

Village of Bergen

Application to the Planning Board

Special Use Permit

Special Use Number: _____

Date: _____

1. Request to the Planning Board to overturn the Zoning Enforcement Officer's decision to Deny ☐ Grant ☐
an application for a Zoning Permit application Number _____ Dated _____

2. APPLICATION FOR: Special Use Permit ☐

Other ☐ Please Specify _____

3. Address of Project Site: _____
Tax Map Number: _____ Zoning District: _____

4. Has a previous appeal been filed pertaining to this parcel: No ☐ Yes ☐
if yes list Appeal No. _____ Date _____ Purpose of Request: _____

5. Justification for request: General Response _____

 A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of this sheet which pertain to you specific appeal.

The Applicant shall submit with this request, appropriate supporting materials including, but not limited to, site plans, elevation, traffic circulation diagrams, neighborhood land use maps and any other materials that will assist the Board in making a determination regarding this request.

CERTIFICATION: I hereby certify that I have read and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating or performance of construction and/or use.

Applicant's Signature _____

Date _____

Owner's Signature (if other than applicant) _____

Date _____

Office Use Only

Provisions of Zoning Law for Special Use:

☐ Article _____ Section _____
Subsection _____ Paragraph _____

State Reason: _____

Fee Collected

Check# _____

Special Use Fee \$ _____

Public Hearing Fee \$ _____

Total Fee \$ _____

Signature - Zoning Enforcement Officer _____