

APPLICATION FOR SPECIAL USE PERMIT
RHINEBECK TOWN PLANNING BOARD
80 EAST MARKET STREET
RHINEBECK, NY 12572
845-876-3409

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____ Fax Number: _____

Location of Proposed Special Use: _____

Tax Map Parcel Number: _____

Current Use of Site: _____

Proposed Use of Site: _____

Zoning Classification: _____

Owner of Property Owner: _____
(if not the applicant)

Address of Owner: _____

Name, address, telephone number and FAX number of Agent or representative:

The undersigned, having been advised by the Town of Rhinebeck Zoning Enforcement officer of the requirement for Special Use Permit review and Approval, hereby requests approval of the above-identified Special Use Permit by the Town of Rhinebeck Planning Board in accordance with Section 274-a of the Town Law and Section VI of the Zoning Ordinance of the Town of Rhinebeck. The undersigned acknowledges that the official date of this Application is that of

the regularly-scheduled meeting of the Planning Board, at which time a preliminary or final site plan in full accordance with the requirements of said Section VII, a copy of this application form, the Environmental Assessment Form required to initiate review of the intended action under SEQRA, and receipt for payment of the application fee and initial escrow deposit to the Town Clerk shall be presented, in order to constitute a complete application. In Order to be considered as an agenda item, the site plan this application form, and the Environmental Assessment Form must be received by the Planning Board Office not less than nineteen (19) calendar days prior to said regularly scheduled meeting.

The Applicant understands that by submitting its application to the Board for its review, it is consenting to comply with the requirements of Local Law No. 2 of 2006 and will enter into an agreement with the Town of Rhinebeck with regard to the establishment of an escrow account in accordance with Local Law No. 2. of 2006. The Applicant understands that the application shall not be deemed to be complete and ready for review by the Board until such time as the Escrow Agreement is signed by the Applicant and by the Town and the initial escrow deposit is made by the Applicant.

In order to assist prospective applicants in complying with the special use permit review and approval procedure; the Town Planning Consultant is available by Appointment. Please call the Planning Board Secretary at 845-876-3409 to schedule an appointment.

Application submitted by: _____ Date: _____

****Please note – if the Applicant is not the owner of the premises, proof of the applicant’s right to act on behalf of the owner in this matter must be submitted.**

PLEASE NOTE ALL ATTACHMENTS:

- _____ Site Plan Application
- _____ Environmental Assessment Form (EAF)
() short – form () long – form
- _____ Receipt for Site Plan Fee and Escrow Deposit
- _____ Authorization, if applicable, to act for owner
- _____ other data / please list
- _____
- _____

