

CITY OF COHOES BUILDING & PLANNING

Application 97 Mohawk Street Cohoes, NY 12047 Telephone (518)233-2130 Fax (518)233-2162

Special Use Permit

1 ax (310)233-2102	
Email Jseman-graves@ci.cohoes.ny.us	Date:
Email Jseman-graves@ci.cohoes.ny.us	Date:

In accordance with Article II of the Cohoes City Code, the Cohoes Planning Board shall review Special Use Permit applications. Special Uses are those uses having some special impact or uniqueness which requires a careful review of their location, design, configuration and desirability on any given site. They are uses which may or may not be appropriate in a particular location depending on a weighing, in each case, of the public need and benefit against the local impact and effect. A Special Use Permit may be issued with conditions, including requirements for review and renewal, based upon careful review by the Planning Board.

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JOB SITE ADDRESS:		
PERMIT APPLICANT:		
		ZIP:
PHONE:	EMAIL:	
PROPERTY OWNER:		
ADDRESS:		ZIP:
PHONE:	EMAIL:	
GENERAL CONTRACTOR:		
ADDRESS:		ZIP:
PHONE:	EMAIL:	
ARCHITECT OR ENGINEER OF RECORD):	
ADDRESS:		ZIP:
PHONE:	EMAIL:	
1.PLEASE PROVIDE A DESCRIPTION O	F YOUR PROJECT AND THE REAS	SON A SPECIL USE PERMIT IS REQUIRED:
PLEASE CONTACT THE CITY PLANNI	ER AS NOT ALL SPECIAL USE PE	RMIT APPLICATIONS WILL REQUIRE THE FOLLOWING
2. DETAILED SITE PLANS OR OTHER DO	CUMENTS DETAILING THE PROJ	ECT ARE ATTACHED: YESNO
3. AN APPROPRIATE SEQR FORM TO BE	EATTACHED: YESNO	_
KNOWN AS A TYPE II PROJECT.	HOWEVER, THE FULL ENVIRONM	AT DO NOT IMPACT THE ENVIRONMENT, OTHERWISE MENTAL ASSESSEMENT FORM IS REQUIRED FOR TYPE I ETERMINE YOUR SEQR CLASSIFICATION.

4. PHOTOGRAPHS OF EXISTING CONDITIONS ATTACHED: YES _____ NO ____

Application is hereby made to the Building & Planning Department for the review of a Special Use Permit application as herein described, pursuant to provisions of the City Code of the City of Cohoes. The owner and the applicant agree to comply with all applicable laws, ordinances and regulations and with all regulations and procedures as explained in this application, and will allow all inspectors to enter the premises for all required and necessary inspections. The following regulations shall apply:

- This application shall be completed and signed by the property owner and the applicant, and submitted to the Planning & Building Department.
- This application must be accompanied by an electronic and paper copy of the following:

• 10 sets of detailed site plans in 24"x36" format to include:

- (a) Existing and proposed buildings or structures on the lot and their distances to one another as well as to the lot lines and all other pertinent details of the property.
- (b) Existing and proposed drainage, utilities, and other natural features including, but not limited to, wetlands, floodplains and wooded areas.
- (c) Temporary and permanent sediment and erosion control measures, proposed grading and drainage features.
- An appropriate SEQR form.
- Photographs of existing conditions.
- > Fees required by the City Code and as calculated by the Planning & Building Department, shall be paid by check, money order, cash, or card.
- Work covered by this application shall not commence prior to Planning Board approval and does not encompass work that would otherwise be required by a building permit.
- Any deviation from approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans by the Planning & Building Department, including any required fees.
- The approval is effective for one year from the date of issuance.

Rules and Acknowledgments

All work shall conform to the City of Cohoes Rules and Regulations, and must be completed within one year of receiving approvals.

I, the undersigned, understand that the permit which may be issued pursuant to this application is issues on the assumption that all of the representations made on this permit application are true and accurate. I have read and understand the provisions of the Cohoes City Zoning Code, NYS Building Code and related Rules and Regulations and will comply with said requirements. I understand that if any of the information on this form is found to be untrue or inaccurate, or if the work initiated pursuant to a permit granted based on the representations made on this application is not completed in accordance with the representations made on this permit application, then the permit may be revoked without notice to myself, the contractor, or any other party.

SIGNATURE OF APPLICANT	DATE:
SIGNATURE OF PROPERTY OWNER	DATE:
FOR STAFF USE ONLY:	
DATE/TIME APPLIED	RECEIVED BY
ZONING OFFICER APPROVAL	
DATE ISSUED/DENIED	EXPIRATION DATE
Notes:	