

APPLICATION FOR SPECIAL USE PERMIT

Village of Monticello
2 Pleasant Street
Monticello, Now York 12701
845-794-6130

Property to be reviewed: Section: _____ Block: _____ Lot: _____

Zoning District Property Located: _____

Owners

Name: _____

Address : _____
Street/PO Box City State Zip

Phone : (_____) _____

Who will appear before the Planning Board and receive all notices:

Check One Only Owner, Agent, Attorney, Engineer, Surveyor Other

Name: _____

Address: _____
Street/PO Box City State Zip

Phone (_____) _____

NATURE OF PROPOSED USE: _____

_____]

IS PROPOSED USE PERMITTED IN ZONE? YES NO

ARE THERE ANY BUILDING VIOLATIONS? YES NO

ARE THERE ANY ZONING VIOLATIONS? YES NO

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION (WHERE APPLICABLE):

- | | |
|---|-------------------------|
| 1. Plot Plan indicating | |
| a. Size of Lot | f. Parking areas |
| b. Existing and/or proposed buildings | g. Ingress & egress |
| c. Sizes of buildings | h. Landscape plans |
| d. Setback dimensions (front, side, rear yards) | i. Playground areas |
| e. Distance separation between buildings & parking lots | j. Type of construction |

II Number of units _____ Size of units _____
 III Area of lot _____ Total areas of buildings _____
 Percentage of land covered by buildings _____
 Distance between buildings _____

COMMENTS:

In compliance with the Village of Monticello Zoning Ordinance, after publication in the S. C. Democrat of a legal notice regarding a public hearing to be held by the Planning Board for the above Permit Application, the following is required by the applicant:

All property owners within 300 ft. of the above-described property must be notified by certified mail, return receipt requested, giving notification of said hearing, stating purpose, date, time and place. Proof of mailing must be submitted to the Chairman at the time of the hearing.

APPLICATION FEE: \$200.00

The undersigned hereby requests approval by the Planning Board of the above identified application.

THE SIGNING OF THIS APPLICATION INDICATES YOUR KNOWLEDGE OF AND RESPONSIBILITY FOR PAYMENT OF ANY APPLICATION FEES AND ESCROW ACCOUNT FOR PROFESSIONAL SERVICES INCURRED BY THE PLANNING BOARD IN REVIEW OF THIS APPLICATION, SUCH AS PLANNER/CONSULTANT, ENGINEER, LEGAL, PUBLIC HEARING, AND/OR SITE INSPECTIONS.

Signature: _____

Title: _____ Date : _____

FOR OFFICE USE ONLY:

DATE PAID: _____
 AMOUNT PAID:\$ _____
CASH CHECK# _____
 CLERK: _____