

50

TOWN OF MINA

FEE \$	APPLICATION FOR SPECIAL USE PERMIT	PERMIT NO.
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK		DATE
RECEIPT NO.		

INSTRUCTIONS TO APPLICANT:

1. SUBMIT A COMPLETE COPY OF THIS APPLICATION AND ALL DOCUMENTS THAT MUST BE SUBMITTED HEREWITH.
2. TYPE OR PRINT YOUR ANSWERS.
3. A NON-REFUNDABLE FEE OF \$ 50.00 SHALL ACCOMPANY THIS APPLICATION.
4. COMPLETE EACH QUESTION FULLY; IF THE QUESTION DOES NOT APPLY, PLEASE MARK "N/A."
5. ADD PAGES AS NEEDED.

APPLICANT INFORMATION	
APPLICANT'S NAME: <u>TOM SEBALD</u>	OWNER'S NAME (IF DIFFERENT):
ADDRESS: <u>4638 HIGHVIEW BLVD</u> <u>ERIE, PA 16509</u>	ADDRESS: <u>Thomas J. Sebald</u> <u>Denise L. Sebald</u> <i>ES.</i>
TEL. NO.: <u>814-392-2563</u>	TEL NO.:
APPLICANT'S INTEREST IN PROPERTY: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (explain)	

PROPERTY INFORMATION			
TAX MAP NUMBER	Section: <u>341.00</u>	Block: <u>1</u>	Lot: <u>26</u>
STREET ADDRESS: <u>10760 Rt 430 MINA, PA</u> <u>ARCS 341.00-1-26 AND</u>		SIZE OF PARCEL: <u>0.3 ACRES</u>	<i>VACANT LAND</i>
		PRESENT USE: <u>Residential / Vacant Land</u>	
		ZONING DISTRICT: <u>AR</u>	

USE INFORMATION
<p>DESCRIBE SPECIFICALLY THE NATURE OF THE REQUESTED USE:</p> <p><u>CANNABIS MICROBUSINESS. ACTIVITIES INCLUDE:</u></p> <p><u>CULTIVATION, PROCESSING, DISTRIBUTION, SALES AND DELIVERY.</u></p>
<p>DESCRIBE IN DETAIL THE SEPARATE ACTIVITIES TO BE CONDUCTED ON THE PROPERTY ALONG WITH THE PROPOSED HOURS AND SEASONS OF OPERATION FOR EACH:</p> <p><u>CULTIVATION - TEAR ROOM - GREENHOUSE CANOPY</u></p> <p><u>PROCESSING - MINIMAL - PROCESSING/PACKAGING IN PREPARATION FOR DISTRIBUTION/SALES</u></p> <p><u>DISTRIBUTION - WHOLESALE OF PRODUCTS GROWN ON SITE</u></p> <p><u>SALES AND DELIVERY OF THOSE PRODUCTS</u></p>
<p>DESCRIBE WHY YOU BELIEVE THE PROPOSED USE WILL NOT BE DETRIMENTAL TO THE CHARACTER OF THE NEIGHBORHOOD AND WILL BE IN HARMONY WITH THE INTENT OF THE TOWN OF MINA ZONING LAW (in relation to existing noise, light, and traffic conditions, for example):</p> <p><u>OPERATIONS WILL BE CONSISTANT WITH AGRICULTURAL AND FARM MARKET ACTIVITIES, WHICH ARE ALLOWABLE USES IN AGRICULTURAL DISTRICTS</u></p>

ADDITIONAL DOCUMENTS SUBMITTED WITH APPLICATION [Mark as applicable]	
<input checked="" type="checkbox"/>	If available, copies of detailed plans depicting site elevations, ponds, swamps, streams and other wetland areas, structures, accessory use areas, water supply and sewage disposal facilities.
<input checked="" type="checkbox"/>	A plan for the proposed development of the site depicting the location of all streets, sidewalks, buildings, parking areas, means of traffic access and circulation drives
<input checked="" type="checkbox"/>	A copy of the deed, lease, or other instrument describing the applicant's property interest. <i>TR RECORD</i>
<input type="checkbox"/>	Short Environmental Assessment Form (EAF)
<input type="checkbox"/>	Other (please list):

