

Town of Hastings  
1134 US Rt. 11  
Central Square, NY 13036  
(315) 668-2456

Application # \_\_\_\_\_

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

Fee: \_\_\_\_\_

## APPLICATION FOR SPECIAL USE PERMIT

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**TO THE HASTINGS TOWN BOARD, OSWEGO COUNTY, NEW YORK:**

**I (We), the undersigned, do hereby respectfully make application that a determination be made by the Town Board on the following which is required by Town of Hastings Zoning Law, in regard to Section \_\_\_\_\_.**

**1. Proposed Use (specifically identify all uses):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Property Location:**

\_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_,  
\_\_\_\_\_ miles from \_\_\_\_\_.

**3. The following are individuals, firms or corporations owning property adjacent to both sides. Rear and across the street from the proposed site:**

**North:**

**East:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**South:**

**West:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Show on the site plan (by a licensed surveyor) all information required by Town of Hastings Zoning Law.**

**5. Name, address and phone number: (print)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**6. TOWN OF HASTINGS PLANNING BOARD RECOMMENDATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Planning Board Secretary**

\_\_\_\_\_  
**Date**

**7. HASTINGS TOWN BOARD DECISION:**

\_\_\_\_\_  
\_\_\_\_\_

**Resolution Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_