

ZONE CHANGE REQUEST - SPECIAL USE PERMIT

- 01. Application must be filled out and completed**
- 02. fourteen (14) copies of the completed packet**
- 03. Given to the Codes Office ten (10) days prior to the Town Board meeting.**

**Codes Office
69 County Route 57A
Phoenix, NY 13135
(315) 695-6075**

TOWN OF SCHROEPPEL ACTION APPLICATION

TOWN BOARD <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Zone Change	
ACTION REQUESTED	
PREVIOUS ACTION REQUESTED OR TAKEN ON THIS PROPERTY (if none, so state)	
LOCATION OF PROPERTY (Street and Number)	
TAX MAP NUMBER	CURRENT ZONE
NAME OF APPLICANT (Last, First, Middle Initial)	
Address of Applicant	Phone Number (day)
INTEREST OF APPLICANT <input type="checkbox"/> Owner <input type="checkbox"/> Leasee <input type="checkbox"/> Developer <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Other	
DATE	SIGNATURE OF APPLICANT

**TOWN OF SCHROEPPPEL
SUPPLEMENTAL APPLICATION
AGRICULTURAL DISTRICTS**

1. This property is within an Agricultural District containing a farm operation or is on property with boundaries within five hundred (500) feet of a farm operation located in an Agricultural District.

YES _____ NO _____

2. If the above answer is "YES", the applicant has prepared an Agricultural Data Statement which is annexed hereto.
3. I, the applicant, have made the above determinations by review of the Town Real Property tax maps and the applicable agricultural district maps.

Applicant

Owner

INDIVIDUAL VERIFICATION

STATE OF NEW YORK)
COUNTY OF OSWEGO) SS:

being duly sworn, deposes and says that he/she is the (Applicant/Petitioner) in this (Application/Petition); that he/she has read the foregoing instrument and knows the contents thereof; that the same is true too the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and that as to those matters he believes it to be true.

Applicant(s)

Subscribed and sworn to before me on this

day of , 20

Notary Public

CORPORATE VERIFICATION

STATE OF NEW YORK)
COUNTY OF OSWEGO) SS:

being duly sworn, deposes and says that he/she is the of the corporation named in the within entitled Application/Petition, that he/she has read the foregoing instrument and knows the contents thereof, and that the same is true to his/her own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters he/she believes it to be true.

Applicant(s)

Subscribed and sworn to before me on this

day of , 20

Notary Public

TOWN OF SCHROEPPPEL ACTION APPLICATION

RECOMMENDATION FROM TOWN BOARD

PLANNING BOARD	
<input type="checkbox"/> Special Use Permit <input type="checkbox"/> Zone Change	
ACTION REQUESTED	
PREVIOUS ACTION REQUESTED OR TAKEN ON THIS PROPERTY (if none, so state)	
LOCATION OF PROPERTY (street and number)	
Tax Map Number	Current Zone
NAME OF APPLICANT (Last, First, Middle Initial)	
Address of Applicant	Phone Number (day)
INTEREST OF APPLICANT	
<input type="checkbox"/> Owner <input type="checkbox"/> Leasee <input type="checkbox"/> Developer <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Other	
Date	Signature of Applicant

TOWN OF SCHROEPPPEL ACTION APPLICATION

RECOMMENDATION FROM TOWN BOARD

ZONING BOARD OF APPEALS	
<input type="checkbox"/> Special Use Permit <input type="checkbox"/> Zone Change	
ACTION REQUESTED	
PREVIOUS ACTION REQUESTED OR TAKEN ON THIS PROPERTY (if none, so state)	
LOCATION OF PROPERTY (street and number)	
Tax Map Number	Current Zone
NAME OF APPLICANT (Last, First, Middle Initial)	
Address of Applicant	Phone Number (day)
INTEREST OF APPLICANT	
<input type="checkbox"/> Owner <input type="checkbox"/> Leasee <input type="checkbox"/> Developer <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Other	
Date	Signature of Applicant