

Village Of Williamsville

Special Use Permit/ Administrative Appeal Application



TYPE OF REQUEST

- Special Use Permit (SUP) Administrative Appeal
- Short Term Rental
- Accessory Apartment

APPLICANT INFORMATION

Property Owner(s):

Name: _____ Email: _____

Address: _____ Phone: _____

Applicant(s) (if other than property owner):

Name: _____ Email: _____

Address: _____ Phone: _____

If the applicant is not the property owner, attach a letter of permission allowing the applicant to file this application on the owner's behalf.

PROPERTY INFORMATION

Property Address: _____

SBL: _____ Zoning District: _____

I have the following conflicts pursuant to §809 of General Municipal Law:

OFFICIAL USE ONLY

239m is applicable _____ SEQR is

Meeting Date: _____ Reviewed By: _____ Appeal #: _____

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SPECIAL USE PERMIT REQUEST

a) Describe how the permit, if granted, will not prevent reasonable use of adjacent properties or of properties in adjacent districts.

b) Describe how the permit, if granted, will not prevent the reasonable use of permitted or legally established uses in the district wherein the proposed use is to be located.

c) Describe how the permit, if granted, will not have an adverse impact on the safety, health and welfare of the Village.

APPEAL OF ADMINISTRATIVE DECISION

Describe in detail why you believe that any order, requirement, decision, interpretation or determination made by the Village's administrative official should be overturned (attach additional sheets is necessary):

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DISCLOSURE AFFIDAVIT

I maintain that the information provided in this application is true and accurate to the best of my knowledge:

Date: _____

Property owner or applicant name (print):

Property owner or applicant signature:

STATE OF NEW YORK COUNTY OF ERIE

WITNESS my hand and official seal:

On the day of _____ in the year before me, the above individual personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same for the purposes therein stated.

Signature of Notary Public

Print Name:
