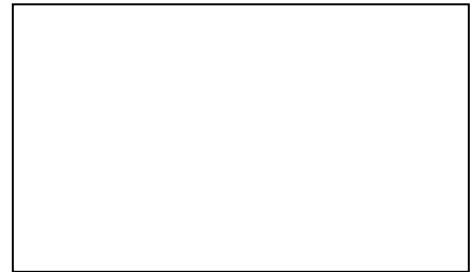


**TOWN OF COLONIE  
PLANNING BOARD  
PLANNING & ECONOMIC  
DEVELOPMENT DEPARTMENT  
PUBLIC OPERATIONS CENTER  
347 OLD NISKAYUNA ROAD  
LATHAM, NEW YORK 12110-2289  
PHONE (518) 783-2741 FAX (518) 783-2888  
Planning Board Agenda (518) 783-1511**

**SITE PLAN APPLICATION**

Approval # \_\_\_\_\_



An approved "Application for Zoning Verification" and all attachments thereto, including any approved plan, must be submitted with this form.

ADDRESS OF SITE: \_\_\_\_\_  
   Number  Street  Name Of Business/Tenant

APPLICANT'S NAME\* \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT'S SIGNATURE\* \_\_\_\_\_ PRINT OR TYPE NAME SIGNED \_\_\_\_\_

\* Applicant must be either the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

Address \_\_\_\_\_  
   Number  Street  City  State  Zip  
 Phone No. \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
 Address \_\_\_\_\_  
   Number  Street  City  State  Zip  
 Phone No. \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

NAME OF PRESENT PROPERTY OWNER: \_\_\_\_\_  
 Address \_\_\_\_\_  
   Number  Street  City  State  Zip

DESIGN PROFESSIONAL (NYS Licensed) \_\_\_\_\_  
 Check One Engineer \_\_\_\_\_ Surveyor \_\_\_\_\_ Architect \_\_\_\_\_ Landscape Architect \_\_\_\_\_  
 Address \_\_\_\_\_  
   Number  Street  City  State  Zip  
 Phone No. \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

PROPOSED USE (Check where applicable and provide gross floor area for each use - include basement areas)

USE	GROSS FLOOR AREA	USE	GROSS FLOOR AREA
_____ Medical Office	_____ sq. ft.	_____ Wholesale Business	_____ sq. ft.
_____ General Office	_____ sq. ft.	_____ Warehouse/Distribution	_____ sq. ft.
_____ Retail Sales	_____ sq. ft.	_____ Manufacturer	_____ sq. ft.
_____ Convenience Store	_____ sq. ft.	_____ Fast Food	_____ sq. ft.
_____ Apartments _____ units	_____ sq. ft.	_____ Restaurant, Barroom	_____ sq. ft.
_____ Motel, Hotel _____ rooms	_____ sq. ft.	_____ Canopy	_____ sq. ft.
_____ Storage	_____ sq. ft.	_____ Other (specify)	_____ sq. ft.
		Total:	_____ sq. ft.

Area of Parcel \_\_\_\_\_ Acres \_\_\_\_\_ Sq. Ft.

Disposition of Parcel (in square feet)	Existing	Net Increase or Decrease	Total Proposed	Total (as % of site)
Building Area	_____	_____	_____	_____
Paved Area (including walks, gravel, etc.)	_____	_____	_____	_____
Green Area	_____	_____	_____	_____
Number of Parking Spaces	_____	_____	_____	_____

If change of tenant: Name of previous tenant/business: \_\_\_\_\_

Specific activities of previous use \_\_\_\_\_

Does Site Have Town Water? Yes \_\_\_\_\_ No \_\_\_\_\_ Town Sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

Is extension of Town roadway, sewer or water proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

Access to Town Highway? Yes \_\_\_\_\_ No \_\_\_\_\_ County Highway? Yes \_\_\_\_\_ No \_\_\_\_\_ State Highway? Yes \_\_\_\_\_ No \_\_\_\_\_

Present (if any) Number of Employees in Maximum Shift \_\_\_\_\_ Present (if any) Number of Shifts \_\_\_\_\_

Proposed Number of Employees in Maximum Shift \_\_\_\_\_ Proposed Number of Shifts \_\_\_\_\_

**OFFICIAL USE ONLY**

Fee Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

\_\_\_\_ **APPROVED**      \_\_\_\_ **CONDITIONALLY APPROVED**      \_\_\_\_ **DENIED**

Per Planning and Economic Development Department       Per Planning Board Decision on \_\_\_\_\_

Signature of P.E.D.D. Official \_\_\_\_\_ Date \_\_\_\_\_

Approval Shall be Valid Until \_\_\_\_\_