



TOWN OF YORK
 2668 Main Street P.O. Box 187
 York, NY 14592
 Telephone: (585) 243-3128
 Fax: (585) 243-4618
 E-mail: donnafalkner@frontier.com

ZONING REFERRAL FORM

Date: 11/13/24

Type of Application: (Check all that apply)

- Change in zoning classification (Rezoning)
- Amendment to text of zoning law/ordinance
- Variance to zoning law/ordinance (Area Use)
- Special use Permit (special permit or conditional use permit)
- Site Plan Review
- Subdivision Review
- Adoption or amendment of a comprehensive plan
- Moratorium on issuance of building permits or development approvals

Name(s) of Applicant: Seth Halbert
 Address: 1124 Sand Hill Rd Caledonia NY, 14425

Location of property (Attach map indicating exact boundaries.)
2637 Genesee St. Pittsford, NY, 14533

Property is located in _____ Zoning District.

Describe proposed use or zoning change as completely as possible. Indicate the applicable section of the zoning law or ordinance, and explain the applicant's basis for this application. (Attach separate sheet, if necessary.) Include copy of completed Environmental Assessment Form.

A Replacement sign to measure 4'x8'

Municipal board with jurisdiction over application _____
 (Town Board, Planning Board, Zoning Board of Appeals)

Indicate what action the municipal board has taken on this application (reviewed, approved, discussed, etc.) _____

Date of Public Hearing: _____

Name of person completing this form: Seth Halbert
 Title: Pastor @ Holy Ground Ministries
 Address: 429 Sand Hill Rd, Caledonia, NY 14423
 Phone: 585-422-3507

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 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: <i>Holy Ground Ministries Sign</i>			
Project Location (describe, and attach a location map): <i>2637 Genesee St. Pittsford, NY, 14533</i>			
Brief Description of Proposed Action: <i>A new sign measuring 4' x 8' perpendicular to St. Rt. 36. (Replacing Existing)</i>			
Name of Applicant or Sponsor: <i>Seth Halbert</i>		Telephone: <i>585-472-3507</i>	
		E-Mail: <i>Horizonenv@gmail.com</i>	
Address: <i>124 Sand Hill Rd.</i>			
City/PO: <i>Caledonia</i>		State: <i>NY</i>	Zip Code: <i>14423</i>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres		<i>6 x 12 feet</i>	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	YES <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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	YES <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 checked="" type="checkbox"/>	YES <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 <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> 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	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
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)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe: _____ _____	<input checked="" type="checkbox"/>	<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?	NO	YES
If Yes, describe: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u><i>Seth Halbert</i></u> Date: <u><i>11/13/24</i></u> Signature: <u><i>Seth Halbert</i></u> Title: <u><i>Pastor</i></u>		

TOWN OF YORK: TOWN & COUNTY 2024 TAXES

FISCAL YEAR: 01/01/2024 to 12/31/2024 WARRANT DATE: 12/31/2023 STATE AID - COUNTY: \$21,314,181.00 TOWN: \$316,028.00

BANK	BILL NUMBER	PAGE
	001708	1 OF 1

MAKE CHECK PAYABLE TO:

CHRISTINE HARRIS
TAX COLLECTOR
 2668 MAIN ST., PO BOX 187
 YORK, NY. 14592

TO PAY IN PERSON:
 Town Hall
 Monday - Friday
 9:00 AM - 4:30 pm
 Wed. 9am-12 noon

PROPERTY INFORMATION:

TAX MAP #: 245200 70.5-1-26
 DIMENSION: 120.00 X 192.20
 RS: 8 CLASS: Religious
 ADDRESS: 2637 Genesee St
 SCHOOL: YORK
 FULL MARKET VALUE: 67700.00
 UNIFORM % OF VALUE: 96.00
 ASSESSMENT: 65000

PROPERTY OWNER:

