

# SPECIAL USE PERMIT APPLICATION

Codes/ Zoning Officer  
(315)534-2232 cell

Town of Newport  
P.O. Box 519, Newport NY 13416

Phillip D Green  
[Newportzoningcodes@ntcnet.com](mailto:Newportzoningcodes@ntcnet.com)

## Special Use Permit Application Instructions:

1. This application for Special Use Permit, and its accompanying documents shall contain sufficient information to determine the intended work accords with the requirements Town of Newport Zoning Ordinance and other applicable federal and state regulations.
2. The work covered in this application may not be commenced prior to the approval of a Special Use Permit. A Special Use Permit authorizes the commencement and completion of work in accordance with this application, plans and specifications on which it is based for a period of 12 months from date of issuance. For good cause the Codes/Zoning Officer may allow such extension of time, as he may deem and any extension thereof, the Codes/Zoning Officer may order the owner of the premises to remove any structure and fill any excavation which he shall deem detrimental to public health, safety, general welfare of cause blight.
3. Any deviation from the approved plans must be authorized by the Codes/Zoning Officer and Planning Board.
4. If new construction or alteration to an existing structure is anticipated in this project, a separate Building Permit will be required for such work, in addition to the Special Use Permit.
5. **Please read carefully.** The following items are to be submitted:
  - a. Completed and signed Special Use Permit Application
  - b. 2 complete sets of Site Plans of the project area.
  - c. All required permit fees.
  - d. Provide a list of Names and addresses of all property owners within 500 feet of this project (page 3)
  - e. Any other important documents pertaining to the project.

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Date: \_\_\_\_\_ 20, \_\_\_\_\_

Special Use Permit No. \_\_\_\_\_ - \_\_\_\_\_

GML-239 Number \_\_\_\_\_

Application is hereby made to the Codes Department for the issuance of a Special Use Permit pursuant to the Town of Newport Zoning Ordinance. The applicant/owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed in this application which are part of these requirements, and also will allow all inspectors to enter the premises for the required inspections. Permit expires one (1) year of issuance date. NOTE: The issuance of this Special Use Permit does not preclude any other approvals that may be required by county, state, or federal agencies. Please fill out completely and submit all required information along with payment, failure to do so will result in delay of this application. Do not leave any area blank place N/A if not applicable.

## Section (1) Applicant:

Applicant Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant is \_\_\_\_\_ owner \_\_\_\_\_ agent \_\_\_\_\_ builder \_\_\_\_\_ other

(If different from Applicant)

Owners name: \_\_\_\_\_ Phone# \_\_\_\_\_

Owner Address \_\_\_\_\_

## Section (2) Project Location:

Project Address: \_\_\_\_\_ Zoning District \_\_\_\_\_

Tax Map # \_\_\_\_\_ Intersecting Roads \_\_\_\_\_

Acreage: \_\_\_\_\_ or Lot Size: \_\_\_\_\_ Road Frontage: \_\_\_\_\_ Flood Zone: **YES OR NO**

Wetlands: **YES OR NO** Variance required: **YES OR NO** Existing Use of Property \_\_\_\_\_

## Section (3) Proposed Special Use Information: Check all that apply

Description of Proposed Use: \_\_\_\_\_

Provide a Site Plan which includes all dimensions, buildings setbacks, location, fencing, screening, road access, parking areas and size of project. Also storage areas for vehicles, inventory, final products and waste products shall be identified on the Site Plan.

Hours of Operation: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Number of Vehicles:

Cars: \_\_\_\_\_

Trucks by Axles/GVW

Trailers by Axles/GVW

Truck 1 \_\_\_\_\_

Trailer 1 \_\_\_\_\_

Truck 2 \_\_\_\_\_

Trailer 2 \_\_\_\_\_

Truck 3 \_\_\_\_\_

Trailer 3 \_\_\_\_\_

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Describe the anticipated increase in traffic related to the proposed special use. Consider shipping, deliveries and customer related traffic. \_\_\_\_\_

## **Section (4) Site Information:**

Does a home exist on the property currently (**YES OR NO**) Are there any other structures on the property (**YES or NO**)

Front Yard Setback \_\_\_\_\_ ft                      Rear Yard Setback \_\_\_\_\_ ft  
Left Side Yard Setback \_\_\_\_\_ ft                      Right Side Yard Setback \_\_\_\_\_ ft

**Note: Inspections are REQUIRED at various stages of your project (24 hour advanced notice) SEE INSPECTION CHECKLIST on page 4.**

**PLEASE INCLUDE CHECK OR MONEY ORDER ONLY PAYABLE TO (TOWN OF NEWPORT) PAYMENT MUST BE SUBMITTED WITH APPLICATION. PLEASE REFER TO BUILDING PERMIT FEE SCHEDULE. FEE FOR THIS PROJECT \$ \_\_\_\_\_**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT                                      PRINT NAME OF SIGNATURE                                      DATE**

List the complete names and "mailing address" of ALL adjoining landowners' (INCLUDING THOSE ACROSS THE STREET) located within 500 feet of the proposed project.

