SPECIAL USE PERMIT APPLICATION

Codes/ Zoning Officer
Craig S. Fehlhaber

Town of Newport
P.O. Box 519, Newport NY 13416

315-368-4592
fehlhaberc@gmail.com

Special Use Permit Application Instructions:

1. This application for Special Use Permit, and its accompanying documents shall contain sufficient information to determine the intended work accords with the requirements Town of Newport Zoning Ordinance and other applicable federal and state regulations.
2. The work covered in this application may not be commenced prior to the approval of a Special Use Permit. A Special Use Permit authorizes the commencement and completion of work in accordance with this application, plans and specifications on which it is based for a period of 12 months from date of issuance. For good cause the Codes/Zoning Officer may allow such extension of time, as he may deem and any extension thereof, the Codes/Zoning Officer may order the owner of the premises to remove any structure and fill any excavation which he shall deed detrimental to public health, safety, general welfare of cause blight.
3. Any deviation from the approved plans must be authorized by the Codes/Zoning Officer and Planning Board.
4. If new construction or alteration to an existing structure is anticipated in this project, a separate Building Permit will be required for such work, in addition to the Special Use Permit.
5. **Please read carefully.** The following items are to be submitted:
    a. Completed and signed Special Use Permit Application
    b. 2 complete sets of Site Plans of the project area.
    c. All required permit fees.
    d. Provide a list of Names and addresses of all property owners within 500 feet of this project (page 3)
    e. Any other important documents pertaining to the project.

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Date: _____ 20, _____

Special Use Permit No._____-_____

GML-239 Number _____

Application is hereby made to the Codes Department for the issuance of a Special Use Permit pursuant to the Town of Newport Zoning Ordinance. The applicant/owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed in this application which are part of these requirements, and also will allow all inspectors to enter the premises for the required inspections. Permit expires one (1) year of issuance date. NOTE: The issuance of this Special Use Permit does not preclude any other approvals that may be required by county, state, or federal agencies. Please fill out completely and submit all required information along with payment, failure to do so will result in delay of this application. Do not leave any area blank place N/A if not applicable.

Section (1) Applicant:

Applicant Name:_____Phone#_____
Applicant Address:_____
Applicant is _____owner _____agent _____ builder _____other

(If different from Applicant)

Owners name: _____Phone#_____
Owner Address_____

Section (2) Project Location:

Project Address:_____ Zoning District_____
Tax Map # _____Intersecting Roads_____
Acreage:_____ or Lot Size:_____ Road Frontage:_____ Flood Zone: **YES OR NO**
Wetlands: **YES or NO** Variance required: **YES OR NO** Existing Use of Property_____

Section (3) Proposed Special Use Information: Check all that apply

Description of Proposed Use: _____

Provide a Site Plan which includes all dimensions, buildings setbacks, location, fencing, screening, road access, parking areas and size of project. Also storage areas for vehicles, inventory, final products and waste products shall be identified on the Site Plan.

Hours of Operation: _____

Number of Employees: _____

Number of Vehicles:
Cars: _____

Trucks by Axles/GVW

Truck 1 _____

Truck 2 _____

Truck 3 _____

Trailers by Axles/GVW

Trailer 1 _____

Trailer 2 _____

Trailer 3 _____

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Describe the anticipated increase in traffic related to the proposed special use. Consider shipping, deliveries and customer related traffic. _____

Section (4) Site Information:

Does a home exist on the property currently **(YES OR NO)** Are there any other structures on the property **(YES or NO)**

Front Yard Setback _____ft Rear Yard Setback _____ft
Left Side Yard Setback _____ft Right Side Yard Setback _____ft

Note: Inspections are REQUIRED at various stages of your project (24 hour advanced notice) SEE INSPECTION CHECKLIST on page 4.

PLEASE INCLUDE CHECK OR MONEY ORDER ONLY PAYABLE TO (TOWN OF NEWPORT) PAYMENT MUST BE SUBMITTED WITH APPLICATION. PLEASE REFER TO BUILDING PERMIT FEE SCHEDULE. FEE FOR THIS PROJECT $_____

_____ _____ _____
SIGNATURE OF APPLICANT **PRINT NAME OF SIGNATURE** **DATE**

List the complete names and "mailing address" of ALL adjoining landowners' (INCLUDING THOSE ACROSS THE STREET) located within 500 feet of the proposed project.

