

APPLICATION FOR SPECIAL USE PERMIT

TOWN OF CHARLOTTE

8 Lester Street, P.O. Box 482, Sinclairville, NY 14782
Phone: (716) 962-6047 Fax: (716) 962-3843

Address of Property Under Consideration: _____

S.B.L. # of Property Under Consideration: _____

Name of Property Owner: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Name of Applicant (If Different): _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Description of Special Use Requested: _____

Signature of Property Owner: _____ Date: _____

Signature of Applicant (If Different): _____ Date: _____

TOWN USE ONLY

Proposed use is ____ is not ____ listed as a permitted use by a Special Use Permit in the
_____ zoning district, Section _____

Building Permit denial attached?: Yes _____ No _____ N/A _____

SEQR form attached?: Yes _____ No _____ N/A _____

Chautauqua County Department of Health septic system approval?: Yes _____ No _____ N/A _____

Application Received: _____ By: _____ Permit Denied: _____

Public Hearing Date: _____ Date of Publication: _____

Approved: _____ Denied: _____

Special Conditions: _____

Required submittals for a Special Permit Review

(Before an application can be considered complete, the following **must** be provided:)

A title block with author, date, scale, and address of subject property must be on ALL plans listed below including property surveys.

When submitting the necessary plans listed below, the applicant must show with graphic representation, all information, drawn to scale and in a manner that can be correctly interpreted to any person viewing the case file without additional staff explanation.

- APPLICATION** (completed, dated, and signed by property owner)
- SITE PLAN** (Drawn to scale)
 - a) Location of existing or proposed building
 - b) Location and dimensioned areas to be used for parking, including type of parking surface, curb cuts and all driveways
 - c) Location and dimensioned areas of landscaping indicating type, height, and number of plantings
 - d) Location of dumpsters and/or trash receptacles indicating type of screening to be installed
 - e) Proposed overall site screening and landscaping
 - f) Location, type, and height of fencing
 - g) Proposed lighting location, height, and wattage of luminaries
 - h) Location of loading dock/areas
 - i) Location and dimensioned areas to be used by delivery vehicles
 - j) Location of all signage
- FLOOR PLANS** (Plans do not have to be drawn by a licensed architect but need to be drawn to scale and labeled with dimensions.) **If any floor plans are not drawn to scale and/or do not include the following they WILL NOT be accepted.**
 - a) Customer areas
 - b) Employee areas
 - c) Storage areas and restrooms
 - d) Office space
 - e) Counters/tables/chairs/booths
 - f) Stages/Dance Floors/DJ Booths
 - g) Shelving/display areas
 - h) All kitchen equipment
 - i) Coolers/freezers/etc.
 - j) Vending machines/amusement games/etc.
- STATE ENVIRONMENTAL QUALITY REVIEW ACT ASSESSMENT FORM**
If applicable, part one filled out completely and signed by Applicant or Owner.

EXTERIOR ELEVATIONS (Must be drawn to scale, labeled with dimensions, and include material notes on the elevations).

EXTERIOR SIGNAGE DRAWINGS (Photos may be used to show location)

a) Type (ground/wall/window/projecting)

b) Size (exact dimensions including height from grade to top of sign)

c) Location(s) – (see attached sign plan sample)

1. Exact placement must be included for ground signs – measurements from structure to sign location and distance from sign to property line. (not sidewalk)

2. For wall signs, the distance from the top of sign to roofline, from ground to bottom of sign and measurement from side of building to the side of the sign– see attached

SPECIFICATIONS (include specs for awnings, windows, doors, etc.)