is application.)		
		Please circle one:	YES	NO	(Cor	ntinued on Back)

- verify which forms are required to be submitted with the Development Office.
- 8. If applying for Site Plan Approval or Special Use Permit, attach a completed Soil Erosion and Sedimentation Control Plan and Permit Application as described in Chapter 165 of the Town Code.
- Are you requesting a waiver from a professionally prepared site plan?

Please circle one:



If "yes" the property owner acknowledges and accepts full responsibility for any errors or misrepresentation depicted on the site plan and agrees to indemnify the Town of Canandaigua for any and all expenses, including reasonable attorney's fees, incurred by the Town as a result of any such error or misrepresentation.

(property owner's initials)

- 10. If no, attach a professionally prepared site plan as described in Chapter 220 Article VII (Site Plan Regulations) of the Town Code.
- 11. If a Special Use Permit is requested, attach plans and documentation as required in Chapter 220 Article VI (Regulations Governing Special Permit Uses) of the Town Code.

The applicant / property owner is on notice that their personal/bank check submitted to the Town to meet the landscaping/soil erosion surety requirement(s) as noted in the Planning Board decision sheet will be deposited into a Town non-interest bearing bank account.

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 <u>Property Owner</u> 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 <u>Property Owner's</u> signature below indicates that the <u>Property Owner</u> understands that the <u>Property Owner</u> 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.

Thomas Andrews	
(property owner)	(property owner)

I hereby acknowledge that I have reviewed all the questions contained in this application and certify that the information provided is accurate and complete to the best of my knowledge and ability. Finally, I hereby grant my designated person in Question #2 of this application form, permission to represent me during the application process.

M:\Development Office\Michelle\disclaimer.PB Application Form Site Plan SUP.docRvs'd 4/29/09

SOIL EROSION AND SEDDIMENT CONTROL PER (Standards Approved by From F. VET CRIMENTES FOR GRAND Prosion as			
ON-SITE INSPECTION REQUIRED PRIOR TO THE ISSUANCE	OF A BUI	LDING PI	ERMIT
Date: 3/28/17 D Zon	ing District:	AR	
Property Owner Name and Address: Thomas Andrew	55		
9133 Capstone Court, Noblesville	IIN	4606	0
Telephone / Fax # 317 - 714 - 3649 E-mail address: han	1-ey/000) Q gv	nail.com
Site Location: 4690 North Rd.	· · · · · · · · · · · · · · · · · · ·		
Size of Site (Acres/Sq.Ft.): 1.3 A Tax Map Number 5	7-1-	-24.1	4
Description of proposed activity: New Signed	Family	resio	lence.
Per Chapter 165 §165-10-B, at a minimum, the map, plan or sketch prepared shall include the following:	Shown on Plan Yes / No	Initial Review	Follow Up Review
Boundaries of the subject parcel and other parcels adjacent to the site which may be materially affected by the action.	Y		
2. Existing features including structures, roads, water courses, utility lines, etc. on the subject parcel and on adjacent parcels where appropriate.	Ý		
3. Existing vegetative cover including wooded areas, grass, brush, or other on the subject parcel and on adjacent properties where appropriate.	\ \		
4. Limits or extent of excavation, filling, and/or grading proposed to be undertaken.	W		
5. The disposition of soil and top soil, whether on site or off site, and the locations of any stockpiles to be placed on site.	Y		
6. Temporary and permanent drainage, erosion and sedimentation control facilities including ponds, sediment basins, swales, energy dissipation devices, silt fences and/or straw bale locations.	Y		
7 The location of proposed roads driveways sidewalks structures utilities and	_ /		

other improvements.

Final contours of the site in intervals adequate to depict slopes and drainage details on the site.

Soil Erosion and Sedimentation Control Permit Application - Page 2 of 4

	Initial	Shown on Plan	Per Chapter 165 §165-10-B, at a minimum, the map, plan or sketch prepared
v Review	Review	Yes / No	shall include the following:
			9. A time schedule indicating:
		TBD	 a. When major phases of the proposed project are to be initiated and completed;
		TBD	b. When major site preparation activities are to be initiated and completed;
		ASAP	c. When the installation of temporary and permanent vegetation and drainage, erosion and sediment control facilities is to be completed; and
	•	2 months	d. The anticipated duration (in days) of exposure of all major areas of site preparation before the installation of erosion and sediment control measures.
1 1	Initial Review	Shown on Plan Yes / No	Other Information Required to be Provided:
		Y	10. What is the general topography and slope of the subject property (in %):
		\ \	11. How much area (in square feet) and/or volume (in eubic yards) will be disturbed?
			12. Does the subject property drain offsite? Yes No
		\checkmark	If yes, where does it drain to and how will it affect offsite properties? Procins to Road Side ditch.
		24	13. How will erosion be controlled on site to protect catch basins from silt? Sit Fence, Check dams, outlet protection
			14. If sedimentation basins are proposed, where will they overflow to if they
		1UA	become clogged? Describe:
		NA	15. Is there any offsite drainage to subject property? No If yes, where does the drainage come from?
		1,	If yes, where does the drainage come from?