Holy Ground Ministries, Inc.
 PO Box 79
 Piffard, NY 14533-0079

Exemption	Value	Full Value	Tax Purpose
N/P RELIG	65000.00	0.000	CT/S

RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE VALUE	AMOUNT DUE
LIVINGSTON COUNTY	31901055	3.5000	7.24609200	0.00	0.00
YORK TOWN TAX	952098	2.2000	3.54165000	0.00	0.00
YORK FIRE 1	223192	3.0000	0.62783400	0.00	0.00
UNPD YORK SEWER #1	0	0.0000	0.00000000	0.00	198.00
YORK SWR DIST #1 OCC	0	0.0000	307.40890700	1.00 Units	307.41
UNPD YORK CONSOL WTR	0	0.0000	0.00000000	0.00	66.26
CONSOLIDATED WTR OCC	0	0.0000	204.04142100	1.00 Units	204.04

PAYMENTS RECEIVED

Receipt#: 1632 Date Paid: 03/26/2024 Full Payment

Tax: 775.71 Penalty: 15.51 Surcharge: 0.00 Notice Fee: 2.00 Ret. Check Fee: 0.00
 Cash: 0.00 Check: 793.22 Check #: 3588

Received from Holy Ground Ministries, Inc. - Via Counter: \$793.22

TOTAL TAXES PAID TO DATE:	\$775.71	PAID IN FULL
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Zoning Board of Appeals (ZBA) Application

Project Name: Holy Ground Ministries Sign
Applicant Name: Seth Halbert

1. Type of Request. Check the type of request you are applying for and complete the indicated sections of this application. If you are uncertain which request you are applying for, consult with the Town of York Code Enforcement Officer or the Town of York Zoning Clerk.

✓ All requests	Request Type	Complete All Required Sections
	Appeal and/or Interpretation	1, 2, 3, 4, 5, 6
	Area Variance	1, 2, 3, 4, 5, 7
	Use Variance	1, 2, 3, 4, 5, 8

All use variances and area variances (except those involving single-family and two-family dwellings), (Check with Code Enforcement Office to see which form is needed) **SEQR:** State Environmental Quality Review Act (SEQR) Forms - NYS Dept. of Environmental Conservation

All use and area within 500' of agriculture: If the proposed activity will be on property within an agricultural district containing a farm operation or on property with boundaries within 500 ft. of a farm operation located within an agricultural district, then an ag data statement must be completed. Check with Town Assessor for property owners to be listed on the form.

NEW Copy of Agricultural Data Statement 002 .pdf (yorkny.org)

Notice to Applicant: By law, the application or amendment must be referred to the County Planning Board if it applies to real property within 500 feet of: A municipal boundary, The right-of-way of any state or county road, A state or county park or recreation area (existing or proposed), State or county land on which a public building or institution is located, A farm operation within an agricultural district as defined by Article 25-AA of the New York State Agriculture and Markets Law, Existing or proposed right-of-way of any county stream or drainage channel. Referral Trigger Map

Requests will also require a public hearing seeking comments from the public on the requested variance.

Please describe your request, in general:

A variance from the size requirement for
free standing sign. Sign size to be
4' x 8'.



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2. Identification.

Project Name Holy Ground Ministries Sign
Applicant Name Seth Halbert
Address 424 Sand Hill Rd
Town Caledonia **State** NY **Zip** 14423
Phone (585) 472-3507 **Fax**() -
Email Horizonenew@gmail.com
Property Owner (if other than applicant) Holy Ground Ministries
Address 2637 Genesee St.
Town Pittsford **State** NY **Zip** 14533
Phone () - **Fax**() -
Email

3. Property Information.

Property Street Address 2637 Genesee St.
Permanent Parcel Number 765-1-26.0
Legal Description of Property Church

Zoning District Hamlet Residential
Area 27,000sqft **Width** 120' **Depth** 225'
Current Use(s)

Zoning District of Adjacent Properties to the:
 North " South " East " West "

4. Prior Requests.

a. Have you ever requested ZBA relief for this property? Yes No X
 If yes, please provide the following information:
Date of Hearing
Relief Requested
Result

b. Are there any existing variances for this property? Yes No X
 If yes, please provide the following information:
Date of Hearing
Relief Requested
Result



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5. Application Procedure. The following check list includes all documents required for the Town of York Code Enforcement Officer or Zoning Clerk to begin the ZBA process.

