

**SPECIAL USE PERMIT**



**APPLICATION**

Return completed application, all required materials to, and the applicable fee to:  
Code Enforcement Office • Memorial City Hall • 24 South Street • Auburn, New York 13021

For assistance call the Office of Planning and Economic Development at (315) 255-4118.

**Submission Checklist**

Office Use	<input type="checkbox"/> SPECIAL USE PERMIT (SUP) REQUIREMENTS:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1) Required Fee* 2) One (1) copy of the application 3) One (1) copy of all attachments 4) One (1) copy of the Environmental Assessment Form. Please utilize the NYS Dept. of Environmental Conservation EAF Mapper tool available at <a href="http://www.dec.ny.gov/eafmapper/">http://www.dec.ny.gov/eafmapper/</a> . 5) Digital versions of all documents in portable document format (PDF) files via email or file transfer.
<p><b><u>IMPORTANT</u></b></p> <p>*Fees: Special Use Permit (SUP) - \$150.00                  SUP for Wireless Telecommunications Facility (WTF) - \$5,000.00                  SUP for co-location of (WTF) - \$2,500.00</p> <p>All above materials must be submitted by the appropriate due date to be included on the Planning Board Agenda.                  Certain plans may have to be stamped by a design professional licensed in the State of New York.                  The City, as needed for review purposes, may require additional information regarding a project.</p>	

[For Office Use Only]

Address: \_\_\_\_\_ Project Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Fee: \_\_\_\_\_ Received By: \_\_\_\_\_

# SPECIAL USE PERMIT



## Project Information

(Please Type or Print)

1. Applicant: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Interest in Property:  Owner       Lessee       Other, Explain \_\_\_\_\_

2. Project Address(es): \_\_\_\_\_

3. Tax Map Number(s): \_\_\_\_\_

4. Zoning District: \_\_\_\_\_ Lot Size: \_\_\_\_\_

5. Current Use: \_\_\_\_\_

6. **Proposed Use Requiring Special Use Permit:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Apartment Complex                      | <input type="checkbox"/> Bar                 | <input type="checkbox"/> Bed-and-Breakfast                   |
| <input type="checkbox"/> Cemetery                               | <input type="checkbox"/> Drive-Through       | <input type="checkbox"/> Dwelling, Multiple Family, 5+ units |
| <input type="checkbox"/> Dwelling, Townhouse                    | <input type="checkbox"/> Flea Market         | <input type="checkbox"/> Home Occupation                     |
| <input type="checkbox"/> Motor Vehicle Service Station          | <input type="checkbox"/> Motor Vehicle Wash  | <input type="checkbox"/> Office                              |
| <input type="checkbox"/> Residential Care Facility              | <input type="checkbox"/> Taxi Dispatch Stand | <input type="checkbox"/> Tow Truck Operation                 |
| <input type="checkbox"/> Wireless Telecommunications Facility** | <input type="checkbox"/> Adult Use Business  |  |

7. Property within Historic District:       Yes       No

8. Proposed use include new construction:       Yes       No

9. Proposed use include new signage:       Yes       No

10. Detailed Project Description (Please attach separately):

*Provide specific information which describes and defines how the proposed use will be conducted and what will be involved in the day to day operations of the proposed use. Applicable information may include: services provided, hours of operation, days of week in operation, number of people (employees, customers, students, etc.) involved, any unique or specific traffic patterns, truck delivery schedule and operations, equipment or machinery which may be involved, or any other information which helps describe and define the proposed use and impacts it may have.*

*If new signage is proposed, include details of sign(s) including design, size, materials, and location.*

**\*\* For Wireless Telecommunications Facilities, Refer to Chapter 300 of the Code of the City of Auburn for additional required information.**

**SPECIAL USE PERMIT**



Consultant Contact Information

1. Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Role: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification / Authorization

APPLICANT: I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the terms and conditions of said approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OWNER (if other than applicant): I have read and familiarized myself with the contents of this application and do hereby consent to its submission and processing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_