

# VILLAGE OF BROCKPORT

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

## PLANNING BOARD APPLICATION

**DEADLINE: By TUESDAY Noon at least 1 week prior to meeting**

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

**Meeting Date:** \_\_\_\_\_ **at 7:00pm**  
Application Fee: \$ \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Plans Submitted (10 copies): \_\_\_\_\_  
Environmental Assessment Form Submitted: \_\_\_\_\_

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: \_\_\_\_\_

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.