NOTE: Partial sets will not be accepted for submittal.

Application Form and Fees. A completed application form and the application fee are required with the initial submittal.

SEQR Short Environmental Assessment Form. A completed Short EAF is required for all Use Variance applications and for Area Variance applications related to properties other than single-family and two-family dwelling properties. *

Proof of Ownership. Current proof of ownership of the property to utilized or contractual ability to acquire such land. If applicant is a tenant or agent of owner, then proof of ownership and written permission of owner for applicant to apply for zoning relief. Copy of Tax bill is not proof of ownership.

Response to Criteria. A completed, detailed written response to the review criteria referenced in section 1 and described in section 6, 7, and 8.

Copies. At the time of submittal, a complete electronic file of the site plan, landscape plan, elevation drawing, color renderings, complete checklist and application documents must be emailed to planningzoningclrk@yorkny.org. This will then be forwarded to the zoning board. *

NOTE: The applicant and property owner will be notified when the application will be heard at a scheduled hearing.

I, Seth Halbert (applicant), do hereby swear that the information given herein is true and correct.

I, _____ (property owner), do hereby give permission for Town of York officials, staff, and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

Seth Halbert
 Signature of Applicant

11/13/24
 Date

Seth Halbert
 Printed Name of Applicant

 Signature of Property Owner (If different) Date

 Printed Name of Property Owner (If different)



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7. Criteria for AREA Variances. The ZBA may grant an area variance only upon a finding that a practical difficulty exists. Please respond to the following statements.

a. **Public Safety and Welfare.** Will the granting of a variance create an undesirable change to the character of the neighborhood or be a detriment to nearby properties?

No.

b. **Alternate Options.** Can the benefit sought by the applicant be achieved by some other method, feasible for the applicant to pursue, other than an area variance?

NO.

c. **The degree of variance.** Is the requested area variance substantial?

No.

d. **Level of effect.** Will the requested variance have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district?

No.

e. **Not Self-Created.** Is the alleged difficulty self-created?

No.

The ZBA, in granting an area variance, shall grant the minimum variance that it shall deem necessary and adequate and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

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8. Criteria for USE Variances. A Use variance is issued to permit a use that is otherwise not permitted in the existing zoning district. The ZBA may only grant a use variance upon a showing by the applicant that applicable zoning regulations and restrictions have caused an unnecessary hardship. Please respond with regard to the following criteria. In addition, a use variance request shall include a plot plan drawn to scale detailing the specific use and improvements proposed by the applicant. The applicant must demonstrate all the following criteria to obtain a use variance.

a. Unreasonable Current Zoning Designation. Describe how the applicant, without a use variance, cannot realize a reasonable return, provided that lack of return is substantial as demonstrated by competent financial evidence. Can the property be reasonably used for any purpose permitted in the zoning district without the use variance?

b. Unique Circumstances. Describe how the alleged hardship relating to the property in question is unique and does not apply to a substantial portion of the district or neighborhood. What are the circumstances or conditions peculiar to the subject property that are not generally applicable in the area or to other properties in the same zoning district?

c. Character of the Area. Describe how granting of the requested use variance will not alter the essential character of the neighborhood. Take into consideration the established type and pattern of land uses in the area as well as the natural characteristics of the site and surrounding area when evaluating this criteria.

d. Not Self-Created. Describe how the alleged hardship has not been self-created. Are there special conditions or circumstances related to subject property that make the variance request necessary and which have not been created by or resulted from the actions of the applicant or the applicant's predecessors?

The ZBA, in granting a use variance, shall grant the minimum variance that it shall deem necessary and adequate and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.