

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 3 weeks prior to meeting

Meeting Date: April 5th 2012 at 7:00pm

Application Fee: \$ 300.00

Date Submitted: 3-13-12

Plans Submitted (10 copies): _____

Environmental Assessment Form Submitted:

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: 19 Park Avenue, Brockport, NY 14420

Tax Map Parcel #(s): 069.13-1-4 Parcel size: 49.50 width 183.48 depth _____

Property Zoning District: Residential **Property Class:** 210

Present Use of Property: Single Family **Proposed Use of Property:** 2 Family-Owner Occupied 4 side

Provision of Code Appealed (give section and subsection numbers): 58-9 A (1)

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

Description of Proposal / Detail of Request: Single Family to owner occupied 2 Family

Value of Construction: \$ _____ **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.

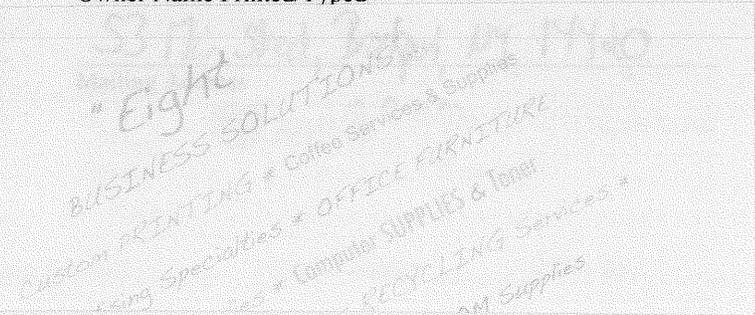
I/We hereby certify that I/We am/are **title owner(s)** of the property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

(Signature)
Applicant Signature

(Signature)
Owner Signature

James Ziawski
Applicant Name Printed/Typed

James Ziawski
Owner Name Printed/Typed



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 <i>James Ziawski</i>		2. PROJECT NAME	
3. PROJECT LOCATION: Municipality <i>Brookport</i>		County <i>Monroe</i>	
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc - or provide map <i>19 Park Avenue, Brookport, NY 14420</i>			
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification / alteration			
6. DESCRIBE PROJECT BRIEFLY: <i>Conversion of Single Family to Owner occupied 2 Family</i>			
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres <i>49,50 F x 183.48'</i>			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, describe briefly: <i>Single Family to Owner occupied 2 Family</i>			
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe) <i>Residential with many residential rentals</i>			
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit / approval:			
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit / approval:			
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
Applicant / Sponsor Name <i>James Ziawski</i>		Date: <i>3/13/12</i>	
Signature <i>[Signature]</i>			

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