APPLICATION
TOWN OF GREAT VALLEY - ZONING BOARD OF APPEALS
Town of Great Valley, 4808 Rte. 219, PO Box 427, Great Valley. NY 14741 Phone 716 9454200

Application No. _____   Date _____

Applicant: (Name & Address)   Owner: (If Different from Applicant)

Travis Tingue   SAME _____
4884 Route 219, Lot 172   _____
Great Valley, NY 14741   _____

Phone No._716-597-4509_____   Phone No. _____

Site Location: Tax Map No. _6 5 . 0 0 3 – 2 – 4 1_
5950 Humphrey Rd   Zoning District ___ AR _X_ HCR _____ C-1
Great Valley, NY 14741   ___ RR ___ HD

Type of Request __X__ Area Variance   ___ Use Variance _____ Zoning Interpretation
      ___ Temporary Permit   ___ Other:

Provision(s) of Zoning Ordinance Being Appealed (Article, Section, Sub. Sect. Paragraph, etc. Don't fully quote the ordinance)

Article 3, Section 3.2 Dimensional Regulations, Subsection A, Table 3-2.

Brief Description of Requested Action:
The proposed placement of 16 shipping containers on the property indicates a front setback distance of 20.
I am requesting approval for a variance of 5' from the dimensional regulation (Article 3, Table 3-2) of 25'.
In addition, as this is a pre-existing lot of <1 acre, I am requesting approval for a variance related to the lot size
per Peter Sorgi.
This variance will have no significant impact on the character of the neighborhood or surrounding properties.
There will be a section of decorative wood fence and several large rocks/boulders along the front of the property
which will serve as a barrier and enhance the physical appearance of the neighborhood.

Travis Tingue 10/12/23   _____

Signature of Applicant   Date   Signature of Owner   Date
                   (If Different from Applicant)
See Check List on the back of this page for information to be provided with this application. All applicable items and the appropriate FEE
must be submitted by the Submittal Date in order to be placed on the agenda for the next Zoning Board Meeting.

DO NOT WRITE BELOW THIS LINE - TOWN USE ONLY

___   Application deemed COMPLETE and will be placed on the agenda for _____meeting.
___   Application deemed INCOMPLETE and to be returned to the applicant _____.
                       (Date)

By: _____   Date _____
  Zoning Officer

REVIEW SUMMARY ___   Approved ___   Denied _____Application Withdrawn or Rejected

APPLICATION