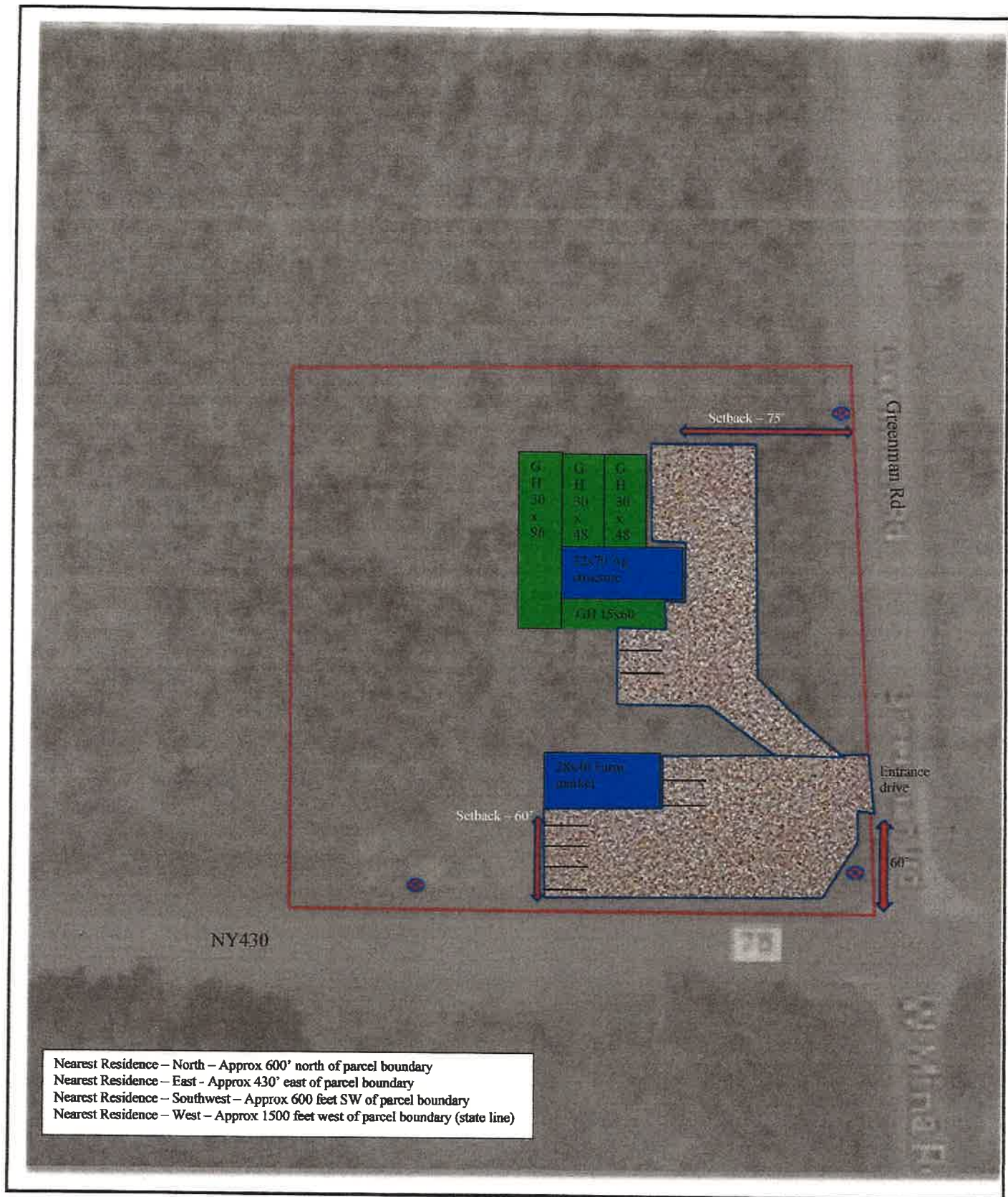
NOTICE: A SPECIAL USE PERMIT, IF GRANTED, DOES NOT PERMIT THE APPLICANT TO CONSTRUCT, ENLARGE, ALTER, IMPROVE, CONVERT, OR CHANGE THE LOCATION OR NATURE OF OCCUPANCY OF ANY BUILDING OR STRUCTURE, FOR WHICH A BUILDING PERMIT WOULD OTHERWISE BE REQUIRED.

APPLICANT SIGNATURE	
I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed and the premises used as described herein, unless modified by the approving Board..	
Signature of Applicant: <i>[Signature]</i>	Date: <i>6/30/23</i>

OWNER SIGNATURE [If other than the Applicant]	
I have read and familiarized myself with the contents of this application and do hereby consent to its submission and processing.	
Signature of Owner:	Date:

DO NOT WRITE BELOW THIS POINT

Is the parcel in a County Ag District?		<p align="center">APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/></p> <p>Affix the following documents to and permanently file with this application:</p> <ul style="list-style-type: none"> • Minutes of the Planning Board and ZBA/Town Board Public Hearings • Response to Municipal Zoning Referral (if any) • Negative Declaration and/or Environmental Impact Statement • Special Use Permit, if approved. • Notification of Approval/Denial
Referred to Town Board		
Referred to Town Planning Board		
Referred to Village Clerk		
Referred to County Planning Board		
Public Hearing Date		
Negative/Positive Declaration Adopted		
Publication of Legal Notice of Hearing		
Notification to Adjacent Landowners		
Date of Board Decision		



Well and Septic locations - TBD based on County requirements
 Signage - TBD based on township requirements
 Parking - 8

KEY: Parcel Boundary
 Pole locations
 Enclosed Structure
 Greenhouse



FIGURE : SITE PLAN
Project : Boyd Farms LLC

Tom Sebald / Boyd Farms LLC



Department of State Division of Corporations

Entity Information

[Return to Results](#)[Return to Search](#)

Entity Details

ENTITY NAME: BOYD FARMS LLC**DOS ID:** 6744623**FOREIGN LEGAL NAME:****FICTITIOUS NAME:****ENTITY TYPE:** DOMESTIC LIMITED LIABILITY COMPANY**DURATION DATE/LATEST DATE OF DISSOLUTION:****SECTION OF LAW:** LIMITED LIABILITY COMPANY LAW - 203
LIMITED LIABILITY COMPANY LAW - LIMITED LIABILITY
COMPANY LAW**ENTITY STATUS:** ACTIVE**DATE OF INITIAL DOS FILING:** 02/28/2023**REASON FOR STATUS:****EFFECTIVE DATE INITIAL FILING:** 02/28/2023**INACTIVE DATE:****FOREIGN FORMATION DATE:****STATEMENT STATUS:** CURRENT**COUNTY:** CHAUTAUQUA**NEXT STATEMENT DUE DATE:** 02/28/2025**JURISDICTION:** NEW YORK, UNITED STATES**NFP CATEGORY:**

ENTITY DISPLAY

Service of Process on the Secretary of State as Agent

The Post Office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery:

Name: DENISE SEBALD**Address:** PO BOX 71, FINDLEY LAKE, NY, UNITED STATES, 14736

Electronic Service of Process on the Secretary of State as agent: Permitted

Chief Executive Officer's Name and Address

Name:**Address:**