

# Village of Altamont

P.O. Box 643 Altamont, NY 12009

Telephone (518) 861-8554 ext 17 Fax (518) 861-5379

## APPLICATION FOR SPECIAL USE PERMIT

Return to: Village of Altamont  
115 Main Street, PO Box 643  
Altamont, NY 12009

Fees: \$ 300.00 Commercial  
\$ 100.00 Two Family  
\$ 50.00 One Family  
(payable at time of submission)

### STATEMENT OF OWNERSHIP AND INTEREST

THE APPLICANTS(S) \_\_\_\_\_  
is (are) the owner(s) of property situated at the following address:

\_\_\_\_\_  
Street PO Box Village State Zip

TAX MAP NUMBER: \_\_\_\_\_. The above described property was acquired by  
applicant(s) on \_\_\_\_\_.

#### **A. REQUEST**

The applicant(s) request a Special Use Permit for the above described property under the provisions of  
Section \_\_\_\_\_ of the Zoning Law of the Village of Altamont for the following purposes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

as shown on the attached plan drawn to scale.

#### **B. REASONS FOR REQUEST**

The applicant(s) allege(s) that the approval of said Special Use Permit would be harmony with the  
intent and purpose of said Zoning Ordinance (local law) and that the proposed use conforms to the  
standards prescribed therefore in said ordinance (local law) and would not be detrimental to property  
for persons in the neighborhood for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. SPECIAL FEATURES**

In addition to meeting the standards prescribed by the Zoning Law of the Village of Altamont, the applicant will provide \_\_\_\_\_

\_\_\_\_\_

in order that the public convenience and welfare will be further served.

**THIS PORTION TO BE FILL OUT IN PRESENCE OF NOTARY**

TO ME PERSONALLY APPEARED

\_\_\_\_\_  
On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**NOTARIZED SIGNATURE**

\_\_\_\_\_

\_\_\_\_\_  
Applicant Mailing Address

\_\_\_\_\_  
Applicant telephone #