

ZONING BOARD OF APPEALS
Town of Owasco, New York
Application for Interpretation or Variance
OFFICE USE ONLY

AREA VARIANCE
FEE: \$25.00

This section to be completed by Code Enforcement Officer. Define part of ordinance in question

a. Ordinance ZONING Case No. _____
b. Title TABLE OF DIMENSIONAL REQUIREMENTS Date Rec'd BA _____
c. Section 150 Date Hearing _____
c. Paragraph ATTACHMENT 1 Date Action _____
Action _____

To the Zoning Board of Appeals:

A. Statement of Ownership and Interest

1. The applicant(s) Alexandra Rosekrans
(is) (are) the owner(s) of property situated at 44 Letchworth St., (Tax map I.D. - 123.07-1-25)
Arbourn, NY (Town of Owasco)

2. The applicant's appeal concerns the property owned by Alexandra Rosekrans
and located at Fourth Ave, Town of Owasco
Tax Map # 123.07-1-16.1

B. Nature of Request: Permission to build garage ~~within~~ beyond
allowable boundary restrictions

6' NORTH SIDE YARD
AREA VARIANCE TO
BUILD A 24' X 30'
DETACHED GARAGE.

C. Attach copy of Plot Plan

Signature(s) [Signature]

Telephone No. _____ DATE 4/17/22

Cell No. _____

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Cell No. _____

Town of Owasco
2 Bristol Avenue
Auburn, New York 13021

J. Patrick Doyle
Code Enforcement Officer
Email: codes@owasconv.gov

Office Phone: 315-253-9021

Fax: 315-253-2683

Cell Phone: 315-729-3921

Application No. 2022-

Date: 4/7/22

Fee: \$ 144.00

Application for Building/Zoning Permit 24' X 30' DETACHED GARAGE
(Not a Permit)

IMPORTANT INSTRUCTIONS. PLEASE READ CAREFULLY.

1. Application must be complete. Please type or clearly print in ink all necessary information.
2. Completed Application must be submitted to the Owasco Town Clerk with appropriate fee before review process can begin.
3. Application must be supported with the following documents:

MINOR PROJECT: A. Plot plan (see attached sample)
B. Sketch of project and/or specifications/materials list.

MAJOR PROJECT: A. Three (3) copies of plot plan signed
B. Three (3) copies of design drawings signed and sealed by a licensed architect or licensed professional engineer.
C. One (1) copy of approval from developer, if in Planned Development District.

PLEASE COMPLETE:

Location of property: 44 Letchworth ST. Auburn N.Y. 13021
(Street or Firelane No., Lot No., Nearest Road)

Tax Map No.: 123.07-1-25

Name of Owner: Alexandra ROSECRANS

Address: 44 Letchworth ST. Auburn N.Y. 13021

Phone, Email
(Phone) (Cell) (Email)

Application for Building/Zoning Permit (continued)

A. PROJECT CONTACTS:

Builder (If self, so indicate) Ferro Property Services
Address 50 Washington St. Suite 2 Auburn N.Y. 13021
Phone / Cell / Email 315-252-8225 / 315-952-6914 / Mike@Ferroprop.com
Architect or Engineer _____
Address _____
Phone / Cell / Email _____

B. NATURE OF WORK (CHECK ALL APPROPRIATE CATEGORIES BELOW):

Existing Structure(s)

- 1. Repair (structural) _____
- 2. Addition NEW GARAGE
- 3. Alteration _____
- 4. Removal _____
- 5. Demolition REMOVE OLD GARAGE
- 6. Other (specify) _____

New Structure(s)

- 1. Single Family _____
- 2. Accessory Buildings:
Garage: Attached Detached
Shed _____
- 3. Two Family _____
- 4. Deck: _____ Covered _____ Open _____
- 5. Swimming Pool: _____ Above _____ Below _____
- 6. Other (specify) _____

C. PRINCIPAL CONSTRUCTION MATERIAL TO BE USED:

- 1. Wood FRAMING
- 2. Brick _____
- 3. Block FOUNDATION
- 4. Other (Specify) CONCRETE FOOTERS

D. TYPE OF FOUNDATION:

- 1. Cellar _____
- 2. Slab
- 3. Basement _____
- 4. Crawlspace _____
- 5. Other (Specify) BLOCK FOOTERS

E. COMPLETE THE FOLLOWING:

- 1. Water Source: Public _____ Private Well _____ Other _____
- 2. Sewage: Public _____ Private* _____ None _____
* If private, has sewage disposal permit been applied for Yes _____ No _____
- 3. Will the project involve plumbing? Yes _____ No
- 4. Will the project involve H.V.A.C.? Yes _____ No
- 5. Will the project involve electrical? Yes No _____

