

City of Olean
Department of Fire, Buildings, & Emergency Services
Code Enforcement Division

Olean Municipal Building, Rm. 212
P.O. Box 668, 101 E. State Street
Olean, NY 14760
716-376-5683, 716-376-5707 (fax)

Application for Special Use Permit

Date Received in Codes: _____

Date Forwarded to C.D.: _____

Application #: _____

Forwarded By: _____

1. APPLICATION:

I, _____, hereby apply for a Special Use permit for property located at _____ . The present use of this property is _____ . The proposed special use request is for the following:

I have read, and am familiar with Article 9, Section 9.0 of the Olean Zoning Ordinance.

Signature of Applicant

Date Signed and Submitted

2. ACTION TAKEN BY THE PLANNING BOARD:

(a) On _____ the City of Olean Planning Board reviewed this application and set a public hearing for _____, _____, _____ .
(date) (time) (location)

3. FINAL ACTION TAKEN BY OLEAN PLANNING BOARD:

On _____, at _____, a public hearing was held. On _____
(date) (location) (date)

the Planning Board **Approved** **Disapproved** the Special Use request for application #: _____

CONDITIONS FOR SPECIAL USE PERMIT:

4. FORWARDED TO THE BUILDING DEPARTMENT ON: _____