_____ _____
_____ _____
_____ _____
_____ _____

****OFFICE USE ONLY****

Will Variance be required? _____ SEQRA required? _____

Any other State or County Agencies notified? _____

The application of _____ for the property located at _____ dated _____ 20____ is hereby **(approved or denied)** for the construction, reconstruction or alteration of a building and/or accessory structure as set for above. Reason for refusal or permit: _____

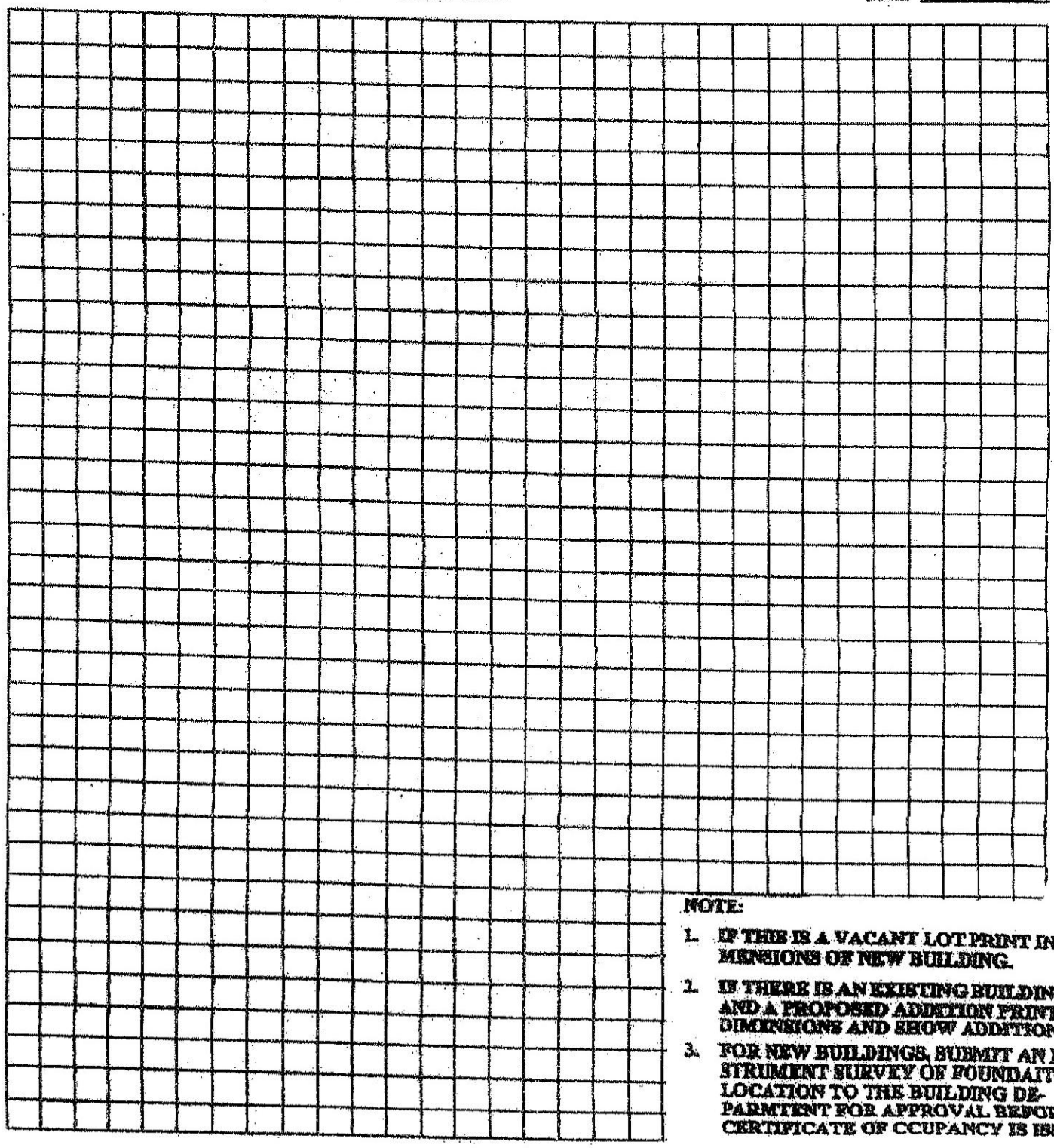
_____

_____ _____ _____
Dated Building Permit# Codes/Zoning Officer

PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and include all setback dimensions from property lines. Give lot and block numbers or description according to deed, and show all easements and street names and indicate whether interior or corner lot, or supply an approved plot plan showing all the above requirements.

_____ DATE _____



NOTE:

1. IF THIS IS A VACANT LOT PRINT IN DIMENSIONS OF NEW BUILDING.
2. IF THERE IS AN EXISTING BUILDING AND A PROPOSED ADDITION PRINT IN DIMENSIONS AND SHOW ADDITION.
3. FOR NEW BUILDINGS, SUBMIT AN INSTRUMENT SURVEY OF FOUNDATION LOCATION TO THE BUILDING DEPARMTENT FOR APPROVAL BEFORE A CERTIFICATE OF CCUPANCY IS ISSUED.

FRONT PROPERTY LINE