

Town of Lorraine	Lorraine Form # 37
Special Use Permit Application	Rev. XX XX, 2019

***** **PLANNING BOARD ONLY** *****

Non-refundable \$100 Application Fee. All special uses also require a Site Plan Application to be completed.

Check # _____

Date Submitted: _____

Receipt # _____

Received By: _____

APPLICATION INFORMATION

Applicant:

Mailing Address:

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

Property Owner (if different from applicant):

Mailing Address:

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

Contact Person (if different from applicant):

Mailing Address:

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

Licensed Engineer, Architect or Land Surveyor:

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Mailing Address:

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

PROJECT INFORMATION

Name of Special Use Project:

Location of Project/Street Address:

Tax Map Number of all Parcels:

(Attach a copy of the current deed and any easements affecting property)

Zoning District(s):

Detailed Description of Proposed Activity:

Current Land Use of the Site:

Character of Surrounding Lands (Adjacent Uses):

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Total Acreage Involved in Project: _____

Total Contiguous Acreage Controlled by Applicant/Owner: _____

(This shall include lands owned by family members of the applicant, and any corporation(s), partnership(s), limited liability company(s), or other entities in which the applicant has an interest.)

Total Height of Tower: _____

Proposed Use of Land:

Statement indicating how the Special Use meets each standard as it relates to the use and regulations pertaining to the use below (can be attached separately).

1. The Site Plan for the property shall be approved in accordance with the provisions of Article 5 of the Town of Lorraine Development Law dated April 24, 2014, and as amended by Local Law #1 of 2017. Explain:

2. The proposed size, height, architectural character and placement of new or expanded structures on the site shall be reasonably compatible with the existing or anticipated buildings on adjacent properties. Explain:

3. Streets and access facilities serving the site shall be able to safely accommodate the expected traffic generated by the proposed use. Explain:

In addition, the use shall not:

a. Cause excessive traffic congestion or delays. Explain:

b. Obstruct access to adjacent properties. Explain:

c. Imperil the safety of motorists, pedestrians, or bicyclists. Explain:

4. The proposed use shall not adversely affect the use and enjoyment of adjacent properties by generating excessive noise, vibration, light, glare, odors or any other form of pollution, nuisance or public safety concern. Explain:

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5. The proposed use will be served adequately by essential services such as streets and highways, off-street and on-street parking, police and fire protection, storm water drainage, refuse disposal, water and sewer facilities, schools and other essential services as determined by the Planning Board. Explain:

Please provide any information you feel will be necessary or helpful for the Lorraine Planning Board in rendering their decision.

NAMES AND ADDRESSES OF ADJACENT/ABUTTING LANDOWNERS

The following list consists of all individuals, firms, corporations, and businesses owning property adjacent to both sides and rear, and in front of (across street from) the property. Addresses must be obtained from the current tax rolls which are available at Jefferson County Real Property or through the Lorraine Town Clerk. Use additional pages if needed.

Property Owner: _____ Tax Map ID# _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner: _____ Tax Map ID# _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner: _____ Tax Map ID# _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner: _____ Tax Map ID# _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner: _____ Tax Map ID# _____

Mailing Address: _____

City: _____ State: _____ Zip: _____