

VILLAGE OF SKANEATELES

26 Fennell St

Skaneateles, NY 13152

315-685-2118

Fax: 315-685-0730

Email: codes@villageofskaneateles.com

11/16jc

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

Date of Application 6/12/23 Permit Date and Number

Name of Applicant HELEN RIDGEWAY

Address of Applicant S W. ELIZABETH ST.

Applicant's Email RRIDGEWAY@GMAIL.COM Contact # HELEN: 315-685-4001 RENE: 315-481-8843

Address of worksite SAME

Name of Property Owner (if different from applicant) SAME

Property Owner Address SAME

Property Owner Email Contact # SAME

Type of Work Proposed:

New Structure Addition Alteration Swimming Pool Repair

Fence/Wall Paved Surface (X) Other

Square Footage of new work Accurate Project Cost

Describe the work proposed: PAVE STONE AREA TO THE EAST OF THE DETACHED GARAGE

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

Tax Map Number 006.-05-09 Square Footage of Lot 9900SF

Existing use of lot SFH Proposed use of lot SFH

STRUCTURE INFORMATION:

Single Family (X) Two Family Multi-Family Garage Commercial

Accessory Building Boat House Other

Existing Use SFH/DRIVEWAY EXT. Proposed Use SFH/DRIVEWAY EXT.

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

LOT INFORMATION:

Indicate in box  North  South  East  West

Setbacks - Existing Structure

(Distances from structure to property or lot lines)

N Front Yard 10' ft.

E Left Side Yard 14.5' ft.

W Right Side Yard 17.5' ft.

S Rear Yard 99' ft.

Setbacks - Proposed work

Front Yard 10' ft.

Left Side Yard 14.5' ft.

Right Side Yard 17.5' ft.

Rear Yard 99' ft.

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)  No

Architect's Name \_\_\_\_\_

Architect's Address \_\_\_\_\_

Contractor/Builder Name \_\_\_\_\_

Contractor's Phone # \_\_\_\_\_

Contractor's Address \_\_\_\_\_

Contractor's Email \_\_\_\_\_

The applicant 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 6/12/23 Signature Renee Ridgeway

Print Applicant's Name Renee Ridgeway

Affidavit of Owner or Applicant

(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 6/12/23 Tax Map Number 006. - 05 - 09

Applicant's Name HELEN RIDGEWAY

Address of Worksite 5 W. ELIZABETH ST.

Permit Fee Date Received Amount Received

Additional Info. Requested

Date Review Completed 12/1/23 Signature

Application Status: Approved Denied

Reasons for Denial - Does not comply with the following:

- Section 225-A5, Density Control Schedule for:
Front Yard Setback
Rear Yard Setback
Percentage of Structure width/lot width
Side Yard Setback, left
Percentage of Open Area
Side Yard Setback, Right
Both Side Yards Combined

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

ZONING BOARD OF APPEALS

Village of Skaneateles

26 Fennell Street

Skaneateles, NY 13152

315-685-2118

Fax 315-685-0730

FEE 100.00

.....  
(1) NOTICE OF APPEAL

(2) APPLICATION FOR SPECIAL USE PERMIT  
.....

Date of Application 6/12/23

To the Zoning Board of Appeals of the Village of Skaneateles, Onondaga County, New York

~~THE~~ HELEN RIDGEWAY  
Printed or Typed Name of Appellant(s) and/or Applicant(s)

Address S W. ELIZABETH ST.

(1) I hereby appeal the decision of the Village Code Enforcement Officer (Building Inspector)

which was denial of a Zoning Permit

\_\_\_\_\_ which was denial of a Certificate of Occupancy

to vary the strict application of the provisions of:

Article \_\_\_\_\_ Section 225 Subsection AS

Article ✓ Section 225 Subsection 69D

Article \_\_\_\_\_ Section 225 Subsection \_\_\_\_\_

(2) I hereby apply for: (check all applicable)

\_\_\_\_\_ A SPECIAL USE PERMIT required by the provisions of Article III, Section 225-10

B (1) & Section 225-11 B (2)

\_\_\_\_\_ A FLOODWAY PERMIT required by the provisions of Article III, Section 225-10

B (3) & Article VI, Section 225-18 B  
.....

