

**TOWN OF ROCKLAND
CONDITIONAL USE APPLICATION**

APPLICANT/OWNER

AGENT FOR APPLICANT/OWNER

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone _____

Telephone _____

Email _____

Email _____

Zoning: Existing _____

Proposed _____

Uses: Existing: _____

Proposed: _____

Please state reasons & justification for conditional use: (Please include a map of the area, drawn to scale, outlining the parcel(s) requested for conditional use, identifying all adjacent streets, properties, existing zoning and present uses on all adjacent properties)

Parcel(s) # _____

Size of parcels(s) _____ Acres

Property Location _____

Names and addresses of bordering property owners and property owners across the road or street: (Please attach additional pages, if necessary)

1. **Attendance is recommended at both Planning Commission and Town Board meetings where action/approval is to take place, unless other arrangements are made with Town staff. Contact the Town Clerk for meeting schedule.**
2. **The applicant/owner of above parcel(s) hereby gives permission to the Town of Rockland, its staff/employees, agents, and/or appointees to enter the property for purposes of this request with proper notification to applicant/owner.**
3. **The applicant is responsible for meeting all applicable Town, County, State, and Federal requirements.**
4. **The applicant should be prepared to address the review criteria utilized by the Planning Commission and Town Board for conditional use permits as listed in the Town of Rockland Code of Ordinances.**
 - (a) The statement of purposes of this ordinance and specific zoning district.
 - (b) Consistency with the Town of Rockland Comprehensive Plan.
 - (c) The potential conflict with agricultural use.
 - (d) The availability of alternative locations.
 - (e) Compatibility with existing or permitted uses on adjacent lands.
 - (f) The impact of the proposed use on the Town's natural resources.
 - (g) Proposed plans for the storage and disposal of animal wastes, exclusive of the EA zoning district.
 - (h) Proposed stormwater management plans.
5. **Upon approval of request, check with Rockland Zoning Administrator for any necessary permits.**
6. **The applicant is required to provide a scaled site plan, including pictures, of the proposed property or building alterations. Drawings with correct dimensions to buildings, property lines, or other topographic features are to be submitted as required by the applicable ordinance, Planning Commission, or Town Board. The Town of Rockland reserves the right to reject requests that do not have sufficient background data prior to the schedule meeting.**
7. **The applicant is responsible for the accuracy of the information provided.**

Please make sure this application is complete and attach any other information necessary for a prompt review.

Signature of Owner: _____ Date: _____

Signature of Agent for Owner: _____ Date: _____

DISPOSITION (For Office Use Only):

Date of Publishing: _____

Date of Request: _____

Committee Recommendation _____

Date of Recommendation: _____

Town Board Action: _____

Date of Action: _____

Fee Amount Paid: _____ Check No. _____