

BUILDING DEPARTMENT

TOWN OF COLONIE

PUBLIC OPERATIONS CENTER

347 OLD NISKAYUNA ROAD

LATHAM, NY 12110-2286

Michael M. Rosch
Director

(518) 783-2706

COMMERCIAL ZONING VERIFICATION

THIS APPLICATION IS FOR ZONING VERIFICATION FOR ANY COMMERCIAL PROJECT,
SUBMIT THIS TO THE BUILDING DEPARTMENT.
NOT TO BE USED FOR A SUBDIVISION OF LAND

THIS FORM WILL BE ON FILE IN THE BUILDING DEPARTMENT FOR 1 YEAR

Any proposal which requires a Town of Colonie Building and Zoning Permit or an approval issued by the Town of Colonie Planning Board/Department must first be reviewed by the zoning enforcement officer of the Town of Colonie to determine whether the proposal violates any provision(s) of the Town of Colonie Zoning Laws. The Officer's determination is based upon the information submitted on this form and such determination is subject to review and change if the project is modified at a subsequent date. The officer reserves the right to request further information it is deemed necessary. A disapproval of the application by the zoning officer means the project, as designed, cannot proceed for the reasons provided. If you the applicant, disagree with the zoning officer's determination you may appeal said determination to the Town of Colonie Zoning Board of Appeals. The applicant further agrees and understands that a new "Application for Zoning Verification" may have to be submitted if the applicable zoning laws change before the proposed action is completed.

1. GENERAL INFORMATION: (MUST BE TYPEWRITTEN)

Address of site of proposed action:

Number Street City State Zip

Name of applicant

Address

Number Street City State Zip

Applicant's phone (W) (Cell)

Contact person

Address

Phone number (W) (Cell)

Property owner(s)

Address

Number Street City State Zip

2. Describe the present use of the building and property. (If vacant, so note and list last prior use).

3. APPLICANT'S PROPOSED ACTION:

A. Is the proposed action a:

____ New building ____ Addition ____ Renovation ____ Accessory Structure
____ New tenant (business name) _____
____ Change of use (new use) _____
____ Change of owner (new owner) _____
____ Temporary tent (Date tent will be erected) _____ (Date tent will be removed) _____
____ Site change or other (describe below) _____

B. Proposed use (check where applicable and provide area for each use):

USE	GROSS FLOOR AREA	USE	GROSS FLOOR AREA
____ Office	sq. ft.	____ Warehouse/Distribution	sq. ft.
____ Wholesale Business	sq. ft.	____ Fast Food	sq. ft.
____ Convenience Store	sq. ft.	____ Restaurant, Barroom	sq. ft.
____ Retail Sales	sq. ft.	____ Manufacturing	sq. ft.
____ Motel, Hotel	sq. ft.	____ Multifamily	sq. ft.
____ Motor Vehicle Svce. Station	sq. ft.	____ Other	sq. ft.

C. DESCRIBED THE PROPOSED USE IN DETAIL IN A COMPLETE DESCRIPTIVE NARRATIVE.

OVER

