

Special use Permit Application

(Please fill out the Application completely)

Tax Map Number and Zone:

Date Filed: _____ **Application Fee:** _____

Applicant: _____ **Telephone:** _____

Applicants Address: _____ **Email:** _____

Owner of Property: _____ **Telephone:** _____

Property Address: _____

Size of Parcel: _____ Width (at road frontage) _____ Depth

_____ Total Area _____ Shape

Special Use Requested: _____

Is the property located within 500 feet of: (Please check one)	YES	NO
A boundary line of the Village of Fayetteville?	()	()
An existing or proposed County, State or Highway road?	()	()
An existing or proposed County, State Park or Recreation Area?	()	()
Right of way or County owned or used stream or drainage channel?	()	()
County or State owned lands with public building?	()	()
Is the property located within a flood plain or floodway?	()	()

Current use of the property:

Description of proposed use: _____

Proposed hours of operation: Mon. _____ Tues. _____ Wed. _____ Thurs. _____
 Fri. _____ Sat. _____ Sun. _____

Expected peak hours: Weekday _____ Week evening _____
Weekend day _____ Weekend evening _____

Expected parking needs: _____

Expected exterior storage: _____

Description of any interior improvements: _____

Description of drainage flows and controls: _____

Full description of any exterior improvements: _____

Existing/ Proposed Signage: _____

A sign application, design, site plan and or survey must be to scale showing the proposed improvement and must be attached to this application.

This original application, with required attachments, including an Environmental Assessment Form, plus ten copies must be received by this office at least 14 days prior to the Planning Board meeting in order to assure a position on the agenda.

***ATTENTION APPLICANTS: YOU OR PERSON(S) ACTING ON YOUR BEHALF MUST ATTEND THE SCHEDULED PUBLIC HEARING IN ORDER FOR YOUR APPLCAITON TO BE REVIEWED.**

Signature of property owner: _____ **Date:** _____

State of New York
County _____ }

_____ being duly sworn, deposes and says that he/she is the person who has signed this application; that he/she is the _____, authorized by the said owner to make and file this application; that he/she has read and understands this application; that all statements contained therein are true to the best of his/her knowledge and belief; and the work will be performed in accordance with the application and the plans and specifications filed therewith.

Signature of Applicant

Sworn to before me this _____ day of _____

Notary Public _____

County _____

*******OFFICIAL USE ONLY*******

Received by: _____ Date: _____

	APPROVED	DENIED	DATE
Code Enforcement review:	_____	_____	_____
Planning Board Review:	_____	_____	_____
Zoning Board of Appeals:	_____	_____	_____

Condition(s) made part of approval:

