

Town of South Bristol

Zoning Board of Appeals Application Requirements

1. Review South Bristol Town Code <https://ecode360.com/so1384>
 - Variances Chapter 170
 - Current stamped, signed, and dated site plan showing all dimensions including distances from property lines and roadways, lot coverage, means of ingress and egress, septic system, water, elevations, landscape, parking, lighting, etc.
 - Photographs of the pertinent area
 - Other pertinent documents
 - Interpretation Appeal Chapter 170
 - Contact Board Assistant
2. Refer to the NYS Department of Environmental Conservation Workbook to complete Part 1 of the Short Environmental Assessment Form. The EAF mapper <https://gisservices.dec.ny.gov/eafmapper/> will automatically answer questions 7, 12, 13, 15 and 20.
 - Print and attach the findings to the application.
 - If you received a yes for 12 and/or 15, follow the process to receive a determination letter.
3. Submit a fully completed Zoning Board of Appeals application, site plan and supporting documents electronically to ceo@townofsbny.org and admin@southbristolny.org, deliver nine (9) paper board applications sets and application fee of \$75.00 residential or \$150.00 commercial by the board application submittal deadline indicated below.

**** Application may require referral to the Ontario County Planning Board.**

| Meeting Month | Board Application Submittal Deadline | **Ontario County Planning Board Meeting | Planning Board Meeting | Zoning Board of Appeals Meeting |
|---------------|--------------------------------------|---|------------------------|---------------------------------|
| January | 12.25.23 | 01.10.24 | 01.17.24 | 01.24.24 |
| February | 01.22.24 | 02.14.24 | 02.21.24 | 02.28.24 |
| March | 02.26.24 | 03.13.24 | 03.20.24 | 03.27.24 |
| April | 03.25.24 | 04.10.24 | 04.17.24 | 04.24.24 |
| May | 04.22.24 | 05.08.24 | 05.15.24 | 05.22.24 |
| June | 05.27.24 | 06.12.24 | 06.19.24 | 06.26.24 |
| July | 06.24.24 | 07.10.24 | 07.17.24 | 07.24.24 |
| August | 07.22.24 | 08.14.24 | 08.21.24 | 08.28.24 |
| September | 08.26.24 | 09.11.24 | 09.18.24 | 09.25.24 |
| October | 09.23.24 | 10.09.24 | 10.16.24 | 10.23.24 |
| November | 10.28.24 | 11.13.24 | 11.20.24 | Nov. & Dec. Mtg. 12.11.24 |
| December | 11.25.24 | 12.11.24 | 12.18.24 | |
| January | 12.23.24 | 01.14.25 | 01.21.25 | 01.28.25 |

Archeological Site Determination Process

Please go to www.parks.ny.gov

Click Discover History

Click Historic Preservation Office

Click Online Tools - CRIS

Click Cultural Resource Information System

Click New York State Cultural Resource Information

Click I Agree

Click Sign Up Now

Submit your project documentation for their review and include Scott Martin ceo@townofsbny.org and Diane Graham admin@southbristolny.org to receive the determination letter.

Bald Eagle Determination Process

Please send an email to Thomas Haley, NYSDEC Division of Environmental Permits Office at dep.r8@dec.ny.gov with a site plan, location map, and narrative about the project requesting a bald eagle determination and copy in Scott Martin ceo@townofsbny.org and Diane Graham admin@southbristolny.org to receive the determination letter.

Thomas Haley, Regional Permit Administrator
NYSDEC
6274 East Avon-Lima Rd
Avon, NY 14414-9519
585.226.5400

Town of South Bristol

Memo to Applicants for an Area Variance

You have applied for an area variance to the Town of South Bristol Zoning Board of Appeals. An area variance means the authorization by the Zoning Board of Appeals for the use of land in a manner which is not allowed by the dimensional or physical requirements of the applicable zoning requirements. It will help the board a great deal if you keep in mind the following as you prepare for your public hearing.

The Zoning Board of Appeals may grant a variance from the terms of the Town Code Chapter 170-92 as will not be contrary to the public interest. Variances granted shall be the minimum, which will accomplish the purpose of providing for reasonable use of land or buildings. The Zoning Board of Appeals must consider the following five factors:

1. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by granting the area variance.
2. Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance.
3. Whether the requested area variance is substantial.
4. Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district.
5. Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance.

