



Yates County Planning Board Referral Form

Referral #
County Use Only 2021-37

Date Received 8-13-2021

Revised 4/2017

Municipality and Referring Agency Town of Benton

Project Address 2241 Havens Corners Road Project Tax Map # 27.02-1-8.1

Zoning District AR-1

Applicant (Name & MAILING) Daryl Martin-Lakeside Roofing & Contractors

126 West Monroe St, Little Falls, NY 13365 Email _____

Property Owner (Name & MAILING) _____

_____ 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

Contractors Yard


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 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

Sundi Jones E-MAIL: zoning@townofbenton.us

Name of Applicant Lakeside Roofing Contractors Date: 8-9-21
Address 176 West Penn St Little Falls Phone: 515-694-6918
Property Owner (if not same) Daryl Martin 13368
Address _____ Phone: _____

APPLICATION IS BEING MADE FOR:

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

On Land Located at 2241 Havens Cr Rd (Same) or _____

Zoning District AR-1 Tax Map # 27.02-1-8.1

Present Use of Property _____

Description of Proposed Improvements and/or Use: Contractor yard

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: _____, Date: _____

Approved _____ Not Approved _____ Variance Requested _____

Variance Granted: Yes _____ No _____ Date: _____

Permit # 116 SUP-21 Fee \$ 150-

Code Enforcement Officer [Signature] Date: 8-9-21

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.

TOWN OF BENTON

PLANNING BOARD - ZONING BOARD OF APPEALS APPLICATION

Application No. 116 SUP-21 Date 8-9-21 Fee 150.-

Name: Lake Side Roofing and Contractors phone 315-694-6918 STEVIN

Address: 124 WEST Monroe St Little Falls NY email 315-923-3003 Brandy

Applicant is applying for the following:

- Area Variance
- Zoning Interpretation
- Use Variance
- Subdivision
- Special Use Permit
- Site Plan Review

Other _____

Location of Property 2241 Harms Cr Rd

Tax Map No. 27.02-1-8.1 Zoning District AR-1

Describe Action requested:

Contractors yard

Area Variance Information:

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

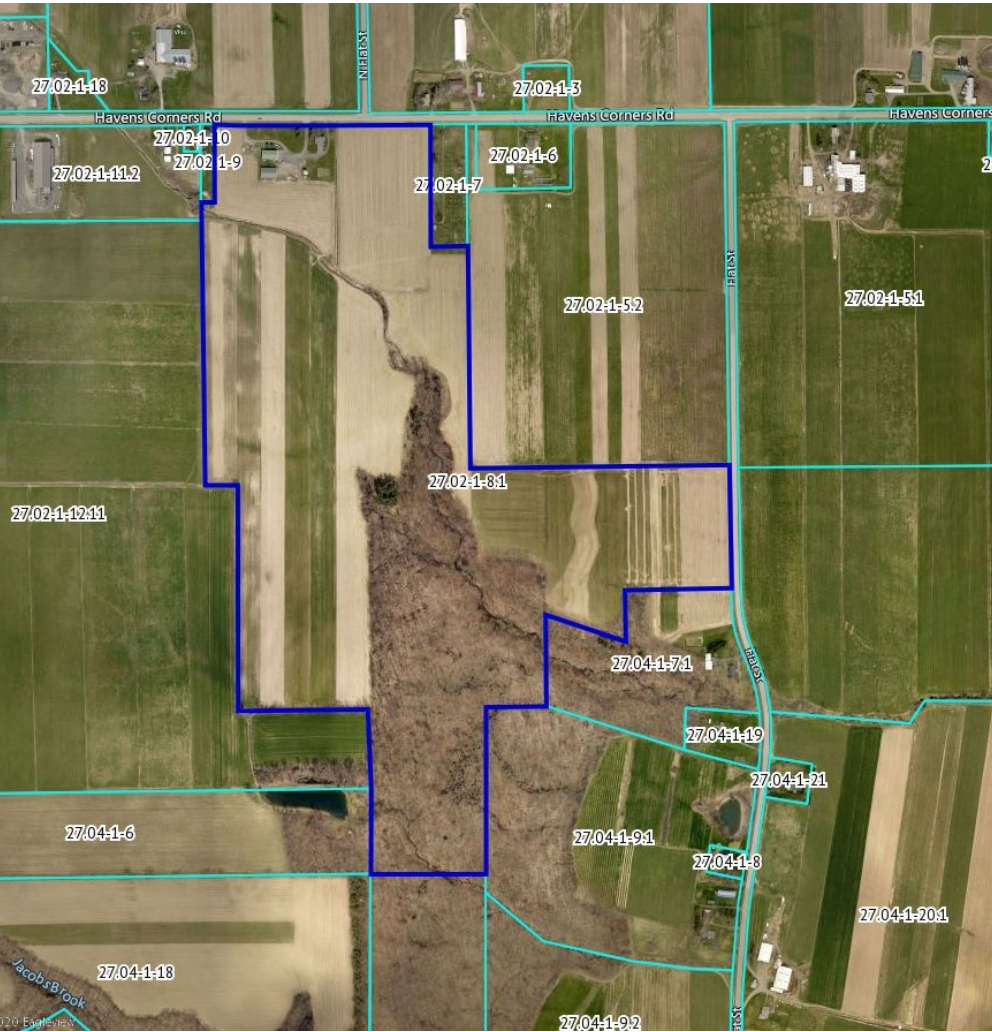
Attached to this application is the following documentation:

Site Plan Construction Plans SEQR Other _____

Property Owner _____ Telephone _____

Address _____

Signature _____ Date _____



27.02-1-18

27.02-1-5

Havens Corners Rd

Havens Corners Rd

Havens Corners

27.02-1-10

27.02-1-6

27.02-1-11-2

27.02-1-9

27.02-1-7

27.02-1-52

27.02-1-51

27.02-1-81

27.02-1-12-11

27.04-1-71

27.04-1-19

27.04-1-21

27.04-1-6

27.04-1-91

27.04-1-8

27.04-1-20-1

27.04-1-18

27.04-1-92

020 Eastview

Jacob's Brook

INTERST

BRIST

BRIST

BRIST