_____	_____
_____	_____
_____	_____
_____	_____

### **\*\*OFFICE USE ONLY\*\***

Will Variance be required? \_\_\_\_\_                                      SEQRA required? \_\_\_\_\_

Any other State or County Agencies notified? \_\_\_\_\_

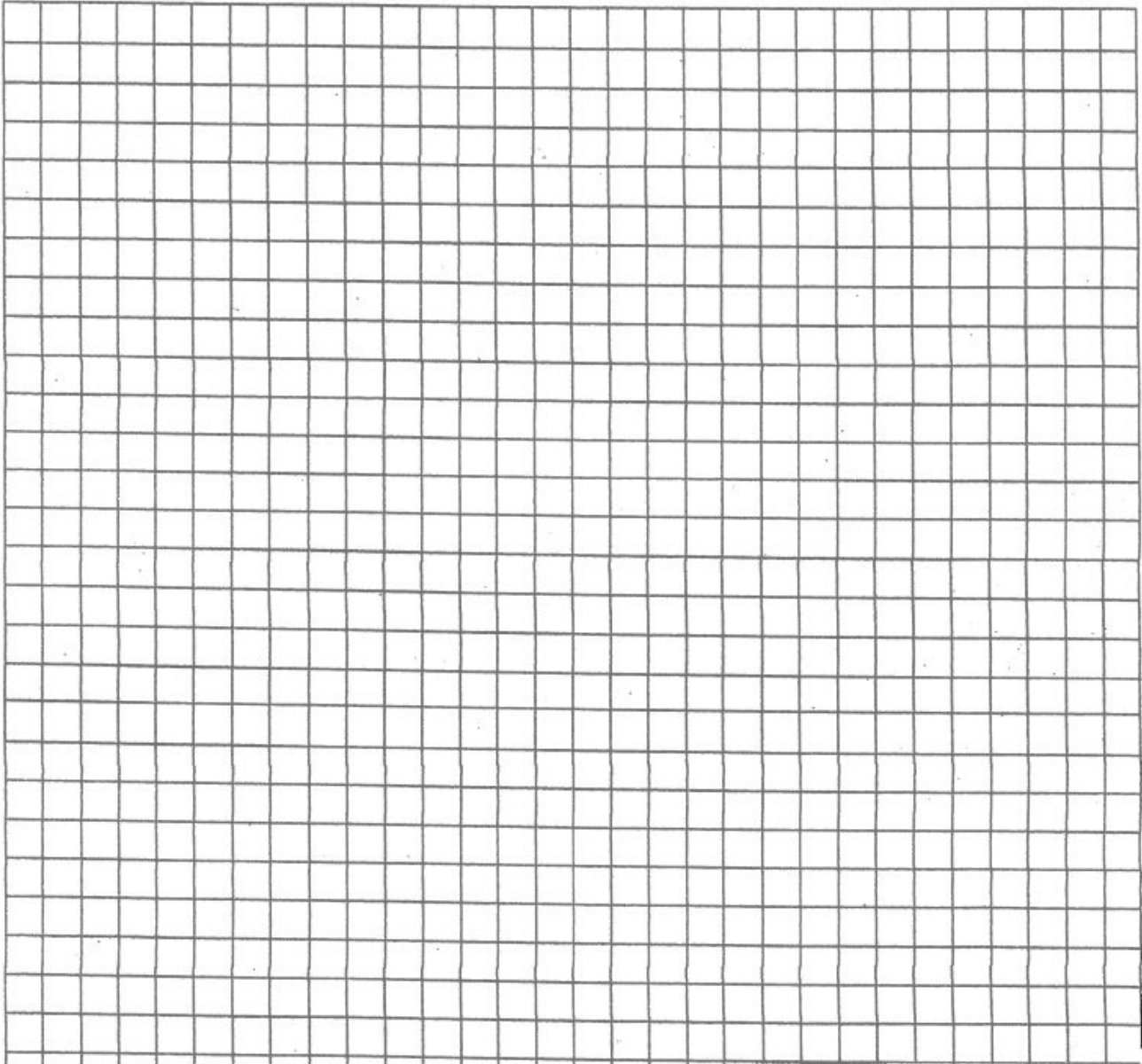
The application of \_\_\_\_\_ for the property located at \_\_\_\_\_ dated \_\_\_\_\_ 20\_\_\_\_  
is hereby (**approved or denied**) for the construction, reconstruction or alteration of a building and/or accessory structure as set for above. Reason for refusal or permit: \_\_\_\_\_

\_\_\_\_\_  
Dated                                      Building Permit#                                      Codes/Zoning Officer

PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and include all setback dimensions from property lines. Give lot and block numbers or description according to deed, and show all easements and street names and indicate whether interior or corner lot, or supply an approved plot plan showing all the above requirements.

DATE \_\_\_\_\_



**NOTE:**

1. IF THIS IS A VACANT LOT PRINT IN DIMENSIONS OF NEW BUILDING.
2. IF THERE IS AN EXISTING BUILDING AND A PROPOSED ADDITION PRINT IN DIMENSIONS AND SHOW ADDITION.
3. FOR NEW BUILDINGS, SUBMIT AN INSTRUMENT SURVEY OF FOUNDATION LOCATION TO THE BUILDING DEPARTMENT FOR APPROVAL BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED.

FRONT PROPERTY LINE