

APPLICATION
PLANNING BOARD
City of Middletown, New York

Date deemed complete _____
Accepted by _____

Date _____

Items 1, 2 and 3 are required to be completed

1. Address of Subject Property _____

Section ____ Block ____ Lot ____ Current Zoning District _____

Building Existing _____ New _____

2. Owner of Property _____

Owner's Address _____

City _____ State _____ Zip _____

Phone numbers: **Home:** _____

Business: _____

Cell: _____

3. Applicant name _____

If different from Owner

Applicants Address _____

City _____ State _____ Zip _____

Phone numbers: **Home:** _____

Business: _____

Cell: _____

Fax: _____

Answer 4, 5 or 6

4. **Special Use Permits/Site Plan Approval.** An approval for a special use permit and/or site plan approval is hereby requested. In the space provided indicate the section(s) and classification(s) of the occupancy for which you are seeking a special use permit. Included all uses which are currently or will be in the subject property. All dimensions shall be listed in the space provided. Refer to the tables at the rear of the Zoning Ordinance for requirements in UR-3, SR-3, SR-3A and SR-3B districts. Additional sheets may be attached if required.

Section # _____

Classification of Occupancy requested _____

Description of what you are requesting: _____

Uses currently in property: _____

Title	Section Number	Required Dimensions	Actual Dimensions
Lot area	_____	_____	_____
Front yard	_____	_____	_____
Rear yard	_____	_____	_____
Side yard	_____	_____	_____
Side yard	_____	_____	_____
Parking	_____	_____	_____

Answer this section only for multiple dwellings

Lot coverage _____

Building height _____

Open Space _____

Playlot _____

Livable floor area _____

Number of Bedrooms _____

5. Nonconforming Use. In the area provided, list each use for which an expansion is sought and the reason therefore. State the current use and all conditions that presently exist and those that will be created. Refer to the excerpt from the Zoning Ordinance Section 475-44. Additional sheets may be attached if required.

6. Fence and/or Parking Nonconformance. In the area provided, list the reason(s) requested for all conditions which are not in conformance with the regulations. Indicated the requirement(s) and the amount of relief requested. Additional sheets may be attached if required.

7. Sign at the Place Indicated

Signature: _____

Printed Name and Title: _____

Date: _____