

Town of Colton

CONDITIONAL USE APPLICATION

(For Office Use Only) Application No. _____
Fee _____
Zoning District _____
Parcel I.D. _____
Address _____
Lot Size _____

Date Planning Board Chairman Received Application _____

Referrals: County _____ APA _____ SEQA _____ ZBA _____

Conditional use requested for Section _____ of Zoning Regulation.

Nature of requested proposal:

Applicant: Please complete the application below and attach a sketch plan and any photos to help the Board understand your request.

Name of Applicant: _____

Mailing Address: _____

Telephone: Day _____ Evening _____

Check Utilities and Services Available:

Municipal water system _____ Storm drains _____

Private well _____ Fire Protection _____

Private septic system _____ Natural gas _____

Describe if applicable:

1. Hours of operation _____
2. Maximum no. of residents, employees and/or customers at any one time (peak usage) _____
3. Estimated time (peak usage) _____
4. Estimated vehicle trips per day _____
5. Nature of traffic (i.e. large trucks, cars, etc.) _____
6. Lighting _____
7. Signs _____
8. Noise produced _____
9. Pollution produced _____
10. Flooding problems on site _____
11. Surface material of parking area _____

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NOTE: CONDITIONS:

THE REVIEWING BOARD HAS THE AUTHORITY TO ATTACH CONDITIONS TO THE ISSUANCE OF CONDITIONAL USE PERMITS THAT ARE DIRECTLY RELATED TO AND INCIDENTAL TO THE PROPOSED SPECIAL USE. ANY SUCH CONDITIONS IMPOSED MUST BE MET BY THE LANDOWNER BEFORE BUILDING PERMITS; CERTIFICATE OF OCCUPANCY AND OTHER AGENCY PERMITS CAN BE ISSUED.

Signed: _____ Date _____

This request for a conditional use is/is not approved by the Town of Colton Planning Board at a meeting held _____. The following conditions apply:

Chairman Planning Board