

**TOWN OF CANANDAIGUA**  
5440 Route 5 & 20 West  
Canandaigua, NY 14424  
Telephone – 585-394-1120 / Fax – 585-394-9476  
www.townofcanandaigua.org

## **TEMPORARY USE PERMIT PROCESS**

1. The following information must be submitted to the Development Office with a \$100.00 application fee for review by the Planning Review Committee (PRC):
  - A. A completed Temporary Use Permit Application (attached).
  - B. A letter from the property owner granting the applicant permission to operate on the property.
  - C. A site plan showing the location on the site where the use will take place, ample off-street parking, and any signage
  - D. Colored renderings with dimensions of any signage that will be used.
  - E. A completed Short State Environmental Form must be submitted (attached).
2. The PRC will make an initial review of the submitted Short State Environmental Form.
3. Once the application is deemed complete and the PRC has completed their initial review of the Short State Environmental, the application will be:
  - A. Forwarded to the Town Clerk for placement on the next available Town Board agenda. The applicant is strongly encouraged to attend the Town Board meeting to discuss the application and answer any questions the Town Board may have.
  - B. If required (per NYS Town Law, Section 239-m), the application will also be forwarded to the Ontario County Planning Board for their review and comment.
4. The Town Clerk to provide a copy of the Town Board resolution granting / denying the temporary use permit to the Planning & Zoning Department for the property file.
5. If the application is approved by the Town Board, the applicant must obtain a Temporary Use Permit from the Town Code Enforcement Officer. The permit fee is \$50.

7/27/09

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**TOWN OF CANANDAIGUA**  
**TEMPORARY USE PERMIT APPLICATION**

**SECTION 1 – APPLICANT / PROPERTY INFORMATION:**

1. Name and Address of Property Owner: \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
  
2. Name and Address of the Applicant *if not the property owner*: \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
  
3. Subject Property Address: \_\_\_\_\_
  
4. Tax Map Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_
  
5. Briefly describe the current structures and use on the property: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 2 – DESCRIPTION OF PROPOSED TEMPORARY USE:**

1. Briefly describe the proposed use: \_\_\_\_\_
2. What are the dates that the proposed Temporary Use will be in effect:  
Commencing Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_
3. Attach a statement of operations which describes “purpose of request”, “number of people employed”, “business hours”, “how daily garbage will be removed from the site”, etc.)

**SECTION 3 -- SITE INFORMATION:**

A detailed plan of the site must be submitted to obtain the permit (a site plan previously approved by the Planning Board is acceptable). The site plan must be drawn showing the entire property, all existing structures, all proposed structures, and all setbacks from all the property lines.

The undersigned represents and agrees as a condition to the issuance of this permit that the temporary use 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.

I, the property owner, agree that it is my responsibility to restore the property to its original condition once the temporary use is no longer operating.

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Total Permit Fee \_\_\_\_\_ (Non-Refundable)

Permit #: \_\_\_\_\_

\_\_\_\_\_  
Code Enforcement Officer

\_\_\_\_\_  
Date of Issuance

Per Section 105-1102, issued permits shall expire twelve (12) months from the date of issuance. The CEO may grant an extension for time of completion and include any conditions or requirements deemed necessary. If a project is not initiated within six (6) months of the issuance of the permit, the permit shall be considered null and void.

**Appendix C**  
**State Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.  
 Yes  No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  
 Yes  No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?  
 Yes  No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?  
 Yes  No If Yes, explain briefly:

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Preparer (If different from responsible officer)