This appeal or application relates to:

5 Street Number W. ELIZABETH ST. Street Name

Tax Map Number 006.-05-09

ZONING BOARD OF APPEALS

Village of Skaneateles

26 Fennell Street

Skaneateles, NY 13152

315-685-2118

Fax 315-685-0730

The applicant shall use the worksheet on the following page (page 3A) to state the Zoning Board of Appeals details of the variances requested. Instructions for the completion of page 3A are as follows:

- Indicate the Zoning District of the lot at the top of page 3A.
- Using the Density Control Schedule (Section 225-A5) fill in the minimum area requirements for your Zoning District, in the column labeled "Required" on page 3A.
- In the column labeled "Existing" on page 3A, indicate the existing set-back dimensions and percentages. Use box next to "Applicant" (the gray area will be completed by the Codes office).
- In the column labeled "Proposed", indicate the dimensions, area (in square feet) and percentages that will result from your proposed construction. Use box next to "Applicant" (the gray area will be completed by the Codes office).
- In the column labeled pre-existing non-conforming, indicate the pre-existing variance from code. Use box next to "Applicant" (the gray area will be completed by the Codes office).
- In the column labeled variance, indicate the variance requested. Use box next to "Applicant" (the gray area will be completed by the Codes office).

List below any OTHER variances, Special Permits requested  
 (Section of the Zoning Law) (Description)

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Please state below all reasons to support your appeal or application. Attach other sheets as needed to support your appeal/application

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Dated 6/2/23

*Dennis Pagan*  
 Signature of Applicant/Appeller

ZONING DISTRICT = A-2

	Required	Existing	PROPOSED	Pre-Exist Non-Conforming	VARIANCE
Residential Minimum Lot Width	Applicant				
	Codes Office	60'	60'	40'	-40'
Minimum Open Space %	Applicant				
	Codes Office	85.14%	77.51%		-7.49%
Minimum Front Yard Setback	Applicant				
	Codes Office	10'	10'	20'	-20'
Minimum Left Side Yard Setback	Applicant				
	Codes Office	15'	14.5'	.5'	-.5'
Minimum Right Side Yard Setback	Applicant				
	Codes Office	15'	17.5'		
Minimum Both Side Yards Setback	Applicant				
	Codes Office	35'	32.0'	3'	-3'
Minimum Rear Yard Setback	Applicant				
	Codes Office	35'	99'		
Max Width of Structure (% lot width)	Applicant				
	Codes Office	65%	47%		
Max Stories of Building	Applicant				
	Codes Office	2.5	2		
Max Building Height	Applicant				
	Codes Office	40'	N/A.	N/A.	
Minimum Livable Floor Area	Applicant				
	Codes Office	1200	>1200		

5 W. ELIZ. ST

Property Address

006-05-09

Page 3A Tax Map #

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: <b>HELEN RIDGEWAY</b>			
Project Location (describe, and attach a location map): <b>DRIVEWAY EXT.</b>			
Brief Description of Proposed Action: <b>EAST OF GARAGE</b>			
<b>EXPAND DRIVEWAY FOR A TURN-A-ROUND AND EXTRA PARKING.</b>			
Name of Applicant or Sponsor: <b>HELEN RIDGEWAY</b>		Telephone: <b>685-4001</b> <b>461-8843</b>	
Address: <b>5 W. ELIZABETH ST.</b>		E-Mail:	
City/PO: <b>SKANEATELES</b>		State: <b>NY</b>	Zip Code: <b>13152</b>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<b>9900 SF</b> acres _____ acres <b>9900 SF</b> acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

		NO	YES	N/A
5. Is the proposed action,	a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?			NO	YES
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?			NO	YES
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?			NO	YES
	b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?			NO	YES
If the proposed action will exceed requirements, describe design features and technologies: _____ _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?			NO	YES
If No, describe method for providing potable water: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?			NO	YES
If No, describe method for providing wastewater treatment: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?			NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?			NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____				



14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor/name: <u>HELEN RIDGEWAY</u> Date: <u>6/12/23</u> Signature: <u>Renee Ridgway</u> Title: <u>HOMEOWNER</u>		

Project: Date: 

***Short Environmental Assessment Form***  
***Part 2 - Impact Assessment***

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project:	
Date:	

