

VILLAGE OF UNADILLA
Zoning Board of Appeals
Application for Special Use Permit

Date received by ZEO	_____
Application Number	_____
Date Fees Collected	_____
Date of Public Hearing	_____
Date of Decision	_____
Approved ()	Denied ()
Date Filed with Village Clerk	_____

Applicant Name(s)	Applicant Telephone
Applicant Address	
Property Owner Name(s)	Property Owner Telephone
Property Owner Address	

Zoning District	Tax Map Number
Section of Zoning Code Allowing Proposed Use	

APPLICATION INSTRUCTIONS - COMPLETE APPLICATION REVERSE SIDE

1. Complete above requested applicant information.
2. Fully describe the Basis for the Request on the reverse. Use additional paper if necessary.
3. Complete all sections of the Justification for the Request on the reverse. Use additional paper if necessary.
4. Affirm the Justification for the Request by signature on the reverse.
5. Complete the SEQR form furnished by the ZEO.
6. Return the fully completed application, the SEQR form and any fees to the Zoning Enforcement Officer. The ZEO will file the completed application with the Zoning Board of Appeals for review and determination. You will be informed of the date of the hearing and any further information required.

Attached: SEQR form

BASIS OF THE REQUEST

I hereby submit this application to the zoning board of appeals for the following proposed activity

JUSTIFICATION FOR THE REQUEST

I understand that the Zoning Regulations §159-105 C and the sections governing the zoning district in which the property is located provide for this special use and submit below justification for meeting the standards for the use requested.

1) **CHARACTER OF THE NEIGHBORHOOD** - Show that the proposed use will not have an adverse impact upon the area or neighborhood in which it is proposed to be located and will be in harmony with the appropriate and orderly development of the district in which it is situated,

2) **COMPLIANCE** - Show that the request brings the proposed use as close as possible to all applicable provisions of the Zoning Code, including Performance Standards, §159-87.

3) **COMPREHENSIVE PLAN** - Show that the proposed extension and expansion is consistent with the Comprehensive Plan

4) **TRAFFIC/PROPERTY VALUE** - Show that the proposed use will not cause excessive traffic, will not detract from the property value of any adjacent property and can be adequately serviced by existing or proposed public facilities or utilities/

I submit that I (we) have met all the above criterion for the granting of a Special Permit.

Signature of applicant(s) _____ Date _____

PROJECT I.D. NUMBER

617.20

Appendix C

SEQR

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I--PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit/approval _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

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