

Village of Margaretville
Building and Zoning Department
PO Box 228
773 Main Street, Gottfried Building
Margaretville, NY 12455
Phone: (845) 586-4418 Fax: (845) 586-4211
TDD: (800) 662-1220

APPLICATION FOR SPECIAL USE PERMIT

PLEASE NOTE THAT THIS APPLICATION REQUIRES A PUBLIC HEARING AND FOLLOWS PROCEDURES OUTLINED IN ARTICLE 6 OF THE VILLAGE OF MARGARETVILLE ZONING LAW.

Name of Owner: _____

Address: _____

Name of Applicant (if different): _____

Street Location: _____ Tax Map# _____

The Applicant requests a Special Use Permit for the described property under the provisions of Article 6 of the Village of Margaretville Zoning Law for the following purposes: _____

Zoning District: _____

Proposed Zoning Classification from Schedule A by Zoning Official: _____

****Attach two (2) copies of a sketch of the property showing all existing buildings with dimensions and distances. Indicate all changes that are to be made to the buildings.**

The applicant alleges that the approval of said Special Use Permit would be in harmony with the intent and purpose of said Zoning Ordinance and that the proposed use conforms to the standards prescribed therefore in said Ordinance and would not be detrimental to the property or persons in the neighborhood for the following reasons: _____

Date

Print Name

Notary Public

Applicant Signature