

## **Conditional Use or Site Plan Application**

CHECK ONE
Conditional Use: Site Plan:
Property Owner:
Mailing Address:
Phone Number: Email Address:
Contractor/Agent:(if applicable):
Contractor/Agent Phone No(s):
Parcel Size (Acres or SQ. Ft.):
Tax Map Number: Property 911 address:
GENERAL PROJECT INFORMATION
Mark the Zoning District Classification where the property is located. If the parcel is in
multiple zones, please indicate all zones.
Town Zoning District: CR-20,000, CR-3.2, R1-20,000, R1-1.3, R1-2, R1-
3.2, R1-10, R1A-3.2, R1A-5. R2-2, R2-3.2, R2-5, R2-10, RRD-3.2, RRD-5, RRD-10,
LC-10, LC-42
APA Zoning Classification:
Hamlet, Moderate Intensity Use, Low Intensity Use, Rural Use, Resource Management, Industrial
Industrial
Industrial
Industrial



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List ALL structures that are present on this parcel today:	
Describe (if anything) that will be done with any or all structures that are currently present on this parcel today:	
Does the use comply with all other requirements of the ordinance including dimensional regulations of the zoning district(s)?:	
Would the use be in harmony with the general purpose and intent of the ordinance taking into account the location, character and size of the proposed use and the description and purpose of the zoning district?:	
Would the proposed use create a adverse effects to environment, the character of the neighborhood, and/or the health and safety of the community?:	
Adirondack Park Agency (APA) questions:  Are there wetlands on the property? YES NO UNKNOWN	
IF YES, Acres/Sq. Ft.:  IF UNKNOWN, have you contacted the APA to inquire if wetlands exist on parcel or requested a site review to flag possible wetlands? YES NO	



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Is an Adirondack Park Agency (APA) permit required?	YES NO UNKNOWN
	UNKNOWN
IF YES, Have you applied for an APA permit? YES	NO
IF YES, please attach correspondence you have had with the	ne APA:
IF NO, Explain:	
IF UNKNOWN, have you applied for an APA Jurisdictional of	
contact with the APA for determination? YES	NO
IF YES, please attach application for jurisdictional determina	ation.
IF NO, explain:	
The undersigned hereby applies for a Zoning Compliance Certific accordance with the description, plan, specifications stated above Horicon, it's employees and authorized agents access to the prop	e, and authorize The Town of
Applicant/a Cianatura	- Data
Applicant's Signature	Date
For Office Use Only	Date
•	Compliance Certificate, if denied
For Office Use Only  If Application is granted this document will serve as a Zoning	Compliance Certificate, if denied
For Office Use Only  If Application is granted this document will serve as a Zoning you will be referred to the ZBA to seek an Area or Use Varian	Compliance Certificate, if denied
For Office Use Only  If Application is granted this document will serve as a Zoning you will be referred to the ZBA to seek an Area or Use Varian Denied:	Compliance Certificate, if denied
For Office Use Only  If Application is granted this document will serve as a Zoning you will be referred to the ZBA to seek an Area or Use Varian Denied:   Reasons:	Compliance Certificate, if denied
For Office Use Only  If Application is granted this document will serve as a Zoning you will be referred to the ZBA to seek an Area or Use Varian Denied:   Reasons:  Granted:  Conditions:	Compliance Certificate, if denied