CLAYTON JOINT TOWN/VILLAGE ZONING BOARD OF APPEALS AGENDA

Meeting of **Monday, October 26, 2026 at 7:00 PM**

7:00 PM: Consider minutes of previous meeting/meetings

7:00 PM: Public Hearing for Ryan McKinley
Area variance for a home Marine Residential District
(Town)

New Business

Unfinished Business

Adjourn the Meeting

TOWN OF CLAYTON

Zoning Officer
Richard A. Ingerson
Office Hours
Mon. Through Fri.
7.00 AM-12:00 PM & 1:00 -3:30 PM

Zoning Department
405 Riverside Drive
Clayton NY 13624
(315) 686-3512 Ext. 29
Fax (315) 686-2651

Zoning Board of Appeals
Stephen Mack
(Chairman)
Dale Maclaughlin
Nick Reddick
Mike McMahon
Clyde H. Garnsey
Alt: Parker Schleher
Christine Thurston

NOTICE OF PUBLIC HEARING

Please take notice that the following public hearing will be held by the Joint Village/Town of Clayton Zoning Board of Appeals on **October 26, 2026 at 7:00 PM** or soon after in the Town's Recreational Park, 600 East Line Road, as required by the Zoning Ordinance to hear all persons concerned with the Boards consideration in granting an area variance to **Ryan M. McKinley** on their property located 42997 Murray Island, Clayton in the Marine Residential district, Tax Map # 12.11-1-31.2. The petitioner is requesting to locate a home closer to a property line than allowed. Such action will require area variance from Article XII, Schedule D of the zoning ordinance.

All parties in interest and citizens will be given the opportunity to be heard in respect to such application. Persons may appear in person or by agent. Written comments must be received prior to the hearing. The above application is open for inspection in the Town Clerks Office.

Richard Ingerson
Zoning Officer

ZONING BOARD OF APPEALS
TOWN OF CLAYTON
APPLICATION FOR AN AREA VARIANCE

Application # T-VAR-012-26
Date of Application: [illegible]
Application Fee Received $375.00 #1419
Date of Public hearing: 10/26/26 7:00PM

Zoning District: [illegible]
Tax Map #: [illegible] Block # 1 Lot 31.2

TO THE ZONING BOARD OF APPEALS

A: Statement of Ownership and interest.
The applicant (s) [illegible]
is/are the owner (s) of property situated at the following address:

The above described property was acquired by the applicant (s) on _____ Date

B: The applicant requests the following AREA variance to:
[illegible]
The area or dimensional variance requested is as follows:
[illegible]

ATTACH A SITE PLAN DRAWN TO SCALE

C: Reasons for request:

(1) The requested variance will not create an undesirable change in the character or the neighborhood or detriment to nearby properties in that:
The home sits into the existing [illegible]

(2) The benefits sought by the applicant cannot be achieved by any other feasible method because:
[illegible]

(3) The requested Variance is not substantial in that The proposed cyle 225 feet shed is not about the water level. There is a steep elevation on the property.

(4) The proposed variance will not have an adverse effect or impact on the physical and environmental conditions of the neighborhood or district because We do not see any impact due to the change.

D. State Inspection.
Applicant agrees that members of the Joint Town/Village Zoning Board of Appeals may inspect the property site of the application by appointment or at other times as agreed to by the applicant and the Board Please list preferred days/times:

Dated 9/23/24

Applicants Name: [redacted] Phone #: 315 405 5785

Mailing Address: [redacted] (please print)

Applicants Signature: [redacted]

TOWN/VILLAGE OF CLAYTON PLANNING BOARD

AUTHORIZATION TO ACT AS AGENT

I, [illegible] Property Owner, give my permission to

[illegible]
[illegible] CR-59
[illegible] NY 13634 area

to file an application for ___ Site Plan Review, X Variance or ___ Special Use Permit or ___ Subdivision review with the Village of Clayton's Zoning Planning Board for the property located at

