

anything

1. Approval Of Minutes
2. Amiee & Fritz Blok, 7116 N. Manlius Rd.

Documents:

[7116 N Manlius Rd..pdf](#)

3. Samantha & Kyle Haun, 5833 Butterfly Circle

Documents:

[5833 Butterfly Circle.pdf](#)

4. Other Business
5. Adjournment
6. Pledge Of Allegiance

Application for Building Permit

Town of Manlius
Department of Planning and Development
301 Brooklea Drive, Fayetteville, NY 13066
(315)637-8619 Fax: (315) 637-0713

Application is hereby made for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for work herein described. The applicant agrees to comply with all laws, ordinances, regulations and revisions of the municipality in which the Permit is requested.

Owner/Applicant - Name and Phone Number:

Almae + Fritz Blok

Address of Proposed Work:

716 North Manlius Road Kirkville NY

Contractor Name & Address & Phone Number:

Build Your Own Home
5912 N. Burnick St. East Syracuse NY 13057

Proposed Work:

New Home Construction

- | | | | |
|---|-------------------------------|---------------------|-----------------|
| 1. Addition _____ | 2. Alteration _____ | 3. Demolition _____ | 4. Garage _____ |
| 5. Shed _____ | 6. Deck _____ | 7. Pool _____ | 8. Sign _____ |
| 9. New Construction <input checked="" type="checkbox"/> | 10. Fireplace/Woodstove _____ | 11. Solar _____ | |
| 12. Renewal _____ | 13. Other _____ | | |

Construction Cost: \$ _____

Size of Project:

2200 sq ft 4 Bedroom, 2 story home + 2 car garage

Description of Project:

New home approx 200' north of North Manlius Road
70' x 36' Structure

Residential - New Structure

Existing Structure _____

of Bedrooms 4

of Bathrooms 2 1/2

of Fireplaces 1

Total Square Feet w/o Garage 2200

Garage Square Foot 484

Other _____

Description _____

Commercial - New Structure _____

Existing Structure _____

Name of Business: _____

Total Square Feet: _____

Description of Property: _____

All Plumbing and Sanitary systems to be inspected by Onondaga County Department of Health. All Electrical systems will be inspected by a Third Party Electrical Inspector approved by the Town of Manlius.

I hereby agree that no building is to be occupied or used in whole or in part for any purpose what so ever until a Certificate of Occupancy or Compliance has been issued by the Code Enforcement Officer.

I hereby certify that the above information is true to the best of my knowledge. Permission is hereby granted to the Code Enforcement Officer or Authorized representative upon showing proper credentials to enter that above premises or buildings during reasonable working hours to discharge their duties.

Signature: _____

Contractor / BYOH, LLC

Date: _____

7/16/19

Road Frontage 200'

CODE ENFORCEMENT USE ONLY			
Zoning: <u>RA 40</u> (F) <u>40</u> (R) <u>40</u> (S) <u>20</u>	Flood Plain	Wetlands	
Received By: _____	Receipt No.: _____	Fee: \$ <u>1000</u>	Date: _____
Check #: _____	Cash: _____	Credit Card: _____	
Tax Map # <u>040.-01-20.0</u>	_____		
Building Permit Number: _____	_____		
Approved: _____	Disapproved: <input checked="" type="checkbox"/>	Date: <u>7-17-19</u>	
Remarks: <u>RA Zone Needs 200' Frontage, Applicant has 100'. Needs A Variance of 100'</u>	_____		
<u>Randy Covitt</u>			
Signature of Code Enforcement Officer			

TOWN OF MANLIUS - ZONING BOARD OF APPEALS

APPLICANT / PROPERTY INFORMATION

Date: 7/19/19

1. Property Address: 7116 North Manlius Road, Kirkville 13082

Property Tax Map # 040.-01-20.0

The Applicants Purpose (new construction, alteration, extension, restoration, modification or other action) with respect to the subject property; New construction

2. Owner of Property: Fritz & Anee Blok

Owner's Address: 204 Barton Cir E. Syracuse NY 13057

Owner's E-Mail: ablok@aspendental.com or fritzblok@yahoo.com

Owner's Phone #: _____ Does Owners reside at property: NO

Signature of Property Owner: Anee Blok Fritz Blok

3. Applicant / Representative / Attorney:

Name: Tom Oot Company: Build Your Own Home

Address: 5912 N. Bardick St. E. Syr NY 13057

Phone: 315-374-8588 E-Mail: oot44@aol.com

4. The Town of Manlius ZBA Board requires that owners of neighboring properties be contacted by the applicant with respect to the proposed variance application. Please see attached instructions and form.

