

127 Main St., Brockport, NY 14420  
Phone:(585)637-5300 ext. 114 Fax:(585) 637-1045  
Website: www.brockportny.org

**PLANNING BOARD APPLICATION**

Change of Use: \_\_\_\_\_ Fence: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Site Plan: \_\_\_\_\_  
Other: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ 6:00 p.m.

Date Submitted: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

Plans/Supporting Documents(10 sets): \_\_\_\_\_

Environmental Assessment Form: \_\_\_\_\_

Please Note:

- Applicant (or representative) must attend meeting(s).
- Failure to show, withdrawal of application, or denial will result in forfeiture of fee.
- Applicant may be billed for Village Engineer fees related to the review of the application.
- The Planning Board will determine the need for a public hearing. If so, a separate fee will be billed.

**PROPERTY ADDRESS:** \_\_\_\_\_ Flood Zone:  Yes  No

Tax Map Parcel #: \_\_\_\_\_ Parcel Size: \_\_\_\_\_ width \_\_\_\_\_ depth

Property Zoning District: \_\_\_\_\_ Property Class: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_ Proposed Use of Property: \_\_\_\_\_

Description of Proposal: \_\_\_\_\_

Description of any planned remodeling: \_\_\_\_\_

Building permit required?  Yes  No

Historical designations?  Yes  No

\*\*\*\*\*

**Certification of Statements:**

The **applicant(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 **title owner(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

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Phone # E-mail

\_\_\_\_\_  
Phone # E-mail