## TOWN OF WILSON

375 Lake Street, P.O. Box 537 Wilson, New York 14172 www.wilsonnewyork.com

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Doyle H. Phillips, Supervisor A. Diane Muscoreil, Town Clerk Phone (716) 751-6704 FAX (716)751-6706

Date:		
	Special Use Applicat	<mark>ion</mark>
<u>APPLICANT</u>		
I hereby state true.	hat all the above statements and the statements in all exl	hibits transmitted with this application are
Applicant Nam	e: PRINTED	_
Applicant Signa	ature:	_
Mailing Addres	s:	<u> </u>
Phone:		_
	(Daytime) (Evening)	
Property Addre		
SBL#		Zone Class:
Request:		
(Please attach a	dditional pages for request if needed)	
	INSTRUCTIONS: All required documents and fees must uning Board and Zoning Board of Appeals meetings.	be submitted two weeks prior to the next
1.	<b>SITE PLAN:</b> Drawn to scale showing the location of existing and proposed buildings, driveways, lot lines, and north arrow. Please include all measurements from existing and proposed buildings to lot lines.	
2.	2. <b>SURVEY MAP/TAX MAP:</b> Showing lot dimensions, in <u>addition</u> to a Pictometry aerial view of site from CEO.	

Applicants submitting Variance Requests that require Niagara County Planning Board approval will be required to pay any additional fees assessed by the County.

APPLICATION FEE: \$210.00\*\* (RENEWAL FEE IS \$90.00)