

Village of Altamont

P.O. Box 643 Altamont, NY 12009

Telephone (518) 861-8554 Fax (518) 861-5379

Checklist for Special Use Permit

Return to:

Village of Altamont
PO Box 643 115 Main Street
Altamont, NY 12009
(518) 861-8554 Ext 13

Fees:

\$ 300.00 Commercial
\$ 50.00 One Family
\$ 100.00 Two Family
(Payable at time of Submittal to Village)

APPLICANT INFORMATION:

Name: _____

Address: _____

Daytime Phone #: _____

Date: _____

PROPERTY INFORMATION:

Owner: _____

Location: _____

Tax Map #: _____

Zoning: _____

Acreage: _____

TO BE SUBMITTED:

1) 10 copies of application

2) 10 Copies of conditional purchase contract or rental agreement if applicable

3) 10 copies of project narrative containing the following: reasons which necessitate the need for a variance including a brief detailed description of the project

4) 10 copies Architectural drawings of proposed project

5) 10 copies of survey or plot plan showing proposed project with

- side setbacks
- front and rear setbacks
- all existing buildings
- location of proposed construction
- total size of parcel
- all topographic elevations necessary to show proposed variance

6) 10 copies completed SEQRA

OTHER AGENCY APPROVALS OR RECOMMENDATIONS AS REQUIRED

- | | |
|-------------------------------------|----------|
| 1) NYS Department of Transportation | 765-2841 |
| 2) Albany County Health Department | 447-4631 |
| 3) Albany County Planning Board | 447-5660 |