All applicable conditions of SEQR (State Environmental Quality Review Act) must also be met. For an introduction to SEQR go to: <http://www.dec.ny.gov/permits/6208.html>

A site plan is required with all applications for a variance.

You can help yourself and the board if you bring supportive neighbors or statements from them to the hearing to help demonstrate that your application is consistent with the above five factors.

One or more board members may want to visit the site. If so, you may be contacted by them.

If you have any questions about any of this, the Code Enforcement Office is ready to help.

Town of South Bristol Zoning Board of Appeals

Town of South Bristol

Memo to Applicants for a Use Variance

You have applied for a use variance to the Town of South Bristol Zoning Board of Appeals. It will help the board a great deal if you keep in mind the following as you prepare for your public hearing.

A Zoning Board may grant only the minimum variance needed to address the unnecessary hardship proven by the applicant, and at the same time preserve and protect the character of the neighborhood and the health, safety, and welfare of the community. To show unnecessary hardship, the applicant must demonstrate that for each and every permitted use in the particular zoning district.

1. The applicant cannot realize a reasonable return, provided that lack of return is demonstrated by competent financial evidence.
 - In other words, you must come to the public meeting with dollar and cents figures, which show your costs for and your returns from the property, and also must be able to show that the use variance, if granted, will change this financial picture substantially. It is also necessary for you to show that the return from your property would not be reasonable for each and every permitted use under the zoning ordinance.
2. The alleged hardship relating to the property is unique and does not apply to a substantial portion of the district or neighborhood.
 - This means that the plight of the owner is due to unique circumstances and not the general conditions in the neighborhood, which may reflect the unreasonableness of the zoning ordinance itself in which case the recourse should be through a change in the zoning law (as written by the Town Board) and not through a variance. The unique circumstances refer to the property, not the owner's situation.
3. That the requested use variance, if granted, will not alter the essential character of the neighborhood.
4. The alleged hardship has not been self-created.
 - A variance cannot be issued if the hardship was created by the applicant himself.

All applicable conditions of SEQR (State Environmental Quality Review Act) must also be met. For an introduction to SEQR go to: <http://www.dec.ny.gov/permits/6208.html>

You can help yourself and the board if you bring supportive neighbors or statements from them to the hearing to help demonstrate that your application passes the above four tests.

One or more board members may want to visit the site. If so, you may be contacted by them.

If you have any questions about any of this, the Code Enforcement Office is ready to help.

Town of South Bristol Zoning Board of Appeals

05.17.2023



Town of South Bristol

Code Enforcement Office

6500 West Gannett Hill Road

Naples, NY 14512-9216

www.southbristolny.org

585.374.6341

Application # _____

Zoning Board of Appeals Application

Applicant _____

Mailing Address _____

_____ Zip _____

Telephone _____ Email _____

Property Owner's Written Permission Attached ☐

Property Owner _____

Mailing Address _____

_____ Zip _____

Telephone _____ Email _____

Property Address _____

Tax Map # _____ Zoning District _____

_____ Area Variance _____ Use Variance _____ Interpretation Appeal

Nature of Application _____

Grounds for Relief _____

By signing this application the applicant/property owner have granted permission for the Board Members/Town Code Enforcement Officers to make site visits.

Applicant's Signature

Date

Code Enforcement Officer

Meets Town Code Zoning Use Requirements? Yes ☐ No ☐

Meets Town Code Zoning Area/Dimensional Requirements? Yes ☐ No ☐

Accepted for Zoning Board of Appeals review meeting on _____

Code Enforcement Officer

Date

Zoning Board of Appeals Assistant

Application # _____

Zoning Board of Appeals Meeting on _____

Planning Board Actions _____

Delivered County Planning Board Referral _____

Received County Planning Board Recommendations _____

Legal Notice Published _____

Zoning Board of Appeals Actions _____

Zoning Board of Appeals Assistant

Date

Received application Fee \$ _____ CK/CC# _____ Cash _____ Date _____

Resolution 71-2014
Enforcement of Zoning Administration and Enforcement
of Fees, Charges, and Related Expenses

Whereas, compliant to Town of South Bristol Zoning Code Chapter 170, Article VIII, Section 170-95 (a) it is the direction of this governing board pursuant to Town Zoning Code Rules and Regulations that any and all fees, charges and other related expenses that are incurred for application of zoning permits, special use permits, variances, appeals, site plan approval, certificate of compliance, certificate of non-conformity and amendments to expenses incurred by the Town of South Bristol in the process and review of such applications by the Town Board, Town Planning Board, Zoning Board of Appeals, Code Enforcement Officer, and any other governmental agencies working on behalf of the Town of South Bristol.