Below this line - For Office Use Only

Application Received by: _____ Date: _____

Payment Receipt #: _____

Date of Denial of Building Permit Application: _____ Current Property Zoning: _____

The subject property will be in conformity with all zoning use as outlined in Chapter 155 of the Town of Manlius Municipal Code, except as stated here by the Code Officer: _____

Application for Building Permit

Town of Manlius

Department of Planning and Development

301 Brooklea Drive, Fayetteville, NY 13066

(315)637-8619 Fax: (315) 637-0713

Application is hereby made for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for work herein described. The applicant agrees to comply with all laws, ordinances, regulations and revisions of the municipality in which the Permit is requested.

Owner/Applicant - Name and Phone Number:

Samantha & Kyle Hahn

Address of Proposed Work: 5833 Butterfly Circle East Syracuse, NY 13057

Contractor Name & Address & Phone Number: Canon Pools, 5210 W Taft Rd Syracuse, NY 13212, (315) 458-3150

Proposed Work: Inground pool w/ privacy fence

- | | | | |
|---------------------------|-------------------------------|---|-----------------|
| 1. Addition _____ | 2. Alteration _____ | 3. Demolition _____ | 4. Garage _____ |
| 5. Shed _____ | 6. Deck _____ | 7. Pool <input checked="" type="checkbox"/> | 8. Sign _____ |
| 9. New Construction _____ | 10. Fireplace/Woodstove _____ | 11. Solar _____ | |
| 12. Renewal _____ | 13. Other _____ | | |

Construction Cost: \$ _____

Size of Project: 13x26"

Description of Project:

13' x 26' Kidney shaped in-ground pool w/ 3 feet of brushed concrete. Landscaping for drainage, and privacy and safety fence install

Residential - New Structure _____ Existing Structure

of Bedrooms 5 # of Bathrooms 2 1/2 # of Fireplaces 1

Total Square Feet w/o Garage 2600 Garage Square Foot unknown

Other _____

Description _____

Commercial - New Structure _____ Existing Structure _____

Name of Business: _____ Total Square Feet: _____

Description of Property: _____

All Plumbing and Sanitary systems to be inspected by Onondaga County Department of Health. All Electrical systems will be inspected by a Third Party Electrical Inspector approved by the Town of Manlius.

I hereby agree that no building is to be occupied or used in whole or in part for any purpose what so ever until a Certificate of Occupancy or Compliance has been issued by the Code Enforcement Officer.

I hereby certify that the above information is true to the best of my knowledge. Permission is hereby granted to the Code Enforcement Officer or Authorized representative upon showing proper credentials to enter that above premises or buildings during reasonable working hours to discharge their duties.

Signature: [Signature] Date: 7/5/19

CODE ENFORCEMENT USE ONLY

Zoning: R3 (F) 30 (R) 25 (S) 15 Flood Plain _____ Wetlands _____

Received By: JS Receipt No.: 3849 Fee: \$ 100 Date: 7-5-19

Check #: 151 Cash: P Credit Card: P

Tax Map # 077-06-09.0

Building Permit Number: _____

Approved: _____ Disapproved: Date: 7-23-19

Remarks:
Applicant needs 2 Variances: First, needs 10' relief for the back
dr Rear Setback and Second, needs 5' relief for the Front
Setback

Randy Cipriotti
Signature of Code Enforcement Officer

RECEIVED

JUL 29 2019

TOWN OF MANLIUS - ZONING BOARD OF APPEALS

APPLICANT / PROPERTY INFORMATION

TOWN OF MANLIUS
PLANNING AND DEVELOPMENT

Date: 7/25/19

1. Property Address: 5833 Butterfly circle East Syracuse, NY 13057

Property Tax Map # 077-06-09.0

The Applicants Purpose (new construction, alteration, extension, restoration, modification or other action) with respect to the subject property; installing an in-ground pool. (Please note, size of pool will be 16x32.)

2. Owner of Property: Samantha & Kyle Haun

Owner's Address: 5833 Butterfly circle East Syracuse, NY 13057

Owner's E-Mail: Samantha.haun@yahoo.com

Owner's Phone #: _____ Does Owners reside at property: yes

Signature of Property Owner: [Signature]

3. Applicant / Representative / Attorney:

Name: same Company: _____

Address: _____

Phone: _____ E-Mail: _____

4. The Town of Manlius ZBA Board requires that owners of neighboring properties be contacted by the applicant with respect to the proposed variance application. Please see attached instructions and form.

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