

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 site plan approval for changes of tenant, as provided in Section 190-11.A.(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 50,000 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 50,000 square feet of gross floor area and three of gross floor area and three or more tenants. It is to be submitted to the Planning and Economic Development Department of the Town of Colonie, and will be accepted only between April 1 and November 30 of each year.

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.

| Ν | lumber | Street | | | |
|--|-------------------------------|----------------------------|---------------------------|--------|--|
| APPLICANT'S NAME* | | | | Date | |
| APPLICANT'S SIGNATURE* * Applicant must be owner or authorized agent. | | PRINT O | PRINT OR TYPE NAME SIGNED | | |
| Address Number | Street | City | State | Zip | |
| Phone No. during business hours: | | | State | 1 | |
| CONTACT PERSON: | | | | | |
| Address | | | | | |
| Number Phone No. during business hours: _ | Street | City | State | Zip | |
| Filone No. during business nours. | | Γαλ # | | | |
| NAME OF PRESENT PROPERTY | OWNER: | | | | |
| Address | | | | | |
| Number | Street | City | State | Zip | |
| DESCRIBE THE PROPOSED U | SE 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 o | occupied by: | | | | |
| General Office Medical Office Retail Sales | sq. ft. | | | | |
| WILL SITE ON WHICH BUILD Yes No If yes, ho | w? | | | | |
| OFFICIAL USE ONLY | | | | | |
| Fee Amount: | Date Paid: | Receipt #: | | | |
| APPROVED I | DENIED | | | | |
| Reason(s) for denial: | | | | | |
| Signature of P.E.D.D. Official | | | | | |
| | Approval shall be valid until | | | | |
| Sitework must be completed prio | r to the Planning and Eco | onomic Development Departm | nent's sign off fo | r C.O. | |