

TOWN BOARD SPECIAL PERMIT

1. Complete the Special Permit Application.
2. Provide with the application as much information as you can about your project. You may include narratives, site plans, sketches, maps, etc. Anything that may help in understanding what you are proposing. Return the application to the Town Clerk with a check in the amount of \$150.00 made payable to the Town of Gardiner.
3. Obtain names and addresses of all property owners within 250 feet of the property line. Affixed postage and address a #10 envelope for each one. Also provide a list of each property owner for the file. You may get this information from the Assessors. Each property owner will be notified of your application by first class mail. Give these to the Town Clerk.
4. All public hearings are scheduled for the Business Meeting of the Gardiner Town Board, held on the second Tuesday of each month. Applications must be received by the 1st day of the preceding month. (Example - If you wish to be on the September agenda, the application must be received by August 1.)
5. If you have any questions please feel free to contact the Town Clerk at 255-9675 Ext. 100.

2. Describe the uses surrounding property owners make of their properties.

3. Will the proposed use increase traffic congestion? _____
If not, why won't it?

4. Will off-street parking be provided for customers? _____
If so, how many spaces? _____ Size of each space: _____ Ft. by _____

Submit a diagram of the parking available on the site, indicating entries and exits from the public streets.

5. List any churches, schools, theaters, public buildings, parks, playgrounds and recreation facilities which are located within 500 feet of the exterior property lines of the property on which the proposed use is to be located.

6. How many persons will be employed by the use?
Full-time _____ Part-time _____

7. State the maximum number of customers, clients, patients or patrons expected to be on the premises at any one time? _____

8. State the size of the lot on which the use is to be located both in square footage and dimensions of front, side and rear lot lines.

Square footage: _____
Lot Lines: Front _____ ft. Side _____ ft. Rear _____ ft.

9. State the dimensions of the building or structure to be used in the use. If more than one building or structure is to be used, list each individually.

Building No. ____ Size: _____ ft.x _____ ft. No. of stories: _____	Building No. ____ Size: _____ ft.x _____ ft. No. of stories: _____	Building No. ____ Size: _____ ft.x _____ ft. No. of stories: _____
--	--	--

10. How many square feet of usable space is in each building?

Building No. ____ Usable Sq.Ft. _____ Sq.Ft. to be devoted to proposed use: _____	Building No. ____ Usable Sq.Ft. _____ Sq.Ft. to be devoted to proposed use: _____	Building No. ____ Usable Sq.Ft. _____ Sq.Ft. to be devoted to proposed use: _____
---	---	---

11. State the distance of the building in which the use will be located from all front, rear and side property lines. If more than one building or structure is to be used, list each individually.

Submit a drawing diagraming this information.

Building No. _____
Distance from property lines:
Front: _____ Ft. Rear: _____ Ft. Side: _____ Ft. Side: _____ Ft.

Building No. _____
Distance from property lines:
Front: _____ Ft. Rear: _____ Ft. Side: _____ Ft. Side: _____ Ft.

Building No. _____
Distance from property lines:
Front: _____ Ft. Rear: _____ Ft. Side: _____ Ft. Side: _____ Ft.

STATE OF NEW YORK)
COUNTY OF ULSTER) SS.

_____, being duly sworn deposes and s
that he is the person named as the applicant in the foregoing applicat
he has read the foregoing application and knows the contents thereof a
the same is true to his own knowledge, except as to the matters therei
stated to be alleged on information and belief and as to those matters
he believes it to be true.

SIGNED: _____

(name signed must be printed beneath)

Sworn to before me
this _____ day of _____, 19 ____.

Notary Public

STATE OF NEW YORK)
COUNTY OF ULSTER) SS.

_____, being duly sworn deposes and s
that he is the _____
(title)

(name of corporation)

a _____ corporation, the applicant name
(enter name of State of incorporation)
in the foregoing application; he has read the foregoing application a
knows the contents thereof, and the same is true to his own knowledge,
except as to matters therein stated to be alleged upon information and
belief and as to those matters he believes it to be true.

SIGNED: _____

(name signed must be printed beneath)

Sworn to before me
this _____ day of _____, 19 ____.

PROJECT I.D. NUMBER

617.21

SEC

Appendix C

State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
 For UNLISTED ACTIONS Only

PART I—PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER

