

# TOWN OF WEST SENECA

## APPLICATION FOR REZONING – SPECIAL PERMIT

### TO BE COMPLETED BY APPLICANT

DATE \_\_\_\_\_

FILE # \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PROJECT LOCATION (Include address and distance to nearest intersection)

APPLICANT \_\_\_\_\_ PH/FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PH/FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

ENGINEER/ ARCHITECT \_\_\_\_\_ PH/ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

SBL # \_\_\_\_\_

PROJECT DESCRIPTION (Include all uses and any required construction)

SIZE OF LOT (acres) \_\_\_\_\_ ACREAGE TO BE REZONED \_\_\_\_\_

ADJACENT ROAD NAMES AND AMOUNT OF FRONTAGE ON EACH

EXISTING ZONING \_\_\_\_\_ PROPOSED ZONING \_\_\_\_\_

EXISTING USE(S) ON PROPERTY \_\_\_\_\_

PROPOSED USE(S) ON PROPERTY \_\_\_\_\_

EXISTING USE(S) AND ZONING ON ALL PROPERTY WITHIN 500 FEET

PUBLIC SEWER YES \_\_\_ NO \_\_\_ PUBLIC WATER YES \_\_\_ NO \_\_\_

VARIANCES AND OTHER APPROVALS OR PERMITS REQUIRED

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COMPLETION OF ALL REQUIREMENTS LISTED HEREIN**

### TO BE COMPLETED BY THE TOWN OF WEST SENECA

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_

PLANNING BOARD MEETING DATE \_\_\_\_\_

TOWN BOARD MEETING DATE \_\_\_\_\_

TOWN BOARD RESOLUTION DATE \_\_\_\_\_

NON – REFUNDABLE FILING FEE (Payable to the Town Clerk): \$ \_\_\_\_\_