

Town of Canandaigua

5440 Routes 5 & 20 West
Canandaigua, NY 14424
(585) 394-1120
Fax: (585) 394-9476

Established 1789

R E C E I V E D	TOWN OF CANANDAIGUA DEVELOPMENT OFFICE	F O R R E V I E W
	JAN - 2 2020	

SPECIAL USE PERMIT APPLICATION

(Please see other side as well) CPN #: 20-001

1. Name and Address of Property Owner: X John + Judith Landrigan
4991 Wyffels Road Canandaigua NY 14424
Telephone Number of Property Owner: X 585 739-5540

2. Name and Address of Applicant if not property owner: MICHAEL PRIESTMAN
2450 CR 28 MICHAELBPRIESTMAN@gmail -
Telephone Number of Applicant: 585-781-4536

3. Subject Property Address: 4991 Wyffels Rd. CNDGA, NY
Subject Property Tax Map Number: 112-000-0001-020-300 Zoning District: _____

Applying for a "NEW" Special Use Permit:

Proposed Use: CHIROPRACTIC HOME OFFICE
Section of Town Zoning Law Pertaining to Proposed Special Use: Chapter 220, Section 59

You must attach to this application (1) a detailed site plan in compliance with the Residential / Commercial Checklist; (2) a written statement detailing your compliance with the Town's zoning law; and (3) a statement of operations – a detailed description of your proposed business.

Applying to "RENEW" an existing Special Use Permit:

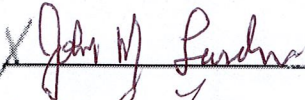
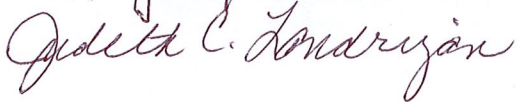
Type of Existing Special Use Permit: _____
Date of Original Planning Board Approval: _____
Section of Town Zoning Law Pertaining to Existing Special Use: Chapter 220, Section _____
Are there any proposed changes to the existing Special Use Permit? Yes No
If yes, please explain: _____

You must attach to this application (1) a copy of the most recent site plan showing the Planning Board chairperson's signature at the time the existing special use permit was granted/last renewed; (2) a written statement regarding your compliance with all past Planning Board conditions of approval; and (3) photographs of the subject property showing your compliance with all past Planning Board conditions of approval.

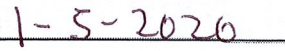
The undersigned represents and agrees as a condition to the issuance of these permits that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

**PERMIT APPLICATION CANNOT BE ACCEPTED WITHOUT THE
PROPERTY OWNER'S SIGNATURE.**

Owner's Signature:

Date:


1-5-2020

FOR OFFICE USE ONLY

Application requires further review by Planning Board

and/or Zoning Board of Appeals.

Yes

No

Zoning Officer

Date

Flood Zone _____

Floodplain Development Permit Required?

Yes

No

Permit Issued	Permit Number	Fee
Special Use Permit		\$50. ⁰⁰
Total Permit Fee		\$50. ⁰⁰ (non-refundable)

Code Enforcement Officer

Date

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Phone: (585) 394-1120 / Fax: (585) 394-9476

CPN #: 20-001

Sketch Plan Checklist

Applicant: Michael Priestman

Project Address: 4991 Wyffels Rd.

Tax Map #: 112.00-1-20.300 Zoning District: R-1-20

Project Description Narrative: _____

SUP for Major Home Occupation (Chiropractic Office)

Sketch Plan Checklist – Chapter 220 §220-66 (Not required for any property in a major subdivision)	Shown on Plan by Applicant	Initial PRC Review	PRC Follow Up Review
A. The sketch plan shall be clearly designated as such and shall identify all existing and proposed:			
1) Zoning classification and required setbacks.	✓	✓	
2) Lot lines.	✓	✓	
3) Land features including environmentally sensitive features identified on the NRI. (woods, streams, steep slopes, wetlands)	n/a	N/A	
4) Land use(s). (residential, agricultural, commercial, or industrial)	✓	✓	
5) Utilities. (i.e. location of electric, gas, well, septic, sewer, cable)*	n/a	N/A	
6) Development including buildings, pavement and other improvements including setbacks.	✓	✓	
7) Location and nature of all existing easements, deed restrictions and other encumbrances.	n/a	✓	
B. Sketch plans shall be drawn to scale.	✓	✓	
C. It is the responsibility of the applicant to provide a sketch plan that depicts a reasoned and viable proposal for development of the lot.	✓	✓	

I have reviewed my submitted application and drawings against the above noted criteria and hereby certify that the submitted application matches this check list.

Michael Priestman
Signature of Applicant / Representative

1/08/20
Date

*May be obtained from UFPO – dial 811 for assistance.