

TOWN OF KINGSBURY – OFFICE OF CODE ENFORCEMENT  
6 MICHIGAN STREET, HUDSON FALLS NEW YORK 12839  
PHONE: 747-2188 EXT. 3008

**KINGSBURY ZONING BOARD OF APPEALS  
APPLICATION FOR SPECIAL USE PERMIT**

**PROCEDURE:**

Prior to filing this application for a Special Use Permit, it is recommended (not required) that the applicant discuss the proposed plans/modifications/development with the Zoning Board of Appeals to establish an understanding of the project, to review the specific submission requirements and to identify any initial concerns on the part of the Zoning Board of Appeals.

**APPLICATION/PROJECT INFORMATION:**

Applicant Name/Address/Phone Number:

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Address of property for which a special permit is required:

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Current owner of the subject property and the property dimensions and total square footage of subject property:

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Current use of property:

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Proposed use/or change requiring a special permit:

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The current zoning of the property is: \_\_\_\_\_

**SUBMISSION REQUIREMENTS (ATTACHED AS PART OF THIS APPLICATION)**

1. Application Fee

2. Site Plan or Plot Plan Drawn to Scale

Provide a plan showing all existing and proposed structures, property dimensions and adjacent properties.

3. Parking Plan

Show on Site Plan or Plot Plan the location of all parking areas and drives and their relation to existing and proposed structures. Identify the material used for the surface of the parking area.

4. Landscaping Plan

Show on the Site Plan or Plot Plan the size, type and location of any proposed plantings.

5. Legal Description/Map of Property

6. Photograph of Property (if available)

Attached:    Yes \_\_\_\_\_                      No \_\_\_\_\_

7. Any other information as may be required by the Board to provide an understanding of the proposed use and its relationship to surrounding properties.

The information submitted with this application represents an accurate description of the project proposed and to the best of my knowledge is true and correct.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_