

# WATERCOURSE AREA PERMIT APPLICATION

**TOWN OF COLONIE**  
**PLANNING AND ECONOMIC DEVELOPMENT DEPARTMENT**  
**PUBLIC OPERATIONS CENTER**  
**347 OLD NISKAYUNA ROAD**  
**LATHAM, NEW YORK 12110-2289**  
**PHONE (518) 783-2741**

ADDRESS OF SITE OF PROPOSED ACTION: (As Listed in Town Assessor's Records)

\_\_\_\_\_ NUMBER STREET \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Phone No. During Business Hours: \_\_\_\_\_ Fax: \_\_\_\_\_

CONTACT PERSON'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Phone No. During Business Hours: \_\_\_\_\_ Fax: \_\_\_\_\_

EXISTING PROPERTY OWNER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Phone No. During Business Hours: \_\_\_\_\_ Fax: \_\_\_\_\_

APPLICANT'S PROPOSED ACTION: (CHECK ALL THAT APPLY)

- RECONSTRUCTION OR REPLACEMENT IN KIND OF AN EXISTING FACILITY OR STRUCTURE
- INSTALLATION OF A CULVERT, BRIDGE, OR STREET CROSSING
- DISCHARGE OF STORM WATER, GROUND WATER, OR TREATED WASTE WATER
- GRADING (LESS THAN SIX INCHES IN DEPTH)
- OTHER (SPECIFY): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                     |                         |
|--|---------------------|-------------------------|
| <b>OFFICE USE ONLY</b>                   | <b>FEE:</b> _____   | <b>DATE PAID:</b> _____ |
| APPROVED _____                           | <b>DENIED</b> _____ | <b>DATE</b> _____       |
| <b>REASON(S) FOR DENIAL:</b> _____       |                     |                         |
| _____                                    |                     |                         |
| _____                                    |                     |                         |
| <b>SIGNATURE of PEDD OFFICIAL:</b> _____ |                     |                         |