

Date: _____

City of Norwich
Special Permit Application

To be considered by the Zoning Board of Appeals

1. Applicant:

Name _____
Address _____

Phone _____

2. Property Owner:

(if different from applicant)

Name _____
Address _____

Phone _____

3. Property Identification:

Tax Map No. _____

Parcel Address _____

Size _____

Zoning Dist. _____

4. Project Description

Current Land Use _____

Proposed Land Use _____

Does the City of Norwich Zoning Ordinance Use Table indicate that the proposed use is permitted by Special Permit within the district that the parcel lies?

YES _____ NO _____

Has this Board rendered a decision upon a request for a Special Permit for this property within one year of this application? If so, when? _____.

Provide a detailed description of the proposed use, including primary and secondary uses; ground floor area; height of structure; number of stories; number of employees and or residents; number of off street parking spaces; types of deliveries; traffic movement into and out of the property; and other neighborhood land uses: (please use separate sheet if necessary)

Include a plot plan, drawn approximately to scale, showing lot lines, the location of existing and proposed buildings and structures.

5. Environmental Review:

Complete and submit appropriate SEQR Environmental Assessment Form.

I/We do certify that the information contained herein and on any attached documents herewith is to the best of my/our knowledge true, accurate and correct.

Applicant Signature

Date

Community Development Office

Date