



City of Elmira  
Code Enforcement Department

<http://www.cityofelmira.net>

101 W. Second St.  
Elmira, NY 14901  
Fax: (607) 733-5235

## Zoning Board of Appeals Application

### To the Zoning Board of Appeals:

#### A. Statement of Ownership and Interest

I (We) Carbonic Systems, Inc

Name of Applicant

of 905 Lackawanna Ave

Street #

Elmira, NY 14901

City, State, Zip

hereby appeal to the Zoning Board of Appeals for:

- 1. An interpretation of the Zoning Ordinance
- 2. A Certification of Continuing Nonconforming Use
- 3a. A Use Variance
- 3b. An Area Variance
- 4. Change from one Nonconforming Use to another
- 5. Other:

#### B. Location of Property

1. The property in question is situated at the following address:

905 Lackawanna Ave, Elmira, NY 14901

2. current zoning classification UMU (Available from Code Enforcement)
3. tax map # 89.11-4-50.1 (Available from Assessor's Office (607) 737-5670)
4. Is the property in question located within five hundred (500) feet from the boundary of any city, village, or town, or from any county or state parkway, expressway, throughway, or other limited access highway, or from the right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines, or from any county or state lands on which a public building or institution is situated?

Yes       No

This will be a County referral

**C. General Data**

1. Current Use Industrial gas supplier Proposed Use Industrial gas supplier
2. Number of dwelling units proposed: n/a
3. Number of employees proposed: n/a
4. Parking spaces required: n/a
- A. Proposed: n/a C. Loading Zone Required: [ ] Yes [X] No
- B. Handicapped: n/a D. Curb Cut Permit Required: [ ] Yes [X] No
5. Type of Non-Residential Use (if any)
- \_\_\_\_\_

6. Lot Size A. Length: 341.18' Ft.
- B. Depth: 243.45' Ft.
- C. Area: \_\_\_\_\_ Square Ft.
- (A and B available from Assessor's Office)  
(607) 737-5670

7. Building Information
- A. Number of Stories: n/a
- B. Floor area per story in square feet: (Available from the Assessor's Office)  
(607) 737-5670
- Basement: n/a First Floor: n/a Second Floor: n/a Third Floor: n/a

8. Applicant's relationship to the property:
- [ ] A. Owner
- [ ] B. Purchaser (must provide valid purchase offer)
- [ ] C. Tenant (present)
- [ ] D. Tenant (new) Lease Commitment: [ ] Yes [ ] No
- [ ] E. Attorney for: [ ] A [ ] B [ ] C [ ] D [ ] F
- [X] F. Other (explain) Agent

9. Name and Address of Record Owner:
- Carbonic Systems, Inc
- 905 Lackawanna Ave, Elmira, NY 14901

10. Name and Address of Attorney:
- \_\_\_\_\_
- \_\_\_\_\_

**D. Request**

The complete Zoning Ordinance is available online at <http://www.cityofelmira.net/permits>

1. Provisions of the Zoning Ordinance:

Section: 413

Concerning: Fences and walls

From: n/a To: n/a

2. Previous Appeal A previous appeal concerning this property

Has not been made

Has been made on: \_\_\_\_\_ Date:

**Result:**

**E. Reasons for Request to Zoning Board** (attach additional pages if needed)

1. Interpretation of the Zoning Ordinance above is requested to determine whether:

2. A Variance of the Zoning Ordinance is requested for these reasons (attach pages if needed)

A. Strict applications of the Ordinance would produce Undue Hardship because:  
Looking for a variance on new fence height due to homeless population breaking in buildings and destroying property.

- B. The variance would observe the spirit of the Ordinance and would not change the character of the district because:  
Other commercial businesses in area

C. **THE APPLICANT MUST PROVIDE A SEPARATE PAGE GIVING A FULL DETAILED DESCRIPTION OF THE REQUEST.**

- F. In addition to meeting the standards prescribed by the Zoning Ordinance, the applicant will provide:

in order that the public convenience and welfare will be further served.

- G. If you would like to receive an electronic copy of the agenda and/or minutes that apply to your application, please provide your e-mail address. If you do not provide an e-mail address, please refer to #1 of the Application Instruction for meeting dates and times.

