



Special Use / Temporary Use / Administrative Appeal

Town of Amherst – Planning Department

Procedure

Section 8-1-3E of the Town of Amherst Zoning Ordinance authorizes the Zoning Board of Appeals (ZBA) to hear requests for special use permits, temporary use permits, administrative appeals and appeals of NYS Town Law section 280-a(3). Requests for special use permits are only for those special uses listed in the Zoning Ordinance use tables. A special use permit allows certain uses that have increased potential for incompatibility within a zoning district to be carefully reviewed based on fixed standards, and whether their establishment on any given site should be permitted with conditions. A temporary use permit may be authorized by the ZBA for not more than (2) two years for uses which are of a temporary nature and do not involve the erection or construction of any permanent structure.

1. Applicant shall schedule an appointment with the Planning Department confirming that a Special Use Permit/Temporary Use Permit or an appeal before the Zoning Board of Appeals is necessary.
2. Complete the Special Use/Temporary Use/ Administrative Appeal Application Form and **email** to one of the Planners listed below. If the attachment exceeds 5 MB contact the Planning Department for a file share link. Planning Staff will review the Area Variance Application and determine if it is complete.
An application is complete if:
 - a. All questions on the Application Form have been fully answered.
 - b. Relevant materials listed below have been attached.
3. Once the application is determined complete, the applicant will be directed to make (10) stapled copies with attachments and deliver the to the Town Clerk's office for payment.
4. Applicant or designated representative shall attend the public hearing, present the request to the Zoning Board of Appeals, and be prepared to answer questions related to the request. The meeting may be recorded live and streamed on the Town web site for public viewing.
5. After the public hearing is closed, the Zoning Board of Appeals has up to 62 days to approve, approve with modifications, or deny the application. Once the Zoning Board of Appeals has made a decision, a written notice will be sent to the applicant within 5 business days.

For assistance with the Area Variance Application, please contact Daniel J. Ulatowski, AICP, Assistant Planning Director dulatowski@amherst.ny.us or Thomas Voight, Assistant Planner tvoigt@amherst.ny.us at 716-631-7051.

Fee

The filing as set by the Town Board, currently \$115 (including \$ 15 affidavit fee) (\$1,515 for telecom.) payable to the Town of Amherst is required at time of application.



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Information to be provided with application

All submitted documents larger than 8.5" x 11" **MUST** be accompanied by one (1) copy reduced to 8.5" x 11" for use with projection equipment.

- A. Property Survey.
- B. Site plan showing proposed use of property and any proposed mitigation
- C. Part one of a short Environmental Assessment Form (EAF) as required by SEQR and found by the following link https://www.dec.ny.gov/docs/permits_ej_operations_pdf/seafpartone.pdf
- D. Letter of permission from the land owner if the applicant is not the land owner.

Conflict Disclosure

Section 809 of the NYS General Municipal Law requires an applicant to disclose any potential conflicts of interest with the members of a decision making body. Thus, allowing such conflicted member(s) to abstain from all deliberations and/or decisions.

1. Every application, petition or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality or of a municipality of which such municipality is a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.
2. For the purpose of this section an officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:
 - a) is the applicant, or
 - b) is an officer, director, partner or employee of the applicant, or
 - c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
 - d) is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request.
3. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York or American Stock exchanges shall not constitute an interest for the purposes of this section.
4. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.



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Type of Request

- | | |
|--|---|
| <input type="checkbox"/> Special Use Permit (SUP) | <input type="checkbox"/> Auxiliary Housing Unit (SUP) |
| <input type="checkbox"/> Temporary Use Permit | <input type="checkbox"/> Raising Chickens (SUP) Section 6-8-9 |
| <input type="checkbox"/> Appeal under Section 280-a(3) of NYS Town Law | <input type="checkbox"/> Restricted Parking Lots (SUP) Section 7-1-9B(2)(b) |
| <input type="checkbox"/> Telecommunications Facility (SUP) | <input type="checkbox"/> Bed & Breakfast (SUP) |
| <input type="checkbox"/> Type 2 Home Occupation (SUP) | <input type="checkbox"/> Public Utility Service Structure or Facility (SUP) |
| <input type="checkbox"/> Dormitory, fraternity or sorority house (SUP) | <input type="checkbox"/> Administrative Appeal |

Applicant Information

Property Owner Name(s): _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Name(s): _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Property Information

Assessed Address: _____

SBL No.: _____ Zoning District: _____

I have the following conflicts pursuant to section 809 of the General Municipal Law as follows (see conflict disclosure on back of instruction page)

Office Use Only

The applicant is appealing the decision of the Zoning Enforcement Officer to not approve a

Appl. No. _____

TOWN CLERK USE
DATE: _____
TIME: _____
REC'D BY: _____

Date Filed: _____

Mtg. Date _____

Accepted By: _____



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Special Use /Appeal Request

A. Justification for Special Use/Temporary Use. Provide justification for why the special or temporary use is appropriate at the subject property (will be compatible with the existing uses adjacent and near the property; will not tend to depreciate the value of adjacent property; will not create a hazard to health, safety or the general welfare and why the use will not alter the essential character of the neighborhood) (attach additional sheets as necessary):

B. Justification for Appeal. Describe in detail why you believe that any order, requirement, decision, interpretation or determination made by the Town’s administrative official should be overturned (attach additional sheets is necessary):

Disclosure Affidavit

I maintain that the information provided in this application is true and accurate to the best of my knowledge:

Property owner or applicant name (print): _____

Property owner or applicantsignature: _____

Date: _____

If the applicant is not the property owner, has a letter of permission allowing the applicant to file this application been provided.

STATE OF NEW YORK COUNTY OF ERIE On the _____ day of _____ in the year _____ before me, The above individual personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same for the purposes therein stated.	WITNESS my hand and official seal: Signature of NotaryPublic _____ Print Name
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Office Use Only

SEQR is not required. 239M is applicable _____

The applicant is also seeking a _____ which is attached.