

**APPLICANT REQUEST:** 

#### **Request for Action**

Town of Clarence | Office of Planning & Zoning (716)741-8933 | 1 Town Place, Clarence, NY 14031

#### **Town Use Only**

Date: October 24, 2025

Received By: Planning & Zoning Office

Project Address: 4730 Sawmill Road

**SBL #:** 72.14-1-30

#### **Action Desired:**

Applicant requests a variance of 4'2" to allow an 8'4" principal structure side yard setback located at 4730 Sawmill Road in the Residential Single-Family zone.

#### Reason:

Town Code Reference: §229-52(B)

		APPLICANT INFO	
	Name / Business:	Lisa Ackley	_
IFO:	E-Mail:		_
	Phone #:	ONFILE	_
	Address:	Ola	_
<b>∠</b>	Town:	State: Zip:	_
TAC			-1
F	ı	PROJECT SPONSOR INFO (If Different Than Applicant)	١
CONT	Name / Business:	PROJECT SPONSOR INFO (If Different Than Applicant)	_
CONTACT INFO:			
CONT	Name / Business:		_
CONT	Name / Business: E-Mail:	PROJECT SPONSOR INFO (If Different Than Applicant)	

#### CORRESPONDENCE

Please indicate the preferred entity that shall receive the appropriate correspondence and billing associated with this Request for Action.

Please select only one.

<b>√</b>	Applicant
	Project Sponsor

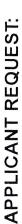
#### SIGNATURE

Request for Action shall be filled out completely in the spaces provided. The complete Request for Action shall be submitted to the Office of Planning and Zoning along with all necessary plans, maps, and supporting documentation. By signing below I certify that I have the authority to submit this Request for Action, and further certify its contents to be true and correct.

signed: Signature On File

## **Fown Use Only:**

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#### **Request for Action**

Town of Clarence | Office of Planning & Zoning (716)741-8933 | 1 Town Place, Clarence, NY 14031

**Town Use Only** 

Date: 10/24/2025

Received By:

Project Address: 4730 Sawmill rd Clevence NY 14031

SBL #:

Action Desired: Extend the house by one room

Reason: would like another bedroom

Name / Business:	LISA ACKIEN	
E-Mail:		
Phone #:		
Address:	(	4
Town: /	,	

**APPLICANT INFO** 

#### PROJECT SPONSOR INFO (If Different Than Applicant)

Name / Business:

E-Mail:

Phone #:

Address:

Town:

State:

Zip:

#### SIGNATURE

Request for Action shall be filled out completely in the spaces provided. The complete Request for Action shall be submitted to the Office of Planning and Zoning along with all necessary plans, maps, and supporting documentation. By signing below I certify that I have the authority to submit this Request for Action, and further certify its contents to be true and correct.

Signed:

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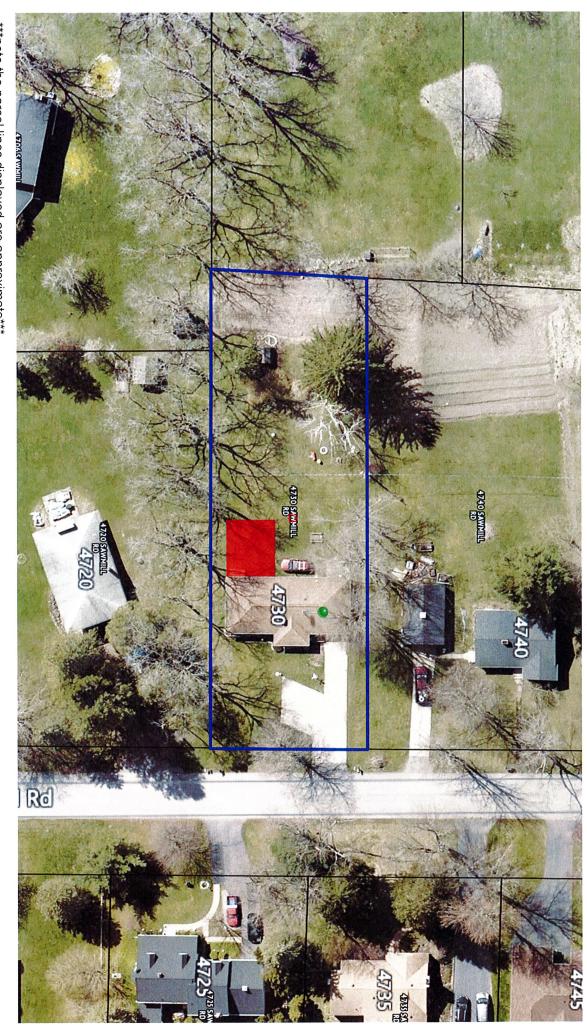
Please select only one.

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	Applicant
	Project Sponsor

## Town Use Only:

CONTACT INFO

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\*\*\*note the parcel lines displayed are approximate\*\*\*

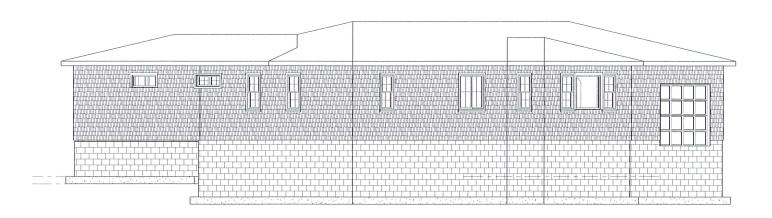
# 4730 Sawmill Road



Proposed addition to the rear of the existing principal structure.

The proposed principal structure side yard setback is 8'4". The minimum allowable principal structure side yard setback is 12'6".

A 4'2" variance is requested.

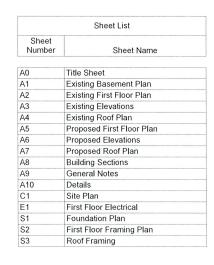


#### Kalicharan House Addition 4730 Sawmill Road Clarence, NY 14031

#### CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA

- Ground snow load 50
- Wind 90 mph
- Seismic per soil test
- Weathering severe
- Frost Line 42" minimum
- Termite slight to moderate
- Decay none to slight
- Winter design temperature 2 (14A)
- Ice shield 24" inside exterior wall line of building
- Flood hazard see maps/Town Engineering Department

Designed to 2020 Residential Code of New York





It is the responsibility of the owner to obtain all building permits and verify all dimensions and construction methods with their contractor and/or engineer prior to commencing construction.

Steve Kalicharan House Addition Title Sheet

 Project Number
 Project Number

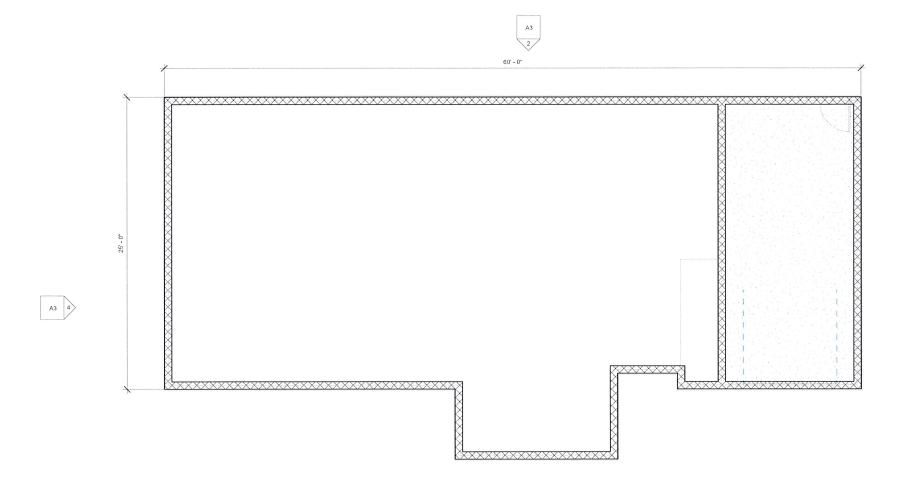
 Date
 Issue Date

 Drawn by
 Turner Designs

 Checked by
 Checker

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It is the responsibility of the owner to obtain all building permits and verify all dimensions and construction methods with their contractor and/or engineer prior to commencing construction.

