



**CITY OF GLEN COVE
Planning Board**

**APPLICATION FOR:
CONSIDERATION OF SPECIAL USE PERMIT**

Application # _____ **Fee \$** _____ **Rec'd by:** _____ **Date:** _____

****1. Name of Applicant:** _____

Address of Applicant (If other than applicant): _____

_____ **Phone #** _____
(City, State, Zip)

****2. Name of Record Owner (If other than applicant):** _____

Address of Record Owner (If other than applicant): _____

_____ **Phone #** _____
(City, State, Zip)

3. Name and Location of Business / Project: _____

4. Zone: (If more than one, state acreage in each) _____

5. Tax: Section: _____ **Block:** _____ **Lot :** _____ **District:** _____

6. Deed or Deeds, recorded in County Clerk's office:

Date: _____ **Liber:** _____ **Page:** _____

7. Name and Address of Person, Firm or Organization Preparing Map: _____

8. State the names and phone numbers of any of the following licensed professionals who may appear at the public hearing representing the Applicant:

a. Attorney _____

b. Architect: _____

**** If business entity other than a sole proprietor, please attach a separate sheet listing the names and addresses of each principal (If a corporation, each officer, director and shareholder holding more than 5% of the outstanding shares) and their percentage of interests. Kindly list the date of incorporation, or date filing Certificate of Doing Business.**

c. Engineer: _____

9. Present Use: _____

10. Proposed Use: _____

11. Lot area: _____SF Building Area: (Ground Floor) _____SF

12. Building Area: (Total) _____SF # of Parking Spaces: _____ (Total)

13. Property Part of: _____ Subdivision Granted on: _____

14. Area in acres of any additional adjoining land owned by owner or applicant: _____

15. Does this constitute:

(a) New application? YES NO

(b) Revision or submission of a prior application? YES NO

16. Attach a copy of any deed restrictions or covenants that will apply.

17. If application is for a Special Use Permit, indicate how use requested is consistent with criteria outlined in Section 280.20 of the Zoning Ordinance. _____

18. Board of Appeals action (If applicable): _____

On _____
(DATE)

(Signed) _____

(Title) _____

ONE OF THE FOLLOWING AFFIDAVITS MUST BE COMPLETED

By Individual Owner

State of New York)
) ss:
County of Nassau)

_____, being duly sworn, deposes and says that he is the owner in fee of the property described in the foregoing application for consideration of a site plan and/or special use permit, and that the statements contained therein are true to the best of his knowledge and belief.

(Signed) _____

Sworn to me this _____ day of _____

(Notary) _____

By Owner Corporation

State of New York)
) ss:
County of Nassau)

_____, being duly sworn, deposes and says that he resides at _____

In the county of _____ and state of _____.

That he is the _____ of _____, the corporation which is the owner in fee of the property described in the foregoing application for consideration of a site plan and/or special use permit, and that the statements contained therein are true to the best of his knowledge and belief.

(Signed) _____

(Title) _____

Sworn to me this _____ day of _____

(Notary) _____

By Agent or Owner

State of New York)
) ss:
County of Nassau)

_____, being duly sworn, deposes and says that he is the agent named in the foregoing application for consideration of a minor subdivision plat, and that the statements are true to the best of his knowledge and belief.

(Signed) _____

Sworn to me this _____ day of _____

(Notary) _____