Other Information Required to be Provided:	Shown on Plan Yes / No	Initial Review	Follow Up Review
16. How will off site water courses be protected?	NA		
17. How will any adjacent roadside ditches or culverts be protected during construction?	\ \ \		
18. Has the appropriate highway superintendent been contacted? Yes No Name of the person contacted and date contacted: ON Plans to Call proof to Starting Work	Y		
20. Is existing vegetation proposed to be removed? Yes (If yes, the vegetation to be removed must be identified on the plan.)	Y		
21. Will any temporary seeding be used to cover disturbed areas? Yes No If yes, a note shall be added to the plans.	Y		
22. What plans are there for permanent revegetation? Describe:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
23. How long will project take to complete?	to morth	> .	
24. What is the cost estimate to install and maintain erosion and sedimentation control facilities before, during, and after construction?	\$1000		

Attach additional sketches, calculations, details as needed to this form.

Form prepared by: Marks Engineering P.C. Date: 3/28/	/
The undersigned represents and agrees as a condition to the issuance of these permits that the be accomplished in accordance with the Town Soil Erosion and Sedimentation Control Law State Uniform Fire Prevention and Building Code, and the plans and specifications annexed	, the New York
PERMIT APPLICATION CANNOT BE ACCEPTED WITHOUT PROPERTY OWNER	R'S SIGNATURE.
Please <u>DO NOT</u> send payment with this application.	
Owner's Signature: Thomas Andrews Date: 3/28/	17
For Office Use Only	
Application requires further review by Planning Board and/or Zoning Board of Appeals.	Yes No
Zoning Officer	Date
Flood Zone	
Floodplain Development Permit Required?	Yes No
Code Enforcement Officer	Date
Permit Fee: \$ Permit #: _	

Town of Canandau a	CANANDAIGUA F
Town of Canandaig 5440 Routes 5 & 20 West	DEVELOPMENT OFFICE O
Canandaigua, NY 14424	R
Phone: (585) 394-1120 / Fax: (585) 394-947	MAR 3 1 2017
	V I
AGRICULTURAL DATA STATEME	NT
CPN #: 025-17	

In accordance with NYS Town Law § 283-a, the Town of Canandaigua will use the following information to evaluate possible impacts that would occur on property within an agricultural district containing a farm operation or on property with boundaries within 500 feet of a farm operation.

A.	Name and Address of Property Owner: Thomas Hudrews. 9133 Capatone Court, Wables Ville, TW 46060
B.	Name and Address of Applicant:
C.	Description of the proposed project: New Residence
D.	Project Location: 4690 North Road.
E.	Tax Map #: 57-1-24.14
F.	Is any portion of the subject property currently being farmed? Yes No
G.	List the name and address of any land owner within the agricultural district that the land contains farm operations and is located within 500 feet of the boundary of the property upon which the project is proposed.
	Name / Address 1. Thomas # Hodrews 4475 North Rol Canandaigue, WY 2. William Page 4780 North Rol Canandaigue, WY 3.
	J.

H. Attach a tax map or other map showing the site of the proposed project relative to the location of farm operations identified in this Agricultural Data Statement.

-	Town of Canandaigua F R DEVELOPMENT OFFICE O R R R
	NEW HOUSE PERMIT APPLICATION (VACANT LAND) AR-1, AR-2, RR-3, SCR-1, R-1-20, R-1-30, RLD Zening Districts
1.	Subject Property Address: 4690 North Road D
	Subject Property Tax Map Number: 57-1-24.14 Zoning District: AR-1
	Lot Size (in square feet or acres):
2.	Name and Address of Property Owner: Thomas Andrews.
	9133 Capstone Court, Wablesville, IN 46060
	als Capstone Court, Woblesville, IN 46060 Telephone Number/E-mail Address: 317-714-364, hanley 1000 gmail.com
3.	Name and Address of Applicant if not property owner:
	Telephone Number / E-mail Address:
4.	

NEW STRUCTURE INFORMATION	SQUARE FOOTAGE
1. What is the sq. ft. of the proposed 1st floor?	1700
2. What is the sq. ft. of the proposed 2 nd floor?	600
3. What is the sq. ft. of the proposed garage?	864
4. What is the sq. ft. of the finished basement ?	NA
5. What is the sq. ft. of the proposed deck(s)?	AVI
6. What is the sq. ft. of the proposed porch(es) ?	CZOOSF NA
7. What is the sq. ft. of the proposed patio(s) ?	GEOSF NA
8. What is the sq. ft. of any proposed accessory structure(s)?	Garage NA
What is the total square footage of items 1 - 8?	2664

_	•	. 4		-
•	Ear	^th	TT7/	14171
. 1 .	1541		1/1/1	нк

Cubic yards (CY) to be excavated: $\frac{25}{\text{(length (ft) x width (ft) x depth (ft) divided by 27 = CY)}}$

1

6. Site Plan Minimum Submission Requirements (§220-99-C):

7.

