

Village of Mount Morris

117 Main Street, Mount Morris, NY 14510 Building Zoning Permits/Code Enforcement Phone (585) 519-3321 mmullikin@mountmorrisny.us

SPECIAL USE PERMIT PLANNING BOARD APPLICATION

No 🗌

New Renewal Change To	Date:
Applicant:	Owner (If Different):
Address:	Address:
Phone #:	Phone #:
Email:	Email:
Tax Map Number:	Address:
Zoning District:	
	FOR A NEW SPECIAL USE REQUEST
Request for special use permit for the following purpos	Se:
Describe alterations to the existing property, if any and	l include drawing, if applicable:
Describe signage requested (if signage is requested a Z	Coning/Sign Permit will also need to be filled out):
Describe parking and/or lighting if permitted and appli	cable:

Hours of Operation (if applicable):

Is site plan review approval required in conjunction with this special use permit? Yes

COMPLETE THIS SECTION FOR YEARLY SPECIAL USE RENEWAL

Describe all alterations from the original Special Use permit granted to this property location, if any and include

drawing, if applicable

The undersigned applicant and owner, hereby request review by the Village/Town of Mount Morris Joint Planning Board for the identified special use permit:

By Signing this Application, you agree to charges for the Village of Mount Morris Engineering Firm to review your plans. There will/may be additional charges for the Village of Mount Morris Attorney and/or Code Enforcement Officer for reviewing the plans and specifications. These charges are in addition to the Application fee.

	Date:
Applicant's Signature or Authorized Representative	
	Date:
Owner's Signature or Authorized Representative	
Code Officer's yearly review for the special use renewal:	
Is the property still in compliance with the Special Use requ	irements approved the Joint Planning Board?
Check Yes	No
Reasons for failure:	
This Application has been reviewed by:	
	Date:
(Signature of Building/Code Officer)	Date:
(Signature of Building/Code Officer)	Date:
	Date: Date: (Date Approved)
inal Approval Granted by the Joint Planning Board:	Date:
	Date:(Date Approved)
inal Approval Granted by the Joint Planning Board:	Date:(Date Approved) Date:
inal Approval Granted by the Joint Planning Board:	Date:(Date Approved) Date:
Final Approval Granted by the Joint Planning Board: (Signature of Joint Planning Board Chair)	Date:(Date Approved) Date:
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