Town of Owego 2354 State Route 434 Apalachin, NY 13732 607-687-0123 x6 planningzoning@townofowego.com

Appeal No.	
Date	

SPECIAL USE PERMIT APPLICATION

To the Zoning Board of Appeals of the	he Town of Owego, Nev	w York:	
I (we)		of	
Applicant's Name		Number & Street	
City, Town or Village	State	Zip Code	Telephone Number
Applicant Email Address			
Location of the property			
Zoning District	Tax Map Number		
hereby apply to the Zoning Board of	Appeals for a Special U	se Permit, pursu	ant to Chapter 125,
Article, Section	, Subsection, F	aragraph,	(& Chapter 125, Article
, Section, Subsection	ction, Paragraph _).	
Permission to			is requested
Previous Appeal(s) No	D	ate(s) granted _	
STATE OF NEW YORK:			
: SS COUNTY OF TIOGA :			
Sworn to this day of _		, 20	
MOTA DV DUDI IC		A DDI ICANTE	C CICNATUDE
NOTARY PUBLIC		APPLICANT	S SIGNATURE