

Town of Fleming

2433 Dublin Road
Auburn, NY 13021

Phone (315) 252-8988

Fax (315) 252-1492

SPECIAL USE PERMIT APPLICATION

SECTION 1

Applicant's Name: _____

owner tenant contractor other (specify) _____

Applicant Address _____
(Street Address) (City) (State) (Zip)

Phone Number _____ E-mail Address _____

Proposed Special Use Location Address: _____ Tax Map # _____

Describe in detail the proposed uses for the property, if application is approved: _____

SECTION 2

The applicant alleges that the approval of said Special Use Permit would be in harmony with the intent and purpose of the Fleming Zoning Code and that the proposed use conforms to the standards prescribed therefore in said Zoning Code and would not be detrimental to property or persons in the neighborhood for the following reasons:

SECTION 3

ATTACH THE FOLLOWING: A statement with supporting evidence describing how the Special Use Request meets the standards of review described below:

- The Subject Request is in the best interest of the Town, the convenience of the community, the public welfare and that it results in a substantial improvement to the property in the immediate vicinity of the proposed use.
- The Subject Request is suitable for the property in question, and will be designed, constructed, operated and maintained so as to be in harmony with and appropriate in appearance with the existing or intended character of the general vicinity.
- The Subject Request is in conformance with all applicable requirements of the Town's Zoning Law.
- The Subject Request is suitable in terms of effects on street or highway traffic and safety with adequate access arrangements to protect major streets from undue congestion and hazard.

SECTION 4

List the owners of record of all properties adjacent to, and across the road from, the property for which the application is being filed. These parties will be notified by the Town of Fleming prior to the public hearing.

OWNER'S NAME	MAILING ADDRESS

SECTION 5

THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND ACCURATE, AND THAT ANY ATTORNEY'S FEES OR ENGINEER'S FEES INCURRED BY THE TOWN RELATIVE TO THE REVIEW OF THIS PROJECT SHALL BE PAID BY THE APPLICANT.

Dated: _____

Property Owner Signature

Dated: _____

Applicant Signature (if not Property Owner)

FOR OFFICIAL USE ONLY:

Special Use Permit Application Fee **\$50.00**

Received: _____

Check No. _____

Meeting Date: _____

Board Decision: _____