No. Description Date

House Addition
Existing Basement
Plan

 Project number
 Project Number

 Date
 Issue Date

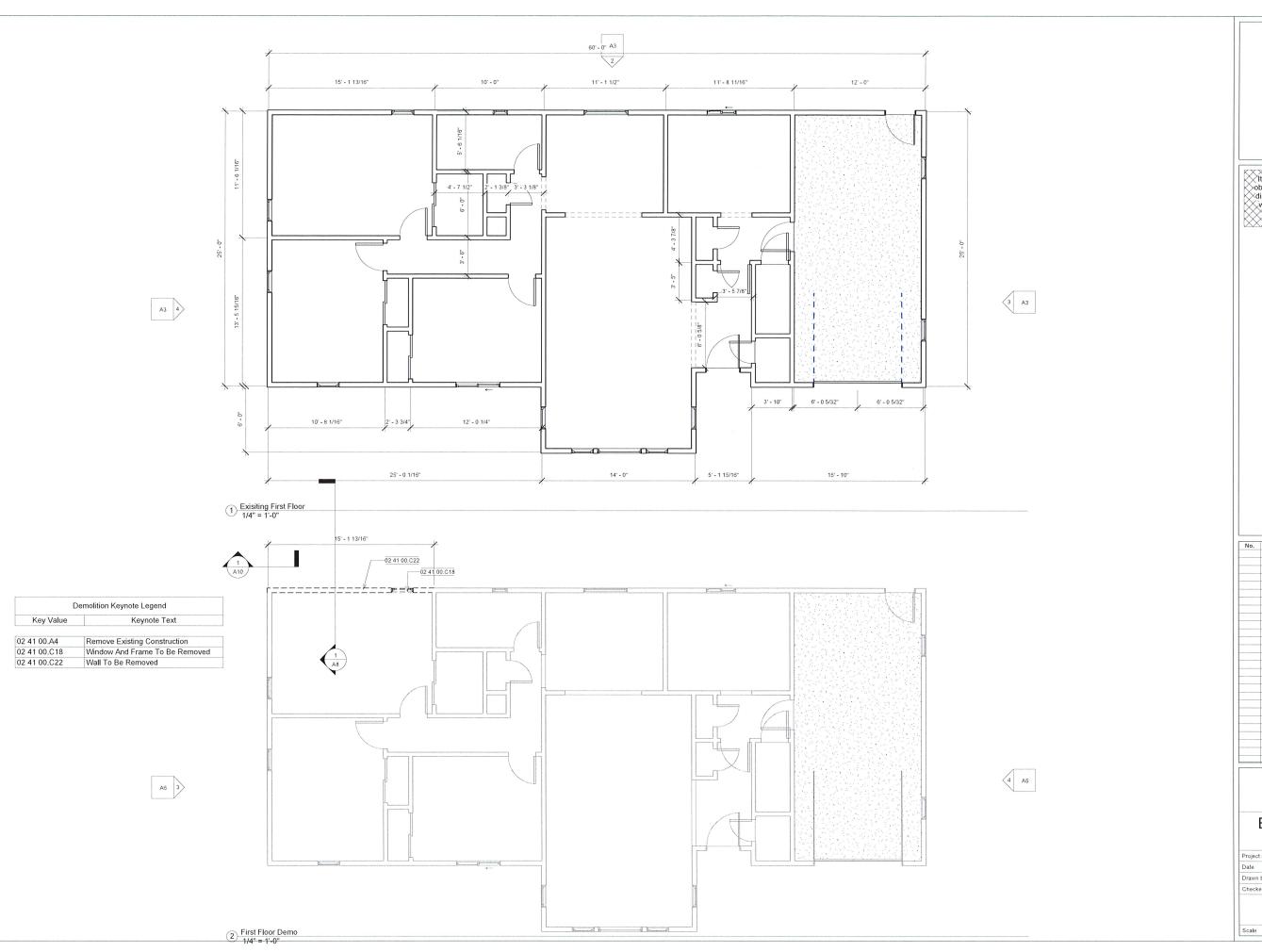
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 Turner Designs

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**A**1

1/4" = 1'-0"

1) Existing Basement 1/4" = 1'-0"



TURNER
Designs
tdanddak@gmail.com

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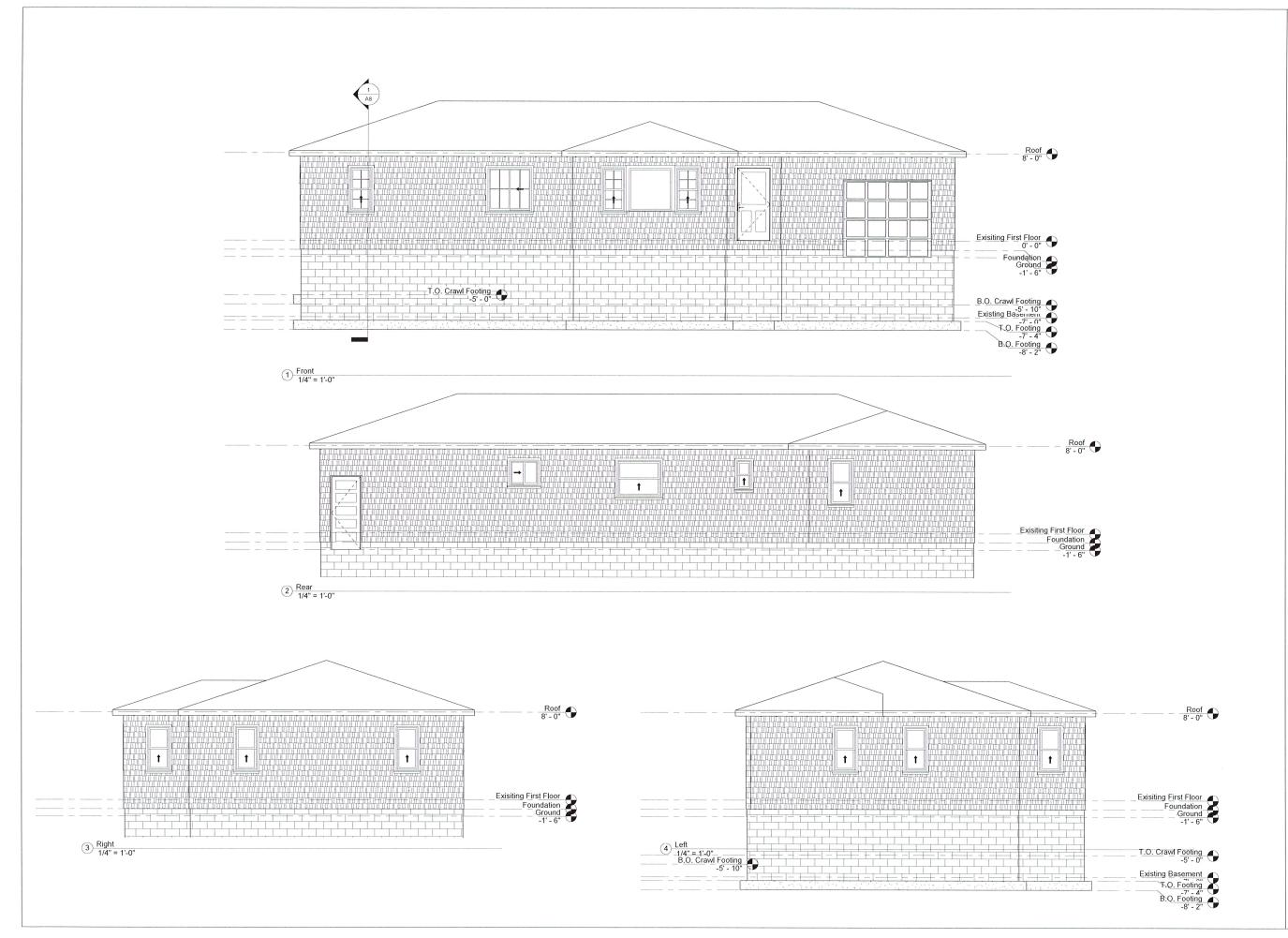
No. Description Date

Steve Kalicharan
House Addition
Existing First Floor

Existing First Floor Plan

Project number
Date Issue Date
Drawn by Turner Designs
Checked by Checker

A2





It is the responsibility of the owner to obtain all building permits and verify all dimensions and construction methods with their contractor and/or engineer prior to commencing construction.

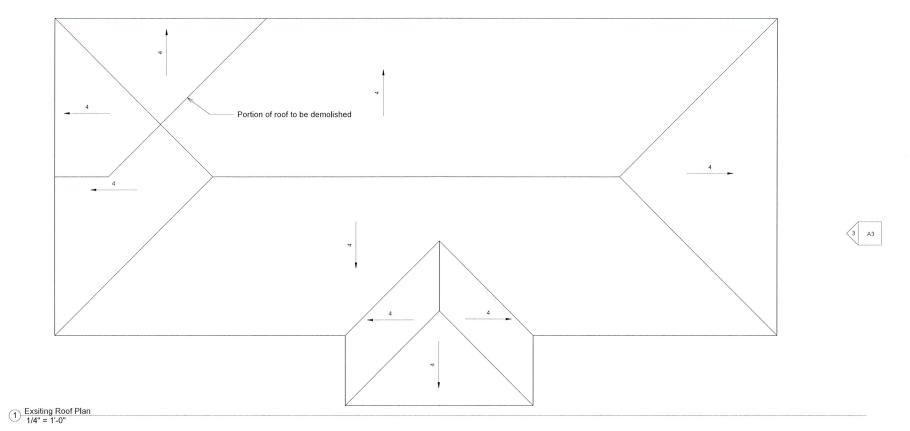


## Steve Kalicharan House Addition Existing Elevations

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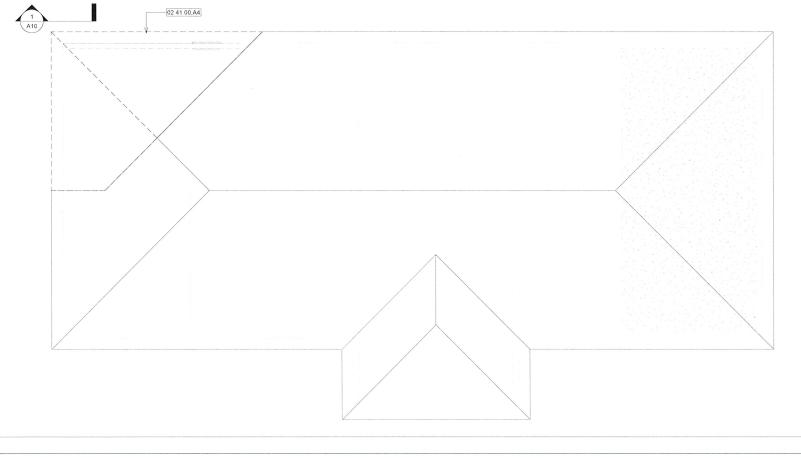




[	Demolition Keynote Legend				
Key Value Keynote Text					
02 41 00.A4	Remove Existing Construction				
02 41 00.C18	Window And Frame To Be Removed				
02 41 00.C22	Wall To Be Removed				

A3 4

Note: Remove enough roofing to allow building of the addition without exposing all of the existing room to the outside.





tdariddak@giriaii.coi

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Steve Kalicharan
House Addition
Existing Roof Plan

