Village of Schoharie

Application To Expand, Renovate Or Open A Business

Name of owner: _____

Address of owner: _____

_____

Name of Building Owner: _____

Bussinees Name: _____

Existing: _____ Expanding: _____ New: _____

Type of Business: _____

Will there be any construction _____

Explain_____

_____

_____

_____

_____

Office Use

Zoning District:_____ Zoning Compliance: Yes___ No____

Variance Required: Yes___ No ___ Area: ___ Use ___

Special Use Permit Required: Yes ___ NO ___

Site Plan Review Required: Yes ___ NO ___

Building Permit Required: Yes ___ No___