VILLAGE OF BROCKPORT
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VILLAGE OF BROCKPORT

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

ZONING BOARD OF APPEALS APPLICATION

DEADLINE: By Tuesday Noon at least 3weeks prior to meeting
Meeting Date: Feb. 2nd **at 7:00pm**

Area Variance: _____ Use Variance: _____
Interpretation: _____ Special Permit: X
Other: _____

Application Fee: $ 175.00
Date Submitted: 1/10/17
Plans Submitted (10 copies): –
Environmental Assessment Form Submitted: N/A

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.

PROPERTY ADDRESS: 36 N Main St Brockport NY 14420

Tax Map Parcel #(s): 069.37-2-2 Parcel size: 107.8 width 158 depth

Property Zoning District: B-Business Property Class: 484

Present Use of Property: Business plaza Proposed Use of Property: Same - Farmers Insuran

Provision of Code Appealed (give section and subsection numbers): 43-2A , 58-15

Previous applications for this property: _____ Planning Board _____ Zoning Board of Appeals
If yes, provide results: _____

Description of Proposal / Detail of Request: install sign at corner of Main + Liberty St

Value of Construction: $ 2500 Building Permit required after ZBA 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.

Applicant Signature

Steven Drake
Applicant Name Printed/Typed

36 N Main St
Mailing Address

[redacted]
Phone # / Fax # / E-mail

I/We hereby certify that I/We am/are **title owner**(s) of the property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

Owner Signature

Owner Name Printed/Typed

Mailing Address

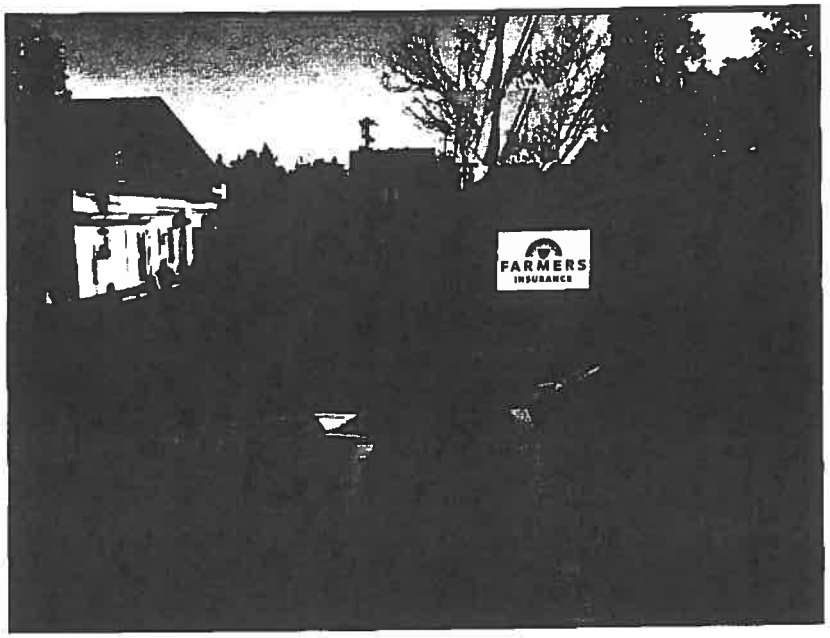
Phone # / Fax # / E-mail

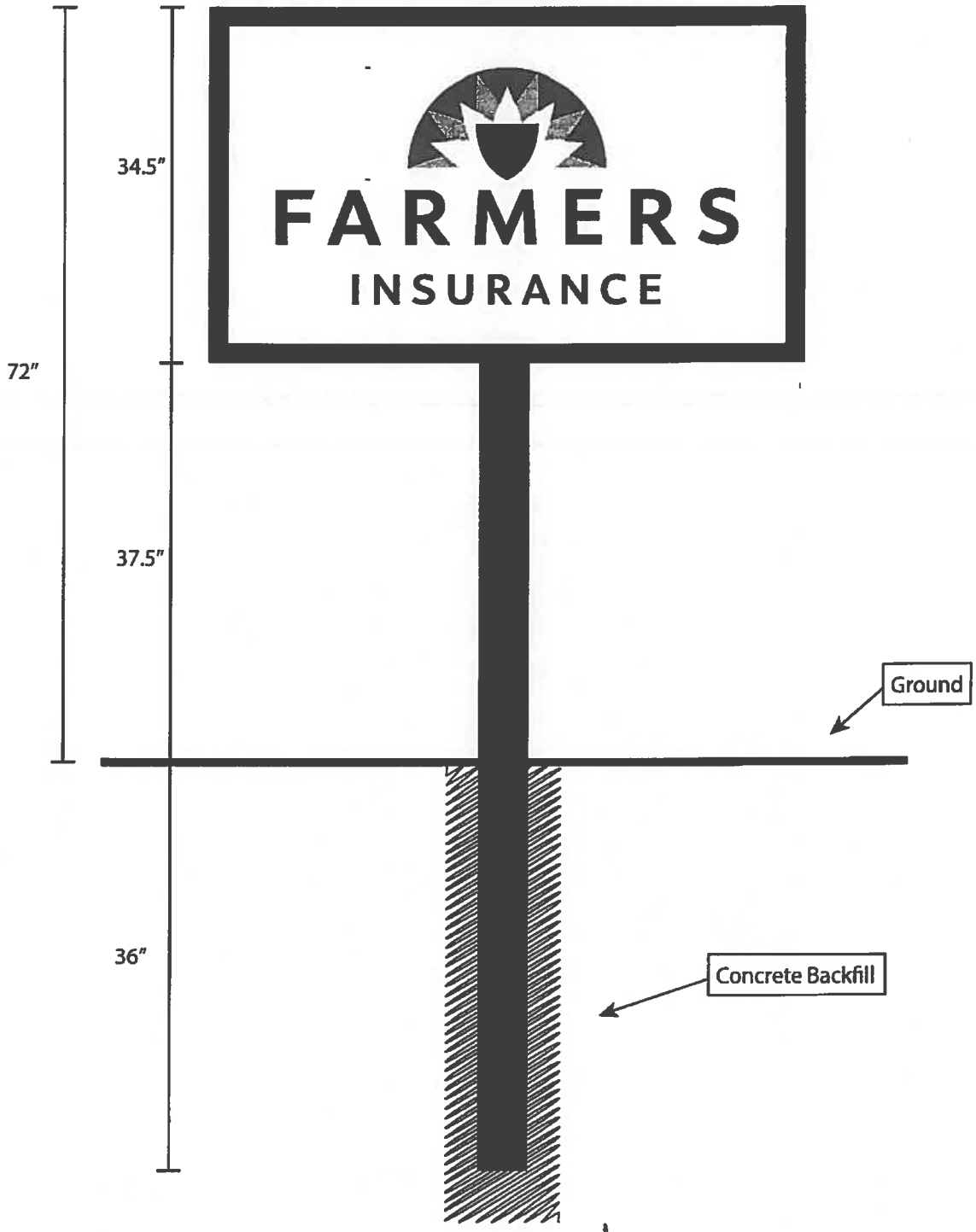
Copies to: _____ ZBA _____ B/Z Officer _____ Village Attorney _____ Village Engineer _____ DPW Spt.

FARMERS
INSURANCE
VACUUM

FARMERS

58.5"
6"
34.5"
FARMERS
INSURANCE


FARMERS
INSURANCE



10/12/16