F. COST OF THIS PROJECT: (all labor* and materials) \$ 50,000.00
* estimate your labor, if applicable.

Application for Building/Zoning Permit (continued)

G. ZONING DISTRICT OF PROPERTY (Circle One)

1. Residential

2. Agricultural/Residential

3. Lakeshore

H. PRINCIPAL USE OF PRESENT STRUCTURE(S) AND/OR LAND (Circle One)

1. Residential

2. Agricultural/Residential

3. Lakeshore

4. Other (Specify) _____

I. PRINCIPAL USE OF THIS PROPOSED PROJECT. (Describe)

2 CAR GARAGE

J. DIMENSIONS OF TOTAL PROPERTY (If applicable)

Lot size: Length 922 (X) Width 122 (=) Total sq. ft. 11284

Existing Buildings:

GARAGE Length 17 (X) Width 25 (=) sq. ft. 425

HOUSE Length 37 (X) Width 25 (=) sq. ft. 925

Length _____ (X) Width _____ (=) sq. ft. _____

Total square footage – Existing buildings _____

K. DIMENSIONS OF PROPOSED PROJECT (If applicable)

Length 29 (X) Width 30 (=) Total sq. ft. 750

Height 14' 10" TO ROOF Number of stories 1

L. PROPERTY LINE SETBACKS OF PROPOSED PROJECT. (If applicable)

Front lot line setback 60 ft.

Side lot line setback 60 ft.

Rear lot line setback 70 ft.

Side lot line setback 3 ft.

M. ENCLOSED LIVING AREA. (If applicable)

Total sq. Ft. _____

GENERAL INFORMATION PERTAINING TO THIS APPLICATION

This application will be reviewed by the Code Enforcement Officer and/or the Town Consulting Engineer. If disapproved, a letter of denial explaining reason(s) for denial will be issued to applicant. If approved, a BUILDING/ZONING PERMIT will be issued to the Applicant.

Work covered by this APPLICATION shall not commence prior to the issuance of a PERMIT. The PERMIT shall be valid for a period of twelve (12) months from the date of issuance. Construction under the PERMIT must be substantially complete within twelve (12) months or an extension must be obtained from the Code Enforcement Officer. A NOTICE OF PERMIT (issued by the Town) must be kept on the premises, publicly visible, throughout the progress of work.

Application for Building/Zoning Permit (continued)

This project may involve work requiring approval of various outside agencies. Certain outside agency approvals may be required prior to the issuance of a Permit. Final approval of all agencies involved must be submitted to the Code Enforcement Officer prior to the issuance of a Certificate of Occupancy or Compliance. Examples, not limited to the following, would be:

<u>Project Involvement</u>	<u>Agency</u>
1. Land division, SEQR, etc.	Owasco Planning Board
2. Zoning matters, SEQR	Owasco Zoning Board of Appeals
3. Public water, sewer	Owasco Water, Sewer Departments(s)
4. Private septic system	Cayuga County Health Department
5. N.Y.S. Roads	NYS Dept. of Transportation
6. Floodplains, wetlands	NYS Dept. of Environmental Conservation
7. Streams, Lakes, etc.	U.S. Army Corps of Engineers


Application for a CERTIFICATE OF OCCUPANCY OR COMPLIANCE is made concurrently with this filing. It is the responsibility of the owner or authorized agent to notify the Code Enforcement Officer when the project is completed in order to obtain a Certificate of Occupancy or Compliance.

The Town Code Enforcement Officer and/or Building Inspector, upon the display of proper credentials and in the discharge of his duties, shall be permitted to enter upon the premises covered by this application with out interference, for the purposes of inspecting, during normal working hours.

No person shall make any changes to the plans herewith submitted or of the specifications herein contained in the structural part of the project without the written consent of the Code Enforcement Officer.



I certify that the answers to the questions set forth in this APPLICATION are true, correct and complete. Additionally, I agree that, in the event the PERMIT is approved, to comply with the provisions of all State of New York and Federal Government laws, rules and regulations, as they pertain this APPLICATION.

