

TOWN OF CLAY
PLANNING BOARD

SPECIAL PERMIT APPLICATION INSTRUCTIONS

The Board meets at 7:30 P.M. on the 2nd and 4th Wednesday of each month.

INSTRUCTIONS:

File one **ORIGINAL** of the Application for a Special Permit with the **Town of Clay Commissioner of Planning and Development**, Town of Clay, 4401 Route 31, Clay, NY 13041 along with the following (*These items will be distributed to board members and all interested parties by Monday of the meeting week.*):

- **ONE (1)** original Disclosure Affidavit Form, filled out, signed and notarized.
- **TWELVE (12)** copies of the location or survey maps drawn to scale sufficient to show the boundaries and location of the subject property.
- **TWELVE (12)** copies of the Site Plans drawn to scale showing the location and dimensions of the existing and proposed structures and improvements on the subject property, parking areas, vehicle access and circulation drives, open spaces and landscaping.
- **ONE (1)** copy of the legal description of the subject property.
- **TWELVE (12)** copies of descriptions of the proposed use of the subject property and of the exterior construction and appearance of the proposed structures.
- **TWELVE (12)** copies of the **Full Environmental Assessment Form**, filled out and signed. (*separate download*)
- **ONE (1)** copy of the attached form stating that the owner “*agrees to and joins in*” **if the applicant is not the owner.**

Payment of the **\$300.00 administrative fee** must accompany the filing of this Special Permit Application.

Applicant will be notified by mail at least five (5) days prior to the public hearing date. In the event of default by the applicants to appear for the hearing, the Board may either proceed with the hearing and vote on the case, or adjourn the case to a later date.

IMPORTANT: Failure to submit all of the above information and to answer all pertinent questions may result in **incomplete** application and a delay in processing the application.

All surveys, maps, etc, that are submitted with the application must be folded to 8 ½ x 11, except copies provided the night of the public hearing.

If there is any additional information or revisions not previously submitted, provide **NINE (9)** copies **the night of the public hearing.**

An electronic copy (pdf) of the plan (disk or email) must be submitted.

REMOVE THESE INSTRUCTIONS PRIOR TO FILING

*Please read
instructions!!*

*Incomplete
applications will
NOT be
processed.*

TOWN OF CLAY - SCHEDULE OF FEES

CHAPTER 105

A. TOWN CLERK'S OFFICE		<u>FEE</u>
1.	TOWN MAPS	\$ 3.00
2.	ZONING ORDINANCE (Copy)	\$ 20.00
3.	ZONING MAP (Whole)	\$ 20.00
4.	ZONING MAP (Half)	\$ 10.00
5.	DRAINAGE & SEWER STANDARDS	\$ 5.00
6.	COPIES (per page)	
	♦ Small	\$.25
	♦ Ledger	\$.50
	♦ Wide format	\$ 3.00
7.	CERTIFICATION	\$ 1.00
8.	ZONING INFORMATION RESEARCH	\$ 30.00
 B. PLANNING & DEVELOPMENT DEPARTMENT		 <u>FEE</u>
1.	ZONE CHANGE APPLICATIONS	\$ 400.00
2.	VARIANCES	
	♦ Residential	\$ 200.00
	♦ Commercial	\$ 400.00
	♦ After construction	\$ Double the fee
3.	SPECIAL PERMIT	\$ 300.00
4.	Interpretation	\$ 200.00
5.	SITE PLANS (<i>& Special Permits requiring Site Plan review</i>) *	
	♦ 3 acres or less	\$ 900.00
	♦ Over 3 acres	\$ 1500.00
6.	AMENDED SITE PLANS *	\$ 600.00
	<i>Amendment of site plans which are proposed within five (5) years of the original site plan approval, which in the opinion of the Commissioner of Planning & Development, would not involve any changes that could adversely impact adjacent properties.</i>	
7.	ADMINISTRATIVE SITE PLAN	\$ 75.00
8.	PRELIMINARY PLATS*	\$ Base fee: \$200 + 50 per lot.
9.	FINAL PLATS*	\$ 300.00
10.	ADMINISTRATIVE SUBDIVISION	\$ 75.00
11.	ADDITIONAL ADVERTISING	\$ As per cost
12.	ADDITIONAL ENGINEERING FEES INCURRED BY THE TOWN	\$ As per cost
13.	AFTER HOURS INSPECTION FEE	\$ 75.00



TOWN OF CLAY
PLANNING BOARD
Special Permit

Case # _____
Tax Map # _____

NAME OF APPLICANT (Principal contact): _____
Mailing Address _____
Email _____ **Phone** _____

ADDRESS OF SUBJECT PROPERTY: _____

PROPERTY OWNER (owner of record, if not applicant) _____
Mailing Address _____ **Phone** _____

PERSON/FIRM REPRESENTING APPLICANT _____
(please check one if applicable) **Architect** **Engineer** **Attorney**
Mailing Address _____
Email _____ **Phone** _____

ZONING DISTRICT WHERE PROPERTY IS LOCATED: _____
CURRENT USE OF PROPERTY: _____
LENGTH OF TIME SO USED: _____ Months/Years (circle one)

Is any portion of the land located in: _____ **Regulated Wetlands**
 _____ **Flood Plain**
 _____ **Town Local Waterfront Revitalization Area**

SPECIAL PERMIT to allow subject premises to be used for: _____

subject to satisfying the standards governing the issuance of a special permit set forth in Section _____ of the Town of Clay Zoning Code.