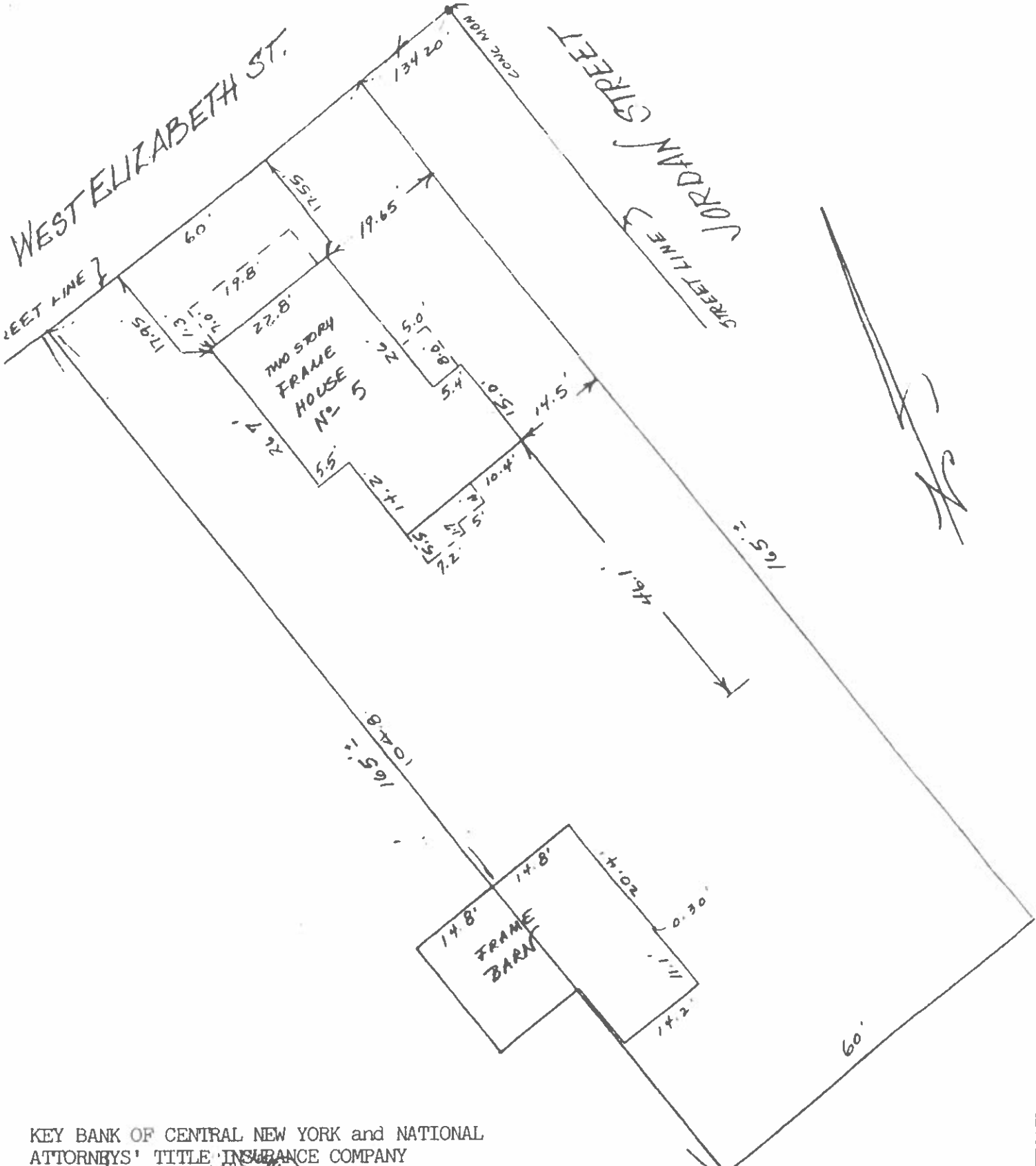
**Short Environmental Assessment Form  
Part 3 Determination of Significance**

