

TOWN OF CONCORD
86 Franklin Street, PO Box 368
Springville, NY 14141
Phone: (716) 592-4948
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**SPECIAL USE PERMIT APPLICATION
FOR TELECOMMUNICATION FACILITIES**
(Special Use Permit Under Provisions of Article 137-Town of Concord)
ALL FEES ARE NON-REFUNDABLE

Date Received: _____	Permit # _____
Public Notice Date: _____	Permit Fee: \$2,500.00
Date of Public Hearing: _____	Co-Applicant/Accessory/ Alteration Fee: \$1,000.00

A. APPLICATION for ORIGINAL/SHARED/BOTH (circle appropriate) Special Use Permit for Telecommunications facilities for property located at:

B. STATEMENT OF OWNERSHIP: I/We _____
are/am the owner(s) of the above property and reside at: (if different from above):

Telephone Number: _____

C. APPLICATIONS/AUTHORIZATION: I/We make/authorize application for ORIGINAL/SHARED/BOTH (circle appropriate) telecommunications special permit by:
ORIGINAL APPLICANT-Name: _____

Address: _____

Contact ; _____ Telephone Number: _____

SHARED USE APPLICANT-Name: _____

Address: _____

Contact: _____ Telephone Number: _____

D. REQUEST: The Applicant requests a Special Use Permit for the use of the property above for a telecommunication tower as provided under the provisions of the following documents:

TWELVE copies of survey showing site, elevations, and plans of structures and accessory use areas of the entire parcel devoted to the Special Use Permit.

TWELVE copies of the location map showing the relationship of the proposed site to the surrounding neighborhood, traffic ways, land uses, and other pertinent data.

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E. ALLEGATIONS: The Applicant alleges that the proposed Special Use Permit would not be detrimental to the property or persons in the neighborhood because:

Signatures:

Owner: _____ Date: _____

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____