Date Petition and fee received by Commissioner:	_____ 20__
Planning Board Action: (a) Date of filing	_____ 20__
Date Petition referred to County Planning	_____ 20__
Date recommendation received from County Planning	_____ 20__
Date of Public Hearing before the Planning Board	_____ 20__
Application Granted () Denied ()	_____ 20__
Date of notification to Petitioner	_____ 20__

Commissioner of Planning & Development _____

<u>Location of the subject property:</u>	Yes	No
Is located within 500 feet of the boundary line of the Town of Clay or the Village of North Syracuse	_____	_____
Is located within 500 feet of boundary of an <i>existing</i> or <i>proposed</i> County or state park or other recreation area; County or State Parkway, Thruway, expressway, road or highway; right-of-way of any stream or drainage channel owned by County or for which the County has established channel lines; County or State owned lands on which a public building or institution is situated.	_____	_____

MANDATORY EXHIBITS FOR SPECIAL PERMIT REQUESTS. The hearing will not be scheduled without these exhibits:

A **legal description** of the property; an **up-to-date survey** or **scaled drawing** of the subject property showing all dimensions and locations and setbacks of all buildings and structures thereon; and an **EAF** (Environmental Assessment form)

Petitioner waives any or all rights otherwise afforded to him under provisions of The Zoning Code of the Town of Clay upon the granting of the Special Permit requested herein:

Dated: _____, 20_____ _____ (Individual Signature) <div style="text-align: center;">(or)</div> _____ (Entity Name) By: _____ <div style="display: flex; justify-content: space-between;"> (Officer) (Title) </div>

TOWN OF CLAY

D I S C L O S U R E A F F I D A V I T

This affidavit is a part of and must be completed and attached to every application, petition, request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit.

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.:
_____ OF _____)

I. _____, being duly sworn, deposes and says that (s)he is:

(applicant, petitioner, corporation officer, property owner, etc.)

II. That deponent has read and is familiar with the provisions of the General Municipal Law, Section 809 which states:

A. Every application, petition or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions or any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality is a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.

B. For the purpose of this action an officer or employee shall be deemed to have an interest in the applicant when (s)he, his/her spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:

- 1) is the applicant, or
- 2) is an officer, director, partner or employee of the applicant, or
- 3) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
- 4) is a party to an agreement with such an applicant, express or implied, whereby (s)he may receive any payment or other benefit, whether or not for services rendered, or contingent upon the favorable approval of such application, petition or request.

C. Ownership of less than five percent (5%) of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.

D. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

III. That no Town of Clay officer, employee or a relative of either, as defined in Section 809 General Municipal Law has any interest in this application.

-OR-

If a Town of Clay officer, employee or relative of either as defined in Section 809 General Municipal law has any interest in this application, the full particulars are provided on an attached sheet.

Date: _____, 20____.	
_____	_____
(Individual Signature)	(Print Name)

(Entity Name)	

By (Officer)	(Title)

(Mailing address of applicant)	

(Telephone Number)	(Fax Number)

Date: _____, 20____.	
_____	_____
(Individual Signature)	(Print Name)

(Entity Name)	

By (Officer)	(Title)

(Mailing address of applicant)	

(Telephone Number)	(Fax Number)

ACKNOWLEDGEMENTS

STATE OF NEW YORK)
) SS:
COUNTY OF ONONDAGA)

On this _____ day of _____ in the year **20**____, before me, the undersigned, a notary public in and for said state, personally appeared _____, _____, and _____ 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 Petition and acknowledged to me that he/she/they executed the same in her capacity, and that by his/her/their signature(s) on the Petition, the individual or the persons upon behalf of which the individual acted executed the instrument.

Notary Public

Owner agreement to join in Special Permit request:

Date _____

(I / We) _____ being owner
of premises known as:

(ADDRESS) _____

TAX MAP NUMBER(S) _____ . - _____ - _____
_____ . - _____ - _____
_____ . - _____ - _____

Agree to and join in the application of:

(APPLICANT NAME) _____

For a Special Permit **(TO / FOR)**

SIGNATURE _____

PRINTED NAME _____