TOWN OF COLONIE
ZONING BOARD OF APPEALS

Public Operations Center
347 Old Niskayuna Road
Latham, New York 12110

Phone (518) 783-2706 Fax (518) 783-2772
www.colonie.org/departments/building

Peter G. Crummey
Town Supervisor

Peter R. Crouse
Chairman

CASE# _____

APPLICATION FOR SPECIAL USE PERMIT

An approved "Application for Zoning Verification" and all attachments thereto, including any approved plan, must be submitted with this form. Also attach all required materials and justification pursuant to the Colonie Town Code §189 and §190-57 and related provisions and a SEQR EAF form.

ADDRESS OF SITE: _____ _____
Number Street Name Of Business/Tenant

_____
APPLICANT'S NAME* Date

_____
APPLICANT'S SIGNATURE* PRINT OR TYPE NAME SIGNED

* Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address _____
Number Street City State Zip

Phone No. _____ Fax #: _____ Email: _____

CONTACT PERSON: _____

Address _____
Number Street City State Zip

Phone No. _____ Fax #: _____ Email: _____

NAME OF PRESENT PROPERTY OWNER: _____

Address _____
Number Street City State Zip

DESIGN PROFESSIONAL (NYS Licensed) _____
Check One Engineer _____ Surveyor _____ Architect _____ Landscape Architect _____

Address _____
Number Street City State Zip

Phone No. _____ Fax #: _____ Email: _____

DESCRIBE PRESENT USE OF THE BUILDING AND PROPERTY (IF VACANT, SO NOTE AND LIST LAST USE):

_____

If change of tenant: Name of previous tenant/business: _____

DESCRIBE PROPOSED USE IN DETAIL IN A COMPLETE DESCRIPTIVE NARRATIVE:

_____
_____
_____

Parcel is located in a _____ zoning district (refer to Town of Colonie zoning map).

Area of Property: _____ acres and _____ square feet Lot Size width _____ depth _____
Length of property on a developed street _____ ft.
Is this a corner lot? Yes _____ No _____ Frontage on each street _____ ft. _____ ft.
Is this a Through lot? Yes _____ No _____ Frontage on each street _____ ft. _____ ft.

Building setbacks:	Existing	Proposed		Existing	Proposed
Front yard	_____ ft.	_____ ft.	Right side yard	_____ ft.	_____ ft.
Rear/Front yard	_____ ft.	_____ ft.	Left side yard	_____ ft.	_____ ft.

Existing Building Height (at peak) _____ ft. stories _____
Proposed Building Height (at peak) _____ ft. stories _____
New Building Size: Length _____ ft. Width _____ ft.

Gross floor area: existing sq. ft. _____ proposed sq. ft. total _____ sq. ft.

Access to Town Highway? Yes _____ No _____ County Highway? Yes _____ No _____ State Highway? Yes _____ No _____

Fee Amount: _____ Date Paid: _____ Receipt #: _____

___ APPROVED **___ CONDITIONALLY APPROVED** **___ DENIED**

☐ Per Zoning Board of Appeals Decision on _____

Signature of Building Department Official: _____ Date: _____

OFFICIAL USE ONLY Approval Shall be Valid Until _____