TOWN OF MINA

P.O. BOX 38
2883 NORTH RD
FINDLEY LAKE , NEW YORK 14736

Application for Special Use Permit

PERMIT #:		**FEE $:**			
DATE:		**CASH:**		**CHECK:**	
		RECEIPT #:			

****Incomplete Applications Will NOT be Accepted****

INSTRUCTIONS TO APPLICANT:

1. Submit a complete copy of this application and all documents that must be submitted herewith.
2. Type or Print your answers.
3. A Non-Refundable Fee of **$75.00** shall accompany this application.
4. Complete each question fully; If the question does not apply, please mark "N/A".
5. Add pages as needed.

APPLICANT INFORMATION

Applicant's Name: Tyler Lent
Address: 3284 MARKS Rd
Sherman NY. 14781
Phone #: (716) 969-1497 Email:

Owner's Name: (if different):
Address:

Phone #: Email:

PROPERTY INFORMATION

TAX MAP NUMBER: Section: 327.00 Block: 1 Lot: 8 going on 327.00-1-6
Street Address: 3284 MARKS Rd ADJACENT SHERMAN NY. 14781 PROPERTY
Size of Parcel: 1/2 ACRES
Present Use: AG.
Zoning District: A-1

USE INFORMATION

Describe Specifically The Nature of the Request:
signage for business, GROUND SIGN 10' TALL 32 SQ FT

Describe in Detail the Separate Activities to be Conducted on the Property along with the Proposed Hours and Seasons of the Operation:
none

Continued on next page.

Describe Why You Believe the Proposed Use will not be Detrimental to the Character of the Neighborhood and will be in Harmony with the Intent of the Town of Mina Zoning Law.
(For example: In relation to existing noise, and traffic conditions)

_____

_____

_____

_____

_____

ADDITIONAL DOCUMENTS SUBMITTED WITH APPLICATION (Mark as Applicable)

- ☐ If available, copies of detailed plans depicting site evaluations, ponds, swamps, streams, and other wetland areas, structures, accessory use areas, water supply and sewage disposal facilites.
- ☐ A plan for the proposed development of the site depicting the location of all streets, sidewalks, buildings, parking areas, means of traffic access and circulation drives.
- ☐ A copy of the deed, lease, or other instrument describing the applicant's property interest.
- ☐ Complete New York State Short Enviromental Assessment Form (EAF)
- ☐ Other (Please List) _____
- ☐ Property Survey

A SPECIAL USE PERMIT, IF GRANTED, DOES NOT PERMIT THE APPLICANT TO CONSTRUCT, ENLARGE, ALTER, IMPROVE, CONVERT, OR CHANGE THE LOCATION OR NATURE OF OCCUPANCY OF ANY BUILDING OR STRUCTURE, FOR WHICH A BUILDING PERMIT WOULD OTHERWISE BE REQUIRED.

IF A SPECIAL USE PERMIT IS GRANTED, THE PROJECT MUST CONFORM TO RESPECTIVE AREA STANDARDS (SET BACKS) - IF NOT, AN AREA VARIANCE PERMIT IS REQUIRED

Applicant's Signature:

I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed and the premises used as described herein, unless modified by the approving Board.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS POINT

APPROVED: ☐ **DENIED:** ☐ **OTHER:** ☐

Affix the following documents to and permanently file with this application:

*Response to Municipal Zoning Referral (if any)
*Negative Declaration and/or Enviromental Impact Statement.
*Specail Use Permit, if needed.
*Notification of Approval/ Denial.

