

Village of Altamont

P.O. Box 643 Altamont, NY 12009
Telephone (518) 861-8554 Fax (518) 861-5379

Checklist for Variance

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: _____

Request for a: _____ Use Variance _____ Area Variance

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 (including a North Arrow) 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