## VILLAGE OF BROCKPORT

49 State Street, Brockport, New York 14420 Phone: (585)-637-5300 ext. 14 Fax: (585)-637-1045

Website: www.brockportny.org

## PLANNING BOARD APPLICATION

|   |                   |  | Meeting   | Date:           | a                 | t 7:00pm          |          |
|---|-------------------|--|---|-----------------|-------------------|-------------------|----------|
|   |                   | Application Fee: \$                                    |   |                 |                   |                   |          |
|   |                   |  |   |                 |                   |                   |          |
|   |                   |  |   |                 |                   |                   | Environn |
|   |                   | <ul><li>Failure to sho</li><li>Applicant may</li></ul> | st attend meeting(s). w, withdrawal of application y be billed for Village Engin Board will determine the ne  | neer fees rela  | ited to the revie | ew of application |          |
| PROPERTY ADDR   | ESS:              |  |   |                 |                   |                   |          |
| Tax Map Parcel #(s):  |                   | Parcel siz   | ze:   | width           |                   | depth             |          |
| Property Zoning District: Property Zoning District:   |                   | Property   | Class:  |                 |                   |                   |          |
| Present Use of Property: P  |                   | Proposed   | Use of Proper   | ty:             |                   |                   |          |
| Flood Zone: □Yes  | □No Map #         | Ma   | ıp Date   |                 |                   |                   |          |
| Description of Propos   | sal:              |  |   |                 |                   |                   |          |
| Description of any pla  | anned remodeling: |  |   |                 |                   |                   |          |
|   |                   |  | Buildi  | ng Permit Requi | red? Y            | _ N               |          |
|   | Certific          | cation of Sta  | itements:   |                 |                   |                   |          |
| The <b>applicant</b> (s) hereby affirms that the above information is accurate and complete, to the best of his/her knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application. |                   |  | I/We hereby certify that I/We are <b>title owner</b> (s) of the property property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein. |                 |                   |                   |          |
| Applicant Signature   |                   |  | Owner Signature   |                 |                   |                   |          |
| Applicant Name Printed/Typed  |                   |  | Owner Name Printed/Typed  |                 |                   |                   |          |
| Street  | City State Zip    | St   | treet   | Cit             | y State           | Zip               |          |
| Phone #   | E-mail            | <br>Pl   | hone #  | E-mail          |                   |                   |          |