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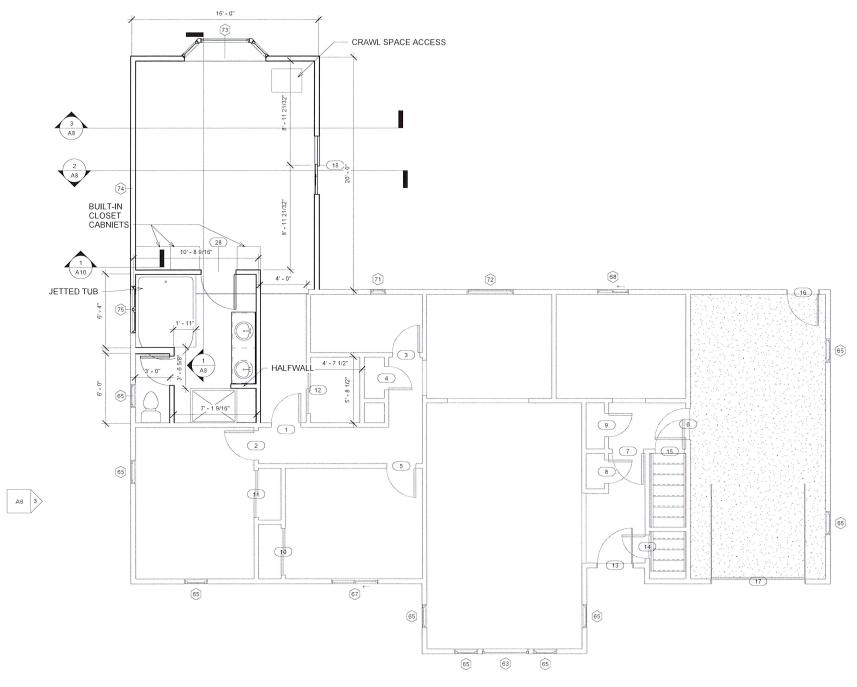
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Date	Issue Date
Drawn by	Turner Designs
Checked by	Checker

2 Roof Plan Demo 1/4" = 1'-0"

A6 3

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			Window Schedule		
	Rough Opening		Туре	Head Height	Comments
Type Mark	Width Height				
63	4' - 0"	4' - 0"	Fixed with Trim	6' - 8"	
65	2' - 0"	4' - 0"	Window-Single-Hung	6' - 8"	
67	4' - 0"	4' - 0"	Window-Sliding-Double	6' - 8"	
68	2' - 8"	2' - 4"	Window-Sliding-Double	6' - 8"	
71	1' - 4"	2' - 8"	Window-Single-Hung	6' - 8"	
72	4' - 0"	3' - 4"	Window-Single-Hung	6' - 8"	
73	7' - 0"	5' - 0"	Window-Bay-Casement-45 _Degree_Angle	6' - 8"	
74	4' - 0"	1' - 6"	Fixed with Trim	6' - 8"	
75	4' - 0"	1' - 5"	Window-Awning-Double-H orizontal	6' - 8"	

4 A6

		Door Schedu	le
Door			Finish
Number	Door Type	Door Size	Comments
1	38	30" x 80"	
2	38	30" x 80"	
3	57	28" x 80"	
4	58	24" x 80"	
5	38	30" x 80"	
6	59	32" x 80"	
7	59	32" x 80"	
8	58	24" x 80"	
9	58	24" x 80"	
10	54	48" x 80"	
11	54	48" x 80"	
12	54	48" x 80"	
13	62	36" x 80"	
14	58	24" x 80"	
15	38	30" x 80"	
16	63	32" x 80"	
17	64	96" x 84"	
18	67	60" x 80"	
27	38	30" x 80"	
28	39	36" x 80"	



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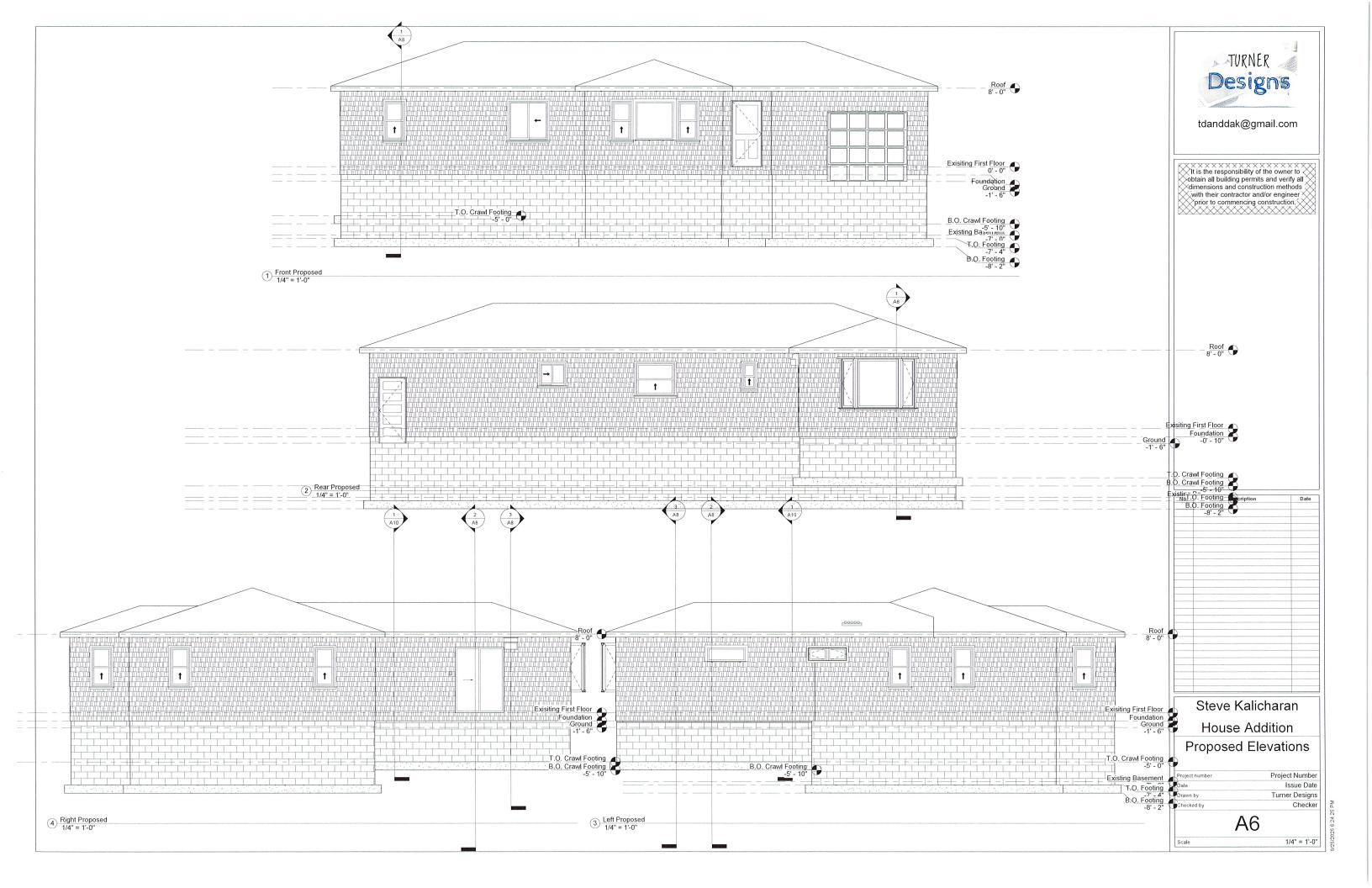
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#### Steve Kalicharan House Addition Proposed First Floor Plan

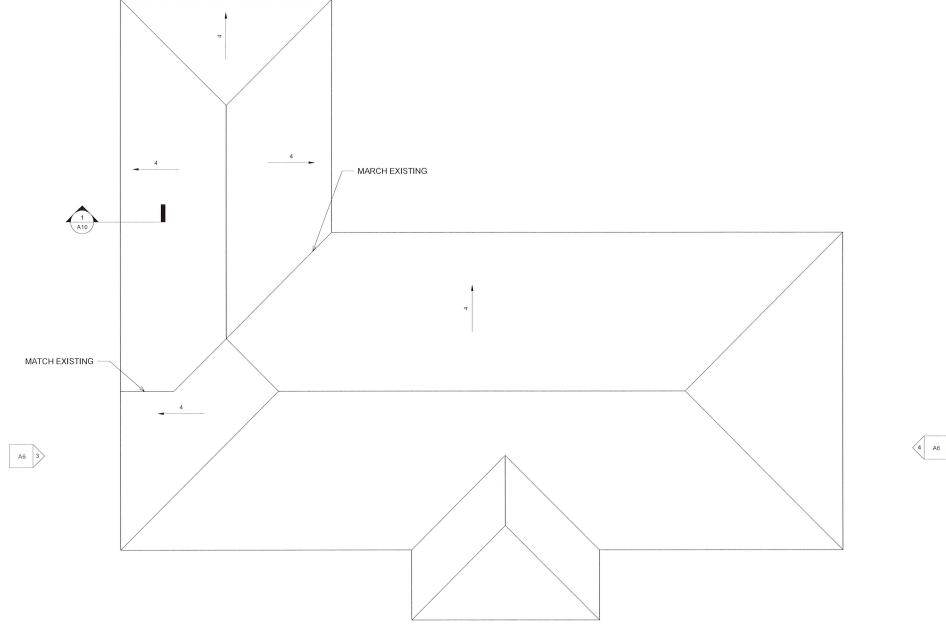
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1 Propposed First Floor 1/4" = 1'-0"







