



TOWN OF YORK

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APPLICATION FOR SPECIAL USE PERMIT

Application # _____

Action:

___ Approved
___ Disapproved
___ Conditions

Applicant Name _____

Owner & Address, if different _____

Address of proposed action: _____

Phone #: _____

I, the undersigned applicant/owner hereby request approval by the Town of York Planning Board for the following Special Use Permit.

_____ Date: _____

Proposed use of site: _____

The following checklist with explanations must accompany all applications for **Special Use Permits**. All questions must be followed by an explanation.

1. Will the establishment, maintenance or operation of the Special use be detrimental to or endanger the public health, safety, comfort, morals or general welfare?

Yes _____ No _____

Explain:

2. Will the Special use be substantially injurious to the use and enjoyment of other property in the immediate vicinity which are permitted by right in the zoning district of concern? Will the Special use diminish or impair property values in the immediate vicinity? Yes _____ No _____

Explain:

3. Will the establishment of the Special use impede normal and orderly development and improvement of other property in the immediate vicinity for uses permitted by right in the district of concern?
Yes _____ No _____
Explain:

4. Will adequate measures be taken to provide ingress and egress in a manner which minimizes pedestrian and vehicular traffic congestion in the public ways?
Yes _____ No _____
Explain:

5. Do adequate utilities, access roads, drainage and other facilities necessary to the operation of the Special use exist, or are they to be provided? Yes _____ No _____
Explain:

6. Does the Special use permit in all other respects conform to the applicable regulations of the Town of York Zoning Ordinance and other town law, ordinances and regulations?
Yes _____ No _____
Explain: