

\$150.00

Village of Skaneateles
26 Fennell Street
Skaneateles, NY 13152
315-685-2118 Fax 315-685-0730

Historical Landmarks Preservation Commission
Application for a Certificate of Approval

Date Nov 22/ 2023

Name of Applicant Safoora Usmani

Address of Applicant 3602 County Line Rd, Skaneateles, NY

Telephone: Home 347-656-5429 Business _____

Fax _____ Cell 347-656-5429

Application for Signage Only? (Y/N) Y

Address of the building, structure or property where the proposed changes or construction is located, or where the sign is located: 36 E Genesee St , Skaneateles

Owner of the above building, structure or property (If not the applicant):

Name Same as Applicant Phone _____

Address _____

Description of the work proposed: _____

To fix the Roof leak access was needed below roof deck, deck board was removed and replaced with new, the old ones were damaged while removing. A new pergola was installed on the deck replacing old when new deck boards were replaced. No changes to were made to original deck diamentions. 16' X 12'5" The unpainted concrete wall was painted with Earth color. Please see attached pictures

project was done without HLPC approval. This application is asking for approval after the fact, it does require a building permit.

Safoora Usmani
Signature of Applicant

For Office Use:

Date Application Received _____ Date of Public Hearing _____

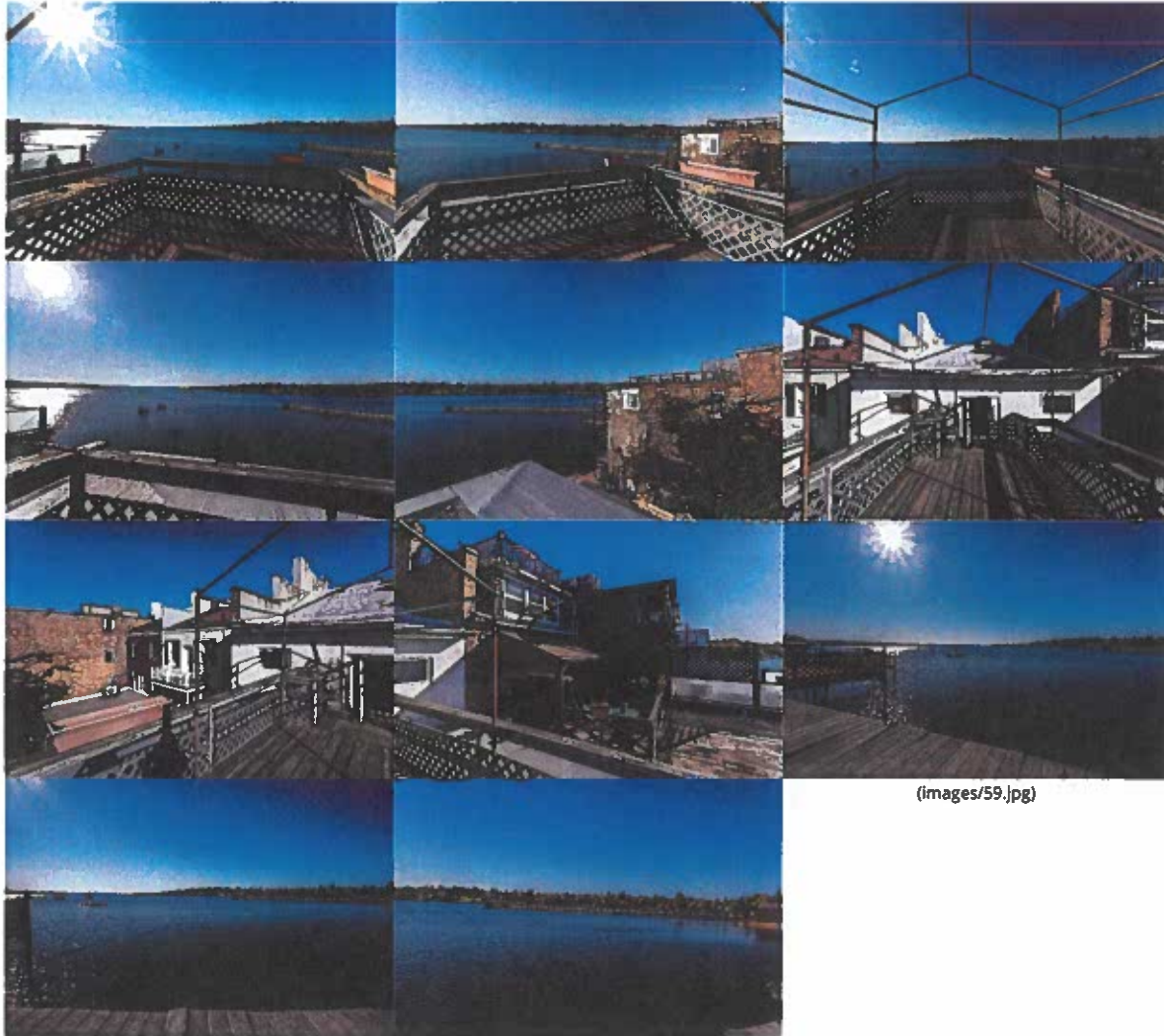
Fee \$ _____ Date Paid _____ Tax Map Number _____

