

## **TOWN OF YORK**

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Application # \_

	APPLICATION FOR CONDITIONAL USE PERMIT	Action: Approved
Applic	ant Name	Disapproved Conditions
Owner	& Address, if different	
Addres	ss of proposed action:	
Phone	#:	
	ndersigned applicant/owner hereby request approval by the Town of York Planning Iing Conditional Use Permit.	Board for the
	Date:	_
The following	llowing checklist with explanations must accompany all applications for <b>Conditiona</b> ons must be followed by an explanation.	l Use Permits. All
1.	Will the establishment, maintenance or operation of the conditional use be detriment public health, safety, comfort, morals or general welfare?  Yes No  Explain:	tal to or endanger the
2.	Will the conditional use be substantially injurious to the use and enjoyment of other immediate vicinity which are permitted by right in the zoning district of concern? Very use diminish or impair property values in the immediate vicinity? Yes Explain:	Will the conditional

Checklist (continued)

3.	Will the establishment of the conditional 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 conditional use exist, or are they to be provided? Yes No Explain:
6.	Does the conditional 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: