Town of Starkey

40 Seneca Street Dundee, New York 14837 Email: StarkeyCEO@gmail.com Office: 607-243-7996 Fax: 607-243-7764

Application No.: SUV
Date Filed
Fee Paid
Town Clerk Initials
ZBA Decision Date

Special Use Permit Application

Special Use Permit Application Instructions: Please complete Items 1 - 6. If an Item is not applicable, enter NA. Return the original completed application and attachments to the Code Official.

• Initial Application

• Revised Application

Complete items 1-6.

Complete items 1-3 and 6. (prior application No.)

1. Location of the Proposed Special Use

Address	Тах Мар No		
2. Applicant			
Name			
Street Address			
		Zip Code	
Telephone: Day	Night	Cell	
E-Mail Address			
3. Property Owner (If A			
Name			
Street Address			
City	State	Zip Code	
Telephone: Day	Night	Cell	

4. Description of Special Use

E-Mail Address

Please describe the nature of the proposed Special Use including a description of any changes that will be made to the property, the hours of operation, the location and the size of any proposed signs and the anticipated increase in vehicle traffic in the area.

**Attach additional sheet(s) if additional space is needed.

5. Location and Size of Use

The applicant should include a copy of the Tax Map that shows the subject property and adjacent properties.

Attach a drawing or sketch of the property that shows all the following:

- a. The size of the property.
- b. The location of all existing structures, property lines and easements.
- c. All properties within 500 feet of the property boundaries.
- d. Any proposed additional structures or additions.
- e. Any proposed interior changes to the existing primary and/or accessory buildings.
- f. The location of the proposed use on the property.
- g. The location and size of the driveway and parking area.
- h. any watercourse or water body on or adjacent to the property.
- i. Other information necessary to understand the proposed use and its relationship to surrounding properties.

6. Affirmation by Applicant/Property Owner

I declare that the contents of this application are true and correct to the best of my knowledge. I grant permission for the Town of Starkey Zoning Board of Appeals or its designees to inspect the subject property identified in this application.

Applicant Signature		Date
Property Owner Signature		Date
(Required if the Applicant is r	not the Property Owner)	
State of New York	Sworn to thisday of	, 20
County of	Notary Public	