VILLAGE OF ALBION

Bureau of Code Enforcement and Fire Prevention
35 East Bank Street
Albion, New York 14411
Office (585) 589-7229
Fax (585) 589-1919

APPLICATION FOR SPECIAL USE PERMIT

Date: _____ Application Number: _____

Owner: _____

Address: _____

Agent / Applicant: _____

Address: _____

Phone No. _____ (days) _____ (nights)

A. SITE AND PROJECT INFORMATION

Current use of property: _____

Proposed special permit use: _____

Address of subject property: _____

Tax map number: _____

Is project within a flood hazard zone? ( ) Yes ( ) No

B. REQUIRED DOCUMENTATION TO BE ATTACHED TO THIS APPLICATION

( ) Site Plan ( ) Evidence of ownership / lease ( ) Fee

C. OTHER LOCAL APPROVALS

( ) Area variance ( ) Use variance ( ) Sign permit ( ) County Planning

Signed: _____ Date: _____