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

**PRINT FORM**

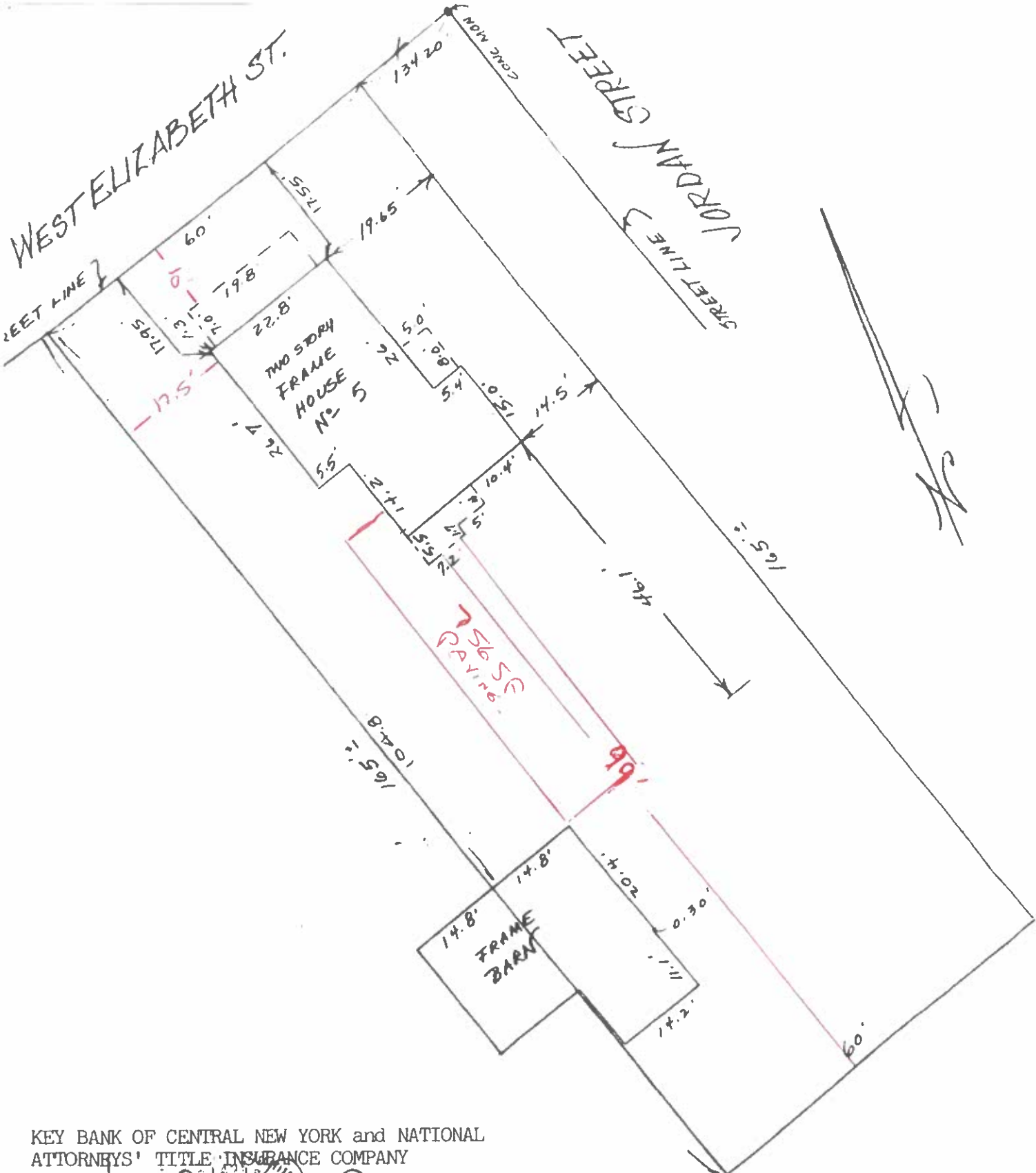


KEY BANK OF CENTRAL NEW YORK and NATIONAL ATTORNEYS' TITLE INSURANCE COMPANY

I HEREBY CERTIFY THAT THIS MAP WAS MADE FROM AN ACTUAL SURVEY AND SAME IS CORRECT.  
 KEY BANK OF CENTRAL NEW YORK and NATIONAL ATTORNEYS' TITLE INSURANCE COMPANY  
 R. J. LIGHTON  
 SYRACUSE N.Y.

Location Survey on Part of Block 23-  
 Village of Skaneateles; Part of Lot 27-  
 Town of Skaneateles  
 Known as No. 5 West Elizabeth Street,  
 Village of Skaneateles, Town of Skaneateles, County of Onondaga, State of New York  
 DRAWN BY: JMW    SCALE: 1"=20'    DATE: 9-17-84  
 REVISIONS:

NYSLS 45373



KEY BANK OF CENTRAL NEW YORK and NATIONAL ATTORNEYS' TITLE INSURANCE COMPANY

I HEREBY CERTIFY THAT THIS MAP WAS MADE FROM AN ACTUAL SURVEY AND SAME IS CORRECT.  
 KEY BANK OF CENTRAL NEW YORK and NATIONAL ATTORNEYS' TITLE INSURANCE COMPANY  
 R. J. LIGHTON  
 SYRACUSE N.Y. NYSLS 45373

Location Survey on Part of Block 23-  
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תכנון/71045