

SC

APPLICATION FOR SPECIAL PERMIT



Date: _____

Case No: _____

Filing Fees: Refer to Development Application Fee Schedule.Amount Paid _____ Date _____ ☐ DRC ☐ PZB ☐ Town Commission ☐ Other

APPLICANT'S NAME:

BUSINESS NAME:

ADDRESS:

CITY:

PHONE / FAX NUMBERS:

E-MAIL ADDRESS:

NAME AND ADDRESS OF OWNER IF OTHER THAN APPLICANT:

PROVIDE THE FOLLOWING IN PDF FORMAT UNLESS OTHERWISE SPECIFIED:

- Legal description of the property upon which the activity is sought to be specially permitted;
- Description of business operation;
- Plans detailing the exterior and interior improvements and alterations intended in connection with the proposed activity including number of off-street parking spaces and square footage of proposed uses; (electronic and seven (7) paper copies per board process)
- A report of a traffic engineer as to the daily number of trips generated by the proposed activity and off-street parking requirements needed for the proposed activity; and
- Impact analysis report by a Professional Engineer detailing any adverse effects of noise, light, odors, traffic, objectionable odor, air or water pollution, vibration, impacts to public safety, or other similar potential adverse effects associated with the application.

OWNER / AGENT CERTIFICATE:

This is to certify that I am the owner/agent of subject lands described above in the Application for Special Permit, and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, owner/agent specifically agrees to allow access to described property at reasonable times by Town personnel for the purpose of verification of information provided by owner/agent.

Signature of owner/agent: _____ Sworn to and subscribed before
me this _____ day of _____ 20____, by _____.☐ He/She is personally known to me, or☐ He/She has presented _____ as identification.

Signature of Notary Public _____ Type or Print Name _____

FOR STAFF USE ONLY

Planning and Zoning Board Date: _____ () Approved () Denied () Approved with conditions

Town Commission Date: _____ () Approved () Denied () Approved with conditions