

TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540
Tel. No. (845) 452-2046

SPECIAL USE PERMIT APPLICATION

NAME OF PROJECT: _____

APPLICANT'S NAME: _____ DATE: _____

MAILING ADDRESS: _____ FEE: _____

_____ TEL.NO. _____

GRID # OF PROPERTY: _____ ACREAGE OF PARCEL _____

LOCATION (if different from above) _____

SPECIAL USE PERMIT REQUEST FOR: _____

APPLICABLE ZONING LAWS:

CHAPTER: _____

SECTION _____

PARAGRAPH: _____

LOCATED ON:

STATE ROAD _____

COUNTY ROAD _____

TOWN ROAD _____

ZONING DISTRICT:

RESIDENTIAL _____

COMMERCIAL _____

INDUSTRIAL _____

ARE THERE EXISTING STRUCTURES ON THIS PARCEL?

DESCRIBE: _____

DESCRIBE ANY PROPOSED REMODELING OR ADDITIONS TO CURRENT

STRUCTURES: _____

DESCRIBE ANY PROPOSED NEW CONSTRUCTION ON THIS PARCEL:

DESCRIBE ANY PROPOSED NEW USE FOR THIS PARCEL: _____

APPLICANT'S SIGNATURE