



Village of Monticello
2 Pleasant Street
Monticello, NY 12701
Ph: (845)794-6130
Fax: (845)794-2327

APPLICATION FOR A SPECIAL USE PERMIT

Zoning Board Fees:

Basic Application Fee: \$350.00

Escrow Fee: \$1,500.00 due at time of application submission

SEQR Hearing (Scoping): \$350.00

Clean Search of Violations must be submitted with your application from the Building Dept

Property Location: Section: _____ Block: _____ Lot(s): _____

Zoning District: _____

Street Address of Proposed Project: _____

Current Property Owners: _____

Address: _____

_____ *Street/PO Box* _____ *City* _____ *State* _____ *Zip*

Contact Phone: (_____) _____

Are you the current owner of this property? Yes No

Name of Person(s) filling out application: _____

Phone number: (_____) _____

Relation to project: _____

Who will appear before the Zoning Board of Appeals and receive all notices:

Check one only:

Owner Agent Attorney Engineer Surveyor Other

Please note: If you are not the owner of the property please submit a notarized letter from the property owner giving you permission to make decisions and changes in regards to their property. This letter *must* be submitted at the time of application.

NATURE OF PROPOSED USE:

Is the proposed use permitted in the Zone: Yes No

Are there any Zoning Violations: Yes No

The following must be submitted with this application (where applicable):

Plot Plan Indication the following:

- a. Lot Size
- b. Existing and/or proposed buildings
- c. Building Size
- d. Setback dimensions(front, yard, side & rear)

- e. Distance separation between buildings & parking lots
- f. Parking areas
- g. Ingress & Egress
- h. Landscape plans
- i. Playground areas
- j. Type of construction

Number of Units _____ Size of Units _____ Area of Lots _____

Total Area of buildings _____ Percentage of land covered by buildings _____

Distance between buildings _____

Comments:

Please be advised:

Incompliance with the Village of Monticello Zoning Ordinance, once the application is accepted by the Planning Board and the Planning sets a Public Hearing date, applicants are required to notify all property owners within 300ft of the above described property by certified mail, return receipt requested, giving notification of said hearing, stating the purpose, date, time and place. Proof of mailing must be submitted to the Chairman at the time of the hearing.

The undersigned hereby requests approval by the Planning Board of the above identified application.

THE SIGNING OF THIS APPLICATION INDICATES YOUR KNOWLEDGE OF AND RESPONSIBILITY FOR PAYMENT OF ANY APPLICATION FEES AND ESCROW ACCOUNT FOR PROFESSIONAL SERVICES INCURRED BY THE ZONING BOARD IN REVIEW OF THIS APPLICATION, SUCH AS PLANNER, CONSULTANT, ENGINEER, LEGAL, PUBLIC HEARING, AND/OR SITE INSPECTIONS.

Please note: All applicable forms attached must be filled out in their entirety before your application can be submitted to the Village Clerk.

Signature: _____

Title: _____ Date: _____

STATE OF NEW YORK

*****Do Not Write Below This Line*****

FOR OFFICE USE ONLY

Date Paid: _____	Amount Paid: _____	CC/Check <input type="checkbox"/> No. _____
Clerk Initials: _____	7 Maps of Project Submitted with Application <input type="checkbox"/>	