

Area Variance Meeting Notes

Date 9-28-16 Appeal # AV1603

Minutes taken by Pam Sojda

Meeting called to order at: 7:36

Members

	Present	Absent
Janet Berkemeier	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nancy Burke	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mary Miller	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pam Sojda	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thomas Foss	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Application No. AV1603

Date of Application 8-20-16

Date Notice Published 9-17-16

Others Present Debbie Hartman Cleo Elmore

Genesee County Planning Board Recommendations ~ Review Date 9/8/16 Approve Reject

Modifications NONE

Bethany Planning Board Recommendations ~ Review Date 9/1/16 Approve Reject

Modifications NONE

State Environmental Quality Review (SEQR) The status of this variance is...

Type I Poses a significant environmental impact. Requires completion of a long Environmental Assessment

Form (EAF) and coordinated review by all involved agencies.

Type II Actions NOT subject to review under SEQR. Type II actions include interpretations, granting area variances for one, two or three family dwellings and granting of individual setback and lot line variances.

Unlisted Actions Actions are all those actions NOT considered Type I or Type II.

Use variances and conditional use permits are classified as Unlisted Actions and require completion of a short EAF.

Opening Remarks _____

Public Hearing Called to Order at: 7:37

Public Comments _____

Public Hearing closed at: _____

Area Variance Points to Consider

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

Discussion _____

Vote Point A

	YES	NO
Janet Berkemeier	_____	<input checked="" type="checkbox"/>
Nancy Burke	_____	<input checked="" type="checkbox"/>
Mary Miller	_____	<input checked="" type="checkbox"/>
Bill Messinger	_____	_____
Pam Sojda	_____	<input checked="" type="checkbox"/>
Diane Fowler	_____	_____
Thomas Foss	_____	<input checked="" type="checkbox"/>

Yes, means you **DO** think an undesirable change will be produced.
No, means you **DO NOT**.

B. Whether the **benefit sought** by the applicant can be achieved by some method, feasible for the applicant to pursue **other than the area variance**

Discussion _____

Vote Point B.

	YES	NO
Janet Berkemeier	_____	<input checked="" type="checkbox"/>
Nancy Burke	_____	<input checked="" type="checkbox"/>
Mary Miller	_____	<input checked="" type="checkbox"/>
Bill Messinger	_____	_____
Pam Sojda	_____	<input checked="" type="checkbox"/>
Diane Fowler	_____	_____
Thomas Foss	_____	<input checked="" type="checkbox"/>

YES, means you **do think** the benefit can be achieved by another method.
NO, means you **DO NOT**.

C. Whether the requested area variance is substantial

Discussion _____

Vote Point C.

	YES	NO
Janet Berkemeier	_____	<input checked="" type="checkbox"/>
Nancy Burke	_____	<input checked="" type="checkbox"/>
Mary Miller	_____	<input checked="" type="checkbox"/>
Bill Messinger	_____	_____
Pam Sojda	_____	<input checked="" type="checkbox"/>
Diane Fowler	_____	_____
Thomas Foss	<input checked="" type="checkbox"/>	_____

YES means you think the area variance **IS substantial**.
NO, means you **DO NOT**.

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

Discussion _____

Vote Point D.

	YES	NO
Janet Berkemeier	_____	<input checked="" type="checkbox"/>
Nancy Burke	_____	<input checked="" type="checkbox"/>
Mary Miller	_____	<input checked="" type="checkbox"/>
Bill Messinger	_____	_____
Pam Sojda	_____	<input checked="" type="checkbox"/>
Diane Fowler	_____	_____
Thomas Foss	_____	<input checked="" type="checkbox"/>

YES, means you think the variance WILL HAVE an adverse effect or impact.
NO, means you think IT WILL NOT

E. Whether the alleged difficulty was self created.

Discussion _____

Vote Point E.

	YES	NO
Janet Berkemeier	<input checked="" type="checkbox"/>	_____
Nancy Burke	_____	<input checked="" type="checkbox"/>
Mary Miller	<input checked="" type="checkbox"/>	_____
Bill Messinger	_____	_____
Pam Sojda	<input checked="" type="checkbox"/>	_____
Diane Fowler	_____	_____
Thomas Foss	<input checked="" type="checkbox"/>	_____

YES, means you think the difficulty WAS self-created.
NO, means you think it was NOT.

Motion to .. Approve Reject Made by Pam Sojda Seconded by Mary Miller

Conditions of Approval NONE

Motion Vote Approve Reject Abstain

Janet Berkemeier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nancy Burke	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mary Miller	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bill Messinger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pam Sojda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diane Fowler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thomas Foss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action Taken	
Approved	<input checked="" type="checkbox"/>
Denied	<input type="checkbox"/>
Tabled	<input type="checkbox"/>

Motion Tally Carried 5 Denied 0

Motion to CLOSE meeting made by Nancy Burke Motion SECONDED by Thomas Foss

Motion Tally In Favor 5 Opposed 0 Chairman Adjourns Meeting at: 7:56