

**SPECIAL PERMIT / USE APPLICATION
TOWN OF MARCELLUS**

24 East Main Street, Marcellus, NY 13108
315/673-3269, FAX: 315/673-9102

Official Use Only: Application No. _____ Date Completed: _____ Permit Fee: _____

Special Permit () Change of Use Permit () Conditional Use Permit () Miscellaneous ()

Property Owner: _____ Date submitted: _____

Project Address: _____ Daytime phone: _____

Tax Map No.: _____ Zoned: _____ Subdivision name: _____

Is the project location (circle one):
Within 500' of an Agricultural District? Yes No
In a Flood Hazard Zone? Yes No
Within 100' of Wetlands? Yes No

Use to which land and / or buildings are to be devoted:
Residential () Commercial () Business () Industrial ()

What is the specific use if other than residential?

Purpose of this application is to (check one):
Erect () Repair or Alter () Extend () Remove or Demolish () Use or Reuse ()
Other (specify) _____

The proposed **principal structure** (if applicable) will be as follows:
Type of construction: _____ No. of family units: _____
If house, square feet of floor space: _____ Square feet for off-street parking: _____
Set back (in feet) from lot lines: Front: _____ Rear: _____ Side 1: _____ Side 2: _____

The proposed **accessory building** (if applicable) will be as follows:
Type of construction: _____ Dimensions: _____
Set back (in feet) from lot lines: Front: _____ Rear: _____ Side 1: _____ Side 2: _____

APPLICANT CERTIFICATION:

I hereby certify that I have examined this application and know the same to be true and correct. All work done under this permit will meet the requirements of the New York State Uniform Fire Prevention and Building Code and that land and buildings for which this application is requested will be used only for approved purposes specified for this zone in the Town of Marcellus Zoning Ordinance.

Signature of Owner of Premises: _____ Date: _____

- OFFICIAL USE ONLY -

ACTION OF ZBA CHAIRPERSON:

Approved () Denied () Reason: _____
Date: _____ Signature: _____