-Review submission requirements & deadlines prior to submitting-

VILLAGE OF BROCKPORT

49 State Street, Brockport, New York 14420
Phone: (585)-637-5300 ext. 14 Fax: (585)-637-1045
Website: www.brockportny.org

PLANNING BOARD APPLICATION

Meeting Date: March 12 **at 7:00pm**

Change of Use: _____ Fence: _____
Subdivision: _____ Site Plan: X
Other: _____

Application Fee: $ 250
Date Submitted: February 26, 2018
Plans Submitted (6 copies): Yes
Environmental Assessment Form Submitted: Yes

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: 152 Main Street, Brockport, NY 14420

Tax Map Parcel #(s): 068.60-5-15, 068.60-5-16, 068.60-5-17

Parcel size: 350 ft width 265 ft depth

Property Zoning District: Business Use

Property Class: Single family Res, Religious, Parking Lot

Present Use of Property: Worship

Proposed Use of Property: Worship

Flood Zone: ☐Yes ☒No Map # 36055C0130G Map Date 8/28/2018

Description of Proposal: To provide a new Parish Center to better fit the needs of the current congregation. Scope includes an addition and renovation to the existing Parish Center.

Description of any planned remodeling: The existing Parish Center will be completely gutted while preserving the existing Main Street facade. Building Permit Required? Y X N___

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

Gerard DeRomanis
Applicant Name Printed/Typed

300 State Street, Rochester, NY 14614
Street City State Zip

[redacted]
Phone # E-mail

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.

Owner Signature

Rev. Joe McCaffrey
Owner Name Printed/Typed

152 Main Street, Brockport, NY 14420
Street City State Zip

[redacted]
Phone # E-mail