

Village Of Williamsville

Building Department
 5565 Main Street
 Williamsville NY, 14221



Phone: 716-632-7747
 Fax: 716-626-4964
 www.walkablewillamsville.com

Application for Planning Board Review

For Official Use Only

Project #: _____ **Zoning:** _____ **Total Fees: \$** _____

Project Name: _____

**Materials Received by
 Building Department**

Verified by _____

Date _____

**Traffic & Safety
 Approval**

Verified by _____

Date _____

**Environmental Advisory
 Council Approval**

Verified by _____

Date _____

**Historic Preservation
 Approval**

Verified by _____

Date _____

**Village Engineer
 Approval**

Verified by _____

Date _____

**Zoning Board of Appeals
 Approval**

Verified by _____

Date _____

Fee Paid to Village Clerk

Verified by _____

Date _____

Fees:

**Mark
 Appropriate Fees**

Architectural Review – New Construction	\$1,000.00	<input type="checkbox"/>
Architectural Review – Building Modifications	\$500.00	<input type="checkbox"/>
Site Plan Review – New Construction	\$1,000.00	<input type="checkbox"/>
Site Plan Review – Site Modification	\$500.00	<input type="checkbox"/>
Sign Review	No Charge	<input type="checkbox"/>
Engineering Review Fee*	\$2,000.00	<input type="checkbox"/>

* Engineering Review fees are required for most large projects and for projects triggering SWPPP. The amount of the fee can be increased by the Village of Williamsville to cover costs incurred by the Village in excess of \$2,000. Where costs are under \$2,000, the balance will be refunded to the applicant.

Application for Planning Board Review (Cont.)

To Be Completed By Applicant

Project Location: Address: _____

City	State	Zip
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SBL #'s: _____

Estimated Cost: \$ _____

Project Description: _____

Project Size:

Gross Floor Area:	_____	_____	_____
	Existing	Proposed	Total

Number of Parking Spaces:	_____	_____	_____
	Existing	Proposed	Total

Parcel Size: _____

Application for Planning Board Review (Cont.)

Petitioner/Tenant: Name _____
Address: _____

City State Zip
Phone: _____ Fax: _____
E-mail: _____

**Representative/
Engineer:** Name _____
Address: _____

City State Zip
Phone: _____ Fax: _____
E-mail: _____

Owner: Name _____
Address: _____

City State Zip
Phone: _____ Fax: _____
E-mail: _____

Owner Endorsement: _____ Date: _____

Signature of Preparer: _____ Date: _____

Title of Preparer: _____