

Request for Board Action Application



Code Enforcement Office

◆ 3265 Creek Road ◆ Youngstown, New York 14174 ◆
◆ (716)745-3730, ext. 7 ◆ fax(716) 745-9022 ◆
◆ mobile(716) 531-6431 ◆
◆ p.jeffery@townofporter.net ◆



- FILE**
- SCAN TO IPS**
- SET UP FILE**

TOWN of PORTER ◆ VILLAGE of YOUNGSTOWN

REQUIRED INFORMATION:

An incomplete Application may delay the timely issuance of your Permit; please enter "N/A" if a section is not/applicable.

Date of Application: _____

1.) Project Location:

- a. Number & Street Address: _____
- b. Tax Map Number (SBL): _____
- c. Current Use/Occupancy of Property/Building: _____
- d. Proposed Use/Occupancy of Property/Building: _____

2.) Owner Contact Information:

- a. Owner Name: _____
- b. Address: _____
- c. City, State, Zip code: _____
- d. Phone Number: _____
- e. Email: _____

3.) Type of action requested:

- | | |
|--|---|
| <input type="checkbox"/> SITE PLAN REVIEW:
<input type="checkbox"/> preliminary review <input type="checkbox"/> final review | <input type="checkbox"/> REZONING REQUEST |
| <input type="checkbox"/> USE VARIANCE | <input type="checkbox"/> MINOR SUBDIVISION |
| <input type="checkbox"/> AREA VARIANCE | <input type="checkbox"/> MAJOR SUBDIVISION |
| <input type="checkbox"/> SPECIAL USE PERMIT <input type="checkbox"/> new <input type="checkbox"/> renewal
type/use: _____ | <input type="checkbox"/> APPEAL |

PROPOSED USE OF PROPERTY: _____
LOCATED on the _____ **side of** _____ (road, street, etc.)
PROPERTY is located in what Zoning District: _____
Is there a SPECIAL ZONING district/ LWRP requirement: _____

(continued on opposite side)

