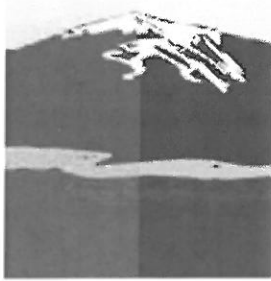


WILMINGTON  
TOWN OF  
WHITEFACE MOUNTAIN



# Town of Wilmington Planning Board Special Use Permit Application

7 Community Center Circle  
P.O.Box 180  
Wilmington, NY 12997  
Phone: 518-946-7174  
Fx: 518-946-7124

**Instructions:** All information requested must be supplied except where not applicable. Ten (10) copies of the completed application for special use permit shall be submitted to the Code Enforcement Officer at least ten (10) days in advance of a scheduled Planning Board meeting.

Special Use Permit Application # \_\_\_\_\_ FEE: \$ \_\_\_\_\_

Sketch Plan Conference Date: (optional) \_\_\_\_\_

1. **Property Owner's Name** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

2. **Representative's Name** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

3. Parcel ID -  
Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone(s): \_\_\_\_\_

4. Property location (911 Address)\*: \_\_\_\_\_

\* If a 911 address is not available, please provide a description of how to find the property: \_\_\_\_\_

5. Present use of property (vacant, residential, commercial): \_\_\_\_\_

6. Description of proposal: \_\_\_\_\_

7. Easements or other restrictions on property (If yes, attach copy of deed): \_\_\_\_\_

8. Is the subject lot within 500 feet of a County or State right-of-way, park, municipal boundary, or watershed draining into any County or State facilities, requiring review of the County Planning Board: ( ) Yes ( ) No

9. Total site area (square footage or acreage) : \_\_\_\_\_

10. List any other required permits or approvals associated with proposal and their status (APA, DEC, Waterfront Consistency).  
\_\_\_\_\_

11. A short or long Environmental Assessment Form (EAF) or a draft Environmental Impact Statement (EIS), as required by the State Environmental Quality Review (SEQR) is included. ( ) Yes ( ) No

12. Any additional information pertinent to your site plan request:  
\_\_\_\_\_  
\_\_\_\_\_

**13. The Planning Board shall consider the following criteria when making a determination for a Special Use Permit: (per Article X of the Zoning Ordinance)**

- A) Compatibility of the proposed use with the principles of the district, the purposes set forth in the zoning ordinance, and the goals of the Local Waterfront Revitalization Program (LWRP).
- B) Compatibility of the proposed use with the adjoining properties and with the natural and man-made environment.
- C) Adequacy of parking, vehicular circulation, and infrastructure for the proposed use, and its accessibility to fire, police, and emergency services.
- D) The overall impact on the site and its surroundings considering environmental, social and economic impacts of traffic, noise, dust, odors, release of harmful substances, solid waste disposal, glare, or other nuisances.
- (E) Restrictions and/or conditions on design or operation of the use (including hours of operation) necessary either to ensure compatibility with the surrounding uses or to protect the natural or scenic resources of the Town.
- (F) Consistency of the location of the proposed use with the goal of creating a healthy mix of uses that enhances the viability of the hamlet and Town.
- (G) Compatibility with the historic character and use of the structure or structures and the historic characters of the site and in the surrounding area, if applicable.

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Circle one: owner / representative      Signature: \_\_\_\_\_

*Please certify and initial the following:*

\_\_\_\_\_  
I have reviewed the Special Use Permit Instructions. I understand that my Permit will not be final until the Notice of Decision of the Town of Wilmington Planning Board is filed in the office of the Planning Board Clerk.  
\_\_\_\_\_