



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

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
Two Halfmoon Town Plaza
Halfmoon, NY 12065

All applications must be received by 12 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
Two Halfmoon Town Plaza
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371-7410 ext. 2601
Planning Department

Change of
Tenant/Use Application
Fee: \$84.00

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
 Two Halfmoon Town Plaza
 Halfmoon, NY 12065
 (518) 371-7410 ext. 2601
 Planning Department**

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 thisday 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, andhe.....acknowledged to me thathe.....executed the same.

 Owner

 Notary Public