Whereas, compliant to Town of South Bristol Zoning Code Chapter 170, Article VIII, Section 170-96 Consulting Fees it is the direction of this governing Board pursuant to Town Zoning Code Rules and Regulations that by the Town Board, Town Planning Board, Zoning Board of Appeals, Code Enforcement Officer, and any other governmental agencies working on behalf of the Town of South Bristol shall have the right to determine whether to consult with professional outside consultants.

Whereas, exercising compliancy with the Town of South Bristol Zoning Code as reflected in the Town Zoning Code, the Town will bill all applicants for said fees, charges and other related expenses. The applicant shall pay as required all bills as rendered within 10 days.

Resolved, that all applicants are to sign an acknowledgement of receipt of this Resolution, acknowledging their acceptance of these terms.

Therefore, be it resolved, that the Code Enforcement Office is hereby directed to provide a copy of this Resolution to all applicable parties.

Applicant's Signature

Date

Ontario County Agricultural Data Statement

☐ Town ☐ Village ☐ City of _____ Date _____

Ag District Number _____

Introduction

This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

| Applicant | Owner if Different from Applicant |
|--|--|
| Name: _____ Address: _____ _____ | Name: _____ Address: _____ _____ |

1. Type of Application: ☐ Special Use Permit; ☐ Site Plan Approval ; ☐ Use Variance;
☐ Subdivision Approval

2. Description of proposed project:

3. Location of project: Tax Parcel ID# _____

4. Is this parcel actively farmed? ☐ NO ☐ YES

5. List all farm operations within a NYS Department of Ag & Markets Certified Agricultural District that are within 500 feet of your parcel. Attach additional sheets if necessary.*

| | |
|--|--|
| Name: _____ Address: _____ Tax Parcel ID # _____ | Name: _____ Address: _____ Tax Parcel ID # _____ |
| Name: _____ Address: _____ Tax Parcel ID # _____ | Name: _____ Address: _____ Tax Parcel ID # _____ |

* Attach a tax map showing the site of the proposed project relative to the location of farm operations identified above. Parcel information including aerial photos and Agricultural District information is available electronically

Ag District maps can be obtained from your municipal assessor, municipal clerk or the County Planning Department.

Signature of Applicant

Signature of Owner (if other than applicant)

NOTE TO MUNICIPALITY: All applications requiring an Agricultural Data Statement **must** be referred to the Ontario County Planning Department in accordance with amended Sections 239-m and 239-n of New York State General Municipal Law.

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

| | | | | |
|---|--|--------|--------------------------|--------------------------|
| Part 1 – Project and Sponsor Information | | | | |
| Name of Action or Project: | | | | |
| Project Location (describe, and attach a location map): | | | | |
| Brief Description of Proposed Action: | | | | |
| Name of Applicant or Sponsor: | | | Telephone: | |
| | | | E-Mail: | |
| Address: | | | | |
| City/PO: | | State: | Zip Code: | |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? | | | NO | YES |
| If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2. | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency? | | | NO | YES |
| If Yes, list agency(s) name and permit or approval: | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned _____ acres or controlled by the applicant or project sponsor? | | | | |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: 5. Urban Rural (non-agriculture) Industrial Commercial Residential (suburban) <input type="checkbox"/> Forest Agriculture Aquatic Other(Specify): <input type="checkbox"/> Parkland | | | | |

| | | | |
|---|--|---|---|
| 5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan? | NO <input type="checkbox"/> <input type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> | N/A <input type="checkbox"/> <input type="checkbox"/> |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape? | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? | NO <input type="checkbox"/> <input type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> | |
| 13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____ | NO <input type="checkbox"/> <input type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> | |

| | | |
|--|--|---|
| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest Agricultural/grasslands Early mid-successional Wetland <input type="checkbox"/> Urban Suburban | | |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 16. Is the project site located in the 100-year flood plan? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____ | NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____ | | |