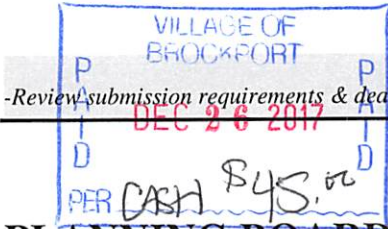


VILLAGE OF BROCKPORT

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



-Review submission requirements & deadlines prior to submitting-

PLANNING BOARD APPLICATION

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

Meeting Date: 1/8/18 at 7:00pm
Application Fee: \$ 45.00
Date Submitted: 12/26/17
Plans Submitted (6 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.
• The Planning Board will determine the need for a public hearing. If so, a separate fee will be billed.

PROPERTY ADDRESS: 13 main st.

Tax Map Parcel #(s): 069.45-2-5 Parcel size: _____ width _____ depth

Property Zoning District: Business Property Class: B, 481

Present Use of Property: Vacant Proposed Use of Property: Beauty Salons

Flood Zone: [] Yes [X] No Map # _____ Map Date _____

Description of Proposal: Threading, waxing and facials.

Description of any planned remodeling: made two rooms

Building Permit Required? [X] Y [] 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 [Signature]

Applicant Name Printed/Typed Chanda Achenya

Street City State Zip

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 [Signature]

Owner Name Printed/Typed Robert D Chyza

Street City State Zip

Phone # E-mail