1 A6

1 Proposed Roof Plan
1/4" = 1'-0"





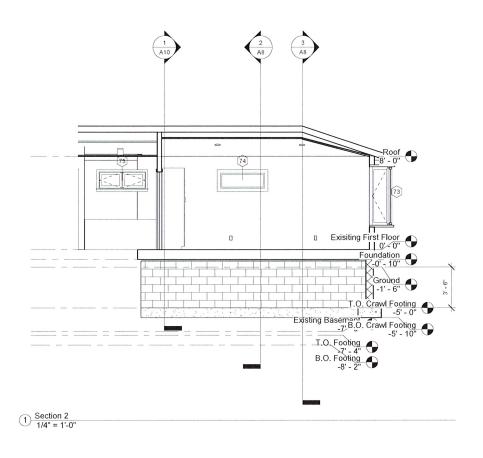
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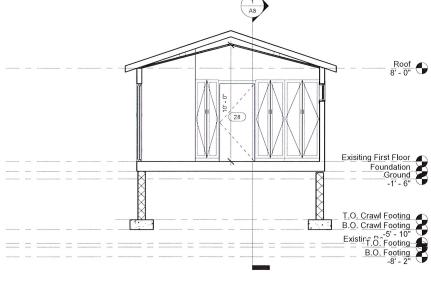
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#### Steve Kalicharan House Addition Proposed Roof Plan

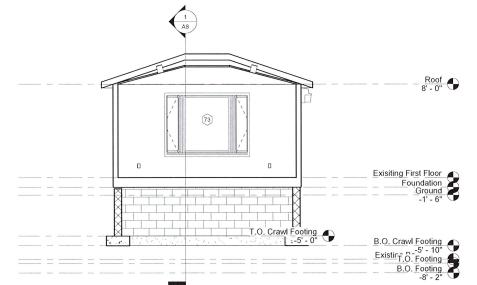
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Date	Issue Date	
Drawn by	Turner Designs	
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2 Section 4 1/4" = 1'-0"



3 Section 5 1/4" = 1'-0"



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Designs

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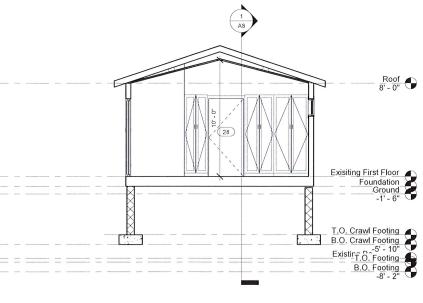
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Steve Kalicharan House Addition

**Building Sections** 

Project Number Issue Date Turner Designs Checked by Checker

**A8** 



GENERAL: Contractor shall verify all dimensions and conditions before proceeding. Construction details not fully shown or noted on these drawings shall be sim, to details shown for sim. conditions. Do not scale drawings, written dimensions take precedence over scaled dimensions. Contractor shall notify project designer of all discrepancies or omissions noted on these drawings and any variations needed in order to conform to required codes and regulations. Contractor shall design and provide adequate shoring and bracing of all structural members during construction as required for protection of life and property.

Safety glazing whether wired, tempered or laminated glass to meet IBC standard 24-2 and glazing requirements of IRC Sec. R308. Provide safety

squaring at the following locations:
Glazing in ingress and egress doors.
Glazing in fixed and sliding panels of sliding doors except wardrobe doors.

Glazing in shower and bathlub doors and enclosures. Glazing in storm doors and unframed swinging doors.

Recessed lighting installed in the building envelope shall conform to the Washington State Energy Code and shall be one of the

a. Type IC rated, manufactured with no penetrations between the side of the recessed fixture and the ceiling cavity, and sealed to prevent air leakage into the unconditioned space.

b. Type IC or non-IC rated, installed inside a sealed enclosure

constructed from a minimum 1/2" GWB or other air tight assembly manufactured for this purpose, while maintaining clearance of min. 1/2" from combustibles and min. 3" from insulation.

c. Type IC rated, certified under ASTA 283 to have no more than 2.0 CFM air movement from the conditioned space to the ceiling cavity.

#### BUILDING CODE NOTES

Every bedroom shall have at least one operable window or exterior door approved for emergency escape or rescue. Windows shall have a minimum net clear opening of 5.7 square feet. The minimum net clear opening height dimension shall be 24", the minimum net clear opening width dimer shall be 20". Egress windows shall have a maximum sill height of 44" above the floor.

Shower walls and bathtub walls with shower heads, to be watertight to height of 72" above drain inlet. GWB used to be water-resistant gypsum

Kitchen range exhaust hoods shall be exhausted directly to the outside, using metal ductwork, with smooth interior surfaces.

The net free ventilating area of enclosed rafter or attic spaces shall not be less than 1/150 of the area of each space to be ventilated, except that the area may be 1/300, provided that 50%(min.) 80% (max) of the required ventilating areas located at least 3 feet above eave vents. The opening shall be covered with corrosion-resistant metal mesh with mesh openings 1/4" in dia. All attic spaces with 30" or more vertical height shall be provided with an access opening 22"x30". The opening shall be located in a corridor, hallway or other readily accessible location and have at least 30" headroom.

Doors between the garage and residence shall be self closing, tight fitting, solid core solid wood door 1-3/8" in thickness or a self closing tight fitting, door having a fire protection rating of not less than 20 minutes. A smoke alarm shall be installed in each sleeping room and at a point centrally located in the corridor of area giving access to each separate sleeping area. A smoke alarm shall be installed on each story and basement in close proximity to the stairway.

All required smoke alarms shall take their power from the building wiring

and be equipped with a battery backup. The alarm shall emit a signal when the batteries are low, All smoke alarms shall comply with Sec.

Duct systems shall be of metal per Table 10-A, 10-B and 10-C or factory made ducts complying with Standard No, 10-1 UMC. Joints and seams in ducts shall be substantially airtight. Installation shall comply with the IMC

Solid fuel-burning appliances including airtight stoves, fireplace stoves, room heaters/fireplace stoves, factory built fireplaces and fireplace inserts shall be approved, shall bear the label of the listing agency and shall comply with the provisions of the IMC

All solid fuel-burning appliances shall be provided with tight fitting glass or metal doors.

All solid fuel-burning appliances shall have an outside source of combustion air directly connected to the fire box. The duct shall be a min. of 6 square inches and shall be provided with an operable damper Every appliance designed to be vented shall comply with Sec.901, 902 and Tables 9-A and 9-B, UMC.

Every factory built chimney, Type L vent, Type B gas vent, or Type BW gas vent shall be installed in accordance with the manufacturer's instructions and applicable provisions of Chapter 9 IMC.

A Type B or BW gas vent shall terminate not less than 1 foot above the roof through which it passes nor less than 4' from any portion of the building which extends at an angle of more than 45 degrees upward from the horizontal not less than shown in Figure 1. Sec. 906(d) UMC A Type L vent shall terminate not less than 2' above the roof through which it passesnor less than 4' from any portion of the building extends at an angle of more than 45 degrees upward. 110 VOLT

R314.2 Location.

Smoke alarms shall be installed in the following locations:

1. In each sleeping room.

 Outside each separate sleeping area in the immediate vicinity of the bedrooms,
 On each additional story of the dwelling, including basements but not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less

than one full story below the upper level.
When more than one smoke alarm is required to be installed within an individual dwelling unit the alarm devices shall be interconnected in such a manner that the actuation of one alarm will activate all of the alarms in the individual unit.

R314.2.1 Alterations, repairs and additions.

When alterations, repairs or additions requiring a permit occur, or when one or more sleeping rooms are added or created in existing dwellings, the individual dwelling unit shall be equipped with smoke alarms located as required for new dwellings; the smoke alarms shall be interconnected and hard wired. Exceptions:

1, Inter connection and hard-wiring of smoke alarms in existing areas shall not be required where the alterations or repairs do not result in the removal of interior wall or ceiling finishes exposing the structure, unless there is an attic, crawl space or basement available which could provide access for hard wiring and interconnection without the removal of interior finishes.

2. Work involving the exterior surfaces of dwellings, such as the replacement of roofing or siding, or the addition or replacement of windows or doors, or the addition of a porch or deck, are exempt from the requirements of this section.



tdanddak@gmail.com

obtain all building permits and verify all ×dimensions and construction methods ×with their contractor and/or engineer × prior to commencing construction.

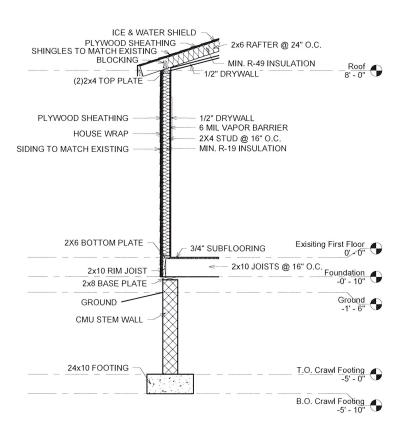
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#### Steve Kalicharan House Addition General Notes

Project number	Project Number	
Date	Issue Date	
Drawn by	Turner Designs	
Checked by	Checker	

A9

1" = 1'-0"



1) Typical Wall Detail 1/2" = 1'-0"



It is the responsibility of the owner to obtain all building permits and verify all dimensions and construction methods with their contractor and/or engineer prior to commencing construction.