- (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.

Wi	Il this structure be built within:					
\triangleright	100 ft of the bed of a stream carrying water or	an ave	rage 6 m	onths of the year?	Yes	(No)
	100 ft of a NYS DEC wetland?	Yes	No	•		
\triangleright	Close proximity to a federal wetland?	Yes	60	(If yes, setback to v	vetland?	ft)
\triangleright	Steep slopes equal to or greater than 15%?	Yes	NO	. •		
	A wooded area greater than 5 acres?	Yes	(SD)			

Dimensional Description	Applicant to Complete	Development Office Staff to Comple	
	To New Structure	Required By Code	Variance Required
Distance from the road right-of-way	135.5	60'	Wo
Distance from rear property line	43.6	25 40'	No
Distance from right side property line	97.0	251	No
Distance from left side property line	64.8	25'	No
Height of New Structure (measured from the average finished grade to highest peak)	435'	435'	No
Percentage Building Coverage (All existing and proposed structures)	2.4%	20%	No
Percentage Lot Coverage (impervious/pervious structures and surfaces) RLD ZONING DISTRICT ONLY	10%		No

8. Utility Information:
Water Information: Public Private Well
If a private well will serve the subject property, owner must provide a copy of New York State Certification from well digger before permit can be issued.
Sewer Information: Public Private Onsite Wastewater Treatment System
If a private onsite wastewater treatment system, the system shall be designed by a NYS licensed professional engineer.
9. Contractor Information: TBD
General Contractor:
Address:
Telephone / E-mail:
IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST (Required by NYS General Municipal Law § 809) 1. 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, examy of their spouses) related to any officer or employee of the Town of Canandaigua? YES NO 2. 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 3. 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; being made related to any officer or employee of the Town of Canandaigua? YES NO 4. 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 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:

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

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(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 sheets, and the plans and specifications annexed hereto.

Owner's Signature: Monar HAndrews Date: 2/28/17

PERMIT CANNOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE

Please <u>DO NOT</u> 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 rev	ew by Planning B	oard and/or Zoning Board of Appeals. Yes	No
Reviewe	i By	Date	
,	EMA Panel #sensitive, open, de	Floodplain Development Permit Required restricted or conservation easement area?	ed? Yes / No
Code Enforcemen	nt Officer	Date	

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

NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Water Supply Protection

Specific Waiver Application Residential On-Site Wastewater Treatment Systems

)pplicant (Owner) Thomas F	Indrew	5	317-	714 - 3649	
,		TELE	PHONE #/EMAIL		
Address STREET 4690 North Rock	ad .	TOWN, VILLAGE, CITY Cananda TOWN, VILLAGE, CITY	igva	COUNTY	ZIP ZIP
1. This information is submitted in support of the app Residential On Site Systems.	lication for specific wa	aiver from the standard	ds of 10NYCRR	Appendix 75A, Wastewate	r Treatment Standards -
Proposed design cannot meet standards of Append Separation distance cannot be achieved (see 7 Excessive slope (see 75-A.4a(1), Soil and Site A Proposed design and or technology Other	5-A.4(b), Table 2, Sep)		
 Provide a brief description of design criteria which soil/site investigation and evaluation and a site pla to location of wells, water bodies and wetland. 	an which depicts cond	litions of concern exist	ing on parcels a	butting the site location in	ncluding but not limited
Soil Analysis	proved 14.	3h seaso	nal go	round we te	
and Heavy elay	Soil W	percolat	ion Ca	te over 60	minutes per
Design provide	sthe use	of Kaise	d +i//	system per	Appendix 75-1
3. Signature of Applicant and Professional Engineer/ I Thomas Andrews Type OR PRINT NAME	(Applicant) acknot treatment system		ot meet the refe	necessary because an on- renced standards of 10NY	
SIGNATURE A THOREWS	2/28/1 DATE	17			
I Svennan Marks TYPE OR PRINT NAME	10NYCRR, Apper wastewater treat proposed design	ndix 75-A is necessary tment system that is co	because one or mpliant with st of protection ec	edge that this request for wore conditions prevent of andards of Appendix 75-7 juivalent to the intent of Appendi health.	construction of an on-site A. By my signature, the
	3/28	/17	098187	2	
SONATURE	DATE	NYS	LICENSE #		
For Health Department Use Only				andre sala kie o se izvene vez andre en salako penele e soci	interiorization de de la companya d
Based upon the information provided in this applicand 75.6(b), the waiver requested is hereby: Approved: Install as proposed Approved: Install with the following condit Denied, for the following reasons:	ions:				
This waiver may be revoked if any proposals are m					
Tins waiver may be revoked it any proposats are in	odilied of 31te collditi	ons change that were t	considered for t	ikki armi mia mainen	
HEALTH DEPARTMENT REPRESENTATIVE	SIGNATURE		DATE		