

# Special Use Permit Application

## Town of Victory

1323 Town Barn Road  
Red Creek, NY 13143  
P: (315) 626-6462  
F: (315) 626-6747

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.(s): \_\_\_\_\_

Email: \_\_\_\_\_

### SPECIAL USE PERMIT APPLICATION FEES DUE WHEN APPLICATION IS SUBMITTED

Property to which request applies: Tax Parcel I.D. \_\_\_\_\_

Address: \_\_\_\_\_

Describe in detail the Special Use Permit request.  
(e.g. Request to allow construction of a Multi-Family Dwelling in the Hamlet District)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe in detail how the Special Use Permit request meets the Standards of Review.  
(Standards are enumerated on back of form)  
Refer to Article VIII of the Town Zoning Law for specific requirements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### For Office Use Only

Date Received:	Special Use Permit Fee: \$
Planning Board Meeting Date:	Date Posted/Published:

# SPECIAL USE PERMIT APPLICATION

**For Planning Board Use Only  
FINDINGS OF FACT**

DATE OF REVIEW/HEARING: \_\_\_\_\_ NO. MEMBERS PRESENT: \_\_\_\_\_ Quorum? Y / N

**PLANNING BOARD MEMBERS PRESENT:**

Chairperson/Acting Chairperson: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STANDARDS OF REVIEW Article VIII, §8.04-B (Check boxes if it is determined that the following have been met):**

- The Subject Request is in the best interest of the Town, the convenience of the community, the public welfare and that it results in a substantial improvement to the property in the immediate vicinity of the proposed use.
- The Subject Request is suitable for the property in question, and designed, constructed and operated and maintained so as to be in harmony with and appropriate in appearance with the existing or intended character of the general vicinity.
- The Subject Request is in conformance with all applicable requirements of the Town of Victory Zoning Law.

**MOTION:**

- APPROVAL: The standards of Review have been met.
- APPROVAL: With the Following Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- DENIAL: The Standards of Review have not been met.

MADE BY: \_\_\_\_\_ 2ND: \_\_\_\_\_

VOTE TALLY: YES \_\_\_\_\_ NO \_\_\_\_\_

ACTION: APPROVAL APPROVAL W/CONDITIONS DENIAL

**CERTIFICATION OF ACTION:  
PLANNING BOARD Chairperson:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date