PLOT PLAN (SAMPLE)

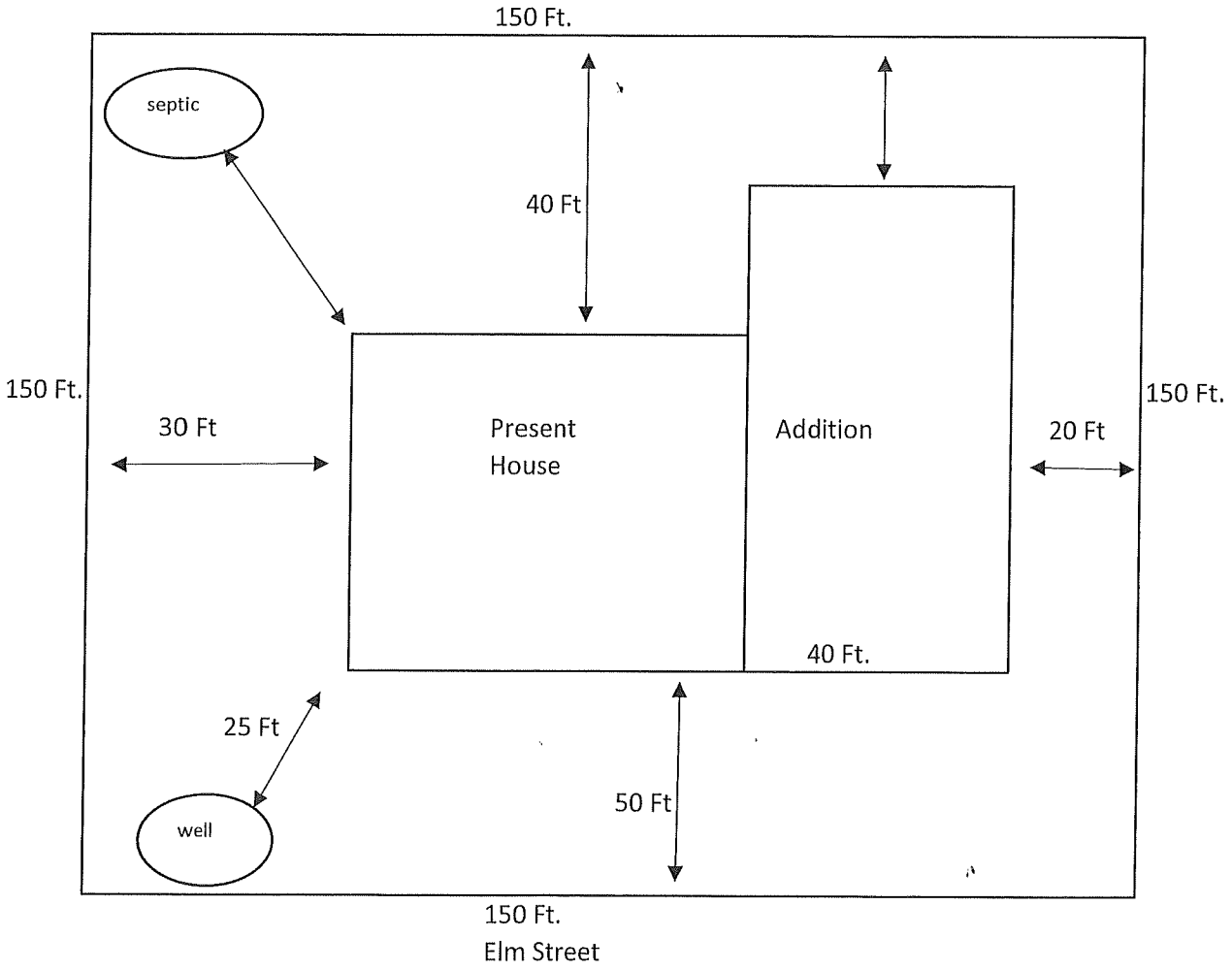
1 An application for a Building Permit, Special Use Permit, or Variance must be accompanied by a plot plan, drawn in ink, denoting property lines, all existing and proposed buildings and structures in relation to the property lines, paved or parking surfaces and appropriate measurements.

2 Show the location of water source or well, septic systems, streets, roads, driveway and any right - of - way.

3 Show the relationship of the parcel to adjacent properties, the distance to the nearest building in all directions, and the use of adjacted buildings.

4 If professional drawings for construction work are available, please submit them.

(Example not shown to scale)



For any additional information or questions, please contact the Building/ Zoning Officer.

