

Town of Wayne  
P. O. Box 182  
Silsbee Road  
Wayne, NY 14893

Special Permit Number \_\_\_\_\_  
Submit Date: \_\_\_\_\_, 20\_\_

### Application For Special Permit

TO THE Planning Board, Town of Wayne, New York,

I (we) \_\_\_\_\_  
(Name of Owner)

\_\_\_\_\_ hereby apply to the Planning  
(Street/Number) (City/State)

Board on the determination of the ZONING OFFICER that a Special Permit is REQUIRED FOR

Building Permit No. \_\_\_\_\_ Dated \_\_\_\_\_, 20\_\_\_\_, whereby the Zoning Officer did  
\_\_\_\_\_ Grant \_\_\_\_\_ Deny

TO \_\_\_\_\_  
(Name of Applicant for permit)

OF \_\_\_\_\_  
(Street/Number) (Municipality) (State)

Location of Property \_\_\_\_\_  
(Street/Number)

Tax Parcel No. \_\_\_\_\_ Zoning District \_\_\_\_\_

FEE: See Current Fee Schedule  
Please make non-refundable check payable to Town of Wayne Date Paid: \_\_\_\_\_, 20\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY CODE ENFORCEMENT OFFICER AND/OR TAX ASSESSOR:**

Submit Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_

1. **Special Permit** under the Zoning Ordinance is requested pursuant to:  
Article: \_\_\_\_\_ Section \_\_\_\_\_ Subsection \_\_\_\_\_ Paragraph \_\_\_\_\_

Of the Zoning Ordinance, because: \_\_\_\_\_

2. **Current or Past Violations:** \_\_\_\_\_

3. **Type of Appeal.** Appeal is made herewith for a special permit under the Zoning Ordinance

4. **Previous Appeal.** A previous appeal: \_\_\_\_\_ has \_\_\_\_\_ has not been made with respect to this decision of the Zoning Officer or with respect to this property.

Such appeal(s) was (were) in the form of:

\_\_\_\_\_ A requested interpretation \_\_\_\_\_ A request for a special permit  
\_\_\_\_\_ A request for a variance \_\_\_\_\_ A temporary permit

and was (were) made in Appeal to \_\_\_\_\_ dated \_\_\_\_\_, 20\_\_  
Appeal to \_\_\_\_\_ dated \_\_\_\_\_, 20\_\_

5. **Members of the Planning and Zoning Boards may visit the property.** ( YES ) ( NO )

Date Application Received: \_\_\_\_\_, 20\_\_

Date Filed with Chairman of the Board: \_\_\_\_\_, 20\_\_

Date of Notice to Parties of Interest: \_\_\_\_\_, 20\_\_

Date of Public Hearing: \_\_\_\_\_, 20\_\_

Date of Notice to Newspapers: \_\_\_\_\_, 20\_\_

Decision of the Board:    Approved: \_\_\_\_\_    Denied: \_\_\_\_\_

In granting a Special Permit the Board may require such reasonable conditions and safeguards, as it may deem necessary to implement the purposes of these regulations. If approved, the following conditions and safeguards were prescribed:

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If denied, the reason(s) for denial: \_\_\_\_\_

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Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Chairman of the Board

### Checklist for Application of Special Permit

1. Yes No Will a new driveway be needed or will there be a change to the present driveway?  
If so, provide a copy of State, County or Town Permit.
2. Yes No Will there be any construction, landscaping, stone work, etc. next to or in the  
road/highway Right of Way?
3. Yes No Will any excavation or fill be needed for the project?
4. Yes No Will the property slope to roadway or neighbors property be greater than 15%?
5. Yes No Will this permit cause a change in the existing use of property or structures?
6. Yes No Will there be any sign larger than two (2) square feet (including signs for owner's  
name and house number)?
7. Yes No Will the exposed height of construction exceed thirty-four (34) feet in any location?
8. Yes No Does your project include dividing the land?
9. Yes No Will the existing septic system be used?
10. Yes No If yes to #9, will you be adding to the total number of bedrooms?
11. Yes No Will a new septic system be required?
12. Yes No Will you have a garbage disposal?

