

CDNI #.

Phone: (585) 394-1120 / Fax: (585) 394-9476

PLANNING BOARD APPLICATION SINGLE-STAGE REVIEW SUBDIVISION APPROVAL

	CIN#.
	Permission for on-site inspection for those reviewing application: Yes No
1.	Name and address of the property owner: CHARLES & ELLEN MILLER 3272 HICKOX ROAD CANANDAIGNA NY 14424
	Telephone Number of property owner: <u>585-394-7826</u>
	Fax # E-Mail Address:
	**If you provide your e-mail address, this will be the primary way we contact you **
2.	Name and Address Applicant if not the property owner:
	Telephone Number of Applicant:
	Fax # E-Mail Address:
	**If you provide your e-mail address, this will be the primary way we contact you *
3.	Subject Property Address: 3524 Woolhouse RD
	Nearest Road Intersection: BLISS ROAD WOOLHOUSE ROAD
	Tax Map Number: 96.00-1-25 Zoning District: AR-2
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4.	Is the Subject Property within 500' of a State or County Road or Town Boundary? (If yes, the
	Town may refer your application to the Ontario County Planning Board.)
	Please circle one: YES
5.	Is the Subject Property within 500' of an Agricultural District? (If yes, an Agricultural Data
	Statement must be completed and submitted with this application.)
	Please circle one: YES NO

1	Proposed Size	Proposed Road Frontage]	
	3.094 ACRES	2098		
2	3.094 ACRES	361.98		
3		- Martin	-	
4				
5]	
What public improv	vements are available? — Public	Sewer 🗆 Public Water 🛱 Pu	ıblic Ro	
-		·		
Describe the curren	t use of the property:			
	46RICULTURAL	And the second s		
Is any portion of the property subject to a purchase and sale contract, option, right of first r development rights agreement, lien or other encumbrance that may benefit any party other that applicant? YES NO				
• •	set forth the name, address, and in reate the potential beneficial interes		g a copy	
documents which c	reace the potential beneficial intere			
	ry designee permission to represen	of me during the application proc	ace.	