

Town of Owasco Planning Board
2 Bristol Ave.
Auburn, NY 13021
Phone: (315) 253-9021 **Fax:** (315) 253-2683
owascoplanning@centralny.twcbc.com

APPLICATION FOR SITE DEVELOPMENT PLAN APPROVAL

Preliminary ☐ Date _____ (Check appropriate boxes) Final ☐ Date _____

Name of Proposed Development _____

Applicant:

Name: _____

Address: _____

Telephone/Cell: _____

Owner: (if different)

Name: _____

Address: _____

Telephone/Cell: _____

Ownership intentions—i.e., purchase options: _____

Location of site: _____

Tax Map No.: _____

Current zoning classification: ☐ Residential ☐ Lakeshore ☐ Agriculture/Residential

State and federal permits needed (List type and appropriate departments): _____

Proposed use(s) of Site: _____

Total site area (square feet or acres): _____

Anticipated construction time: _____

Will development be phased: _____

Current land use of site: (agriculture, commercial, undeveloped, etc.): _____

Current condition of site: (buildings, brush, etc.) _____

Character of surrounding lands: (residential, agriculture, lakeshore, etc.) _____

Estimated cost of proposed improvement: \$ _____

Anticipated increase in number of residents, shoppers, employees, etc.: (as applicable) _____

Describe proposed use including primary and secondary use, ground floor area, height and number of stories for each building:

- For residential buildings include number of dwelling units by size (efficiency, one bedroom, two bedrooms, three or more bedrooms) and number of parking spaces to be provided:

- For non-residential buildings, include total floor area, total sales area, number of automobile and truck parking spaces:

- Other proposed structures:
- _____

(Use separate sheet if needed)

Signature of Applicant

Date:

Cayuga County Planning Review:
(This page to be completed only if to be submitted to CPB)

Project Name: _____ Date Submitted: _____

Enclosed for your review and recommendation, pursuant to sections 239-l and 239-m of General Municipal Law, is the following application for (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Area Variance | <input type="checkbox"/> Special Permit |
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Planned Development | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Zoning Text Change | <input type="checkbox"/> Other _____ | |

Project Sponsor/Applicant: _____

Project Location: _____

Tax Map Number(s): _____

Municipality: Owasco

Zoning District: ☐ Residential ☐ Lakeshore ☐ Agriculture/Residential

Brief Project Description: _____

Other Pertinent Information: _____

This application is qualified for review because it meets one or more of the following (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Municipal Boundary | <input type="checkbox"/> Farm in an Agricultural District |
| <input type="checkbox"/> State/County Road | <input type="checkbox"/> State/County Park |
| <input type="checkbox"/> State/County Drainageway/Watercourse | <input type="checkbox"/> Zoning Text Change |
| <input type="checkbox"/> Zoning Map Change | <input type="checkbox"/> Other: _____ |

Respectfully Submitted,

Signature

The following public hearings and/or meetings are scheduled by the (check all that apply):

	Public Hearing Date	Meeting Date (if required)
<input type="checkbox"/> Planning Board	_____	_____
<input type="checkbox"/> Zoning Board of Appeals	_____	_____
<input type="checkbox"/> Town Board	_____	_____
<input type="checkbox"/> Other: _____	_____	_____