SPECIAL PERMIT APPLICATION – Planning/Zoning Board, Town of Ontario, NY

Application Date: ____________________________  Paid: ____________________________  Date: ____________________________

  (Applicant Name)  (Mailing Address)  (Telephone)

Location of Property: ____________________________  Zone: ____________________________

Property Owner: ____________________________  Tax Account Number: ____________________________

SPECIAL PERMIT under provisions of Section(s) 150-43, Article VII, of Chapter 150, Zoning Regulations, of the Town of Ontario for the following purposes:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

The applicant alleges that the approval of said special permit would be in harmony with the intent and purpose of said zoning regulations and that the proposed use conforms to the standards prescribed therefore in said regulations and would not be a detriment to property of persons in the neighborhood for the following reasons:

__________________________________________________________________________

__________________________________________________________________________

The Planning/Zoning Board may approve a structure or use under this Article, or under any other provisions of this regulation, only upon findings that the proposed structure or use, together with such regulations and safeguards as the Board shall fix, are:

1.) The land use or activity is so designed, located and proposed to be operated that the public health, safety, welfare and convenience will be protected;

2.) The existence of the proposed land use activity will not cause substantial injury to the value of other property in the neighborhood where it is located;

3.) The proposed land use or activity will be reasonably compatible with adjoining development and the implied character of zoning district where it is to be located;

4.) Adequate landscaping and similar screening will be provided;

5.) Adequate off-street parking and loading will be provided, and ingress and egress are so designed as to cause minimal interference with traffic and abutting streets;

6.) The proposed development will minimize erosion and will not result in increased surface water runoff of abutting properties;

7.) Existing roads and utilities serving the proposed development shall be adequate so that provision for needed upgrading is satisfactory;

8.) The proposed use or activity will conform with applicable Town, County, State and Federal regulations;

9.) Subject to specific requirements, if applicable, under Section 150.43 F.

THE FEE REGARDING INDUSTRIAL CONSTRUCTION OR DEVELOPMENT SHALL BE SET FORTH BY THE TOWN BASED ON THE SKETCH PLAN SUBMITTED FOR REVIEW.

State of New York, County of ____________________________  As sworn to before me this __________ day of ____________________________

__________________________________________  ____________________________

Notary Public Signature  Applicant Signature
QUESTIONNAIRE FOR PROPERTY USE APPLICATION  
FOR A SPECIAL PERMIT OR VARIANCE

This form is to be completed by individuals who request a special permit to use or employ real estate in a manner permitted by zoning regulations. If you wish to undertake a business or an activity that is an authorized or legal use in the zoning district in which the real estate is located, the following questions are to be answered, and returned along with the application form.

1. Your name and address: ____________________________________________

____________________________________________________________________

____________________________________________________________________

2. Name under which the business will operate: __________________________

____________________________________________________________________

3. Has a “Doing Business As” form been filed with the County Clerk’s Office Y___N___

4. Which room(s) or building(s) and/or part of the land will be used for the activity?

____________________________________________________________________

5. Written statement of operation. (days of the week, hours of operation, explain business or activity)

____________________________________________________________________

____________________________________________________________________

6. What are the proposed hours of operation: _______AM _______PM

7. How many people do you intend to employ in the conduct of the business or activity?

____________________________________________________________________

8. Will any family members be assisting in this proposed business or activity? Y___N___

9. What lines of merchandise will be involved: ____________________________

____________________________________________________________________

____________________________________________________________________

10. What services will be rendered: ________________________________

____________________________________________________________________

____________________________________________________________________

11. What will be the manner of displaying merchandise or objects for the benefit of the public?

____________________________________________________________________

____________________________________________________________________
12. Will there be any storage of extra or excess merchandise or supplies: Y __ N __

13. Will there be any hazardous, flammable or explosive materials or supplies involved in the business or activity: Y __ N __ If “yes”, describe the materials and indicate how they will be stored.

14. What are the proposed parking accommodations for customers or visitors?

15. What would be the maximum number of customers or visitors you would expect at any one time?

16. Will food be served to any of the customers or visitors: Y __ N __

17. What, if any, bathroom facilities will be available for public use?

18. Do you anticipate the public bringing any items to your establishment for repair?
   Y __  N __ If “yes” what?

19. Will any machines or chemical processes be employed in the proposed business or activity?
   Y __  N __ If “yes”, describe the process or chemicals:

20. Assuming your business or activity is successful, what projected growth will you have in four years?

21. How do you expect your business or activity to benefit the community as a whole?

Applicant(s):

Signature ___________________________ Date ________________

Signature ___________________________ Date ________________

Property owner(s) signature if different than applicant:

Signature ___________________________ Date ________________

Signature ___________________________ Date ________________