

**TOWN OF HORSEHEADS
SPECIAL PERMIT APPLICATION**

150 WYGANT ROAD
HORSEHEADS, NY 14845

APPLICANT: _____

_____ STATE _____ ZIP _____

PHONE# _____ FAX# _____

EMAIL ADDRESS: _____

OWNER: (IF DIFFERENT) _____

_____ STATE _____ ZIP _____

PHONE # _____ FAX# _____

PROPERTY NAME AND LOCATION: _____

TAX MAP# _____

ZONING DISTRICT: _____

REASON FOR REQUEST: _____

DESCRIPTION OF PRESENT USE OF PROPERTY:

DESCRIPTION OF PROPOSED USE OF PROPERTY:

APPLICANT'S SIGNATURE: _____

WITNESS: _____

OWNER: (IF DIFFERENT) _____

DATE: _____

The application must be accompanied by a SEQR form, siteplan/survey map, guarantee of payment and applicable fees.

GUARANTEE OF PAYMENT

I hereby guarantee payment of the publication of the notice of public hearing in your official Town newspaper.

Date: _____

Name: _____

Address: _____

Phone# _____

Signature: _____