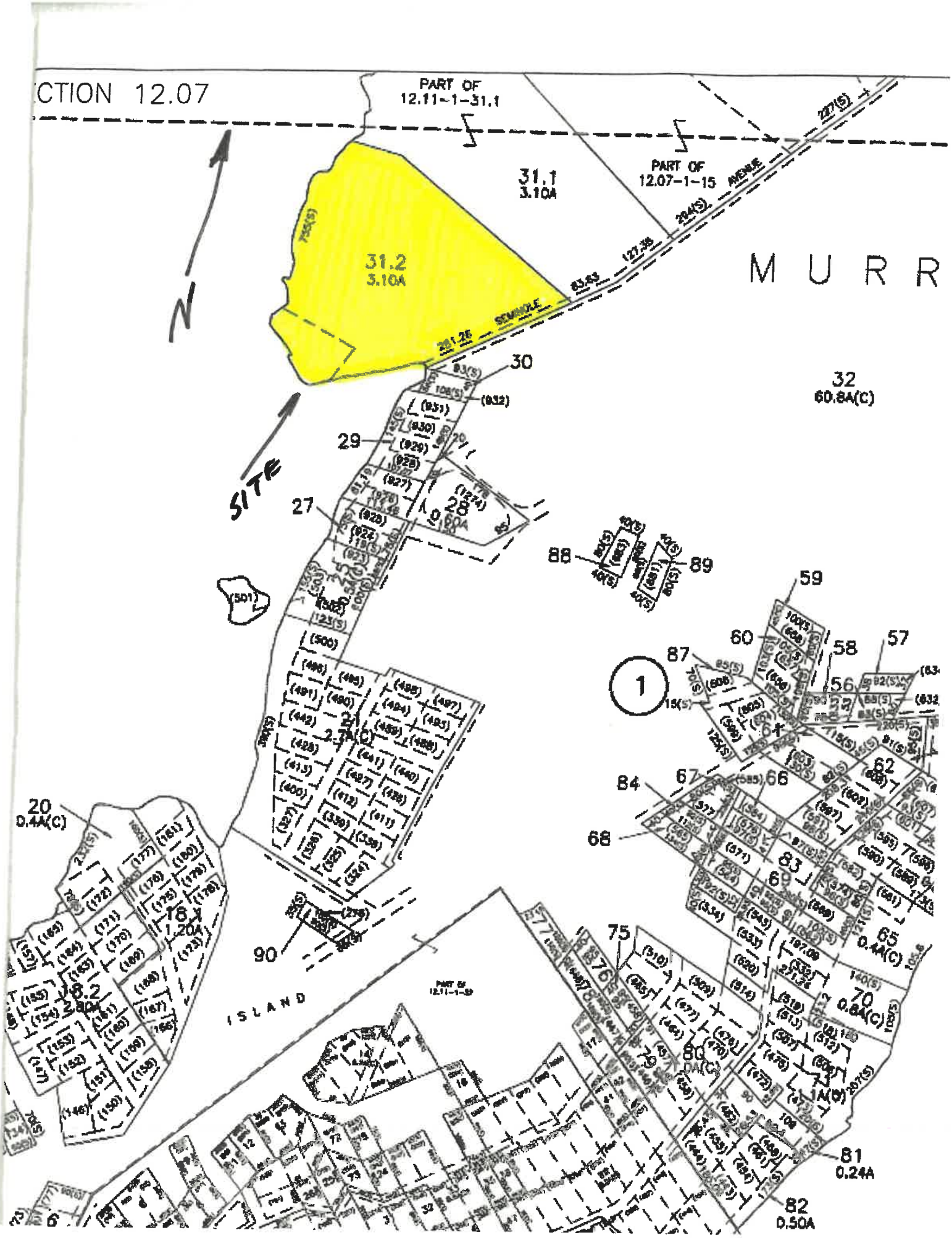
[illegible] Bay Isle
[illegible] NY 13624
Address of Property

Tax Map No. [illegible] Block # 1 Lot # 31.2

Property acquired 10/1/2019

[illegible]
Property Owner Date

[illegible]
Agent Date


CTION 12.07
PART OF
12.11-1-31.1
PART OF
12.07-1-15
31.1
3.10A
31.2
3.10A
N
SITE
SEMINOLE
AVENUE
M U R R
30
32
60.84A(C)
29
28
27
88
89
59
60
58
57
87
1
56
62
84
67
66
68
83
69
65
0.4A(C)
70
0.8A(C)
20
0.4A(C)
18
1.20A
18.2
2.80A
90
ISLAND
75
76
77
80
DA(C)
81
0.24A
82
0.50A

Town of Clayton
Zoning Department
405 Riverside Drive
Clayton, NY 13624
Telephone: (315) 686-3512 X 28 Fax (315) 686-2651

APPLICATION FOR ZONING PERMIT

PERMIT#: T-061-26	Tax Map #: 12.11-1-31.2	Property Address: 42997 Murray Is Clayton, New York 13640

APPLICANT' NAME: Ryan McKinley TELEPHONE NUMBER:

STATUS: **Denied**

LOCATED ON: North

SIZE OF LOT: 3.1 acres

COPY

OTHER BUILDINGS ON SAME LOT: Shed, deck

IS PROPOSED TO ERECT: Erect a new home

BUILDING TO BE USED AS: Res PROPOSED SIZE OF BUILDING: TBD

TOTAL FLOOR SPACE EXCLUSIVE OF GARAGES, PORCHES & ATTICS: TBD

SQ.FT. FURTHER DESCRIPTION OF PROPOSED ACTIVITY:

