

PURPOSE FOR DESIRED CHANGES & ADDITIONAL SUPPORTING INFORMATION:

Certification of Statements:

NOTE *The Historic Preservation Board expects to review your proposal expeditiously, at a special meeting, if necessary. You may meet with the Board at our mutual convenience, if you wish, and the HPB may invite you to do so. We thank you for your participation in Brockport's historic preservation program.*

The applicant(s) hereby affirm that the above information is accurate and complete to the best their 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: _____

Applicant Name Printed/Typed: _____

Mailing Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

FOR OFFICE USE ONLY

Commentary/Justification from HPB:

Date Received: _____

Date Reviewed: _____

Confirmation sent: _____

Copies filed by: _____

Decision Made:

Approved _____ Denied _____ More info needed _____