

APPLICATION FOR SPECIAL PERMIT

TOWN OF DRYDEN

Planning Department
93 East Main Street
Dryden, New York 13053

Permit No. _____
Application Date _____
Parcel #: _____

Application is hereby made to: Build , Extend _____, Convert _____, Other Renewal of prior approval
A Structure located at 2150 Dryden Road _____ Town of Dryden, New York.
To be used for FCC licensed wireless telecommunications facility _____ At a Cost of _____.
Owner of Land See Exhibit O of original application Builder _____

Is construction for other than present Land Owner: Yes _____ if so
Name & complete mailing address: _____

The Structure(s) will be as follows:

Type of Construction See cover letter, attached exhibits and site plan _____
Number of Stories _____
Number of Units _____
Type of Heat & Fuel Source _____
Number of Baths _____
Number of Bedrooms _____

Square Feet Floor Area:
Basement _____
First Floor _____
Second Floor _____
Over Second _____

The Undersigned applies for permission to do the above, in accordance with all provisions of all Laws or Regulations of the Town of Dryden, New York, or others having jurisdiction, and affirms that all statements and information given herein are correct to the best of his belief.

Bell Atlantic Mobile Systems of Arentown, Inc. db/a Verizon Wireless, by Nixon Peabody LLP, its attorneys, by Jared C. Lusk

Signature _____

Address 1300 Clinton Square, Rochester, New York 14604 _____

Phone (585) 263-1140 _____

Special Permit Approved _____

Special Permit Denied _____

Fee paid _____

Special Permit Denied _____
Under Article XIII of the Zoning Ordinance.

Date of Hearing: _____

Date of Advertising: _____



Planning Department

Director of Planning
Code Enforcement Officer
Code Enforcement Officer
Senior Planner
GIS Technician
Administrative Coordinator

Dan Kwasnowski
Kevin Ezell
David Sprout
Jane Nicholson
Josh Bogdan
Joy Foster

93 East Main Street
Dryden, NY 13053
T 607 844-8888 Ext. 216
F 607 844-8008
Joy@dryden.ny.us
www.dryden.ny.us

General Permit Application – Sheet 1 General Information

DO NOT FILL IN SHADED SECTIONS

6/20/19 38-1-3.1 Rural AG & Conservation
Date: Tax Parcel #: Zoning District:
(Complete) Project
Address: 2150 Dryden Road

Project Description: See cover letter, exhibits and site plan and original application materials.

Principal Use: Residential _____ Commercial: _____ Other: Public Utility

Permit(s) Required: Building Zoning Special Use Site Plan Review Subdivision Pool
 Heating Demolition Pre-built Shed

To be completed by Planning Department personnel:

Worksheets / sections required:

- | | |
|---|---|
| <input type="checkbox"/> Site Plan Sketch | <input type="checkbox"/> Driveway or Roadcut Compliance |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Notices and Disclaimer Acknowledgement |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Agricultural Data Statement |
| <input type="checkbox"/> Notice of Ground Disturbance | <input type="checkbox"/> County Review |
| <input type="checkbox"/> Zoning Permit | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> Varna Compliance Worksheet | <input type="checkbox"/> Major Subdivision |
| <input type="checkbox"/> Residential Design Guidelines Compliance | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Commercial Design Guidelines Compliance | |
| <input type="checkbox"/> Sign Compliance Worksheet | |

Notes:

Permit Application - Contact Information

Owner - Print name: See Site Plan

Owner Signature required & dated: See Exhibit O to original application.

Address: _____ City: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____
Emergency Contact: _____ Telephone No.: _____

Agent / Applicant - Print: Nixon Peabody LLP by Jared C. Lusk

Address: 1300 Clinton Square City: Rochester State: NY Zip Code: 14604
E-mail: jlushk@nixonpeabody.com Telephone No: (585) 263-1140

General Contractor: TBD before Building Permit License # _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Mason Contractor: _____ License # _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Electrical Contractor: _____ License # _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

HVAC Contractor: _____ License # _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Plumbing Contractor: _____ License # _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Surveyor: _____ License # _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-mail: _____ Telephone No: _____

Note: The Town of Dryden will keep your contact information private.

* *CUT: **

Application from _____ for _____
Project Site _____ received on _____
Payment received \$ _____ Cash _____ Check # _____ Credit Card (circle one)
Signature of receiver _____ Date _____
4820-7432-2842.1