Applicant's e-mail address: salesballandfence@outlook.com

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**Zoning Appeals are approved on a provisional basis, subject to the applicant obtaining all required permits and meeting all New York State Fire Prevention and Building Codes.**

STATE OF NEW YORK)  
COUNTY OF CHEMUNG) ss:

Maurice T. Young  
Applicant's Signature

Sworn to before me this

60 Old Ithaca Rd, Horseheads, NY 14845

18 day of August, 2005  
(month) (year)

Applicant's Address

607-739-1577

Applicant's Phone Number

Lisa A. Balland  
(Notary Public)

← **THIS FORM MUST BE NOTARIZED**

**LISA A. BALLAND # 01BA5060331**  
Notary Public, State of New York  
Qualified in Chemung County  
My Commission Expires May 20, 2006

## 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.

<b>Part 1 – Project and Sponsor Information</b>			
<b>Fence installation</b>			
Name of Action or Project: <b>Fence installation</b>			
Project Location (describe, and attach a location map): <b>905 Lackawanna Ave, Elmira, NY 14901</b>			
Brief Description of Proposed Action:          			
Name of Applicant or Sponsor: <b>Balland Fence Company/Maureen Young</b>		Telephone: <b>607-739-1577</b>	
		Sales: <b>ballandfence@outlook.com</b>	
Address: <b>60 Old Ithaca Road</b>			
City/PO: <b>Horseheads</b>		State: <b>NY</b>	Zip Code: <b>14845</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 checked="" type="checkbox"/>
			YES <input 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 checked="" type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<u>1.44</u>	acres
b. Total acreage to be physically disturbed?		<u>0</u>	acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>0</u>	acres
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>n/a</u> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: <u>n/a</u> _____	<input checked="" type="checkbox"/>	<input 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?	<input checked="" type="checkbox"/>	<input 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"/>	<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?	<input checked="" type="checkbox"/>	<input 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"/>	<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 checked="" type="checkbox"/> Urban <input 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?	NO	YES
If 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)?	NO	YES
If Yes, explain the purpose and size of the impoundment:	<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?	NO	YES
If Yes, describe:	<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?	NO	YES
If Yes, describe:	<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>Balland Fence Company/Maureen Young</u>		Date: <u>8/1/2025</u>
Signature: <u><i>Maureen Young</i></u>		Title: <u>Office Manager</u>

**PRINT FORM**

"Copies from the original of this survey map not marked with an original of the land surveyor's inked seal or his embossed seal shall not be considered to be a valid true copy."

