

**CANISTEO VILLAGE PLANNING BOARD  
PROPOSED EXISTING SITE USE APPLICATION**

1. Property Information

Property address: \_\_\_\_\_ Tax Map #: \_\_\_\_\_

Dimensions:

Frontage: \_\_\_\_\_ ft.      Depth: \_\_\_\_\_ ft.      Square Footage: \_\_\_\_\_ sf.

2. Applicants Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_(Work)      \_\_\_\_\_(Cell)

Applicant's relationship to property (check one)

Owner       Contract       Vendee       Other: \_\_\_\_\_

3. Property Owner's Information (if different from Applicant). If the property owner is someone other than the Applicant, a letter with written approval to submit the application for his/her property **MUST** be attached.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_(Work)      \_\_\_\_\_(Cell)

4. Please provide a brief description of the project

5. What are the existing uses of the site?

6. What are the proposed uses of the site?

7. If the requested use involves a multi-family apartment building, please identify the total number of units and the number of bedrooms per unit.

8. Will the proposed use require any permits from the United States Environmental Protection Agency (USEPA), the New York State Department of Environmental Conservation (NYSDEC), or another regulatory agency?  Yes  No

If yes, please identify the type of permit and the issuing agency: \_\_\_\_\_  
\_\_\_\_\_

9. Will the use discharge matter into the air or water?  Yes  No

If yes, please describe the nature of any discharge in detail \_\_\_\_\_  
\_\_\_\_\_

10. Please describe and show on the site plan any existing and proposed exterior lighting. Signage, landscaping, buffer planting or fences:

11. For any new construction, please describe the following:

- a. Building dimensions: Length\_\_\_\_\_ Width\_\_\_\_\_ Height\_\_\_\_\_
- b. Setbacks (in feet): Sides\_\_\_\_\_ Rear\_\_\_\_\_ Front\_\_\_\_\_
- c. Estimated construction date: Start:\_\_\_\_\_ Finish:\_\_\_\_\_
- d. Building materials (frame, concrete block, etc.) \_\_\_\_\_
- e. Exterior materials (vinyl siding, stucco, etc.) \_\_\_\_\_
- f. Exterior colors: \_\_\_\_\_

**\*\*\*Commercial establishments must complete questions 12-15**

12. What will be sold, stored, or processed at the location?

13. Will any material be stored outside?  Yes  No

If yes, please identify in detail \_\_\_\_\_  
\_\_\_\_\_

14. Please complete the following:

- |   | <u>Existing</u>                    | <u>Proposed</u>                 |                                |                                      |
|---|------------------------------------|---------------------------------|--------------------------------|--------------------------------------|
| a. Number of customers per day:               | _____                              | _____                           |                                |                                      |
| b. Number of Employees:                       | _____                              | _____                           |                                |                                      |
| c. Hours of Operation:                        | _____                              | _____                           |                                |                                      |
| d. Days of Operation:                         | _____                              | _____                           |                                |                                      |
| e. Hours of deliveries:                       | _____                              | _____                           |                                |                                      |
| f. Frequency of deliveries (Check one)        |                                    |                                 |                                |                                      |
| <input type="checkbox"/> Monthly              | <input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily | <input type="checkbox"/> Other:_____ |
| g. Are any large delivery trucks anticipated? | <input type="checkbox"/> Yes       | <input type="checkbox"/> No     |                                |                                      |

15. How many parking spaces are currently provided? \_\_\_\_\_

16. How many parking spaces will be added or removed as a result of the project?

Added\_\_\_\_\_

Removed\_\_\_\_\_

17. Have you enclosed the required site plan or plot plan?  Yes  No

Please Note: After review of your application, the Planning Department staff may require additional information and/or elaboration of any of the aforementioned questions.

By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is ground for the revocation of the permit. I/we also give the Planning Department staff the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

**FOLLOW-UP PLAN FROM INITIAL REVIEW:**

SEQR Review Determination \_\_\_\_\_

Application is: \_\_\_\_\_

(Denied, Approved, Approved with conditions)

Comments or Conditions:

Signatures & date of Planning Board Members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_