

APPLICATION FOR SPECIAL USE PERMIT
Village of Little Valley, 103 Rock City Street, Little Valley, NY 14755

Date Submitted _____
Date Approved _____
Date Denied _____

Permit No. _____
Tax Map No. _____

Zoning Inspector: _____ Date _____
Zoning Chairperson: _____ Date _____

*The applicant and land owners agree to comply with Chapter XIII Zoning Board of Appeals, Section 10.4 C
(Special Use Permits) for the Village of Little Valley.*

Applicants Name _____ Phone _____
Address _____

Plans and specifications for _____

Type of Construction _____

Dimensions: Front _____ ft. Deep _____ ft. Stories _____

Estimated cost of proposed construction _____

Address of proposed construction _____

Zone of proposed construction _____

Intended Use of Occupancy _____

Contractor _____

Plans filed _____

Size of Lot: Front _____ ft. Deep _____ ft. Rear _____ ft.

Lot Occupancy not more than _____ percent.

Distance from Street Line to Building:

Front _____ ft. Rear _____ ft. Side _____ ft. & _____ ft

Owner _____ Address _____

Signature of Applicant _____ Date _____

Signature of Owner _____ Date _____

\$ _____ fee, payable to **VILLAGE OF LITTLE VALLEY** must be submitted with application.

**complete plot plan on reverse side and attach any other pertinent information.*