

VILLAGE OF MIDDLEPORT

OFFICE OF CODE ENFORCEMENT

24 MAIN STREET
MIDDLEPORT, NEW YORK 14105
TELEPHONE: 716-735-3303
FAX: 716-735-3432

SPECIAL USE PERMIT

NAME OF APPLICANT _____

OWNER OF PREMISES _____

ADDRESS OF PREMISES _____

PROPOSED USE _____

OFF STREET PARKING: YES _____ NO _____

PROPOSED SIGNAGE _____

WHAT IMPACT WILL USE HAVE ON NEIGHBORHOOD? _____

SITE PLAN/BUILDING PLANS: REQUIRED

ADDITIONAL INFORMATION _____

The undersigned applies to the Zoning Board of Appeals of Village of Middleport for a SPECIAL USE PERMIT for the proposed project described herein, and agrees to be bound by all conditions attached to said permit upon approval of Zoning Board of Appeals.

Signature of Applicant_____

Special Use Permit Fee: \$200