



# APPLICATION FOR SPECIAL PERMIT

*Town of Union Department of Planning*

*3111 East Main Street, Endwell, New York 13760*

*Phone: 607-786-2985 ❖ Fax: 607-748-0041 ❖ E-Mail: m.lane@townofunion.com*

## Property Owner Information

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER CITY, ST., ZIP: \_\_\_\_\_

OWNER HOME PHONE #: \_\_\_\_\_

OWNER WORK PHONE #: \_\_\_\_\_

OWNER FAX #: \_\_\_\_\_

OWNER E-MAIL: \_\_\_\_\_

## Contact Information (If Different Than Owner)

CONTACT NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

CONTACT CITY, ST., ZIP: \_\_\_\_\_

CONTACT HOME PHONE #: \_\_\_\_\_

CONTACT WORK PHONE #: \_\_\_\_\_

CONTACT FAX #: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

SUBJECT PROPERTY ADDRESS: \_\_\_\_\_

SUBJECT PROPERTY TAX MAP #: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

FLOOD PLAIN DEVELOPMENT       CELLULAR TOWER       SPECIAL USE PERMIT       OTHER

## PURPOSE OF REQUEST

SPECIAL PERMIT SECTION OF ZONING ORDINANCE: \_\_\_\_\_

PREVIOUS SPECIAL PERMIT APPLICATIONS/APPEALS: \_\_\_\_\_

**The owner of the above referenced property requests the review and approval of a Special Permit by the Town of Union Planning Board.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT:

\$100 AQUIFER, SPECIAL PERMIT, OR FLOODPLAIN APPLICATION FEE PAID DATE: \_\_\_\_\_

\$5,000 NEW CELL TOWER APPLICATION FEE PAID DATE: \_\_\_\_\_

\$75 NEW MICRO TOWER APPLICATION FEE PAID DATE: \_\_\_\_\_