



TOWN OF COLONIE
ZONING BOARD OF APPEALS

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

James Campbell
Chairman

Paula A. Mahan
Town Supervisor

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

Michael Garry
Counsel

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 § 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