Village of Owego
Department of Public Works
20 Elm Street
Owego, NY 13827

APPLICATION FEE $25.00 – PLEASE MAKE CHECK PAYABLE TO VILLAGE OF OWEGO

APPEAL NO. _____
DATE _____

SPECIAL USE PERMIT APPLICATION

To the Zoning Board of Appeals of the Village of Owego, New York:

I (we) _____ of _____
Applicant's Name — Number & Street

_____
City, Town or Village — State — Zip Code — Telephone Number

Location of the Property _____

Zoning District _____ Tax Map Number _____

Hereby appeal to the Zoning Board of Appeals for a Special Use Permit to:

_____

_____

Pursuant to Chapter _____ , Article _____ , Section _____ , Subsection _____ , Paragraph _____ (& Chapter _____ , Article _____ , Section _____ , Subsection _____ , Paragraph _____) of the Code of the village of Owego.

Previous Appeal(s) No. _____

STATE OF NEW YORK:
: SS
COUNTY OF TIOGA :

Sworn to this _____ day of _____ , 20 _____

_____ NOTARY PUBLIC

_____ APPLICANT'S SIGNATURE

Please include a summary of your proposed business, hours, parking requirements, delivery hours, and any other information that would impact neighbors/neighborhood or that you deem important.