No. Description Date

Steve Kalicharan House Addition Details

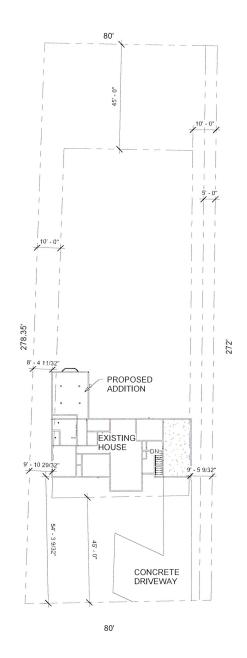
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 Project Number

 Date
 Issue Date

 Drawn by
 Turner Designs

 Checked by
 Checker

A10



SAWMILL ROAD

NORTH --->

1 Site Plan 1" = 20'-0"



tdanddak@gmail.com

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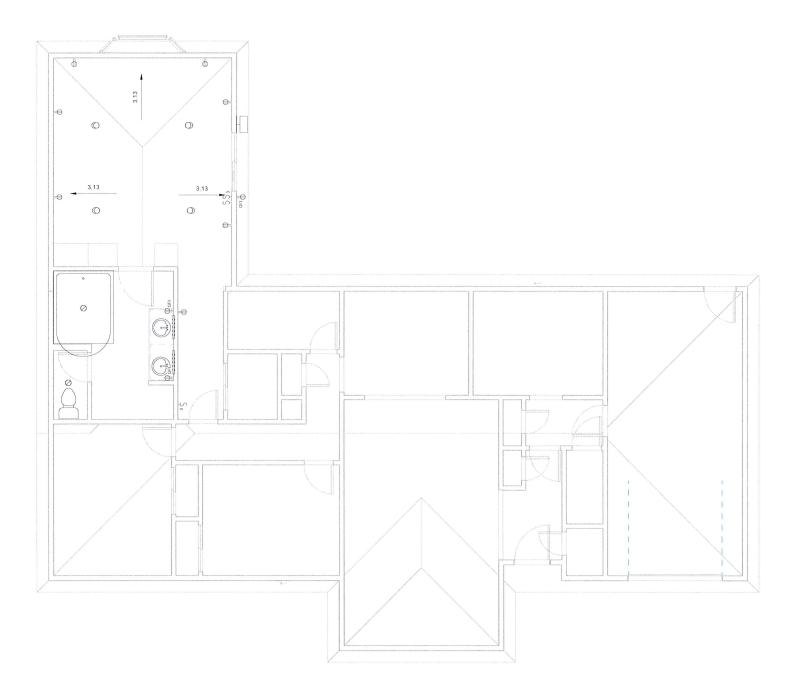


Steve Kalicharan House Addition Site Plan

Project Number Issue Date Date
Drawn by
Checked by Turner Designs Checker

C1

1" = 20'-0"



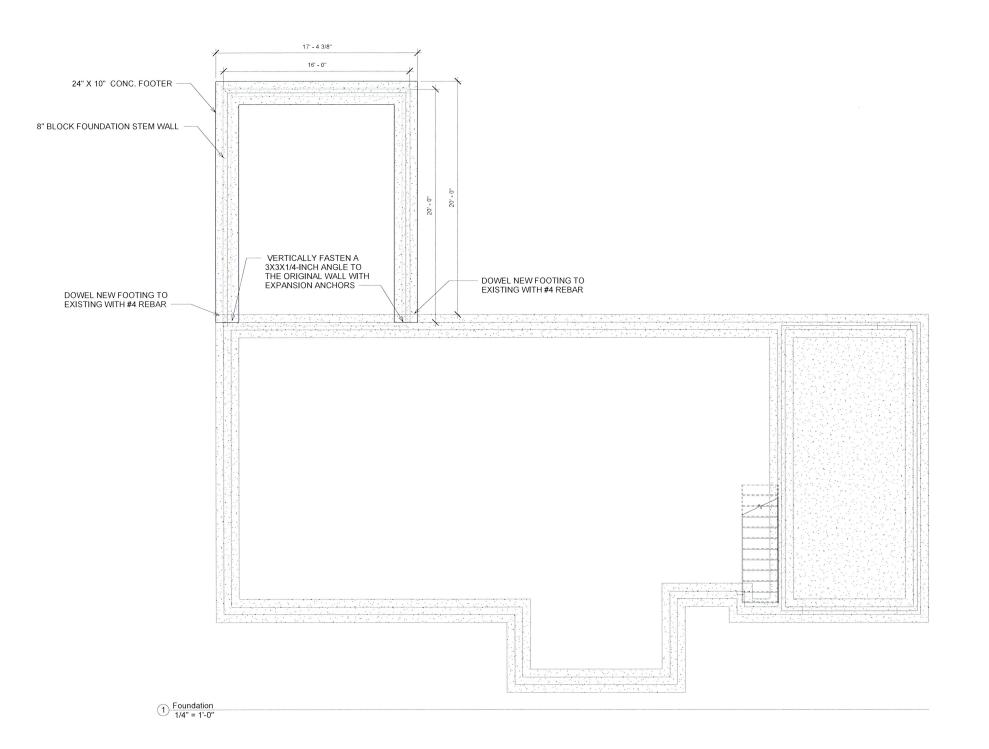


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No.	Description	Date

Steve Kalicharan House Addition First Floor Electrical

ct number	Project Number
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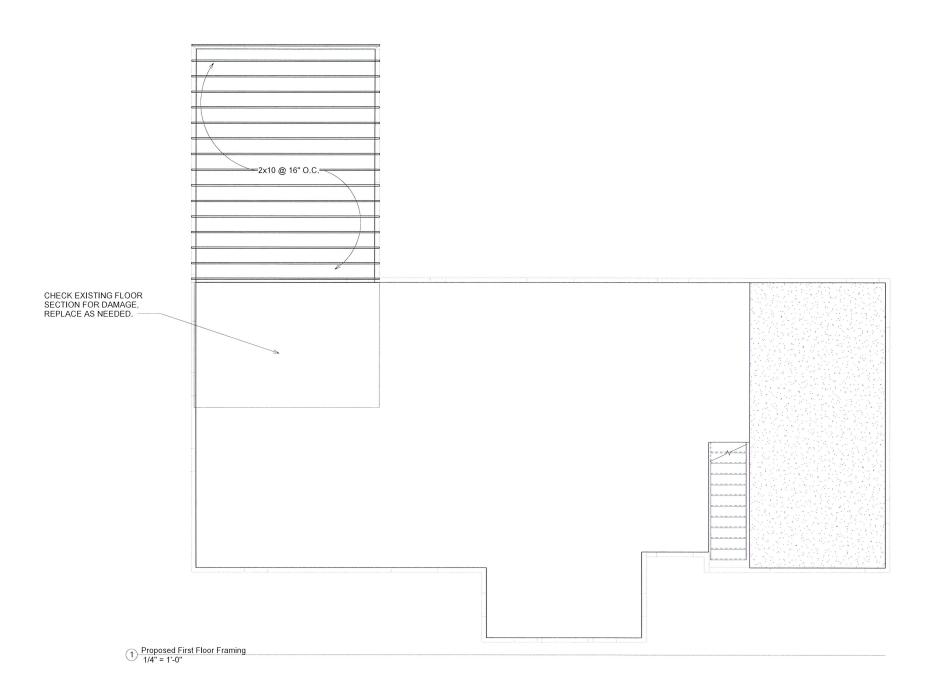


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Steve Kalicharan House Addition Foundation Plan

Project number	Project Numb
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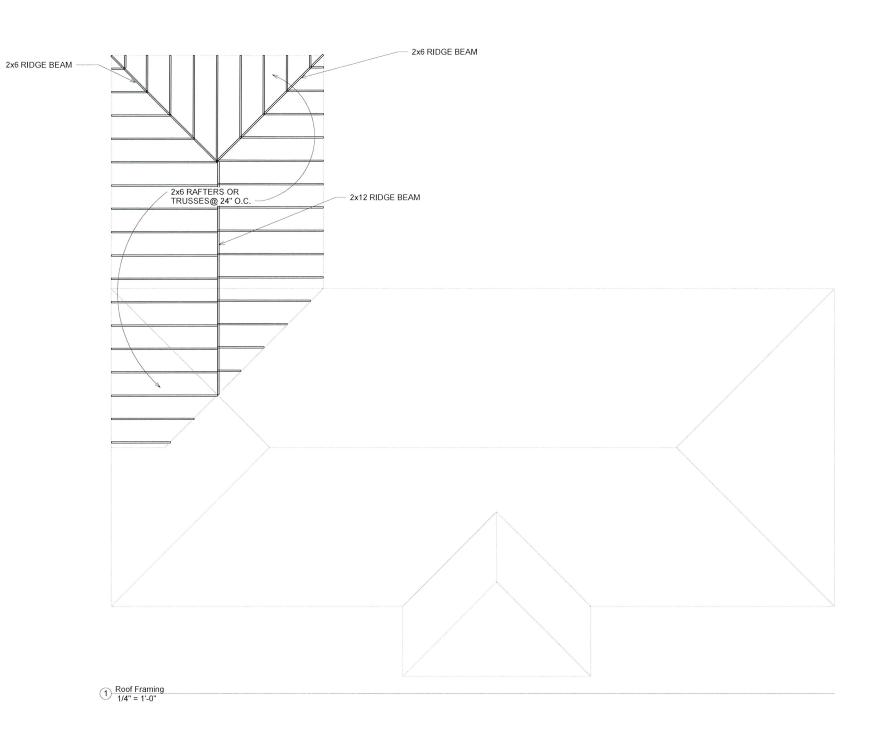
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## Steve Kalicharan House Addition First Floor Framing Plan

Project number	Project Numbe
Date	Issue Dat
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Checked by	Checke

S2

1/4" = 1





It is the responsibility of the owner to obtain all building permits and verify all dimensions and construction methods with their contractor and/or engineer prior to commencing construction.

No.	Description	Dat
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Steve Kalicharan House Addition Roof Framing

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Drawn by	Turner Design
Date	Issue Dat
Project number Project Num	

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Request for Action
Town of Clarence | Office of Planning & Zoning
(716)741-8933 | 1 Town Place, Clarence, NY 14031

#### **Town Use Only**

Date: October 24, 2025

Received By: Planning & Zoning Office

Project Address: 5175 Meadowbrook Road

**SBL #:** 57.19-3-12

#### **Action Desired:**

Applicant requests variances:

- 1) of 13' to allow a 36'6" principal structure front yard setback; and
- 2) of 612 sq.ft. to allow a total of 1,146 sq.ft. of attached accessory structure (garage) space; located at 5175 Meadowbrook Road in the Residential Single-Family zone.

