

**VILLAGE OF ALLEGANY
APPLICATION FOR SPECIAL USE PERMIT**

Applicant's Name

Applicant's Address

Property Owner's Name

Property's Owner's Address

Tax Map SBL# of proposed location _____

Zone _____

Intended Use / Occupancy

Property Dimensions: _____

Building Dimensions: _____

Front Yard Setback: _____

Side Yard (1): _____

Side Yard (2): _____

Distance to rear lot line: _____

Height of Building: _____

Stories: _____

Parking Spaces: _____

Applicant agrees to comply with the provisions of the Zoning Law of the Village of Allegany, Cattaraugus County, New York, the requirements of the Cattaraugus County Health Department and the New York State Uniform Fire Prevention and Building Codes.

Signature of Applicant

Date

FOR OFFICE USE ONLY

No. _____

Date Issued: _____

Date of Public Hearing: _____

NOTE: The Planning Board shall render a decision on the application with 62 days of the public hearing.

Application Fee: _____

Legal Notice Fee: _____

TOTAL: _____

Date Paid: _____

Plot Plan Required _____

Application received by:

_____, CEO

Date: _____

Action of the Planning Board

___ Approved

___ Approved with conditions (see attached)

___ Denied

Date: _____