

**TOWN OF DARIEN  
GENESEE COUNTY, NEW YORK 14040**

**PLANNING BOARD  
SITE PLAN REVIEW  
SPECIAL USE PERMIT APPLICATION**

Application #: _____ <small>(For office use only)</small>
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Today's Date: \_\_\_\_\_

Provision of Zoning Law Involved:

Article: \_\_\_\_\_, Section: \_\_\_\_\_, Subsection: \_\_\_\_\_, Paragraph: \_\_\_\_\_

Purpose of Request:

\*This request would be in harmony with the orderly development of the district in which it is located because: \_\_\_\_\_  
\_\_\_\_\_

\*This request would not be detrimental to the property or persons in the neighborhood because: \_\_\_\_\_  
\_\_\_\_\_

\*This request would not increase the traffic flow in the area to the extent that traffic safety would be endangered because: \_\_\_\_\_  
\_\_\_\_\_

The applicant should submit one (1) copy of the application, nine (9) copies of the site plan and one (1) copy of the zoning application

**CERTIFICATION:**

I hereby certify that I have read the instructions and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinance regulating construction or performance of construction.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Owner (If different from Applicant)

<b>Office Use Only:</b>		
Zoning Permit Application #: _____	Date Received: _____	Fee Paid: _____
Date of First Hearing: _____	Location: _____	
Date of Second Hearing: _____	Location: _____	
Date of Subsequent Hearings: _____	Location: _____	
Action: (____) APPROVED    (____) REJECTED    Date: _____		
Planning Board Chairman Signature: _____		
Zoning Officer Signature: _____	Date Permit Issued: _____	
Additional Conditions Imposed: _____ _____		