

**City of Schenectady
Application for Special Use
under Chapter 264; Zoning Code**

TO THE BOARD OF ZONING APPEALS:

I, _____ the owner of the property located at, _____, Tax map number, Sec. _____ Block _____ Lot _____, Hereby petition the Board of Zoning Appeals of the City of Schenectady to grant a Special Use Permit under the Zoning Code Section(s) _____, to allow the following as described below or shown on the accompanying drawings.

Special permit uses are those uses having some special impact or unique form which require a case by case review of their location, design, configuration and impact to determine, against fixed standards, the desirability of permitting their establishment on any particular site. Please answer the following questions with as much detail as possible to assist the Board of Zoning Appeals with their review. Attach additional sheets as necessary.

1. What is the present zoning classification of the parcel?

2. What are the surrounding parcels used for? (i.e. one family, commercial, parkland)

North	_____	South	_____
East	_____	West	_____

3. Describe the proposed use: (include information as is pertinent to your application, about building size, hours of operation, number of employees, number of off-street parking spaces, area to be enclosed, etc.

4. Provide evidence and information which demonstrates that the proposed use will not substantially impact on the nature and character of the surrounding neighborhood.

architectural, or historic feature of significant importance, if applicable to your proposal.

9. Demonstrate by the submission of drawings and narrative that your proposal complies with all zoning regulations which apply.

Date: _____ Signed: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Project I.D. Number

State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
6. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals.	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	