TOWN OF COLONIE
PLANNING & ECONOMIC DEVELOPMENT DEPARTMENT
PUBLIC OPERATIONS CENTER
347 OLD NISKAYUNA ROAD
LATHAM, NEW YORK 12110-2289
PHONE (518) 783-2741 FAX (518) 783-2888
Planning Board Agenda (518) 783-1511

Approval # _____

APPLICATION FOR ANNUAL APPROVAL

This form is to apply for an annual exemption from the site plan approval requirement for changes of tenant, as provided in Section 190-10 of the Code of the Town of Colonie. This application applies to any building used for offices or retail sales, and having at least 100,000 square feet of gross floor area and three or more tenants, or any combination of buildings under the same ownership and on contiguous lots which together have 100,000 square feet of gross floor area and three or more tenants , and will be accepted only between April 15 and November 15 of each year. It is to be submitted to the Planning and Economic Development Department of the Town of Colonie. If the exemption is denied by the Department, the applicant must submit a Site Development Plan Application to the Planning Board prior to applying for a Building and Zoning Permit. The decision of the Department may be appealed to the Planning Board.

This application applies to the requirements for site plan review only. All changes of tenant require issuance of an individually approved "Application for Zoning Verification", a Building and Zoning Permit, and a Certificate of Occupancy from the Town of Colonie Building Department.

ADDRESS(ES) OF SITE: _____
Number Street

APPLICANT: _____
(Applicant must be owner or agent.)

Address _____
Number Street City State Zip

Phone No. during business hours: _____ Fax #: _____

CONTACT PERSON: _____

Address _____
Number Street City State Zip

Phone No. during business hours: _____ Fax #: _____

NAME OF PRESENT PROPERTY OWNER: _____

Address _____
Number Street City State Zip

DESCRIBE THE PROPOSED USE OF THE ENTIRE BUILDING(S):

Total gross floor area of building _____ sq. ft.

Parking spaces _____ Days & hours of operation _____

Maximum # of employees (based on maximum building occupancy allowed under NYS Code)_____

Maximum area of building to be occupied by:

General Office _____ sq. ft.
Medical Office _____ sq. ft.
Retail Sales _____ sq. ft.

WILL SITE ON WHICH BUILDING IS LOCATED BE CHANGED IN ANY WAY?
Yes _____ No _____ If yes, how? _____

APPLICANT'S SIGNATURE: _____

PRINT OR TYPE NAME SIGNED: _____ DATE: _____

OFFICIAL USE ONLY

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

_____ **APPROVED** _____ **DENIED**

Reason(s) for denial: _____

_____

Signature of P.E.D.D. Official _____ Date _____