Town Of Madison

Madison, New York 13402 Wind turbine Special Use Permit Application

2. PROPERTY TAX NO:	3. TIME PERIOD REQUESTED:
4. DESCRIPTION OF USE:	
5. Total acreage of project:	
6.APPLICANT(DEVELOPER):	PHONE:
CONTACT PERSON:	
ADDRESS:	
E-MAIL:	
8. PROPERTY OWNER:	PHONE:
CONTACT PERSON:	FAX:
ADDRESS:	
E-MAIL:	
9. ENGINEER/SURVEYOR:	PHONE:
CONTACT PERSON:	FAX:
ADDRESS:	
E-MAIL:	
10. OTHER CONTACTS:	PHONE:
CONTACT PERSON:	FAX:
ADDRESS:	
Applicable material submitted as required by sec a. General description of project:	ction II A. of Windmill Regulations:
b. Generating capacity:	
c. Equipment Manufacture:	

f. Height of towers:		
g. Plan drawn showing	g location of each tower, guy lines, anchor bases, service dri	ves, fencing and grating, soil
protection, meteorolo	ogical towers, structures within a mile of each tower, public a	ccess roads and turn arounds,
service drives, substations, electrical cabling, ancillary equipment, third party transmission lines, and layout of		
all structures in the g	eographic boundaries; adjoining property lines and setback l	ines.
h. All required studies,	, reports, certifications and approvals demonstrating complia	nce with section III of Windpower
Facilities Regulations	S.	
i. Completed SEQR lo	ong form.	
j. Wildlife and Avian st	tudies as required by NYSDEC.	
k. Any information requ	uired by the Town of Madison, Madison County and New Yo	rk State.
	PROPERTY OWNER	APPLICANT
Print name:		Date:

TOWN OF MADISON

OWNERSHIP AFFIDAVIT

Notary Public	
duly acknowledged to me the	hat he/she/they executed the same.
In and who executed the fo	pregoing Application for a Special use Permit and he/she/they
	, to me known and known to me to be the person described
On this day of	20 , before me personally came and appeared
COUNTY OF MADISON)	
STATE OF NEW YORK) ss:	