Cert. of Approval Number _____ Dated _____ Sign/Bldg. Perm. # _____



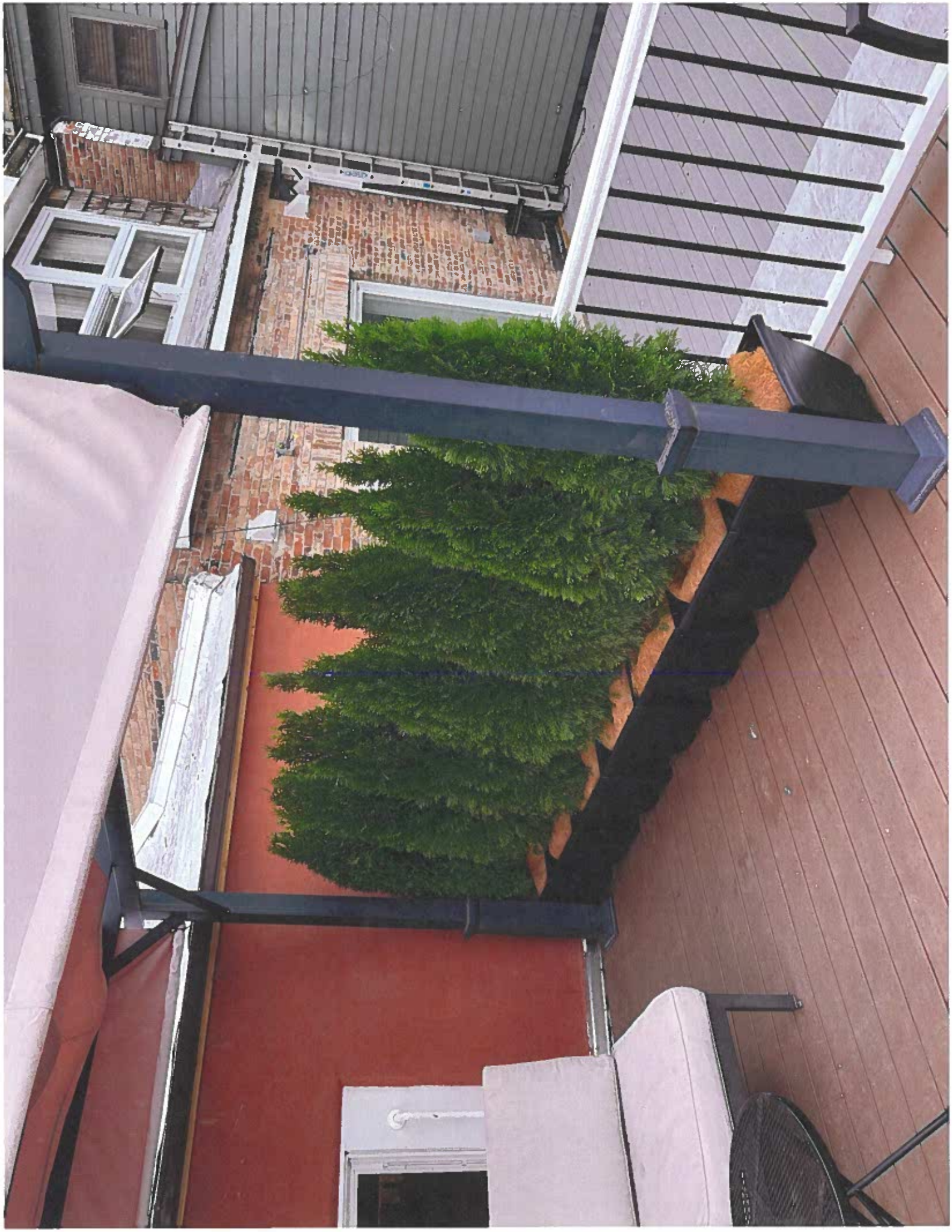
Jan 23, 2018

■ Jerry.Morrissey@flrpartners.com (mailto:Jerry.Morrissey@flrpartners.com) ■ Daniel.Ford@flrpartners.com (mailto:Daniel.Ford@flrpartners.com) ■ Justin.Reeves@flrpartners.com (mailto:Justin.Reeves@flrpartners.com) ■ (315) 952-8277

