



**Town of Halfmoon  
Planning Department  
2 Halfmoon Town Plaza  
Halfmoon, NY 12065  
371-7410 ext. 2601  
Fax: 371-0304**

**PLEASE RETAIN THIS PAGE FOR YOUR REFERENCE**

Dear Applicant:

If you plan to mail in your application, please send the complete application and payment to:

Town of Halfmoon  
Planning Department  
2 Halfmoon Town Plaza  
Halfmoon, NY 12065

All applications must be received by 4 pm on the day of the deadline in order to be considered for placement on the next meeting agenda at the discretion of the Planning Department.

The Planning Board reserves the right to request a site plan be submitted with your application.

Once the Planning Board determines the application is complete, it will continue its review until either approval or disapproval is determined.

**Please be aware that you must contact the Building Department for permit requirements following Planning Board approval at 371-7410 ext. 2502 Monday thru Friday 8:00am to 4:00pm. A fire inspection will need to be scheduled 2-3 weeks following the issuance of a certificate of occupancy.**

A 4" postal or suite number is required and must be seen from the road for all homes, tenant spaces and commercial buildings.

The Planning Board convenes the second and fourth Monday of each month at 7pm. If you have any questions, please contact our department.

Thank you,

The Planning Department



**Town of Halfmoon**  
**2 Halfmoon Town Plaza**  
**Halfmoon, NY 12065**  
**371-7410 ext. 2601**  
**Fax: 371-0304**  
**Planning Department**

**Change of  
 Tenant/Use Application**  
**Fee: \$86.00**

**Project #** \_\_\_\_\_

Business/Project Name: \_\_\_\_\_

Address/Location: \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*An "Owner Authorization" form must to be submitted if you do not own the property**

**Property Owner:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Uses:**

Present/Prior Use: \_\_\_\_\_

Any additional uses on site: Yes  No  If yes, please describe: \_\_\_\_\_

Proposed use/sales/service: \_\_\_\_\_

Total Area of building/site to be occupied: \_\_\_\_\_ (Square Feet)      Number of Parking Spaces on site: \_\_\_\_\_

Hours of operation:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

**NOTE: A separate written narrative fully describing the business and all activities that the site will be used for MUST be submitted with your application. It is at the Departments discretion to request a site plan when necessary.**

11. Applicant's proposed action: (CHECK ALL THAT APPLY)

- a. Change of use
- b. Change of tenant

12. Permits required from other agencies (CHECK ALL THAT APPLY)

- a. NYS Dept. of Transportation
- b. NYS Dept. of Health
- c. NYS Dept of Env. Conservation
- d. Saratoga Cty. Highway Dept.
- e. Saratoga Cty. Sewer Dist.
- f. Town of Halfmoon Water Dist.
- g. Saratoga Cty Planning Dept.
- h. Other: \_\_\_\_\_

13. Upon approval of this application, the applicant intends to apply for: (CHECK ALL THAT APPLY)

- a. Building Permit
- b. Special use permits

**Applicant/Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(For Department Use Only)**

Planning Board Action: Approved  Disapproved  Reason for Disapproval: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Town of Halfmoon  
Planning Department  
2 Halfmoon Town Plaza  
Halfmoon, NY 12065  
(518) 371-7410 ext. 2601  
(518) 371-0304 - Fax**

**OWNER AUTHORIZATION FOR SITE PLAN/SUBDIVISION REVIEW**

The undersigned, who is the owner of the premises known as  
....., identified as Tax Map #.....hereby  
authorizes .....to bring the application before  
the Planning Board of the Town of Halfmoon for site plan review/subdivision approval.

The undersigned further permits the Town or its authorized representative  
access to the property to review existing site conditions during the review process.

STATE OF NEW YORK        )  
COUNTY OF SARATOGA    )SS.

On this .....day of .....,Two Thousand and ....., before me,  
the subscriber, personally appeared ..... to me  
personally known and known to me to be the same person described in and who executed  
the within Instrument, and .....he.....acknowledged to me that .....he.....executed the same.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Notary Public