



Village of Stamford

84 Main Street, Stamford, NY 12167
Office: 607-652-6671 Fax: 607-652-3567
www.stamfordny.com

Date Filed _____
Rec'd By _____
Fee Paid _____

APPLICATION FOR SPECIAL PERMIT REVIEW

Date _____

Application # _____

APPLICATION IS HEREBY MADE to the Village of Stamford Planning Board for Special Permit Review. The applicant agrees to comply with the NYS Uniform Fire Prevention and Building Code and all applicable laws, ordinances, regulations, and conditions expressed on this application which are a part of these requirements, and will also allow all inspectors to enter the premises for required inspections.

Applicant:

Name _____
Address _____
Telephone _____

Plans Prepared By:

Name _____
Address _____
Telephone _____

Owner (if different):

Name _____
Address _____
Telephone _____

Zoning District _____
Number of Dwelling Units _____
Tax Map Number
Sheet _____ Block _____ Lot _____

Property Location _____

Number of Off Street Parking Spaces provided _____

Proposed use(s) of site:

Total Site Area (square feet or acres) _____

Anticipated construction time _____

Will development be staged? _____

Current land use at site (agriculture, commercial, etc.)

Current condition of site (buildings, brush, etc.)



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