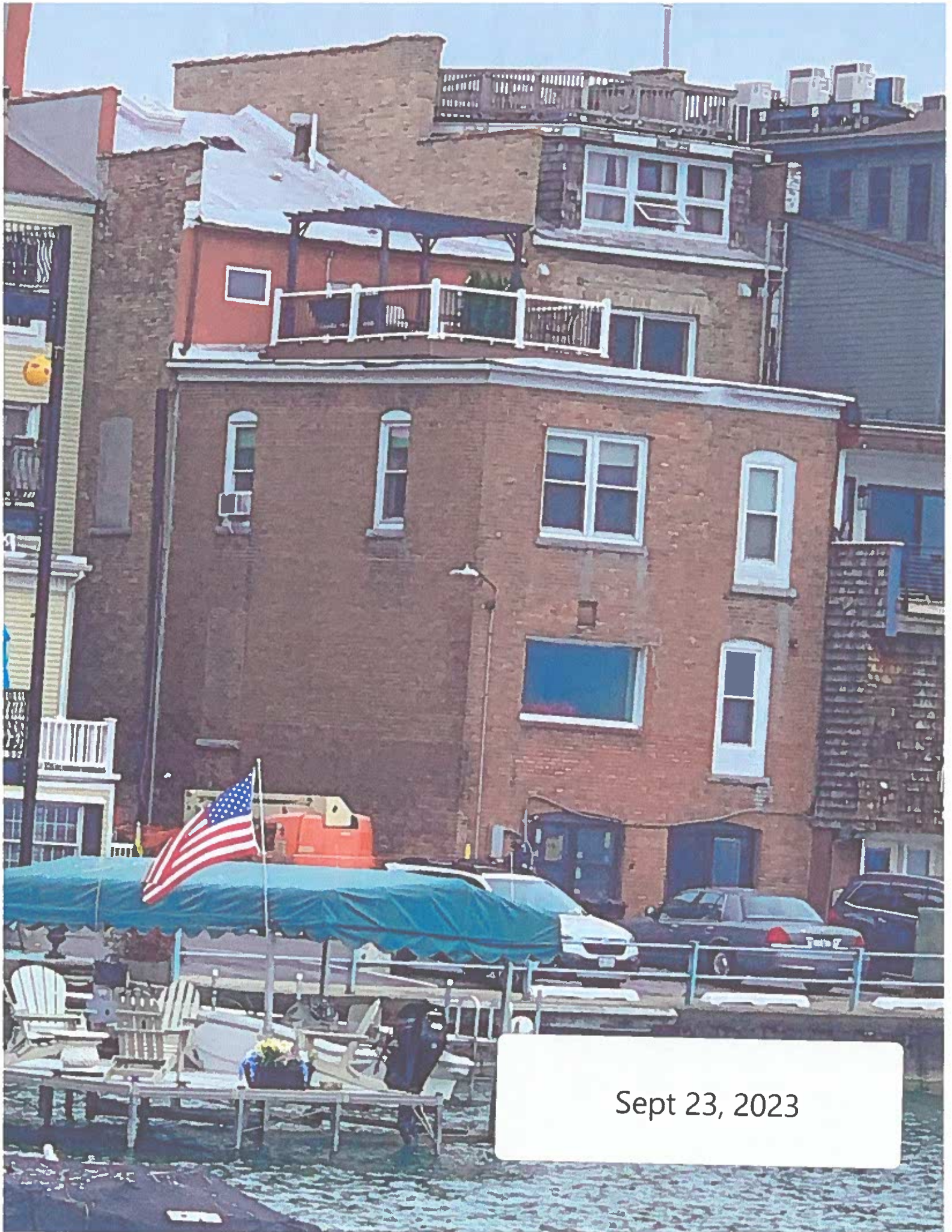


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Sept 23, 2023

VILLAGE OF SKANEATELES

26 Fennell St

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11/16jc

Application for a Building/Zoning Permit (page 1 of 2)

