



**Town of Halfmoon
Two Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2601
Planning Department**

**In-Home Occupation
Fee: \$56.00**

Project # _____

Business/Project Name: _____

Applicant

Name: _____ Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Uses:

Proposed use/sales/service: _____

Total Area of building to be occupied (**Not to exceed 30% of floor space**): _____ (Square Feet)

Hours of operation:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Number of employees: Full-time _____ Part-time _____ Seasonal _____

(Note: Only one employee who is not part of the family is permitted)

NOTE: A separate written narrative fully describing the business and all activities in detail 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.

Applicant/Owner Signature: _____ **Date:** _____

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

Town of Halfmoon Planning Board
Planning Department
Two Halfmoon Town Plaza
Halfmoon, NY 12065

All applications must be received by 12pm 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. **Only complete applications will be accepted for review.**

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

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

(For Department Use Only)

Planning Board Action: Approved Disapproved Reason for Disapproval: _____

Signature: _____ Date: _____