

**Town of Orleans**



**Zoning Officer**  
Lee Shimel  
Phone 315-658-2057

**Planning Board**  
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**APPLICATION FOR SPECIAL USE PERMIT**

**Applicant's Name:** \_\_\_\_\_

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

**Phone Number (s):** \_\_\_\_\_

**Describe Location and Boundaries:**

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

**Tax Map Parcel #:** \_\_\_\_\_

**State Use Requested:**

\_\_\_\_\_

**\*Note:** All applications must be accompanied by two (2) plot plans showing lot dimensions, structural dimensions, yard dimensions, and any other information required under Article VII of the Ordinance. Two (2) photos are also required showing the area involved. A (\$100) Application fee is required when this application is submitted.

**\*\*PLEASE DRAW TO SCALE AND INCLUDE NORTH ARROW\*\***

I certify that the above information has been provided and the above statements are true and correct.

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

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Purchaser Under Contract

\_\_\_\_\_  
Contractor

**FOR TOWN USE ONLY**

<b>Zoning District:</b> _____	<b>Hearing Results:</b> Granted ___ Denied ___
<b>239m Review Needed?</b> Yes___ No___	<b>(a) Meets General Criteria?</b> Yes___ No___
<b>Favorable?</b> Yes___ No___	<b>(b) Meets Specific Requirements?</b> Yes___ No___ N/A___
<b>Hearing Date:</b> _____	<b>(c) Additional Conditions Required?</b> Yes___ No___ N/A___
<b>Date Notice Published:</b> _____	
<b>Chairman's Signature:</b> _____	<b>Date:</b> _____