



# TOWN OF SENECA FALLS

130 OVID STREET  
SENECA FALLS, NY 13148

315-568-8013  
[www.senecafalls.com](http://www.senecafalls.com)

## PLANNING BOARD & ZONING BOARD OF APPEALS

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### SPECIAL USE PERMIT APPLICATION

#### **NOTICE TO ALL APPLICANTS:**

Pursuant to Chapter 300 of the Town Code, Zoning, the Town of Seneca Falls Zoning Board of Appeals and Planning Board reviews submitted applications for site plan review. The objective of the ZBA and PB is to process all applications in a timely and efficient manner, and in accordance with Town Code and New York State Law.

It is the responsibility of the applicant that all forms are filled out completely and accurately prior to the application being processed. All completed applications are subject to the rules and standards set forth by the Town of Seneca Falls and State statutes. The Office of Code Enforcement & Zoning does not guarantee any board approvals for completed applications.



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## SPECIAL USE PERMIT APPLICATION FORM

**WHEN TO USE THIS FORM:** This form is to be used by an applicant seeking Special Use Permit approval in accordance with Section §300, Article VI of the Town Code. The applicant is responsible for complying with established rules and procedures which are available for inspection from the Town Clerk.

Submit the completed application package with payment to the Town Clerk. Please make checks payable to the Town of Seneca Falls.

APPLICATION FEE: \$ \_\_\_\_\_  CHECK#: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_  CASH Rec'd Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant: \_\_\_\_\_ Corporation Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT INFORMATION:**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Tax Map ID: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Is the subject property within 500' of a State or County Road or Town Boundary?  Yes  No  
(If yes, the Town may be required to refer your application to the Seneca County Planning Board.)

Description of Existing Use: \_\_\_\_\_

**BRIEF SUMMARY OF PROJECT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED DOCUMENTS**

- |  |   |
|--|---|
| <input type="checkbox"/> Application Fee                 | <input type="checkbox"/> Sketch/Concept Plan  |
| <input type="checkbox"/> Letter of Consent from Owner    | <input type="checkbox"/> Consultant Fees Agreement  |
| <input type="checkbox"/> Disclosure Affidavit Form       | <input type="checkbox"/> Authorized Representative Form   |
| <input type="checkbox"/> Completed Application Checklist | <input type="checkbox"/> Agricultural Data Statement (if within 500' of an agricultural district) |
| <input type="checkbox"/> Statement of Operations         | <input type="checkbox"/> SEQR – Environmental Assessment Form (EAF) Part 1                        |

I have examined this application and declare that it is true, correct, and complete. I understand that my application and all supporting documentation will be examined by the Zoning Board of Appeals as an integral component of deliberations.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## SPECIAL USE PERMIT PROCEDURES

Permits for special uses, as defined in § 300-6, shall be issued only upon authorization by the Zoning Board of Appeals after review by the Planning Board, provided that such uses shall be found by the Zoning Board of Appeals to comply with the following general requirements and any other applicable requirements for certain special uses and activities as set forth in § 300-46A of the Town Code:

- 1) The use shall be so designed, located and proposed to be operated that the public health, safety, welfare and convenience will be protected.
- 2) The use will not cause substantial injury to the value of other property in the neighborhood in which it is to be located.
- 3) The use will be compatible with adjoining development and the proposed character of the zone district in which it is to be located.
- 4) Adequate landscaping and screening shall be provided as required herein.
- 5) Adequate off-street parking and loading shall be provided and ingress and egress shall be so designed as to cause minimum interference with traffic on abutting streets.
- 6) The use shall conform to all applicable regulations governing the district in which it is located, except as may otherwise be set forth elsewhere in this Article VI.