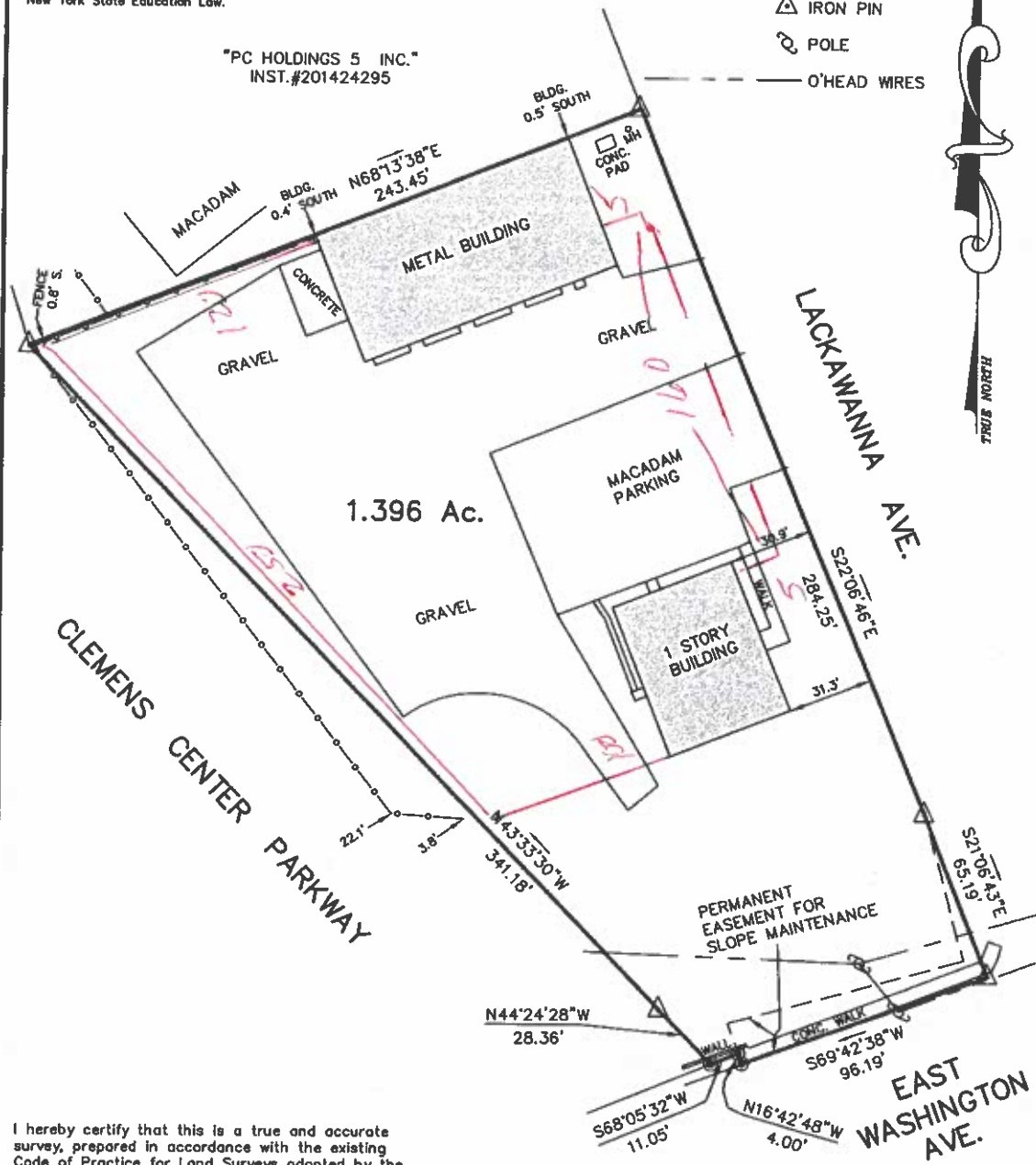
"Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of section 7209, sub-division 2, of the New York State Education Law."

"PC HOLDINGS 5 INC."  
INST. #201424295

**LEGEND**

- ⊙ DRILL HOLE
- △ IRON PIN
- ⊗ POLE

--- O'HEAD WIRES



I hereby certify that this is a true and accurate survey, prepared in accordance with the existing Code of Practice for Land Surveys adopted by the New York State Association of Professional Land Surveyors.

REFERENCE DEED: FICHE 89 - 030d  
REFERENCE MAP: D.O.T. MAP 4C, PARCEL 156, 157

SUBDIVISION  
PLANNING

**WEILER ASSOCIATES**

LICENSED LAND SURVEYORS  
208 GARDNER ROAD  
HORSEHEADS, N.Y. 14845  
807-738-4476

SURVEYING &  
MAPPING

MAP OF LANDS OF

**LOEW ENTERPRISES**

CITY OF ELMIRA

NEW YORK

CHEMUNG COUNTY

TAX MAP REFERENCE

ALL OF  PART OF

SECTION 89.11  
BLOCK 4  
PARCEL 50.1

DRAWN BY W.E.B.  
CHECKED BY W.E.B.