#### Reason:

APPLICANT REQUEST:

Town Code Reference:

- 1) §229-52(A)
- 2) §229-55(D)

		APPLICANT	INFO			
	Name / Business:	Gary & Victoria Fre	<u></u>			CORRESPONDENCE
	E-Mail: _				receiv	e indicate the preferred entity that sha re the appropriate correspondence and
	Phone #:		EILE		billing	associated with this Request for Action Please select only one.
INFO:	Address:	OH	FILE		I   <del>▼   · ``</del>	olicant ject Sponsor
	Town:		State:	Zip:		
CONTACT	P	PROJECT SPONSOR INF	<b>O</b> (If Different Than	Applicant)		SIGNATURE
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	E-Mail: -				for Ad	ction shall be submitted to the Office on and Zoning along with all necessal
	Phone #: -	- N	FILE		plans, r signing submit t	naps, and supporting documentation. below I certify that I have the authority his Request for Action, and further ce
	Address:	014				ts contents to be true and correct.
	Town:		State:	Zip:	Signe	d: Signature On File
				·	*	
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v	Applicant
	Project Sponsor

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#### **Request for Action**

Town of Clarence | Office of Planning & Zoning (716)741-8933 | 1 Town Place, Clarence, NY 14031

**Town Use Only** 

Date: //

Received By:

10/16/2025 Dx 3

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APPLICANT REQUEST:

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Action:

Project Address: 5175 MEADOW BROOK RD WILLAMSVILLE NY 14221
SBL #:

Action Desired: GARAGE ADDITION AND REMODEL EXISTING FIRST FLOOR BEDROOM TO NEW CONFIGURATION TO INCLUDE BATHROOM ON FIRST FLOOR (REQUIRES ADDITION IN FRONT OF EXISTING HOUSE

Reason: CURRENTLY BATHROOM IS ON SECOND FLOOR - NO OTHER
AS WE GET OLDER FIRST FLOOR IS MORE SUITABLE, GARAGE ADDITION
ALLOWS FOR STORAGE AND ACCESS TO WINTER SNOW REMOVAL
ITEMS FOR EASIER ACCESS I.E., TRACTOR/SNOW BLOWER

		APPLICANT INFO	)	SIGNATURE
	Name / Business: E-Mail:	GARY FREY & VIO	CTORIAFREY	Request for Action shall be filled out completely in the spaces provided. The complete Request for Action shall be submitted to the Office of Planning and Zoning along with all necessary plans, maps, and supporting documentation. By
	Phone #:			signing below I certify that I have the authority to submit this Request for Action, and further certify its contents to be true and correct.
빌	Address:			Signed:
<u> </u>	Town:			
CONTACT INFO:	Name / Business:	PROJECT SPONSOR INFO (IF E	oifferent Than Applicant)	CORRESPONDENCE  Please indicate the preferred entity that shall receive the appropriate correspondence and
5				billing associated with this Request for Action. Please select only one.
	E-Mail:			Applicant
	Phone #:			Project Sponsor
	Address:			
	Town:	S	tate: Zip:	
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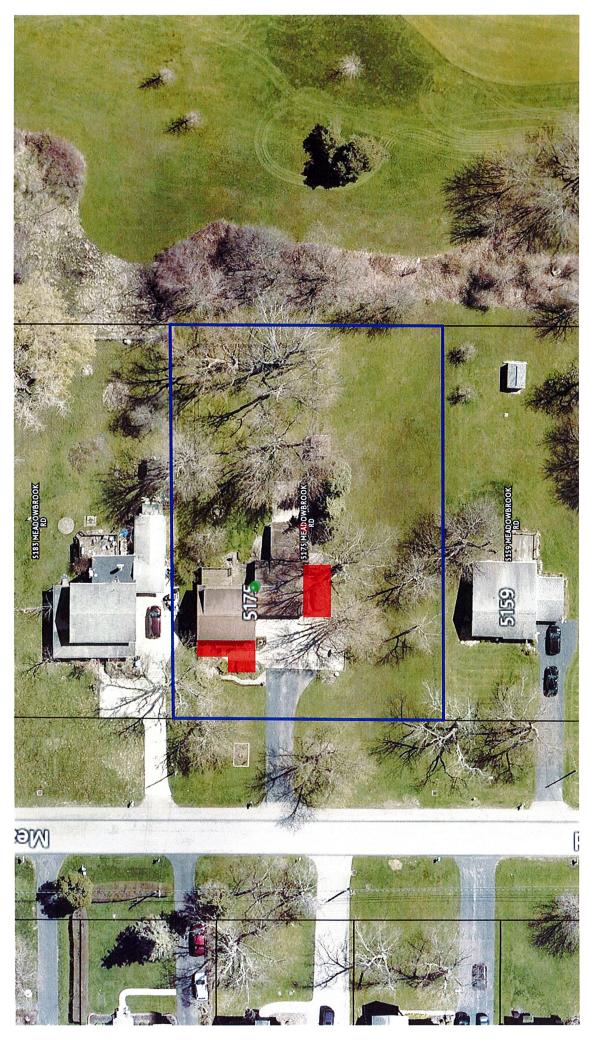
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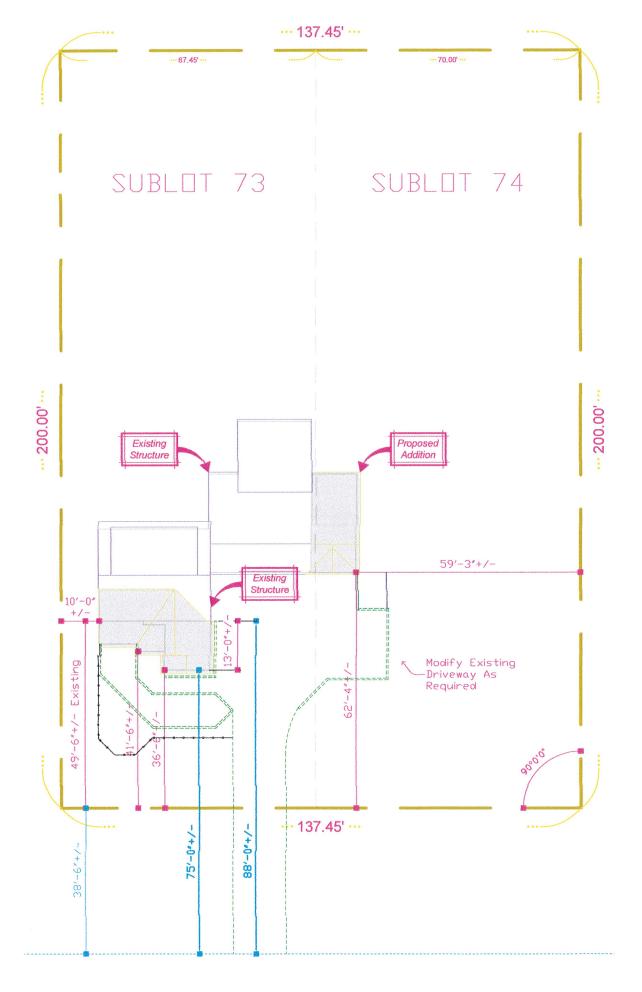
\*\*\*note the parcel lines displayed are approximate\*\*\*

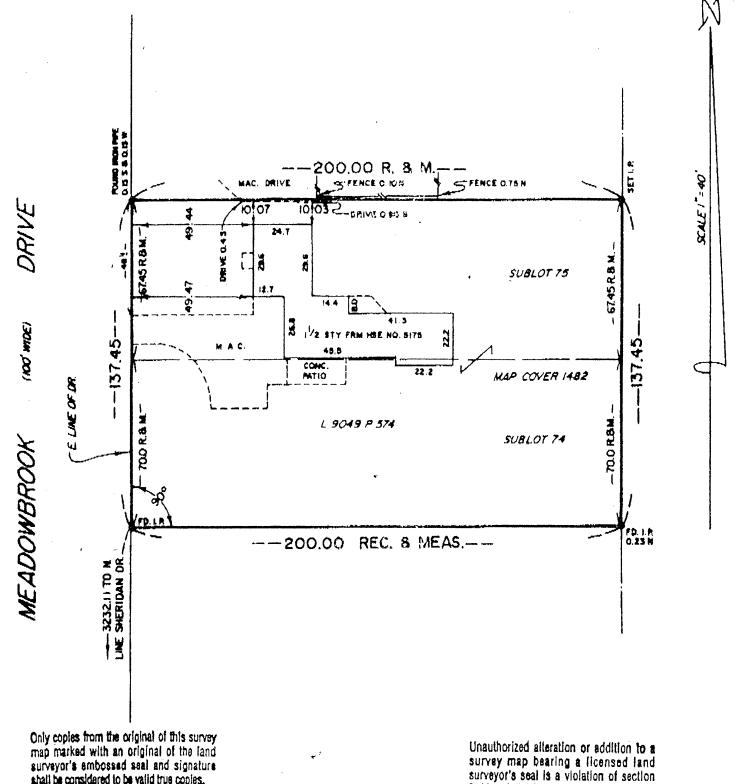
# 5175 Meadowbrook Road



Proposed 36'6" front yard setback fronting Meadowbrook Road. The established front yard setback is 49'6". A 13' variance is requested.

A total of 1,146 sq.ft. of attached garage space is proposed. Attached accessory structures Proposed 296 sq.ft. attached garage addition. There is 850 sq.ft. of existing garage space. shall not exceed 40% of the total area of the principal structure or 960 sq.ft., whichever is smaller. The existing home has a total square footage of living area of 848 sq.ft. The maximum allowable square footage for an attached garage is 534 sq.ft. A 612 sq.ft. variance is requested.





shall be considered to be valid true copies.

