

## TOWN AND VILLAGE OF ELLICOTTVILLE BUILDING / CODE ENFORCEMENT DIVISION



17 MILL ST. ELLICOTTVILLE, NY 14731

Code Enforcement Officer: Kelly Fredrickson, (716) 699-4773,

E-MAIL: kelly.fredrickson@evlengineering.com

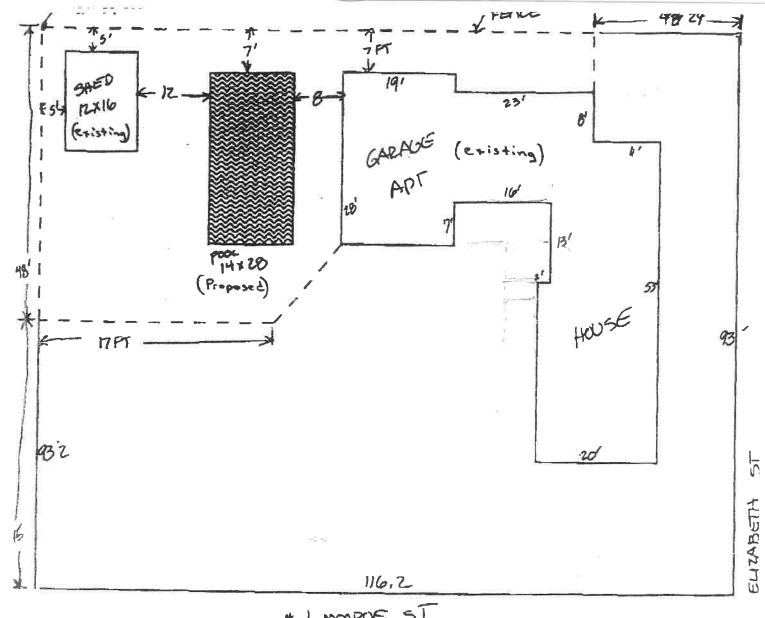
Planner: Gary Palumbo, (716) 923-1325, E-MAIL: gary.palumbo@aecom.com

## **COMBINED APPLICATION**

Check all that apply: TOWN VILLAGE App. # -2021 - 43		
PRE-APPLICATION CONFERENCE SPECIAL USE PERMIT		
INTENT TO SUBDIVIDE MASTER PLANNED DEVELOPMENT		
HISTORIC DISTRICT REVIEW ARCHITECTURAL DESIGN REVIEW		
SITE PLAN REVIEW AMENDMENT TO SITE PLAN		
ZONING ORDINANCE AMENDMENT ZONING MAP AMENDMENT		
APPLICANT INFORMATION:		
Applicant's name: MS BROWN Date: 4/15/21		
Mailing address: PA PAN 15706		
Cell Phone Number: 716 696 035 Mail: MS PRIVING TO PRADIZIONAL. COM		
Applicant must be (check all that apply): Owner Operator Lessee		
Applicant's Engineer or representative:		
Address:		
Phone #: E-Mail:		
PROPERTY OWNER INCORMATION (S. 1.S		
PROPERTY OWNER INFORMATION (if different than Applicant)		
Name:		
Mailing Address:		
Cell Phone Number: E-Mail:		
PROPERTY / FACILITY NAME		
Address: I NONROE ST		
Property tax map #:		
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RESIDENTAL		
Description of Proposed Project/Use (attach addition	onal pages, survey and plans):	_
Zoning Requirements from Town/Village Zoning I	Law_	
Front yard setback:	Rear yard setback:	<b>⊒</b>
Side yard setback:	Combined side:	
Minimum lot size:	Width:	
Height:	Floor area ratio:	
Usable Open space:		
Site Information		
Size of site: Sq. Ft. Size of area to	be developed:Sq. Ft.	
Number of proposed lots:1		
Proposed method of Sanitary Sewage disposal:	MUAGE	
Proposed method of Water Supply:	LAGE	
If public utilities are proposed, are they available to		
Sanitary Sewer: Yes No	Water: Yes No	
Will the project require the formation or extension	of a Water and/or Sanitary Sewer Dist	rict?
Sanitary Sewer: Yes No	Water: Yes No	
Main Structure:	= <del></del>	
Construction type: WYO	Front yard setback:	feet
Height: 1 stories, feet	Side yard setback:	feet
# of family units:	Total of both side yard setbacks:	feet
Size of lot:Sq. Ft.		feet
Usable Open Space:%		
Corner or interior lot? CO NUMCH		
Accessory Building:		
Description:	_	
ST THUSALCIA	Hase	
Percentage of yard: EXISTY	Height:feet	
Setback from rear lot line:feet		
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Floodplain:
FIRM Zone BFE
Flood Plain Development Permit Required? YES NO
ATTACHMENTS
Attach all relevant items listed in the Town/Village of Ellicottville Zoning Law for type of application(s) being submitted. Additional copies of all plans, documents and other application materials may be required. See attached list of required forms and information needed for type of application being submitted. Deadline for submittal is three (3) weeks prior to regularly scheduled meeting date. Meeting dates are subject to change by the Board Chair.
SIGNATURES
Applicant and Owner (if different) must sign the application.
I hereby certify that I have examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The acceptance or approval of this application does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or the performance of construction. I have read and am familiar with the Town/Village of Ellicottville zoning law that is relevant to this application(s).  Permission to inspect – I hereby consent to Town/Village of Ellicottville Staff inspection of the project site and adjacent property areas. Town/Village staff may enter the property without notice. Inspection may occur without the owner, applicant or agent present, If the property is posted with "keep out" signs or fenced with an unlocked gate, staff may still enter the property. Agency staff may take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the site.  Applicant must be (check all that apply): Owner of Operator.  Date: 4 15/2
Applicant must be (check all that apply): Owner Operator Lessee
Applicant Name: Print MT BROWN
Property Owner's Signature (if different than applicant)  Date:
Property Owner's Name: Print
Office use only:
Application Fee(s)
Received by: on(Date)
Project Number(s):



# | MOTROE ST

(K. Brown 4.1.99) TOTAL P.03