Tom McNinch
(716)456-1674 - cell
(716)769-7204 Ext 4 - Office
rulesandregsmina@gmail.com
Office Hours - Wednesdays 9am - 2pm/ Other times by Appointment

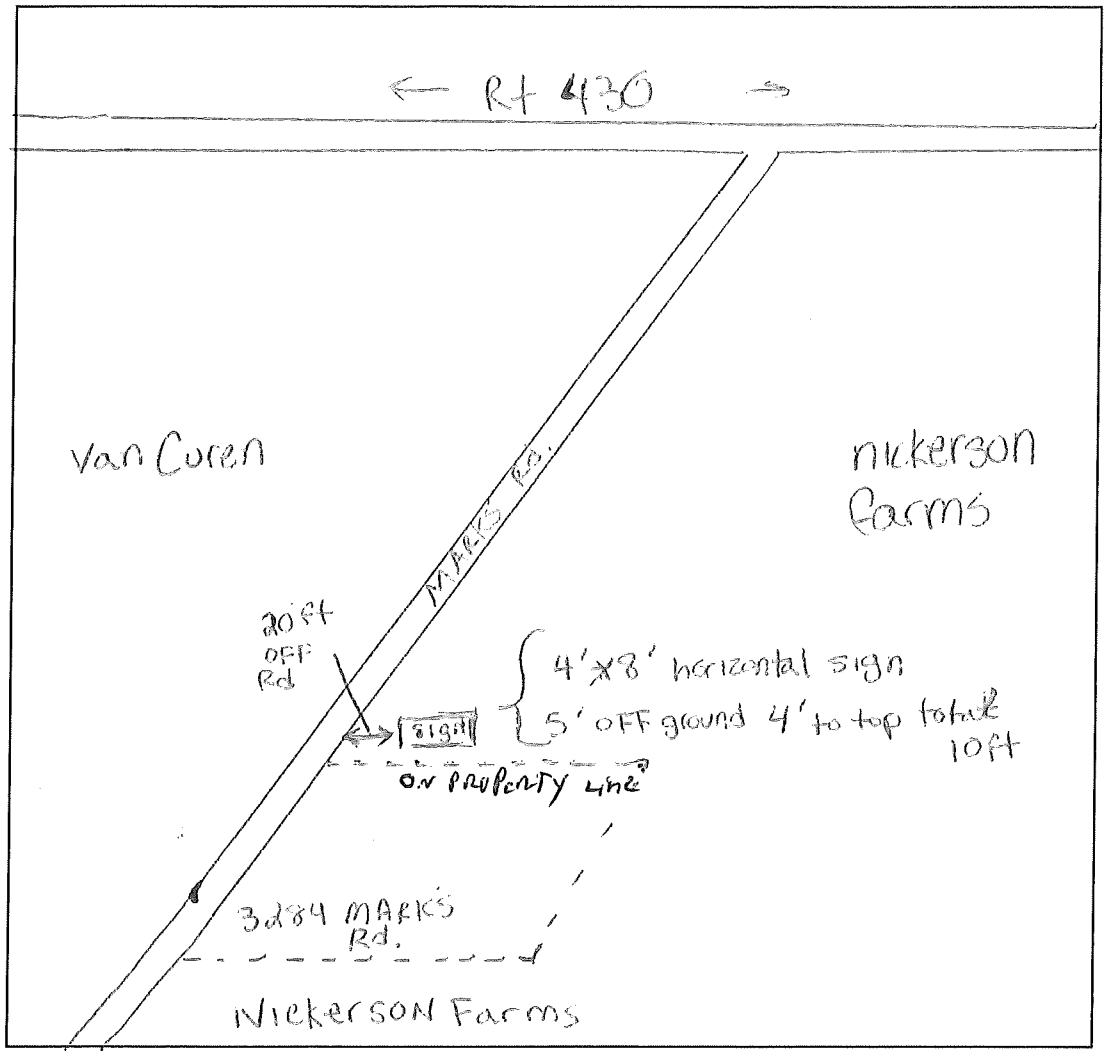
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Frontage of Lot: _____

Street Name: _____

To whom it may concern;

I Tim Nickerson am giving permission for Tyler Lent owner of Artigenics Tattoos to put one sign on my property at :

Nickerson Farms
Marks Rd.

Sincerely,



Tim Nickerson