

**TOWN OF PEMBROKE
1145 MAIN ROAD
CORFU, NEW YORK 14036
585-599-4892**

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|---|---|--|
| APPLICATION FOR: <input type="checkbox"/> SPECIAL USE PERMIT <input type="checkbox"/> TEMP. SPECIAL USE PERMIT <input type="checkbox"/> USE VARIANCE <input type="checkbox"/> AREA VARIANCE | <input type="checkbox"/> ZONING APPEAL <input type="checkbox"/> LAND SEPARATION <input type="checkbox"/> SUB DIVISION <input type="checkbox"/> ZONE DISTRICT CHANGE <input type="checkbox"/> SITE PLAN REVIEW | DATE APPLIED FOR _____ APPLICATION NUMBER _____ REFERRED TO PLANNING _____ REFERRED TO ZBA _____ PUBLIC HEARING REQ. _____ |
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| APPLICANT _____ ADDRESS _____ TELEPHONE # _____ PROPERTY OWNER (IF OTHER THAN ABOVE) NAME _____ ADDRESS _____ TELEPHONE # _____ | STREET LOCATION # _____ TAX MAP PARCEL # _____ ZONING DISTRICT _____ SIZE OF PARCEL _____ CORNER LOT _____ CURRENT SET BACK OF BUILDING FRONT _____ REAR _____ SIDE _____ |
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| PERMIT OR VARIANCE FOR: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> SIGN <input type="checkbox"/> HOME OCCUPATION <input type="checkbox"/> OTHER | IF THIS APPLICATION IS FOR A VARIANCE PLEASE STATE THE SECTION OF THE ORDINANCE UNDER WHICH THE VARIANCE REQUESTED _____ DESCRIBE REASON FOR VARIANCE _____ _____ _____ |
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| DOES THIS PROJECT REQUIRE APPROVAL FROM THE FOLLOWING? CHECK THOSE THAT APPLY: | |
| <input type="checkbox"/> GENESEE CO. HEALTH DEPARTMENT <input type="checkbox"/> GENESEE CO. SOIL & WATER DEPARTMENT OF TRANSPORTATION <input type="checkbox"/> COUNTY PLANNING DEPARTMENT <input type="checkbox"/> D.E.C. | <input type="checkbox"/> TOWN BOARD <input type="checkbox"/> Z.B.A. <input type="checkbox"/> PLANNING BOARD <input type="checkbox"/> PUBLIC HEARING |

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| DESCRIPTION OF PROPOSED PROJECT OR REASON FOR PERMIT REQUEST _____ _____ _____ _____ |
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- INSTRUCTIONS FOR COMPLETING THIS APPLICATION:**
1. INCLUDE SITE SKETCH PLAN, PREFERABLY A LAND SURVEY WITH CURRENT AND PROPOSED SET BACKS.
 2. IF APPLICANT IS NOT THE OWNER OF THE LAND ON WHICH THE PROPOSED PROJECT IS LOCATED, THEY ARE THEN REQUIRED TO OBTAIN WRITTEN PERMISSION FROM THE LAND OWNER FOR THE PROJECT.
 3. A SEQR FORM (EAF) MUST BE INCLUDED WITH THE APPLICATION.
 4. APPLICANT OR REPRESENTATIVE SHOULD ATTEND PLANNING BOARD AND/OR ZBA MEETING.

NOTE: IF THE REQUEST IS FOR A USE OR AREA VARIANCE, THE PLANNING BOARD'S ONLY ACTION WILL BE TO MAKE A RECOMMENDATION TO THE ZONING BOARD OF APPEALS FOR APPROVAL OR DISAPPROVAL.

APPLICANT SIGNATURE _____ DATE _____

SPECIAL USE PERMIT

THE PEMBROKE PLANNING BOARD AT A MEETING HELD ON _____ HAS HEREBY
(APPROVED) (DISAPPROVED) APPLICATION # _____ FOR A SPECIAL USE PERMIT TO
CONDUCT A _____ ON PROPERTY IDENTIFIED AS
TAX MAP # _____

THE FOLLOWING RESTRICTIONS HAVE BEEN IMPOSED AS A CONDITION OF APPROVAL

DATED _____ **CHAIRMAN OF THE PLANNING BOARD** _____
ZONING OFFICER _____

The applicant agrees to the Special Conditions imposed with approval _____
Signature

Dated _____

LAND SEPARATION PERMIT

THE PEMBROKE PLANNING BOARD AT A MEETING HELD ON _____ HAS HEREBY
(APPROVED) (DISAPPROVED) APPLICATION # _____ FOR A LAND SEPARATION FROM
PROPERTY IDENTIFIED AS TAX MAP # _____

**PLEASE NOTE: THIS PERMIT WILL NOT BE ISSUED UNTIL A SURVEY FOR THE NEWLY CREATED PARCEL IS
SUBMITTED TO THE TOWN CLERK.**

DATED _____ **CHAIRMAN OF THE PLANNING BOARD** _____

MYLAR RECEIVED (Date) _____ **LETTER SENT TO APPLICANT FOR FILING WITH COUNTY (Date)** _____

FILED WITH COUNTY (Date) _____

VARIANCE

ZONING BOARD OF APPEALS ONLY

THE PEMBROKE BOARD OF APPEALS AT A MEETING HELD ON _____ HAS HEREBY
(APPROVED) (DISAPPROVED) APPLICATION # _____ FOR (AN AREA) OR (A USE)
VARIANCE ON PROPERTY IDENTIFIED AS TAX MAP # _____

FOR THE FOLLOWING PURPOSE

THE FOLLOWING RESTRICTIONS HAVE BEEN IMPOSED AS A CONDITION OF APPROVAL

DATED _____ **CHAIRMAN ZONING BOARD OF APPEALS** _____

The applicant agrees to the Special Conditions imposed with approval _____
Signature

Dated _____