



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

received
 11/12/2024
 CmH

ZONING REFERRAL FORM

Date: 9-1-24

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: Linwood Gardens
 Address: _____

Location of property (Attach map indicating exact boundaries.)
attached (tax map # 49-1-8.1)

Property is located in Agricultural 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.

The applicant intends to swap and/or sell less than one acre of parcel 49-1-8.1 to neighbor Yalona. Both parties are in agreement

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

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

Date of Public Hearing: _____

Name of person completing this form: Ree Stratich
 Title: Vice president of Linwood Gardens LLC
 Address: 1912 York Rd Linwood NY
 Phone: 585-984-3913

Best contact: Celia Lewis
203-823-6412



TOWN OF YORK
 2668 Main Street, P O Box 187, York, NY 14592-0187
 Tel: (585) 243-3128 Fax: (585) 243-4618
 TTY NY: (800) 662-1220

Zoning Board of Appeals (ZBA) Application

Project Name: _____
Applicant Name: Linwood Gardens LLC

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:

Applicant requests to split off less than 1 acre of parcel
49-1-8.1 to swap or sell to our neighbor, to provide
neighbor lawn space by dwelling.



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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, Lin Wood Gardens LLC (applicant), do hereby swear that the information given herein is true and correct.

I, Lee Gratwick (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.

Lee Gratwick 9-1-24
 Signature of Applicant Date

Lee Gratwick
 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.

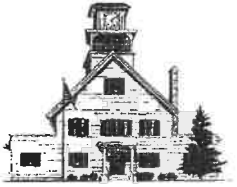
d. **Level of effect.** Will the requested variance have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district?

No.

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

No. Property line was established prior to zoning

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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NA

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.



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Applicant #	_____
Preliminary	_____
Final	_____

AGRICULTURAL DATA STATEMENT

Applicant: _____ Owner:(if different) _____
 Name: Linwood Gardens Name: Same
 Address: 1912 York Rd W Address _____
Linwood, NY _____

List the farmland owners of the lands that are in an agricultural district that are located within 500' of the boundary of the property of the proposed project.

Name: <u>Gerald Yacono (E)</u>	Name: <u>John Morgan (N-across road)</u>
Address: _____	Address: _____
Name: <u>Linwood Gardens (W)</u>	Name: <u>Linwood Gardens (S)</u>
Address: <u>1912 York Rd W</u>	Address: <u>1912 York Rd W</u>
<u>Linwood NY</u>	<u>Linwood NY</u>

PLEASE INCLUDE A MAP SHOWING THE SITE OF THE PROJECT RELATIVE TO THE FARM OPERATIONS IN THE AGRICULTURAL DATA STATEMENT

Description of the proposed project and its location:

Location of site: 1926 York Rd West
 Tax Map #: 49-1-8.1
 Ownership intentions/proposed use of site: Swap/sell land to neighbor
 Anticipated construction time: none
 Brief description of farm operation(s) that might be affected: none

See Frutwick
 Signature of applicant/owner

9-1-24
 Date



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2. Identification.

Project Name _____
 Applicant Name Linwood Gardens LLC
 Address 1912 York Rd West
 Town Linwood State NY Zip 14486
 Phone () - - Fax() - -
 Email leeqrattwick@gmail.com
 Property Owner (If other than applicant) Linwood Gardens LLC
 Address same.
 Town _____ State _____ Zip _____
 Phone () - - Fax() - -
 Email _____

3. Property Information.

Property Street Address 1926 York Rd West
 Permanent Parcel Number 49-1-8.1
 Legal Description of Property 1 family residence and vacant land
 Zoning District Ag
 Area 3 ACRES Width _____ Depth _____
 Current Use(s) 1 family residence & vacant land
 Zoning District of Adjacent Properties to the:
 North Ag South Ag East Ag West Ag
across road

4. Prior Requests.

- a. Have you ever requested ZBA relief for this property? Yes ___ No
 - If yes, please provide the following information:
 - Date of Hearing _____
 - Relief Requested _____
 - Result _____
- b. Are there any existing variances for this property? Yes ___ No
 - If yes, please provide the following information:
 - Date of Hearing _____
 - Relief Requested _____
 - Result _____

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

MAKE CHECK PAYABLE TO:

BANK	BILL NUMBER	PAGE
	000838	1 OF 1

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 49.-1-8.1

DIMENSION: 3.00 acres

RS: 1 CLASS: 1 Family Res

ADDRESS: 1926 York Road West

SCHOOL: PAVILION

FULL MARKET VALUE: 131800.00

UNIFORM % OF VALUE: 96.00

ASSESSMENT: 126500

PROPERTY OWNER:

Linwood Gardens, LLC
 1912 York Road West
 Pavilion, NY 14525

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	126500.00	916.63
YORK TOWN TAX	952098	2.2000	3.54165000	126500.00	448.02
YORK FIRE 1	223192	3.0000	0.62783400	126500.00	79.42
LINWOOD WTR EXT OCC	0	0.0000	466.64097600	1.00 Units	466.64

PAYMENTS RECEIVED

Receipt#: 281

Date Paid: 01/11/2024

Full Payment - Multi-Payment

Tax: 1910.71

Penalty: 0.00

Surcharge: 0.00

Notice Fee: 0.00

Ret. Check Fee: 0.00

Cash: 0.00

Check: 1910.71

Check #: 149

Received from Linwood Gardens, LLC - Via Mail: \$1910.71

TOTAL TAXES PAID TO DATE: \$1910.71

PAID IN FULL

Project:

Date:

**Short Environmental Assessment Form
Part 2 - Impact Assessment**

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project:

Date:

**Short Environmental Assessment Form
Part 3 Determination of Significance**

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

PRINT FORM