SCALE: 1" = 50'  
DATE: JULY 2, 2025

REVISED:  
REVISED:

JOB NO. 17314





# Chemung County Planning Board

Chemung County Commerce Center  
400 East Church Street  
P.O. Box 588  
Elmira, New York 14902-0588

(607) 737-5510

[www.chemungcountyny.gov](http://www.chemungcountyny.gov)  
[planning@co.chemung.ny.us](mailto:planning@co.chemung.ny.us)

Referral Number

For office use only

## Chemung County Planning Board – Municipal Referral Form

(Please complete all information on both pages)

Referring Municipality:  City  Town  Village of Elmira

Referring Official: John McCracken Title: Code Director

Address: 101 Second St Elmira NY 14901

Phone Number: 607-737-5718 E-mail: jmccracken@cityofelmira.net

Referring Board (check appropriate box):  Legislative Board  ZBA  Planning Board

Petitioner(s): Carbonic Systems / Balland Fence Phone: 607-739-5519

Petitioner's Mailing Address: 905 Lackawanna Ave E-mail: salesballandfence@outlook.com

Location of Property: 905 Lackawanna Ave

Tax Map Parcel Number(s): 89.11-4-50.1

Current Zoning District: BE – General Commercial

### Proposed Action: (check all that apply)

- Area Variance
- Use Variance
- Site Plan Review
- Special/Conditional Use Permit
- Comprehensive Plan Adoption / Amendment
- Other (please specify): \_\_\_\_\_
- Subdivision Review
- Rezoning
- Zoning Text Amendment
- Zoning Map Amendment
- Moratorium

Description of the proposed action (attach detailed narrative if available):

Requesting a one foot area variance to install a eight foot high chainlink fence. City zoning only allows for seven foot.

**The proposed action applies to real property within five hundred feet (500') of the following**

(Please identify each item by filling in the appropriate blank after each item)

- (a) Boundary of the (City), (Village) or (Town) of: \_\_\_\_\_
- (b) Boundary of any existing or proposed (County) or (State Park) or any (Other Recreation Area): \_\_\_\_\_
- (c) Right-of-way of any existing or proposed (County) or (State Parkway), (Thruway), (Expressway), (Road) or (Highway); (Include (County) or (State Route) # and name of (Road): Clemons Center Parkway
- (d) Existing or proposed right-of-way of any stream or drainage channel owned by the (County) or for which the county has established channel lines: \_\_\_\_\_
- (e) Existing or proposed boundary of any (County) or (State) owned land on which a public building or institution is situated: \_\_\_\_\_
- (f) The boundary of a farm operation located in an agricultural district, as defined by article twenty-five-AA of the agriculture and markets law (this subparagraph shall not apply to the granting of areavariances: \_\_\_\_\_

**Hearings/Meetings Schedule**

Board	Public Hearing Date	Meeting Dates (prior and future)
Town Board/Village Board of Trustees		
Zoning Board of Appeals	10-07-2025	09-02-2025
Planning Board/Planning Commission		
City Council		

Action taken on this application (reviewed, approved, discussed, etc.) \_\_\_\_\_

**"Full Statement" Checklist**

As defined in NYS General Municipal Law §239-m (1)(c)

Please make sure you have enclosed the following required information with your referral, as appropriate.

**For All Actions:**

- Chemung County Planning Board – Municipal Referral Form
- All application materials required by local law/ordinance to be considered a "complete application" at the local level (PDF preferred).
- Part 1 Environmental Assessment Form (EAF) or Environmental Impact Statement (EIS) for State Environmental Quality Review (SEQR). If Type II Action, provide a statement to that effect.
- \_\_\_\_\_ Agricultural Data Statement, for site plan review, special/conditional use permit, use variances, or subdivision review located in an Agricultural District or within 500 feet of a farm operation located in an Agricultural District, per Ag. Districts Law Article 25AA §305-a, Town Law §283-a, and Village Law §7-739.
- \_\_\_\_\_ Municipal board meeting minutes on the proposed action (PDF preferred).

**For Proposing or Amending Zoning Ordinances or Local Laws: The above requirements AND**

- \_\_\_\_\_ Report/minutes from Town Board, Village Board or Trustees or Planning Board (PDF preferred)
- \_\_\_\_\_ Zoning Map
- \_\_\_\_\_ Complete text of proposed law, comprehensive plan, or ordinance (PDF preferred)

**Submit this form with supporting documentation in PDF format to the Chemung County Planning Department via email at: [planning@chemungcountyny.gov](mailto:planning@chemungcountyny.gov). Completed referrals must be submitted by close of business 12 calendar days prior to the Chemung County Planning Board meeting.**