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

## Instructions for Application of Special Permit

*Please **do not** start any construction until application is complete, approved, and **all** required permits are issued.*

A Special Permit is an allowed land use in areas where permitted by a Special Permit. Refer to Section 4.2 in Land Use Regulations.

1. This application must be completely filled in, typewriter or printed in black ink; submit original application and seven (7) copies to the Planning Board.
2. Application must be accompanied by a complete set of **Plans and Specifications** for the proposed work on a tax map or current survey. The tax map may be obtained from the County Tax Assessor's Office.
3. A **Plot Plan** shall be drawn, showing street(s) on which property is located, lot dimensions, all building dimensions (existing and proposed), the distance from new construction to the lot line, and a North arrow. Proposed construction shall be staked on the physical property.
4. **Landscaping and Screening**, construction drawing for pavement, walks, steps, curbing, drainage, and other structures (including fences, walls, or other landscaping materials).
5. **Signage Plan** with dimensions and locations of existing and proposed signs (including signs for owner name and house number).
6. **Total floor area and ground coverage** of proposed building and structure; including percentage of ground cover (i.e., driveways, sidewalks, etc.).
7. **Building plans, including elevations** of front, sides, and back.
8. **Photographs** (minimum 4" x 6" to be provided by applicant) showing the development site and existing structures on the property.
9. **Amount of land disturbed in square footage:**
  - a. Amount of excavated material to be removed from the site.
  - b. Amounts of fill material to be brought into site.
  - c. Temporary and permanent erosion control measures.
10. **Design and location** of existing and proposed wells, septic tanks, leach field systems or methods of wastewater disposal. Are any of these systems in use? Are they shared? Include a copy of current "Keuka Watershed Improvement Cooperative Onsite Wastewater Treatment System Inspection" form supplied by the Watershed Inspector.
11. **Water supply.** What is it? Where is the pump?
12. **Insurance Coverage:**
  - a. Contractor with employees – Workers Compensation Insurance
  - b. Disability Insurance, or
  - c. An Insurance Waiver
13. What is your **five-year plan** for the site?
14. No new construction shall be occupied or used for any purpose until an application has been made for and the Building Inspector shall have granted a **Certificate of Occupancy**.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



PROJECT ID NUMBER

817.20

APPENDIX C

STATE ENVIRONMENTAL QUALITY REVIEW

## SHORT ENVIRONMENTAL ASSESSMENT FORM

for **UNLISTED ACTIONS** Only

**PART I—PROJECT INFORMATION** (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____	County _____
4. PRECISE LOCATION: (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres    Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space. <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list agency(s) and permit/approvals	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/Sponsor Name _____	Date _____
Signature _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER

**PART II—ENVIRONMENTAL ASSESSMENT (To be completed by Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR PART 617.6? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, a negative declaration may be superseded by another involved agency.
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)
C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal; potential for erosion, drainage or flooding problems? Explain briefly:
C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:
C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:
C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:
C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:
C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:
C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA? <input type="checkbox"/> Yes <input type="checkbox"/> No
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain briefly

**PART II—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e., urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination and significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large and significant adverse impacts which may occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:	
_____ Name of Lead Agency	
_____ Print or Type Name of Responsible Officer in Lead Agency	_____ Title of Responsible Officer
_____ Signature of Responsible Officer in Lead Agency	_____ Signature of Preparer (if different from responsible officer)
_____ Date	

Town of Wayne  
P. O. Box 182  
9772 Silsbee Road  
Wayne, NY 14893

## Administrative Fee Schedule

Application for a Special Permit	\$ 75.00
Appeal for a Variance	\$ 75.00
Appeal for Administrative Review	\$ 75.00
Petition for Amendment	\$ 75.00

Please make check payable to: The TOWN of WAYNE

**ALL FEES ARE NON-REFUNDABLE** effective 5/1/08