**Applicants should address these items as part of the Special Use Permit application.**



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## AGREEMENT TO PAY FEES FOR CONSULTANT SERVICES INCURRED BY THE TOWN OF SENECA FALLS

When reviewing an application for, or when conducting inspections in relation to an application, the Town of Seneca Falls, New York may determine that the assistance of outside consultants is warranted due to the size, scale or complexity of a proposed project, because of a project's potential impacts, or because the Town lacks the necessary expertise to perform the work related to the application. Whenever possible, the Town of Seneca Falls, New York shall work cooperatively with the applicant to identify what scope of work shall require the employment of consultants. In the event that such sum is insufficient to fund the necessary consulting services, the Town of Seneca Falls, New York may require additional deposits.

Let it be understood and the property owner agrees that:

1. In hiring outside consultants, the Town of Seneca Falls, New York may engage registered design professionals, financial analysts, planners, lawyers or other appropriate professionals who can assist the Town in analyzing a project to ensure compliance with all relevant laws, bylaws, and regulations. Such assistance may include, but not be limited to, analyzing an application, monitoring or inspecting a project or site for compliance with the Town's decision or regulations, or inspecting a project during construction or implementation.
2. Funds received by the Town of Seneca Falls, New York pursuant to this section shall be deposited with the Town Clerk who shall establish a line item for this purpose. Expenditures from this line item may be made at the direction of the Town Clerk without further appropriation. Expenditures from this line item shall be made only for services rendered in connection with a specific project or projects for which a project review fee has been or will be collected from the property owner. Additionally, the failure of a property owner to pay any fee shall be grounds for denial of an application. Lastly, any outstanding fees incurred by the Town of Seneca Falls, New York shall be charged against the property, and shall constitute a lien thereon in favor of the municipality, and the amount of such costs shall be entered on the tax rolls as being due and payable. Such fees may also be recovered in any other lawful manner.
3. At the completion of the Town's review of a project, any excess amount in the line item attributable to a specific project shall be repaid to the property owner. A final report of said line item shall be made available to the property owner if requested.
4. Any property owner may take an administrative appeal from the selection of the outside consultant to the Town Board. Such appeal must be made in writing and may be taken only within twenty (20) days after the Town has mailed or hand-delivered notice to the property owner of the selection. The grounds for such an appeal shall be limited to claims that the consultant selected has a conflict of interest or does not possess the minimum required qualification. The required time limit for action upon an application by the Town Board shall be extended by the duration of the administrative appeal. In the event that no decision is made by the Town Board within one month following the filing of the appeal, the selection made by the Town of Seneca Falls, New York shall stand.

**I have examined this application and declare that is true, correct and complete upon submission. I understand that my application and all supporting documentation will be examined by the Zoning Board of Appeals as an integral component of deliberations.**

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## DISCLOSURE AFFIDAVIT (GML § 809)

The Applicant has read and is familiar with the provisions of the General Municipal Law, Section 809, which states:

- A. Every application, petition or request submitted for a variance, amendment, change of zoning approval of plat, exemption of plat or official map, license or permit, pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality or of a municipality or a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.
- B. For the purpose of this section of State law, an officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:
  - 1. Is the applicant;
  - 2. Is an officer, director, partner or employee of the applicant;
  - 3. Legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant; or
  - 4. Is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request.
- C. Ownership of less than five per cent of the Stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.
- D. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

**If a Town of Seneca Falls officer, employee or relative of either as defined in the General Municipal Law, Section 809, has any interest in this application, the full particulars are provided on an attached sheet.**

## OWNER'S AGREEMENT TO CONTENTS OF APPLICATION

**It is hereby understood that the contents of this entire application is hereby subscribed by the property owner, all matters understood and agreed to, and is hereby affirmed by the owner as true under the penalties for perjury.**

\_\_\_\_\_  
Print Name of Property Owner

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date



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## AUTHORIZED REPRESENTATIVE FORM

**WHEN TO USE THIS FORM:** This Authorized Representative form is enclosed if the owner would like someone to represent him/her/they at the public meeting and hearing. Please complete this form and submit it to the Town Clerk. The owner is responsible to notify his/her/their representative of the time and place of the public meeting and hearing.

