

## TOWN OF SHELBY 4062 Salt Works Rd., P.O. Box 348, Medina, NY 14103 Phone 585-798-3120

## SITE PLAN REVIEW BY THE TOWN PLANNING BOARD IS REQUIRED FOR ALL SPECIAL USE PERMIT APPLICATIONS FEE: \$50.00

DATE:		
Applicant Name: Address: Phone:		
Property Owner's I Name: Address: City: Phone:	Name if Different.	
	INFORMATION REGARDING THE SITE:	
Tax ID#	Site Address:	
Nearest intersecting	g road:	
Present Zoning Dis	trict:	
Relevant Section(s)	of Zoning Ordinance:	·······

Description of Request:			
SITE MAP TO SCALE ON GRAPH PA REQUEST AND INCLUDE:	PER MUST BE ATTACHED TO THIS		
1. Title of drawing including app	licant's name		
2. North arrow, scale and date			
3. Boundaries of the property plo	otted to scale		
4. Existing Buildings with dimens	sions and square footage		
<ol><li>Proposed building and addition noted.</li></ol>	ns with dimensions and square footage		
6. Existing watercourse and bodi			
7. Location of any slopes of 5% o	r greater		
8. Proposed grading and drainag			
9. Location, proposed use and he including culverts, drains, reta	ight of all buildings and site improvements ining walls and fences		
	tion materials of all parking and truck		
loading, showing points of ent	ry and exit from the site.		
11. Location of outdoor storage, if	<del>-</del>		
	ewage disposal and location of the facilities		
13. Identification of water source;	if well, locate		
14. Location, size and design and o	construction materials of all proposed		
15. Location and proposed develor vegetation cover	pment if all buffer areas, including existing		
16. Location and design of outdoo	r lighting facilities.		
17. General landscaping plan			
THIS APPLICATION MUST BE SUBM			
ENFORCEMENT OFFICER IN PERSO	)N WITH \$50.00 FEE.		
Applicant Signature:	Date:		
Property Owner Signature:	Date:		

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