7209, subdivision 2, of the New York State Education Law,

PART OF LOT		DEC _	14
TWP. 12	ROE	6	
VELLAGE OF			
TOWN OF	CLARE	NCE	
COUNTY OF _			N.Y

Elme O

ottney & miller, was a

28 BUFFALO STREET AKRON, NEW YORK 14001 FAX: (718) 842-8208 FB # 38-3A JOB # 10151

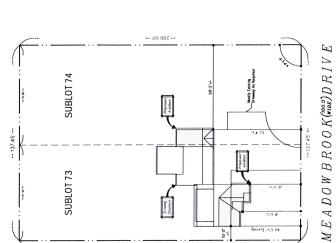


Project For: Frey

2 SITE PLAN

PRELIMINARY





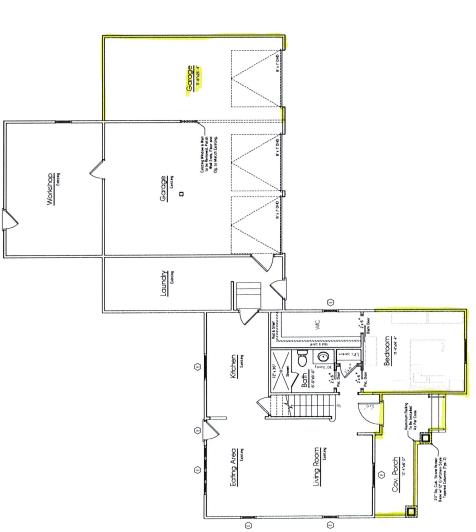
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CORTESE CONSTRUCTION S074 Mein Street Cherce, NY 14/301

25-344

D.E.A.N ARCHITECTS www.deanarchitects.com

PRELIMINARY NOT FOR CONSTRUCTION



FLOOR PLAN

Residence Frey

CORTESE CONSTRUCTION S074Mein Steet Chence, IN 14(3)

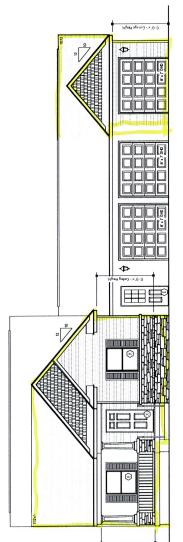
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Project For:



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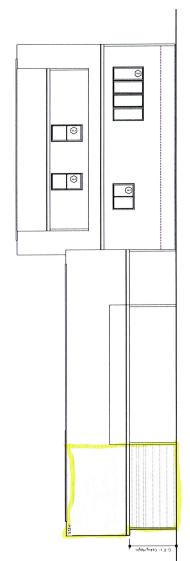
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D.E.A.N ARCHITECTS

PRELIMINARY NOT FOR CONSTRUCTION

FRONT ELEVATION



2 REAR ELEVATION

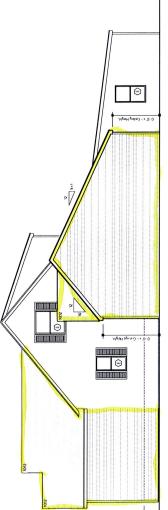
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Project For:



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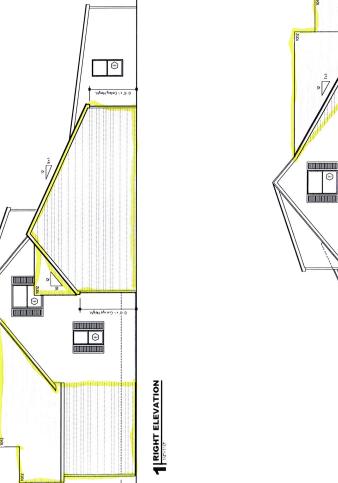
**A**3

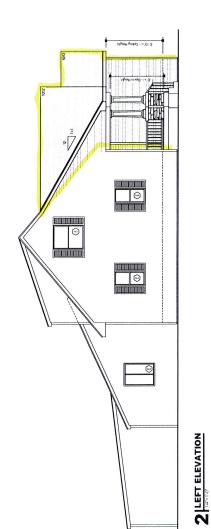


Do Eo Ao N ARCHITECTS www.deanarchitects.com

PRELIMINARY NOT FOR CONSTRUCTION

CORTESE CONSTRUCTION SOTAMEN Sted Cherce, NY 14031







#### **Request for Action**

Town of Clarence | Office of Planning & Zoning (716)741-8933 | 1 Town Place, Clarence, NY 14031

#### **Town Use Only**

Date: October 28, 2025

Received By: Planning & Zoning Office

Project Address: 6405 Conner Road SBL #: 43.12-3-5 **APPLICANT REQUEST:** 

#### **Action Desired:**

Applicant requests a variance to allow a 200' principal structure front yard setback located at 6405 Conner Road in the Agricultural Rural Residential zone.

Reason:

Town Code Reference: §229-41

		APPLICANT INFO	1
	Name / Business:	Derrick Ford	.
	E-Mail:		Pleas recei
	Phone #:	ELE	billing
FO:	Address:	ONFILE	<b>√</b> Ap
	Town:	State: Zip:	- -
CONTACT INFO:	Name / Business:	PROJECT SPONSOR INFO (If Different Than Applicant)	Reque
S	Name / Business:		- Reque
	E-Mail:		in the for A Planr
	Phone #:	ONFILE	plans, signing submit
	Address:	ONI	Subillic
	Town:	State: Zip:	Sign
	· ·		<u>-</u>

#### **CORRESPONDENCE**

se indicate the preferred entity that shall ve the appropriate correspondence and associated with this Request for Action. Please select only one

<b>√</b>	Applicant					
	Project Sponsor					

#### **SIGNATURE**

st for Action shall be filled out completely spaces provided. The complete Request ction shall be submitted to the Office of ing and Zoning along with all necessary maps, and supporting documentation. By below I certify that I have the authority to this Request for Action, and further certify its contents to be true and correct.

ed: Signature On File

Action:	Ву:	On:	Fee:	Paid:	
Action:	Ву:	On:	Fee:	Paid:	
Action:	By:	On:	Fee:	Paid:	
Action:	Ву:	On:	Fee:	Paid:	
Action:	By:	On:	Fee:	Paid:	
Action:	By:	On:	Fee:	Paid:	



Request for Action
Town of Clarence | Office of Planning & Zoning
(716)741-8933 | 1 Town Place, Clarence, NY 14031

**Town Use Only** 

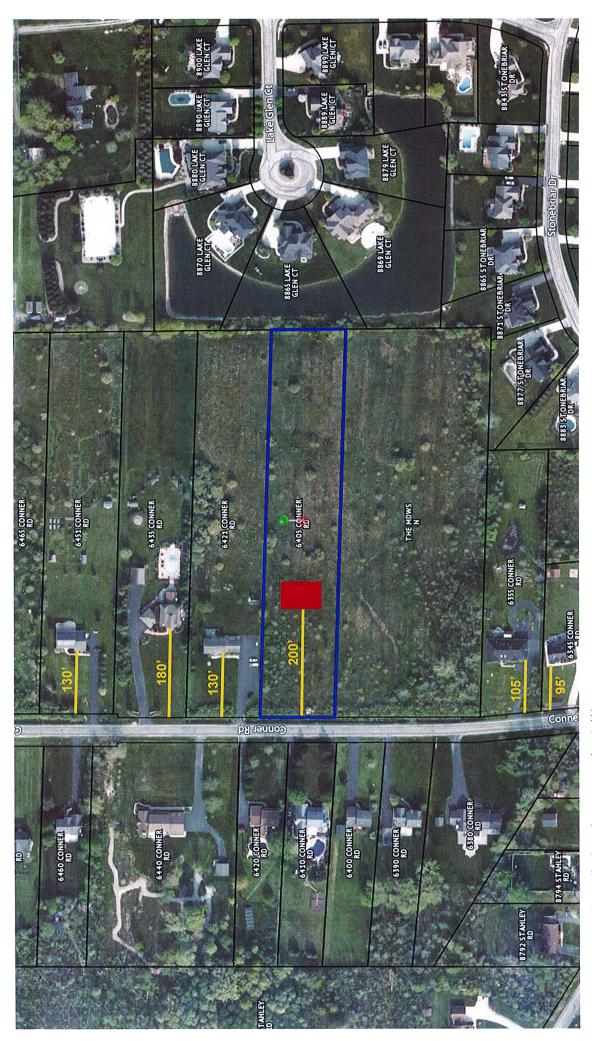
Date:

Fee:

Paid:

Received By:

