

TOWN OF LANSING

APPLICATION FOR SPECIAL PERMIT

MAIL OR BRING THIS FORM

TO: Code Enforcement Office
Town Of Lansing
Box 186
Lansing, NY 14882
607 533-7054
tolcodes@twcnv.r.com

Special Permit No. _____
Application Date _____
Tax Map # _____
Zoning District _____
Fee paid & date _____
Receipt No. _____

Application is hereby made to: (check one) Build Extend Convert Other

LOCATION: _____, Town of Lansing, New York.

Proposed use: _____ Estimated cost _____
Property owner: _____
Address: _____

Name of person or organization Special Permit is being requested for: (if other than owner)
Name: _____ Mailing Address: _____
Phone: _____

The Structure(s) will be as follows:

	Applicable:	
Type of Construction	Required Permits Obtained	Date
Number of Stories _____	Tompkins County Health Dept.	_____
Number of Units _____	Water	_____
Type of Heat _____	Culvert	_____
Number of Baths _____	Other	_____

The Undersigned applies for permission to do the above, in accordance with all provisions of all Laws or Regulations of the Town of Lansing, or others having jurisdiction, and affirms that all statements and information given herein are correct to the best of his/her belief.

Date referred to County Planning _____ Date response from County Planning received _____

NAME OF APPLICANT (PLEASE PRINT) _____

Date of Public Hearing _____ SIGNATURE _____

Date of Advertising _____
Fee Paid Advertising _____ ADDRESS _____

Special Permit Approved _____
Special Permit Denied _____ PHONE NO. _____

Town of Lansing

AGRICULTURAL DATA STATEMENT

Date: _____

Instructions: In accordance with Section 283-a of the New York State Town Law, this form must be completed for an application for a special permit, site plan approval, use variance, or a subdivision requiring municipal review that would occur on property with 500 feet of a farm operation in a certified Agricultural District.

Applicant	Owner (if different from applicant)
Name:	Name:
Address:	Address:

1. Type of Application: Special Use Permit; Site Plan Approval; Use Variance; Subdivision Approval
2. Project Name/Location: _____
3. Tax Parcel Number(s): _____
4. Description of proposed project: _____

5. Number of total acres involved with project: _____
6. Number of acres presently in Tax Parcel: _____
7. How much of the site is currently farmed? _____ Acres
8. Please identify who is farming the site: _____
9. Does this person ___ own, or ___ rent the land. (Please check only one).
10. Please indicate what the intentions are for the use of the remainder of the property

11. Who will maintain the remainder of the property not being used for this development?

12. Other project information. Please include information about the existing land cover (crops or vegetation), any known impacts on existing stormwater drainage (including field tiles), or other significant plant materials: _____

Signature of Applicant

Signature of Owner (if other than app)

FOR TOWN USE ONLY:

Note: This form and a map of the parcel(s) should be mailed to County Planning as part of the GML 239 m and n referral. It should also be mailed to property owners within 600 feet of the property boundary (Attach list of property owners within 600 feet).

Name of Staff Person: _____

Date referred to County Planning: _____