



# Yates County Planning Board Referral Form

Referral #  
County Use Only 2020-17

Date Received 3-17-2020

Revised 4/2017

Municipality and Referring Agency Town of Benton

Project Address 692 Lovejoy Road Project Tax Map # 17.03-1-10

Zoning District AR1

Applicant (Name & MAILING) Jennifer Scott  
692 Lovejoy Rd, Penn Yan NY 14527 Email

Property Owner (Name & MAILING) Melvin Sauder  
731 Lovejoy Road, Penn Yan NY 14527 Email

Reason for Referral (Prox. to Cty Rd., State Rd., Muni Boundary, etc.)  
County Road

### Application Type

- Area Variance
- Use Variance
- Special Use Permit
- Site Plan
- Subdivision
- Text Amendment
- Map Amendment
- Other

### Project Description

Midwife Doctors Office with two patient rooms.

### Supporting Documents Required (IF N/A, include explanation)

- Municipal Application
- Tax Map or Plat
- SEQR
- Site Plan \*
- Variance Criteria \*\*
- Subdivision Plat  For Subdivision Referrals Only
- Other

\*If Site Plan Review, Site Plan **MUST** be detailed and meet the municipal requirements.

\*\*All Variance referrals (Area/Use) **MUST** include detailed justifications associated with reason/s for appeal.

Certification: *With the following signature I certify that this application provides a complete description of the proposed local action and is a complete application pursuant to NYS General Municipal Law Article 12b, Section 239-m, part c.*

\_\_\_\_\_, Referring Official



Provision of required information is the responsibility of the referring agency. Failure to provide such information may result in a significant delay in processing.

**Submit To:** Yates County Planning Department, [dlong@yatescounty.org](mailto:dlong@yatescounty.org) or 417 Liberty St. Suite 1093, Penn Yan, NY 14527

**TOWN OF BENTON**  
**BUILDING AND ZONING APPLICATION**

1000 SR 14A, PENN YAN, NY 14527  
Cell (315) 719-3232 Office 315-536-9600  
FAX 315-536-7715  
E-MAIL: [zoning@townofbenton.us](mailto:zoning@townofbenton.us)

Name of Applicant Jennifer A Scott Date: 3-17-20  
Address The Holiday Ln Canandaigua Phone: 585-314-9307  
Property Owner (if not same) Melvin Sauder  
Address 731 Lovejoy Rd Phone: 315-536-7978

APPLICATION IS BEING MADE FOR:

Building Permit       Variance/Special Use \*\*       Septic System Permit\*\*  
 Site Plan \*\*       Subdivision\*\*       Other (\*\* Add'l Forms)

On Land Located at 692 Lovejoy Rd (Same) or \_\_\_\_\_

Zoning District AR-1 Tax Map # 17.03-1-10

Present Use of Property Rental Residence

Description of Proposed Improvements and/or Use: x Midwife / Doctor office &  
2 exam rooms

Size of Improvement \_\_\_\_\_ Sq. Ft. Estimated Cost: \_\_\_\_\_

Type of Construction: Wood \_\_\_\_\_, Metal \_\_\_\_\_, Masonry \_\_\_\_\_, Other \_\_\_\_\_

Height: In Stories \_\_\_\_\_, In Feet \_\_\_\_\_

Yard Setback: Front \_\_\_\_\_, Rear \_\_\_\_\_

Side (Widest) \_\_\_\_\_, Side (Narrowest) \_\_\_\_\_

Signature: J Scott CSM, Date: 3-17-20

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Variance Requested \_\_\_\_\_

Variance Granted: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Permit # 3750P-20 Fee \$ 80

Code Enforcement Officer Thomas W Fulford Date: 3-17-20

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Insurance: Workman's Comp. Liability Exemption Form

*Contractor/Owner agrees to comply with all New York State and Local Codes and Laws.*

*Contractor/Owner agrees to call for all inspections as required.*

SITE PLAN, please draw site plan showing all roads, setbacks from right of ways and lot lines, driveways, existing and proposed structures and features (houses, garages, barns Sheds, septic, wells, streams, lakes) and north arrow.

SETBACKS TAKEN FROM CENTER OF ROAD: TOWN (25'), COUNTY (33' OR MORE) AND STATE (33' OR MORE)  
ZONING DISTRICTS HAVE DIFFERENT FRONT, SIDE AND REAR SETBACKS. CONSULT WITH CODE  
ENFORCEMENT BEFORE START OF ANY WORK OR PLAN.

The undersigned agrees that to the best of their knowledge and belief the statements contained in this application, together with any plans and specifications submitted herein, are a true and complete statement of all proposed work or use to be done on the described premises. All provisions of the NYS Fire Prevention and Building Code, the Town of Benton Zoning Law, and all other laws, rules and regulations pertaining to the proposed work or use shall be complied with, whether specified or not, and that such work or use is authorized by the owner. The undersigned understands that the granting of any permit shall not be construed as adoption by the Town of Benton of any plans, specifications or construction methods of permittee and the granting of any permit shall create no liability on the part of the Town. The undersigned hereby grants permission for the Code Enforcement Officer to enter the property and structure, as he deems necessary to inspect the same for compliance with applicable Codes and Laws.

OWNER SIGNATURE *[Signature]* DATE 3-17-20  
CODE ENFORCEMENT OFFICER *[Signature]* DATE 3-17-20

# TOWN OF BENTON

## PLANNING BOARD - ZONING BOARD OF APPEALS APPLICATION

Application No. 37SUP-20 Date 3-17-20 Fee \$80

Name: Jennifer A Scott phone 585-314-9307

Address: 76 Holiday Ln Cdga email midwife.scott@gmail.com

Applicant is applying for the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Area Variance                 | <input type="checkbox"/> Zoning Interpretation |
| <input type="checkbox"/> Use Variance                  | <input type="checkbox"/> Subdivision           |
| <input checked="" type="checkbox"/> Special Use Permit | <input type="checkbox"/> Site Plan Review      |

Other \_\_\_\_\_

Location of Property 692 Lovejoy Rd

Tax Map No. 17.03-1-10 Zoning District AR-1

Describe Action requested:

Midwife/Doctor office & 2 exam rooms

Area Variance Information:

	Required	Actual	Variance Request
Frontage:	_____	_____	_____
Front Setback:	_____	_____	_____
Side Setback:	_____	_____	_____
Rear Setback:	_____	_____	_____
Lot Size:	_____	_____	_____

Attached to this application is the following documentation:

Site Plan  Construction Plans  SEQR  Other \_\_\_\_\_

Property Owner Melvin Sauder Telephone 315-536-7978  
Address 731 Lovejoy Rd

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application for an Area Variance:

To enable the Zoning board of appeals to grant an area variance, the applicant should address the five factors listed below. Attach additional sheets if necessary. The Zoning Board of Appeals will consider these five factors when balancing two elements: (1) the benefit to the applicant from the variance and (2) the detriment to the health, safety, and welfare of the community or neighborhood that would occur if the variance were to be granted.

Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the grant of the variance.

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Whether the benefit sought by the applicant can be achieved by some feasible method other than a variance.

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Whether the requested variance is substantial.

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Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or the district.

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Whether the alleged difficulty was self-created.

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Applicant Signature: Or Scott Cunn Date: 3/17/00