

11:20 am
FEB - 7 2012
DE 315
8200

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 3 weeks prior to meeting

Meeting Date: MARCH 1st at 7:00pm

Application Fee: \$ ~~450~~ 200 -

Date Submitted: FEBRUARY 7, 2012

Plans Submitted (10 copies): _____

Environmental Assessment Form Submitted: YES

Area Variance: _____ Use Variance: _____
Interpretation: _____ Special Permit: _____
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.

PROPERTY ADDRESS: 52 STATE STREET

Tax Map Parcel #(s): 069.530-0002-007 Parcel size: 82.5' width 155' depth

Property Zoning District: BUSINESS Property Class: CONVERTED RESIDENCE

Present Use of Property: RES/COM Proposed Use of Property: ALLOW LARGER RES. UNITS

Provision of Code Appealed (give section and subsection numbers): 58-11-A (10) (b)

Previous applications for this property: 9.13.10 Planning Board _____ Zoning Board of Appeals
If yes, provide results: PLANNING BOARD APPROVED 1st + 2nd FLOOR APARTMENTS
ALLOW PREVIOUSLY APPROVED APARTMENTS TO

Description of Proposal / Detail of Request: BE LARGER THAN 800 SQFT AND MORE THAN
2 BEDROOMS

Value of Construction: \$ 15,000 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.

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.

Ruin Miller
Applicant Signature

Kathleen M. Miller
Owner Signature

PROJECT ID NUMBER

617.20

SEQR

APPENDIX C

STATE ENVIRONMENTAL QUALITY REVIEW

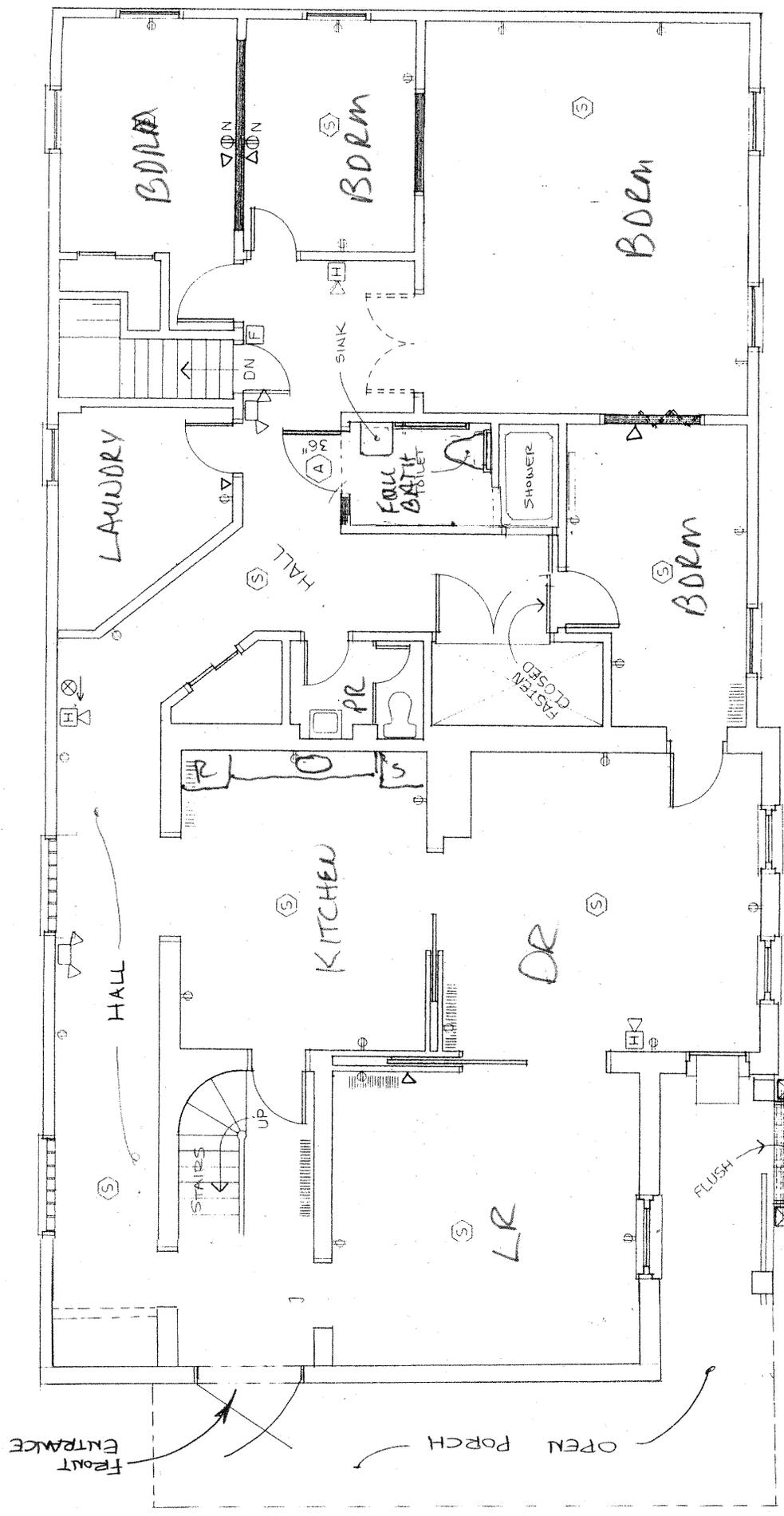
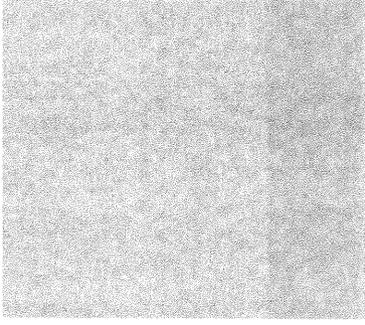
SHORT ENVIRONMENTAL ASSESSMENT FORM

for UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR K. MILLER / R. MILLER		2. PROJECT NAME 52 STATE ST.	
3. PROJECT LOCATION: Municipality BROCKPORT		County MONROE	
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map 52 STATE ST. BROCKPORT			
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification / alteration			
6. DESCRIBE PROJECT BRIEFLY: ENLARGE PREVIOUSLY ALLOWED APARTMENTS			
7. AMOUNT OF LAND AFFECTED: NONE Initially _____ acres Ultimately _____ acres			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, describe briefly:			
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe)			
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit / approval: ZONING BOARD OF APPEALS CERTIFICATE OF OCCUPANCY			
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit / approval: BUILDING PERMIT HAS BEEN ISSUED			
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BUILDING PERMIT MAY NEED TO BE REVISED			
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
Applicant / Sponsor Name		Date:	
Signature Kathleen M. Miller		2-7-12	

If the action is a Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment



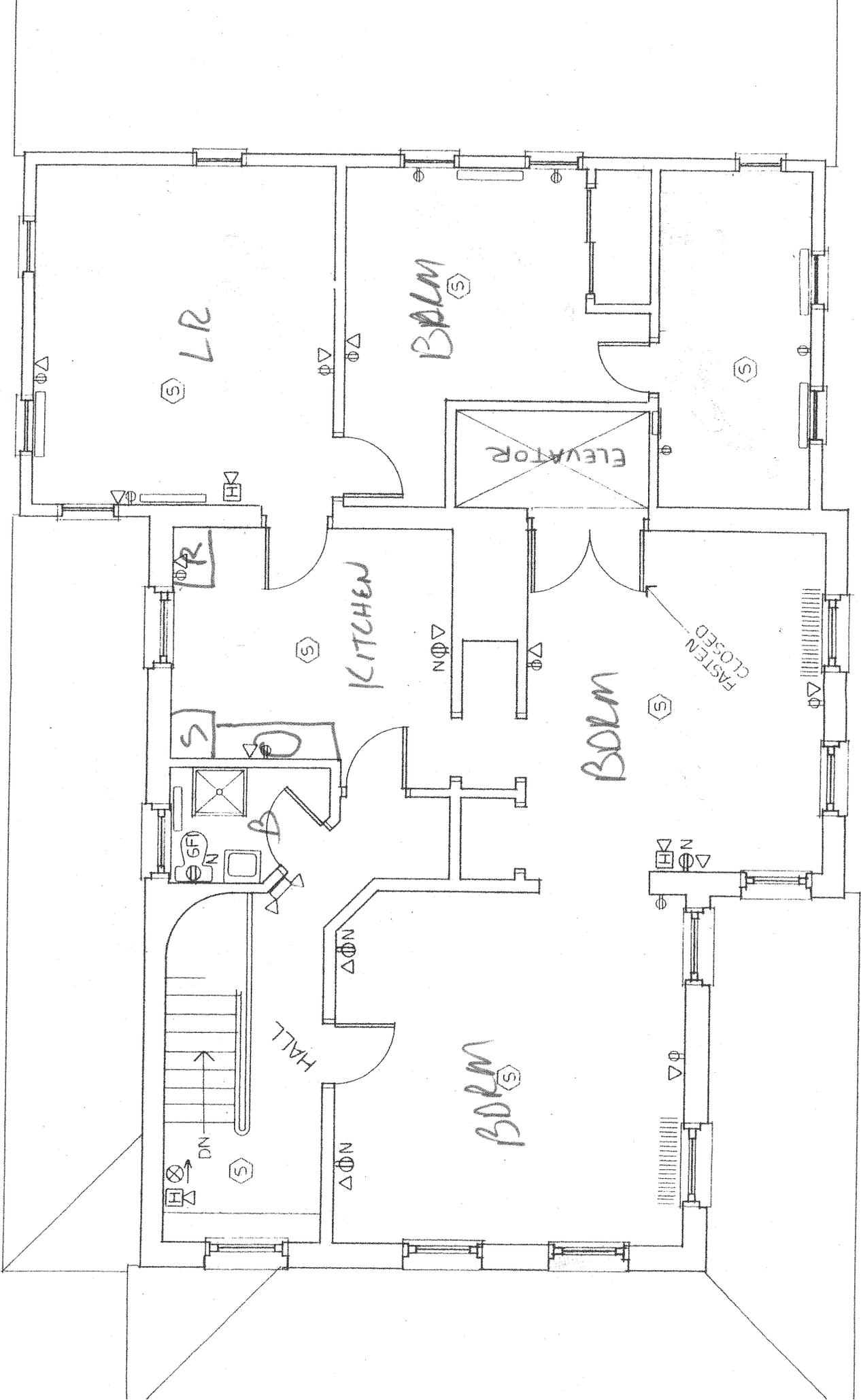
1ST FLOOR - 2,600 sq ft - 4 BDRM

STATE STREET

FRONT ENTRANCE

OPEN PORCH





2ND FLOOR - 2.200 sq - 3 BDRM