### OWNER INFORMATION

Property Owner's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### REPRESENTATIVE INFORMATION

Representative's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

The Owner hereby permits the Authorized Representative to act on his/her/their behalf regarding an application submitted to the Town of Seneca Falls, New York. Such Owner authorizes this Town to release any or all information relating to this application to this Authorized Representative.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**STATE OF NEW YORK**  
SS:  
COUNTY OF:  
  
On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_,  
  
to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public



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### SPECIAL USE PERMIT APPLICATION SKETCH PLAN REVIEW

#### **NOTICE TO ALL APPLICANTS:**

Pursuant to Chapter 300, Section §46 of the Town Code;

The Special Use Permit review process has two primary steps as follows:

- (1) Review and recommendation from the Planning Board
- (2) Determination by the Zoning Board of Appeals

*\*Please note that this checklist is intended to serve as an overview of the application requirements. Additional detail and specific requirements can be found in the Town Code provisions listed above.*



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## SPECIAL USE PERMIT Application – Sketch Plan - § 300\*

Item	Applicant Confirmation	Initial Town Review	Follow-up Town Review
1. A sketch plan of the proposed improvements, and which includes:			
• Title Block including name and address of the applicant, and date			
• Existing lot lines			
• Name of owner(s) and Tax Account numbers of subject property(ies) and all adjoining properties.			
• All existing restrictions on land use including easements, covenants or zoning lines/district			
• Existing/proposed utilities			
• All existing structures, wooded areas, streams, wetlands and other significant physical features.			
• Existing contours at 5' min. intervals (2' min. if site contains significant environmental / topographic features)			
• Existing/proposed structures			
• Existing/proposed roads, driveways, and other hard surfaces			
• An area map showing the parcel under consideration for Special Use Permit review, and all properties, subdivisions, streets and easements within 500 feet of the boundaries thereof.			
2. Statement of Operations			
3. SEQR Short EAF Part 1			
4. Agricultural Data Statement (if within 500' of an agricultural district)			

*\*Please note that this checklist is intended to serve as an overview of the application requirements. Additional detail and specific requirements can be found in the Town Code provisions listed above.*





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## AGRICULTURAL DATA STATEMENT

**INSTRUCTIONS:** This form must be completed for any application for a Special Use Permit, Site Plan approval, Use Variance or a Subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

**APPLICANT INFORMATION:**

Applicant: \_\_\_\_\_ Corporation Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF APPLICATION:**  Special Use Permit  Site Plan  Minor/Major Subdivision  Use Variance  Area Variance

**DESCRIPTION OF PROPOSED PROJECT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT INFORMATION:**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Tax Map ID: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Is this parcel within an Agricultural District?  Yes  No (Check with your local Assessor if you do not know)  
If YES, Agricultural District Number \_\_\_\_\_  
Is this parcel actively farmed?  Yes  No  
Type of farm operation: \_\_\_\_\_ Acreage: \_\_\_\_\_

List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary:

Name/Address (Please list if property is actively farmed):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

## *Short Environmental Assessment Form*

### *Part 1 - Project Information*

**Instructions for Completing**

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO YES
		<input type="checkbox"/>	<input type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO YES	
If Yes, identify: _____		<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO YES	
		<input type="checkbox"/>	<input type="checkbox"/>
b. Are public transportation services available at or near the site of the proposed action?		<input type="checkbox"/>	<input type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?		<input type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements?		NO YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply?		NO YES	
If No, describe method for providing potable water: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities?		NO YES	
If No, describe method for providing wastewater treatment: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?		NO YES	
		<input type="checkbox"/>	<input type="checkbox"/>
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?		<input type="checkbox"/>	<input type="checkbox"/>
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		NO YES	
		<input type="checkbox"/>	<input type="checkbox"/>
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: _____ Date: _____		
Signature: _____ Title: _____		