Village of Bergen

Application to the
Planning Board

Special Use Permit

Special Use Number: _____

Date: _____

1. Request to the Planning Board to overturn the Zoning Enforcement Officer's decision to Deny ☐ Grant ☐ an application for a Zoning Permit application Number _____ Dated _____

2. APPLICATION FOR: Special Use Permit ☐

   Other ☐ Please Specify _____

3. Address of Project Site: _____
   Tax Map Number: _____ Zoning District: _____

4. Has a previous appeal been filed pertaining to this parcel: No ☐ Yes ☐
   if yes list Appeal No. _____ Date _____ Purpose of Request: _____

   _____

5. Justification for request: General Response _____
   _____
   _____

A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of this sheet which pertain to you specific appeal.

The Applicant shall submit with this request, appropriate supporting materials including, but not limited to, site plans, elevation, traffic circulation diagrams, neighborhood land use maps and any other materials that will assist the Board in making a determination regarding this request.

CERTIFICATION: I hereby certify that I have read and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating or performance of construction and/or use.

_____ _____ _____ _____
Applicant's Signature Date Owner's Signature (if other than applicant) Date

Office Use Only

Provisions of Zoning Law for Special Use:

☐ Article _____ Section _____
Subsection _____ Paragraph _____
State Reason: _____
_____

Fee Collected Check# _____

Special Use Fee $ _____
Public Hearing Fee $ _____
Total Fee $ _____

_____
Signature – Zoning Enforcement Officer