

TOWN OF CHILI

3333 Chili Avenue
Rochester, NY 14624
(585) 889-6143
Fax: (585) 889-8710

**ZONING BOARD OF APPEALS
SPECIAL USE PERMIT**

1. Applicant:

Name

Address

City/State/Zip

Phone #

2. Owner:

Name

Address

City/State/Zip

Phone #

3. Concerning Property Located at:

4. Property Tax Account Number:

5. Please provide a brief description of the project:

6. Approval for the above project has been denied by the Town of Chili Building Department on this day _____.

Date

Building & Plumbing Inspector

7. Appeal:

Due to the above decision of the Building and Plumbing Inspector, the applicant, as noted, requests that the Town of Chili Zoning Board of Appeals, at its _____ meeting, hear an appeal of this decision.
Date

8. General Property Information:

Zoning District _____ Zoning District of Adjacent Property _____

9. Applicable Zoning Code Section: _____

10. Interest Disclosure: Does any officer or employee of this State, County or Town have any interest in this application pursuant to the provisions of Section 809 of the General Municipal Law? Yes No. If "Yes", on a separate sheet indicate the Name(s), Address and the nature and extent of interest in the application.

11. Signature of Applicant:

_____ Date _____

12. Notarized Signature of Property Owner(s) if not Applicant:

_____ Date _____

Sworn to before me this _____ day of _____.

Notary Public

SPECIAL USE PERMIT, CONTINUED

1. PLEASE STATE THE BUSINESS NAME FOR THE PROPOSED USE:

2. PLEASE DESCRIBE THE GENERAL CHARACTER OF THE NEIGHBORHOOD:

3. WHAT EFFECT WILL THE PROPOSED USE HAVE ON THE NEIGHBORING PROPERTIES?
(This should include traffic, noise, visual impact, etc.)

4. WHAT EXTERNAL (outside) EVIDENCE OF THE BUSINESS ACTIVITY WILL THERE BE?
(This should include number of customers, their vehicles, signs, dust, odors, etc.)

5. PLEASE FILL IN THE FOLLOWING INDICATING THE DAYS OF THE WEEK THAT BUSINESS WILL BE CONDUCTED AND THE HOURS OF OPERATION INDICATING AM/PM.

SUNDAY	NO ___	YES ___	HOURS _____	MONDAY	NO ___	YES ___	HOURS _____
TUESDAY	NO ___	YES ___	HOURS _____	WEDNESDAY	NO ___	YES ___	HOURS _____
THURSDAY	NO ___	YES ___	HOURS _____	FRIDAY	NO ___	YES ___	HOURS _____
SATURDAY	NO ___	YES ___	HOURS _____				

6. ANSWER THE FOLLOWING QUESTIONS IF THE APPLICATION INVOLVES A CUSTOMARY HOME OCCUPATION (In home business):

- a. Do you have a State or County license to conduct the business? _____
- b. What is the total square footage of the dwelling? _____
- c. What is the total square footage relating to the business? _____
- d. Who is the member of the family carrying on the business? _____
- e. How many persons will be employed outside the family? _____
- f. How many vehicles can be parked in the driveway? _____
- g. How many vehicles are there now belonging to family members? _____

OTHER APPLICATION REQUIREMENTS

- 1. Please provide ten (10) copies of the following at least thirty (30) days prior to the meeting date:
 - a. this application
 - b. instrument survey map or Tape Location Map of the property
 - c. floor plan of the area to be occupied by the business.

Applicant's Signature

Date