

Town of Manlius
Zoning Board of Appeals
November 21, 2019
6:30 PM

1. Pledge Of Allegiance
2. Approval Of Minutes
3. 4982 Fayetteville Manlius Rd., Manlius
Public Hearing requesting an area variance to construct a 20' X 12' room addition.
Applicant has an existing side yard setback of 12' and is requesting a 8' variance to meet the required 20' side yard code.

Documents:

[4982 F-M Rd..pdf](#)

4. 5816 Strawmount Trail, Chittenango
Public Hearing requesting to construct a 10' X 14' shed. Applicant has an existing side yard setback of 10' and is requesting 30' variance to meet the required 40' rear yard setback per code. 2nd request applicant has an existing side yard set back of 10' and is requesting 10' variance to meet the required 20' side yard setback per code.

Documents:

[5816 Strawmount Trail.pdf](#)

5. Other Business
6. Adjournment

RECEIVED

OCT 01 2019

TOWN OF MANLIUS - ZONING BOARD OF APPEALS

APPLICANT / PROPERTY INFORMATION

TOWN OF MANLIUS
PLANNING AND DEVELOPMENT

Date: 10/1/2019

1. Property Address: 4982 F-M Rd. Manlius, NY 13104

Property Tax Map # 104-04-08.0

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

2. Owner of Property: Steven M. Culhane

Owner's Address: 4982 F-M Rd. Manlius, NY 13104

Owner's E-Mail: stevenmculhane@gmail.com

Owner's Phone #: 315-682-8190 Does Owners reside at property: Yes

Signature of Property Owner: [Signature]

3. Applicant / Representative / Attorney:

Name: _____ 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.

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

Department of Planning and Development

301 Brooklea Dr., Fayetteville, NY 13066
(315) 637-8619 Fax: (315) 637-0713

TOWN OF MANLIUS

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.

LOCATION OF PROPOSED WORK (Street Address) Tax Map Number 104 04 08.0

4982 F-M RD. MANLIUS, NY 13104 Lot # _____

CONTRACTOR/AGENT-ADDRESS (Worker's Compensation Form Required)

~~Tom Schott~~ Charles Schott Phone # 315-345-1523

OWNER/APPLICANT-NAME-ADDRESS (Home Owner's Form BP-1 Required)

Steven M. Culbore Phone # 315-682-5190

PROPOSED WORK, USE OR OCCUPANCY

addition alteration demolition garage new construction deck pool renewal sign
 storage/shed fireplace/wood stove other _____ Construction Cost \$ 17,500

RESIDENTIAL-NEW STRUCTURE

of Bedrooms _____ # of Bathrooms _____ # of Fireplaces _____
Total Sq. Ft. w/o garage _____ Sq. Ft. of garage _____

RESIDENTIAL-EXISTING STRUCTURE

of rooms added: _____ Bedroom Family Room Bath Living Space
Other Screened Porch/Patio Total Sq. Ft. added: 300-350

COMMERCIAL:

Name of Business: CIS Remodeling Co. Total Sq. Ft. of Project 300-350

All plumbing and sanitary systems to be inspected by Onondaga County Department of Health.

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 the above premises or buildings during reasonable working hours to discharge their duties.

Date: 9/26/2019 By: Steven Culbore

Owner Authorization Owner Authorized Agent

CODE ENFORCEMENT USE ONLY			
Occupancy Classification <u>40 40 20</u>	Planning Board _____	Rec'd by <u>DLW</u>	Receipt No. <u>4706</u>
Zoning <u>RA</u>	Plans Review _____	Building Permit No. _____	
Flood Plains _____ Wetlands _____	Date Application Rec'd _____	Set-Backs _____	
Contractors W/C Ins. _____	ZBA <u>needs 8' to meet 20' rear</u>	Fee <u>133</u>	Date Paid <u>9.25.19</u>
<input type="checkbox"/> Duplicate Set of Plans	<input type="checkbox"/> Survey and/or Site Plan	Date <u>9-26-19</u>	
<input type="checkbox"/> APPROVED	<input checked="" type="checkbox"/> DISAPPROVED		
Remarks <u>Side Setback requires 20'. Applicant has 12', needs an 8' Variance relig</u>			
			<u>Bandy Cantt</u> Signature of Codes Enforcement 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:

Kimberly + Robert Schwanke 315-373-5725

Address of Proposed Work: 5816 Strawmount Trail Chittenango NY 13037

Contractor Name & Address & Phone Number: Sturdi-Built Sheds
1292 Rt 5 Chittenango, NY 13037 315-385-9326

Proposed Work: New 10' x 14' Shed

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

Construction Cost: \$ 5,500

Size of Project: Locate a 10' x 14' shed @ rear of property.

Description of Project:

Locate 10' x 14' shed @ rear of property.

Residential - New Structure _____ Existing Structure _____

of Bedrooms _____ # of Bathrooms _____ # of Fireplaces _____

Total Square Feet w/o Garage _____ Garage Square Foot _____

Other N/A

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: _____ Date: _____

CODE ENFORCEMENT USE ONLY

Zoning: RA (F) 40 (R) 40 (S) 20 Flood Plain _____ Wetlands _____

Received By: JB Receipt No.: 4391 Fee: \$ 81 Date: 8-27-19

Check #: 2251 Cash: X Credit Card: X

Tax Map # 082.2-02-03.0

Building Permit Number: _____

Approved: _____ Disapproved: X Date: 10-16-19

Remarks: Applicant needs a 30' Variance in Rear & 10' Variance on the Side

Randy Capriotti
Signature of Code Enforcement Officer

TOWN OF MANLIUS - ZONING BOARD OF APPEALS

APPLICANT / PROPERTY INFORMATION

Date: 10/18/2019

1. Property Address: 5816 Strawmount Trail Chittenango

Property Tax Map # 082.2-02-03.0 NY 13037

The Applicants Purpose (new construction, alteration, extension, restoration, modification or other action) with respect to the subject property: Location of a new 10'x14' Shed near rear of property. This requires a 10' side Variance and a 30' rear variance.

2. Owner of Property: Kimberly Schwanke & Robert Schwanke

Owner's Address: 5816 Strawmount Trail, Chittenango, NY 13037

Owner's E-Mail: kimberlyschwanke@gmail.com

Owner's Phone #: 315-373-5725 Does Owners reside at property: Yes

Signature of Property Owner: [Signature]

3. Applicant / Representative / Attorney:

Name: Kimberly Schwanke Company: N/A

Address: 5816 Strawmount Trail, Chittenango NY 13037

Phone: 315-373-5725 E-Mail: kimberlyschwanke@gmail.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. OK.

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: _____

