

TOWN OF WILLSBORO, NY

SPECIAL USE PERMIT APPLICATION

Property Tax Map #: _____ Application #: _____

Applicant's Name: _____ Phone: (____) _____

Address: _____ Town: _____ State: _____ Zip: _____

Project Site: _____ Zoning District(s): _____

Applicant's Signature: _____ Date: _____

For the purpose of providing for the future growth and development of the Town and affording adequate facilities for the housing, transportation, distribution, comfort, convenience, safety, health and welfare of its population the Town of Willsboro Planning Board is authorized to approve special use permits in our community. The Planning Board follows the procedures for special use permit review as presented in the Consolidated Laws of New York, Town Law §274(b).

**Planning Board meetings are held on the 4th Tuesday of each month
at 6:00pm at the Town Hall, 5 Farrell Road, Willsboro, NY 12996 (518) 963-7411**

The review of a Special Use Permit Application shall begin with a site plan sketch (tax map section). The site plan sketch shall show:

- 1) the entire plot of land,
- 2) the tax map number,
- 3) the zoning district(s),
- 4) the size and location of any proposed or existing buildings, signs, roads, parking areas, utilities,
- 5) the locations of any proposed or existing easements, covenants or restrictions.

An application for a Special Use Permit shall include:

- ___ a detailed narrative of your proposal (including number of employees, hours of operation, etc.)
- ___ a copy of the deed relating to the property, and any proposed easements, covenants or restrictions
- ___ SEQR (State Environmental Quality Review) compliance documents

At this time, the Planning Board will also determine if the applicant must receive any permits and approvals from other collaborating agencies:

- ___ The Adirondack Park Agency (i.e.: wetlands, Class A Regional Projects, River Corridor Project)
- ___ NYS Dept. of Environmental Conservation (i.e.: Full EIS Compliance, Stormwater Management)
- ___ NYS Dept. of Health (i.e.: Public Water Supply, Sanitary Facilities, Subdivision Fees)
- ___ NYS Office of Parks, Recreation and Historic Preservation – Project Review
- ___ The Essex County Planning Board – Project Review (General Municipal Law §239-n)
- ___ the appropriate highway department (Town of Willsboro, Essex Co., or NYS DOT)
- ___ other: _____

The Planning Board may also request:

- ___ copy(ies) of any driveway permit(s) required on Town, County or State roads
- ___ design(s) (by a NYS licensed engineer) of all proposed on-site sewage treatments systems, and water supply systems which meet the requirements of the NY State Dept. of Health
- ___ a site plan (by a NYS licensed surveyor) which includes all requirements of the site plan sketch.

For Office Use:

Received by Planning Board: _____ Signature: _____

Regional Project Classification: Class A Regional Project _____ (Adirondack Park Agency Jurisdiction)

Class B Regional Project _____ (Town of Willsboro Jurisdiction)

Comments: _____

Date of Public Hearing: _____

Final Action: _____ Date: _____ Signature: _____

SPECIAL USE PERMIT APPLICATION REVIEW CHECKLIST

Included below are the natural and public resource aspects to be considered for all Special Use Permit Applications.

Soils: _____

Topography: _____

Surface Waters: _____

- a. water quality
- b. surface drainage
- c. flood plains

Ground Water: _____

Shorelines: _____

Mineral Resources: _____

Air Quality: _____

Noise Levels: _____

Wetlands: _____

Aquatic Communities: _____

Terrestrial Vegetation: _____

- a. general
- b. rare & endangered species
- c. production commercial forest land

Terrestrial Wildlife: _____

- a. general
- b. rare & endangered species

Aesthetics: _____

- a. general
- b. scenic vistas
- c. travel corridors

Open Space: _____

Adjoining and Nearby Land Use: _____

Wild, Scenic and Recreational Rivers: _____

Historic Sites: _____

Special Interest Areas: _____

Government Considerations: _____

Public Utilities and Community Resources: _____

Other: _____