

**VILLAGE OF ALBION**  
Bureau of Code Enforcement and Fire Prevention  
35 East Bank Street  
Albion, New York 14411  
Office (585) 589-7229  
Fax (585) 589-1919

**APPLICATION FOR SPECIAL USE PERMIT**

Date: \_\_\_\_\_ Application Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Agent / Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ (days) \_\_\_\_\_ (nights)

**A. SITE AND PROJECT INFORMATION**

Current use of property: \_\_\_\_\_

Proposed special permit use: \_\_\_\_\_

Address of subject property: \_\_\_\_\_

Tax map number: \_\_\_\_\_

Is project within a flood hazard zone? ( ) Yes ( ) No

**B. REQUIRED DOCUMENTATION TO BE ATTACHED TO THIS APPLICATION**

( ) Site Plan ( ) Evidence of ownership / lease ( ) Fee

**C. OTHER LOCAL APPROVALS**

( ) Area variance ( ) Use variance ( ) Sign permit ( ) County Planning

Signed: \_\_\_\_\_ Date: \_\_\_\_\_