



**Planning Department**

Director of Planning, Zoning Officer  
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Stormwater Officer  
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**General Permit Application – Sheet 1 General Information**

DO NOT FILL IN SHADED SECTIONS

Date: 4-28-2022 Tax Parcel #: 38-001-031-02 Zoning District: Dryden Town  
(Complete) Project Address: 129 NORTH ST Dryden

Project Description: Special USE Permit to sell USED CARS, Rent UHAULS, Sell New Trailers on property  
Special USE PERMIT REQUIRED

Estimated project cost: \$0 -

Principal Use: Residential \_\_\_\_\_ Commercial: X Other: \_\_\_\_\_

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:**

- Site Plan Sketch Fee: \$250
- Site Plan Review (See Fee Schedule)
- Special Use Permit (See Fee Schedule)
- Notice of Ground Disturbance
- Zoning Permit Fee: \$25
- Varna Compliance Worksheet
- Residential Design Guidelines Compliance
- Commercial Design Guidelines Compliance
- Sign Compliance Worksheet
- Driveway or Roadcut Compliance
- Notices and Disclaimer Acknowledgement
- Agricultural Data Statement
- County Review
- Minor Subdivision Fee: \$25
- Major Subdivision (See Fee Schedule)
- Demolition
- Lot line Adjustment

**Notes:**

Applicant seeks Special Use Permit TO operate USED CAR LOT AND Trailer Sales AND to operate Uhaul Rentals - Sell Associate Products TO THESE goods. - NO service work -

# Permit Application - Contact Information

Owner - Print name & complete mailing address: Guthrie Medical Group

Owner Signature required & dated: [Signature] agent 4-22

Address: 134 Homer Ave. City: CORTLAND State: NY Zip Code: 13045

E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone No: [Redacted]

Agent / Applicant - Print: David J Donlick Cry AUTOTUS LLC

Address: 3681 KATIE LN City: CORTLAND State: NY Zip Code: 13045

E-mail: [Redacted] Telephone No: [Redacted]

General Contractor: \_\_\_\_\_ 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 _____	received on _____
Project Site _____		
Payment received \$ _____	Cash _____	Check # _____
		Credit Card (circle one) _____
Signature of receiver _____		Date _____