

LISA BRANNON 315-637-8619

Permit Fee \$

100.00

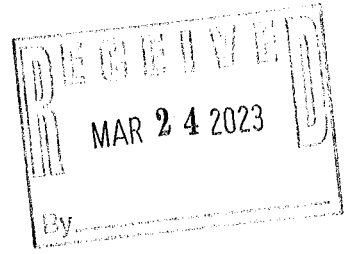
Town of Manlius  
ACCESSORY USE PERMIT RENEWAL APPLICATION

1. Owners Name: HEATH WINKLER DDS Phone: 315 682 9555  
2. Address: 8057 CAZNOVIA RD MANLIUS NY 13104

3. Tax Map No.: 114-04-77.0

4. Requested permitted use:  
(a) Previous: DENTAL PRACTICE  
(b) Proposed: \_\_\_\_\_

5. Location of operation within the building: basement, 1<sup>st</sup> floor, 2<sup>nd</sup> floor, garage:  
(a) Previous: SAME  
(b) Proposed: \_\_\_\_\_



6. Approximate square footage to be utilized: +/- 1200 SQ FT  
(a) Previous: SAME  
(b) Proposed: \_\_\_\_\_

7. Hours of Operation:  
(a) Previous: SAME M-F 8-5  
(b) Proposed: \_\_\_\_\_

8. Days of Operation:  
(a) Previous: SAME M-F  
(b) Proposed: \_\_\_\_\_

9. Operator's name: HEATH C WINKLER, DDS  
(a) Previous: SAME  
(b) Proposed: \_\_\_\_\_

10. Provisions for parking: +/- 8 SPOTS  
(a) Previous: SAME

(b) Proposed: \_\_\_\_\_

11. Number of employees:

(a) Previous: None (SAME)

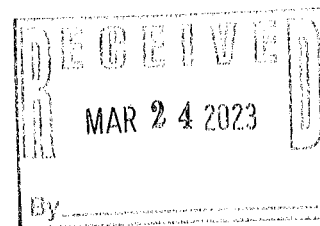
(b) Proposed: \_\_\_\_\_

12. Average number of customers/clients to visit property daily:

(a) Previous: SAME 6-18 OR SO

(b) Proposed: \_\_\_\_\_

Show any changes to survey or site plan from prior approval and, if no changes proposed, please submit original survey or site plan.  
Show sign, if any, on survey or site plan and provide drawing or picture of same.  
Submit Petition from neighbors regarding the continued accessory use.



Revised 03/08/16

**Planning Board Use Only**

Planning Board Appearance Date: \_\_\_\_\_

Tax Map No.: \_\_\_\_\_

Zoning: \_\_\_\_\_

Existing Zoning Violations?: \_\_\_\_\_

Complaints?: \_\_\_\_\_

Public Hearing?: \_\_\_\_\_

yes: \_\_\_\_\_ date: \_\_\_\_\_ No: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

- Conditions:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_

Renewal term \_\_\_\_\_ years to expire on \_\_\_\_\_

Clerk Print Name: \_\_\_\_\_

Signed:

*Handwritten signature* 3-21-2022

