7/02

TOWN OF SOMERS
WESTCHESTER COUNTY, NEW YORK
APPLICATION FOR SPECIAL EXCEPTION USE PERMIT FOR
ACTIVITY WITHIN A GROUNDWATER PROTECTION OVERLAY DISTRICT

Application Processing Affidavit must also be completed. Click here for form.

Owner: _____ **Tel. #:** _____
Address:_____
Applicant: _____ **Tel. #:** _____
Address:_____
State authority: _____**If other than owner, authorization must be submitted in writing.**
Premises: Sheet:_____ **Block:** _____ **Lot:** _____ **Situated on the** _____ **side of**
_____**(Street)**_____ **feet from the intersection of** _____ **(Street)**
PROJECT TITLE: _____
DESCRIPTION OF WORK AND PURPOSE:
_____
_____
_____
GROUND WATER OVERLAY DISTRICT DESIGNATED BY TOWN BOARD: _____
SIZE OF ACTIVITY AREA: _____
ESTIMATED TOTAL VALUE OF WORK: _____
PROPOSED STARTING DATE:_____
PROPOSED COMPLETION DATE:_____
PLANS PREPARED BY: _____ **DATED:** _____

Plans must be submitted with application.

LIST OF ADJOINING PROPERTY OWNERS OF RECORD:

NAME	ADDRESS	BLOCK	LOTS

APPLICANT'S SIGNATURE:_____ **DATE:** _____

OWNER'S SIGNATURE: _____**DATE:** _____