	Project Add SI	ress: (0405 (onne BL#:	er Ild. Cla	vena, D	4 14051	
APPLICANT REQUEST:		Reavesting a Seighty homes around (  lot is 150' wide is set back approx 180 fer hage as they do hage as they do hage as they do				
		APPLICANT INFO			SIGNATURE	
	Name / Business:	Derrick Ford			Action shall be filled out completely es provided. The complete Request	
	E-Mail:			for Action Planning a	for Action shall be submitted to the Office of Planning and Zoning along with all necessary plans, maps, and supporting documentation. E	
.:	Phone #:			signing belo submit this I	by I certify that I have the authority to Request for Action, and further certify antents to be true and correct.	
ONTACT INFO	Address: Town:			Signed:		
ACT		PROJECT SPONSOR INFO (IF DIFF)	and differ both billion discrete consumers as		ODDESBONDENCE	
L L		ROJECT SPONSOR INFO (IF DIRE	erent Than Applicant)	Please inc	dicate the preferred entity that shall	
ပိ	Name / Business: E-Mail:				e appropriate correspondence and ociated with this Request for Action. Please select only one.	
				Applica	_	
	Phone #:			Project	Sponsor	
	Address: Town:	Stat	te: Zip:			
ıly:	Action:	Ву:	On:	Fee:	Paid:	
Or	Action:	By:	On:	Fee:	Paid:	
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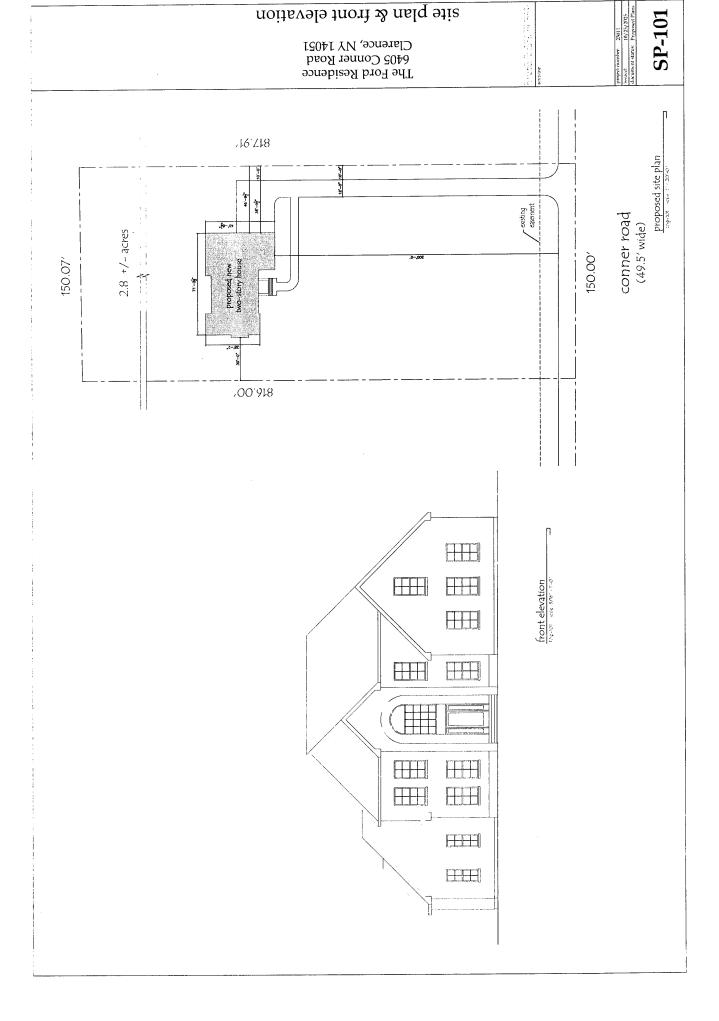
\*\*\*note the parcel lines displayed are approximate\*\*\*

# 6405 Conner Road

Proposed 200' principal structure front yard setback fronting Conner Road.

The established front yard setback along Conner Road within 500' is 130'.



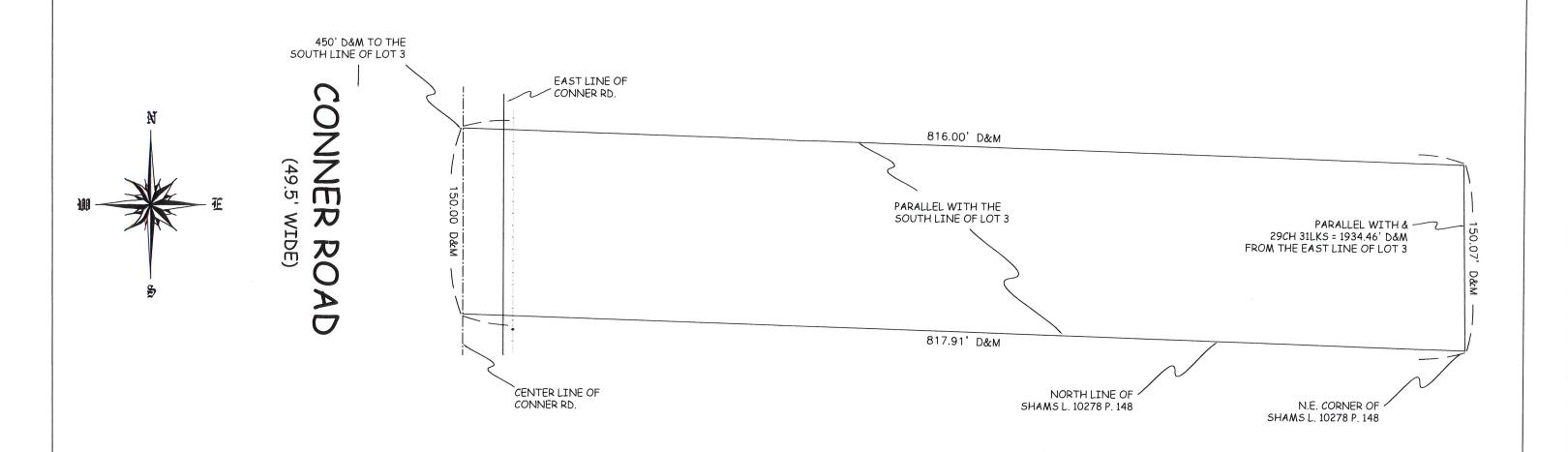












#### MANGUSO LAND SURVEYING, P.C. FREDE RICK M. MANGUSO, 049775-1 TRACY A. SPADA, 050806

572 TUSCARORA RD. ANGOLA, NY 14006 PHONE & FAX 716 549 4717

EMAIL OFFICE@MangusoLandSurveying.com

SUCCESSOR TO THE RECORDS OF WILLIAM C. BUCKLAND L.S. NORMAN B. JOHNSON L.S. WILSON M. HUNTER L.S.

#### LEGEND

These standard symbols will be found in the drawing.

- EXISTING IRON PIPE
- SET IRON PIPE
- UTILITY POLE

**BOUNDARY** 

CENTERLINE OF ROAD

**FENCE** 

DRIVE

OVERHEAD UTILITY LINE



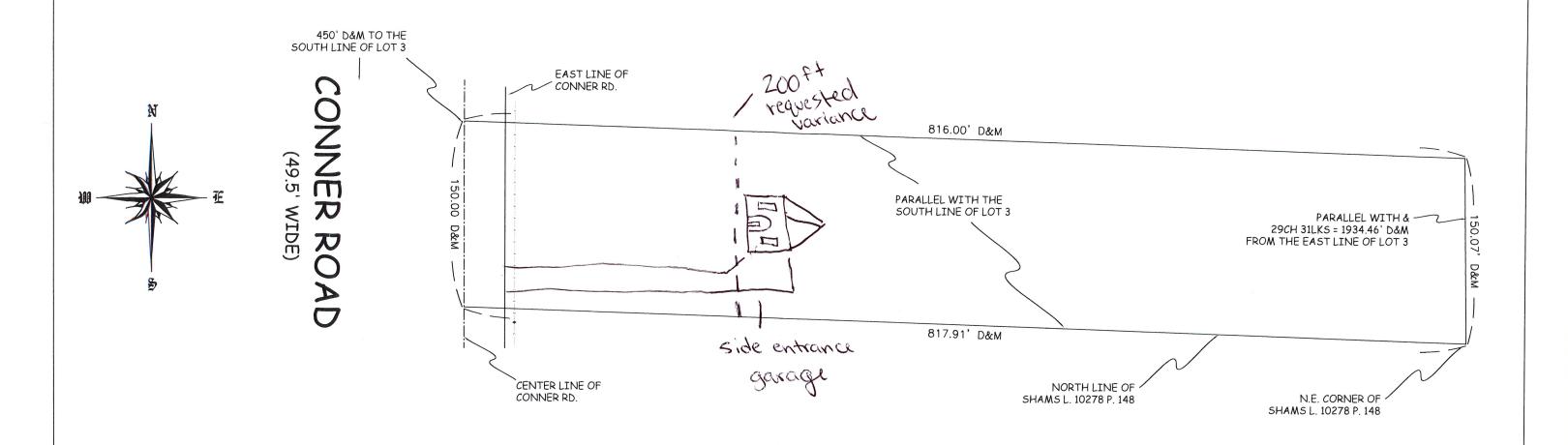
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- 8. NO STAKES SET AS PER CONTRACT.
- 9. THIS SURVEY NOT VALID WITH AFFIDAVIT OF NO CHANGE.
- 10. THIS SURVEY NOT VALID FOR SUBSEQUENT OWNERS, MORTGAGES OR TITLE INSURERS UNLESS THIS SURVEY HAS BEEN RESURVEYED BY THIS SURVEYOR.



#### 6405 CONNER ROAD

0 100	0014	TACK KOND		
DRAWN	DATE	PART OF LOT 3, 512, T12, R6		
BAB	04/29/24	TOWN OF CLARENCE		
APPROVED	DA TE	COUNTY OF ERIE		
TAS	04/29/24	STATE OF NEW YORK		
SCALE	SHEET	PROJECT NO.		
1" = 75'		20240189		
COPYRIGHT © 2024, MANGUSO LAND SURVEYING, PC				



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#### LEGEND

These standard symbols will be found in the drawing.

- EXISTING IRON PIPE
  - SET IRON PIPE
  - JET IKON THE
  - UTILITY POLE BOUNDARY

CENTERLINE OF ROAD

FENCE

( — X — FE 1111111 DI

DRIVE OVERHEAD UTILITY LINE



#### SURVEY NOTES

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- 6. THE LOCATION OF UNDERGROUND IMPROVEMENTS OR ENCROACHMENTS ARE NOT ALWAYS KNOWN AND OFTEN MUST BE ESTIMATED. IF ANY UNDERGROUND IMPROVEMENTS OR ENCROACHMENTS EXIST OR ARE SHOWN, THE IMPROVEMENTS OR ENCROACHMENTS ARE NOT COVERED BY THIS CERTIFICATE
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#### 6405 CONNER ROAD

0 100 00141421110710		
<i>DRAWN</i> BAB	DATE 04/29/24	PART OF LOT 3, S12, T12, R6 TOWN OF CLARENCE COUNTY OF ERIE STATE OF NEW YORK
APPROVED TAS	<i>DATE</i> 04/29/24	
SCALE 1" = 75'	SHEET	PROJECT NO. 20240189

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front elevation EEOO1 scale: 3/16" = 1'-0"

9/29/25

1st - 2,289 s.f 2nd - 1,206 s.f. total - 3,495 s.f. Option 1