

VILLAGE OF BROCKPORT

49 State Street, Brockport, New York 14420
Telephone: (585)-637-5300 Fax: (585)-637-1045
Website: www.brockportny.org

PLANNING BOARD APPLICATION

DEADLINE: MONDAY Noon, 2 weeks prior to meeting

Meeting Date: _____ at 7:00pm

Application Fee: \$ _____

Date Submitted: _____

Plans Submitted (10 copies): _____

Environmental Assessment Form Submitted: _____

Change of Use: _____ Addition: _____
Subdivision: _____ Site Plan: _____
Other: _____

Please note:

- Applicant 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 application.
- The Planning Board will determine the need for a public hearing. If so, a separate fee will be billed.

PROPERTY ADDRESS: _____

Tax Map Parcel #(s): _____ Parcel size: _____ width _____ depth

Property Zoning District: _____ Property Class: _____

Present Use of Property: _____ Proposed Use of Property: _____

Flood Zone: Yes No Map # _____ Map Date _____

Description of Proposal: _____

Value of Construction: \$ _____ Building Permit required after Planning Board approval: ___ 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

Mailing Address

Mailing Address

Phone # / Fax # / E-mail

Phone # / Fax # / E-mail

Copies to: ___ Planning Board ___ B/Z Officer ___ Village Attorney ___ Village Engineer ___ DPW Spt.