

BUILDING DEPARTMENT

TOWN OF COLONIE

PUBLIC OPERATIONS CENTER

(518)783-2706

Michael M. Rosch
Director

347 OLD NISKAYUNA ROAD

LATHAM, NY 12110-2286

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 (dates tent will be erected) _____
 Site change or other (describe below) _____

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

<u>USE</u>	<u>GROSS FLOOR AREA</u>	<u>USE</u>	<u>GROSS FLOOR AREA</u>
<input type="checkbox"/> Office _____	sq. ft.	<input type="checkbox"/> Warehouse/Distribution _____	sq. ft.
<input type="checkbox"/> Wholesale Business _____	sq. ft.	<input type="checkbox"/> Fast Food _____	sq. ft.
<input type="checkbox"/> Convenience Store _____	sq. ft.	<input type="checkbox"/> Restaurant, Barroom _____	sq. ft.
<input type="checkbox"/> Retail Sales _____	sq. ft.	<input type="checkbox"/> Manufacturing _____	sq. ft.
<input type="checkbox"/> Motel, Hotel _____	sq. ft.	<input type="checkbox"/> Multifamily _____	sq. ft.
<input type="checkbox"/> Motor Vehicle Svce. Station _____	sq. ft.	<input type="checkbox"/> Other _____	sq. ft.

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

OVER