Date of Application 11/22/2023

Permit Date and Number 11/22/2023

Name of Applicant and/or Owner's Agent (e.g., LLC Manager or Architect) Safoora Usmani

Address of Applicant and/or Owner's Agent 36 E Genesee St, Skaneateles

Applicant's Email safoorashakoor@gmail.com Contact # 347-656-5429

Address of worksite 36 E Genesee St, Skaneateles

Name of Property Owner (if different from applicant)

Property Owner Address 3602 County Line Rd Skaneateles, NY

Property Owner Email Contact #

Type of Work Proposed:

New Structure Addition Alteration Swimming Pool Repair [checked]

Fence/Wall Paved Surface Other [checked]

Square Footage of new work No change Accurate Project Cost 3,000 \$7,000

Describe the work proposed:

Deck Board was replaced with New, Needed roof access to fix roof leak; the leak was located below roof deck. Hence the old deck boards were removed to access leak and was replaced with new engineered Deck boards from Home Depot; the old boards got damaged when they were removed. The unpainted concrete wall was painted with Earth color. Please see attached pictures. A pergola was installed replacing the old one attached to deck: same as the old one. No changes made to the deck overall dimensions 16 feet by 12 feet and 5 inches.

Zoning District (circle one): A-1 A-2 A-3 A-4 B C D PL

Tax Map Number 047a-01-47.0 Square Footage of Lot 4,676

Existing use of lot residential & commercial Proposed use of lot same

STRUCTURE INFORMATION:

Single Family Two Family Multi-Family Garage Commercial [checked]

Accessory Building Boat House Other

Existing Use Rental/Retail Proposed Use No change

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Application for a Building/Zoning Permit (page 2 of 2)

LOT INFORMATION:

Indicate in box [] North South East West

Table with 2 columns: Setbacks - Existing Structure, Setbacks - Proposed work. Rows include Front Yard, Left Side Yard, Right Side Yard, and Rear Yard with distance fields.

New connection for: (Yes/No) Sewer _____ Electric Service _____ Storm Sewer _____

Does the proposed work/structure comply with the Energy Conservation Construction Code? (Yes, No, N/A)

Architect's Name _____

Architect's Address _____

Contractor/Builder Name Syed Majid _____

Contractor's Phone # 718-441-2627 _____

Contractor's Address S&T Construction usa,inc, 220 Van Name Ave, Staten Island NY 10303 _____

Contractor's Email reliable120@gmail.com _____

The applicant and/or agent declares that the information contained in this application, and the plans, specifications and other supporting materials submitted in support of this application is true and has made such representations to induce the Village of Skaneateles to issue a Building/Zoning Permit and the applicant will comply with all laws, codes and ordinances controlling this work.

Date Nov/22/2023 Signature Safoora Usmani _____

Print Applicant's and/or Agent's Name Safoora Usmani _____

Affidavit of Owner or Applicant or Agent

(To be completed if application is not made by the property owner)

STATE OF NEW YORK)
) SS:
COUNTY OF ONONDAGA)

On this _____ day of _____, 20____; _____
personally appeared before me.

NOTARY PUBLIC

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Building/Zoning Application Review Sheet

Date Received _____ Tax Map Number _____

Applicant's Name _____

Address of Worksite _____

Permit Fee Date Received _____ Amount Received _____

Additional Info. Requested _____

Date Review Completed _____ Signature _____

Application Status: _____ Approved _____ Denied

Reasons for Denial – Does not comply with the following:

Section 225-A5, Density Control Schedule for:

- Front Yard Setback, Side Yard Setback, left, Side Yard Setback, Right, Rear Yard Setback, Percentage of Open Area, Both Side Yards Combined, Percentage of Structure width/lot width

Other Density Control Schedule _____

- Section 225-69D, Non-conforming Buildings, Structures and Uses, Extension or Expansion, Section 225-14(d), Swimming Pools, 25 ft. distance to lot lines, Section 225-14C (5) (a/b), Accessory Buildings, distance to lot lines or structures, Section 225-A1-3, Permitted Use Chart, Other Sections of the Zoning Law

And/or Needs:

- Certificate of Approval from the Historical Landmarks Preservation Commission, Section 225-25, Critical Impact Permit, per Section 225-52, form Board of Trustees, Special Use Permit from the Zoning Board of Appeals

Permit Number _____ Date Issue _____
Planning Board Review _____ Zoning Board of Appeals Approval _____
Critical Impact Permit Approval _____ Historical Commission Approval _____ # _____