PROPOSED COST: $.00 ESTIMATED DATE CONSTRUCTION TO BEGIN: October

IS PROPERTY LOCATED WITHIN FLOOD HAZARD AREA? Yes

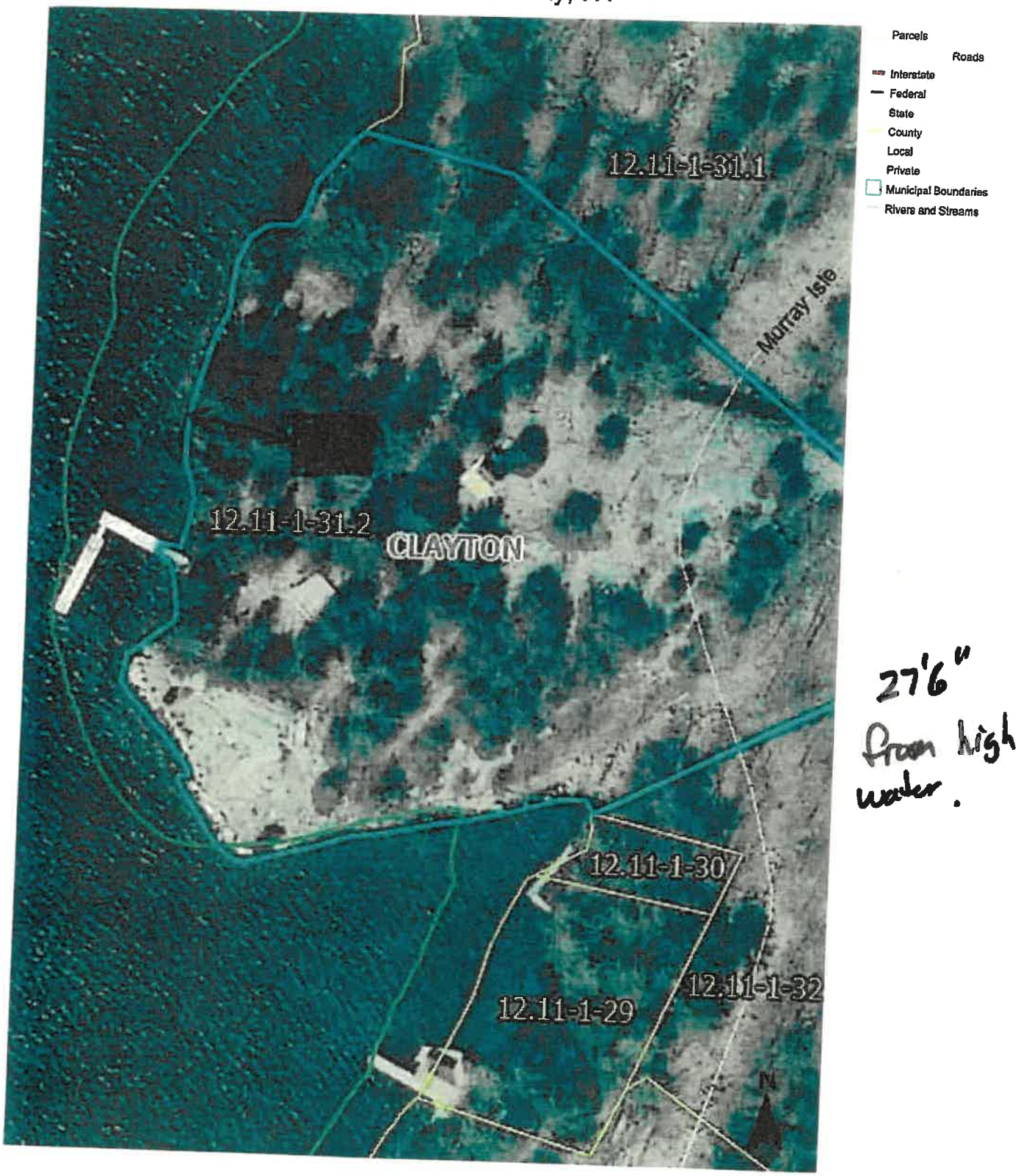
IN CONSIDERATION OF THE GRANTING OF THIS PERMIT I AGREE TO ABIDE BY ALL BUILDING, ZONING & HEALTH ORDINANCES AND OTHER RULES AND REGULATIONS OF THE TOWN, AND NOT TO MAKE ANY CHANGES WITHOUT NOTIFYING THE TOWN CLERK. I ALSO DO HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Owners's Signature	Owner's Address	Date
Agent's Signature	Agent's Address	10/16/26 Date

Permit Issued: 10/16/2026 **Fee Paid: $.00**

ZEO Signature 10/16/2026 Date

Beacon™ Jefferson County, NY



27'6" from high water.

Tax# 12.11-1-31.2 Name: Ryan M. McKinley

APPLICANT Address: 18 Wyndham Way
Ballston Spa N.Y 12020

NEARBY LANDOWNERS

Tax# 12.11-1-31.1 Name: Peter H. Spaulding
Address: 57 Onondaga Street
Skaneateles, N.Y 13152

Tax# 12.11-1-30 Name: Terry Clement
Address: 6536 Dugway Road
Canandaigua N.Y 14424

Tax# 12.11-1-32 Name: Thousand Islands Land Trust Inc
Address: P.O Box 238
Clayton N.Y 13624

Tax# Agent Name: Paul Trimper
Address: 16935 County Route 59
Dexter, N.Y 13634

Tax# _____ Name: _____
Address: _____

Tax# _____ Name: _____
Address: _____

Tax# _____ Name: _____
Address: _____

Tax# _____ Name: _____
Address: _____