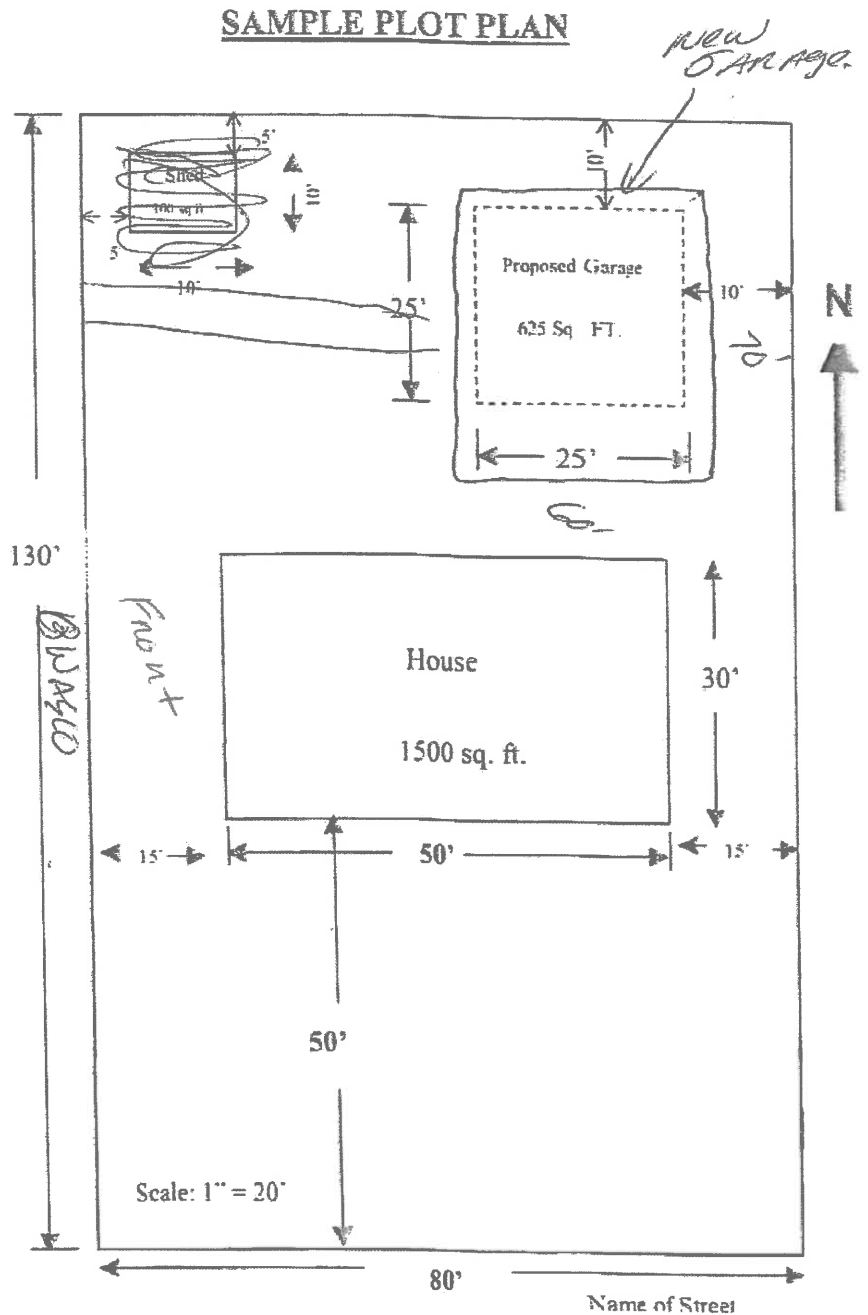
Signature: 
(Owner or authorized agent)

TOWN OF OWASCO
2 Bristol Avenue
Auburn, New York 13021

PLOT PLAN SHOULD CONTAIN:

- A. Name of Owner
- B. Address of Property
- C. Tax Map No.
- D. Dimensions of lot to scale.
indicate north per compass.
- E. Draw existing structures on lot to scale.
draw with solid lines.
- F. Draw proposed structures to scale.
draw with dotted lines.
- G. Indicate square footage of
all structures.
- H. Distance from all structures
to lot lines.
- I. Identification of adjoining property.
ie; Street, Lake, neighbors by name.

SAMPLE PLOT PLAN





Workers' Compensation Board

**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.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>MAEf Corp DEA: Ferro Property Services 50 Washington St Suite 2 Auburn, NY 13021 PHONE: 315-952-6914 FEIN: XXXXX6539</p>	<p align="center">Business Applying For: Building Permit</p> <p>From: Town of Owasco</p> <p>The location of where work will be performed is 44 Letchworth St, Auburn, NY 13021.</p> <p>Estimated dates necessary to complete work associated with the building permit are from May 24, 2022 to July 14, 2022. The estimated dollar amount of project is \$25,001 - \$50,000</p>
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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 business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

Corporate Officers: Mike M Ferro President, Jermane W Helire Vice President

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 business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it 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, Jermane W. Helire, am the Vice President 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	<p>Signature: </p>	<p>Date: 4/7/22</p>
<p>Exemption Certificate Number</p> <p>2022-022214</p>		<p>Received</p> <p>April 7, 2022</p> <p>NYS Workers' Compensation Board</p>