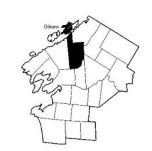
Town of Orleans

Planning Board PO Box 103 20558 Sunrise Avenue LaFargeville, NY 13656 Phone 315-658-9950

Fax: 315-658-2513 www.townoforleans.com



Phone 315-658-2057

Zoning Officer

Lee Shimel

APPLICATION FOR SPECIAL USE PERMIT

| Address: | | |
|--|---|---------------------------------|
| Phone Number (s): | | |
| | | |
| | | |
| Tax Map Parcel #: | | |
| State Use Requested: | | |
| | | |
| structural dimensions, yar of the Ordinance. Two (2) | st be accompanied by two (2) plot plot dimensions, and any other informa photos are also required showing the when this application is submitted. | tion required under Article VII |
| **DI FACE | DRAW TO SCALE AND INCLUDE NO | ΝΡΤΗ ΑΡΡΩW/** |
| · · · · · · · · · · · · · · · · · · · | ormation has been provided and the a | |
| Date: | | |
| Owner | Purchaser Under Contract | Contractor |
| FOR TOWN USE ONLY | | |
| Zoning District: 239m Review Needed?Y | Hearing Results: Grant Tes_ No_(a) Meets General Crite Tes_ No_(b) Meets Specific Requ | eria? Yes No |
| | (c) Additional Conditio | |
| N/A | | |
| Date Notice Published:_ | | |
| Chairman's Signature:_ | Date: | |