



**NIAGARA FALLS
ZONING BOARD OF
APPEALS**

FEE: \$150.00

Make Check Payable to: "City Controller"

CASE NO: _____

SPECIAL PERMIT APPLICATION FORM
(Chapter 1327 and 1328 Niagara Falls Zoning Ordinance)

APPLICATION TYPE

<input type="checkbox"/>	Non-Conforming Use (1327)	<input type="checkbox"/>	Telecommunications Facility (1328.6)
<input type="checkbox"/>	Non-Conforming Structure (1327)	<input type="checkbox"/>	Adult Use (1328.7)
<input type="checkbox"/>	Parking, Commercial (1328.1)	<input type="checkbox"/>	Bed & Breakfast (1328.8)
<input type="checkbox"/>	Motor Vehicle Service & Repair (1328.2)	<input type="checkbox"/>	Recreation, Commercial Outdoor (1328.9)
<input type="checkbox"/>	Tourism & Sightseeing Oriented (1328.3)	<input type="checkbox"/>	Funeral Home (1328.10)
<input type="checkbox"/>	Group Living (1328.4)	<input type="checkbox"/>	Manufacturing, Light (1328.11)
<input type="checkbox"/>	Kennel or Cattery (1328.5)	<input type="checkbox"/>	Camper Parks (1328.12)

APPLICANT: _____

PROJECT ADDRESS: _____

ZONING: _____

EXISTING USE: _____

PROPOSED USE: * _____

PUBLIC HEARING: DATE: _____ TIME: 5:30 PM

LOCATION: CITY HALL COUNCIL CHAMBERS, 745 MAIN STREET, NIAGARA FALLS

The Applicant or his representative must be present at hearing.

* Proposed use shall conform to the required standards for Non-Conforming Uses/Structures or Special Permits.

Is the project located within or subject to:

Register of Historic Buildings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within 500' of State Park	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Niagara County Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Niagara Falls Planning Board Site Plan Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REQUIRED ENCLOSURES:

Letter of intent describing the nature and form of the proposed development
Site Plan or Survey
SEQRA application form
Application Fee

The undersigned owner/applicant certifies that the plans and information as submitted for review and decision by the Zoning Board of Appeals is true and accurate.

Signature of Applicant

Address of Applicant

Telephone Number

Date

Owner, if different from Applicant

Address of Owner

Telephone Number

Date

For assistance with this form, contact Niagara Falls Inspections Department at 286-4450