

**TOWN OF MARCELLUS  
CODE ENFORCEMENT OFFICE**

22 East Main Street  
Marcellus NY 13108  
315-673-3269

[www.marcellusny.com](http://www.marcellusny.com)

Fax: 315-673-9102

[codes@marcellusny.com](mailto: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](mailto:codes@marcellusny.com)  
Planning / ZBA .... 673-3269, extension 7, [pbzba@marcellusny.com](mailto:pbzba@marcellusny.com)

**TOWN OF MARCELLUS**  
22 East Main Street, Marcellus, NY 13108  
315-673-3269, Ext. 4 / Fax: 315-673-9102  
**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 \_\_\_\_\_