

TOWN OF CLAYTON  
APPLICATION FOR A SPECIAL USE PERMIT

Application #:	_____
Date of Application:	_____
Application Fee:	_____
Public Hearing Date:	_____ Time: _____ PM

Zoning District: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

TO THE JOINT PLANNING BOARD

A. Statement of Ownership and interest:

The Applicant(s) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
is/are the owner(s) of property situated at the following  
address: \_\_\_\_\_  
\_\_\_\_\_

The above-described property was acquired by the applicant(s) on  
Date: \_\_\_\_\_

B. Request:

Applicant(s) request(s) a Special Use Permit for the use of the property  
for \_\_\_\_\_ as  
provided by Articles V, VI and IX, Town of Clayton Zoning Ordinance;  
and in support of the application hereby submits the following:

1. Legal description of the subject premises, including a recent survey.
2. Drawings of structures, parking, docking, pavements, access routes and other physical construction on the site, as well as sketches of planned improvements.
3. Site Plan showing all significant distances and dimensions (as required by the Town Planning Board).
4. Study of traffic impact and indication of proposed parking spaces.
5. Sketches of proposed landscaping and buffering as required.
6. SEQOR Environmental Assessment Form -short or full form as required.

7. Any other information required by the Town Planning Board.
8. Filing fee, as established by the Town Board.

C. Justification For Request:

Applicant(s) allege(s) that the proposed Special Use Permit:

1. Would be in harmony with the character of the neighborhood because:

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2. Would not be detrimental to the property of other persons in the neighborhood because: \_\_\_\_\_

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D. Special Features:

In addition to meeting the standards prescribed by the Zoning Ordinance, the applicant(s) agree(s) to provide \_\_\_\_\_

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\_\_\_\_\_ in order that the public convenience, welfare and safety will be further served.

E. Site Inspection:

Applicant agrees that members of the Joint Town/Village Planning Board may inspect the property site of the application by appointment or at other times as agreed to by the applicant and the Board.

Please list preferred days/times: \_\_\_\_\_

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Dated: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ (please print)

Address: \_\_\_\_\_

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Applicants Signature: \_\_\_\_\_

## Appendix C

State Environmental Quality Review  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
 For UNLISTED ACTIONS Only

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with is assessment**