

**TOWN OF MARCELLUS
CODE ENFORCEMENT OFFICE**

24 East Main Street
Marcellus NY 13108
315-673-3269
Fax: 315-673-9102

www.marcellusny.com

codes@marcellusny.com

**SPECIAL/USE PERMIT
APPLICATION PROCEDURE**

- A) Complete all applicable sections of the Special/Use Permit Application.
- B) Sign and date the bottom of the application.
- C) Submit the following required items with your completed application:
(Some may not be applicable to your project)
- Copy of your deed
 - Copy of your survey indicating the project location with dimensions and setbacks
 - Driveway permit application
 - Approved, stamped copy of the septic system plan
 - Elevation drawings of any proposed structure
 - A written narrative describing the proposed activity
- D) If you have any questions or need assistance with your application, please contact the Code Enforcement Office:
- Codes Office 673-3269, extension 4, codes@marcellusny.com
Planning / ZBA 673-3269, extension 7, pbzba@marcellusny.com

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SPECIAL/USE PERMIT APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner: _____ Day Time Phone: _____

Project Address: _____ E-mail: _____

Tax Map Number: _____ Zoned: _____ Subdivision Name: _____

Undersigned Petitions Permission For:

Special Permit Change of Use Permit Conditional Use Permit Miscellaneous

Project Type: Residential Commercial Agricultural Other: _____

Description of the proposed project: _____

Complete this section if the proposed activity includes the use of a structure or building:

The structure that will contain the proposed activity is: Existing Proposed

Structure dimensions: Width: _____ Length: _____ Height: _____

Distance from lot lines: Front: _____ Rear: _____ Side 1: _____ Side 2: _____

Square footage of structure area dedicated to the proposed activity: _____

Is the project location within 500' of a NYS Agricultural District? _____

Will the project cause the disturbance of one or more acre of soil? _____

Is the project within 100' of any wetlands? _____

Is the project in a flood hazard zone? _____

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. I also understand that the granting of a special permit does not give authority to violate or cancel the provisions of any other regulations.

Consent To Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application.

SIGNATURE OF OWNER OF PREMISES: _____

DATE: _____

Official Use Only

Application No.: _____ Action of Zoning Board: _____

Date Completed: _____ Granted () Denied () Date: _____

Chairperson Signature: _____