

WATERCOURSE AREA PERMIT APPLICATION

File No. _____

TOWN OF COLONIE
PLANNING AND ECONOMIC DEVELOPMENT DEPARTMENT
PUBLIC OPERATIONS CENTER
347 OLD NISKAYUNA ROAD
LATHAM, NEW YORK 12110-2289
PHONE (518) 783-2741

ADDRESS OF SITE OF PROPOSED ACTION: (As Listed in Town Assessor's Records)

NUMBER STREET CITY STATE ZIP

APPLICANT'S NAME*: _____

* 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. During Business Hours: _____ email: _____

CONTACT PERSON'S NAME: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Phone No. During Business Hours: _____ email: _____

EXISTING PROPERTY OWNER'S NAME: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Phone No. During Business Hours: _____ email: _____

APPLICANT'S PROPOSED ACTION: (CHECK ALL THAT APPLY)

- RECONSTRUCTION OR REPLACEMENT IN KIND OF AN EXISTING FACILITY OR STRUCTURE
- INSTALLATION OF A STREET, DRIVEWAY, OR WALKWAY CROSSING
- DISCHARGE OF STORM WATER, GROUND WATER, OR TREATED WASTE WATER
- GRADING (LESS THAN SIX INCHES IN DEPTH)
- OTHER (SPECIFY): _____

APPLICANT'S SIGNATURE: _____

Print or Type Name: _____ Date: _____

OFFICE USE ONLY	FEE: _____	DATE PAID: _____
APPROVED _____	DENIED _____	DATE _____
REASON(S) FOR DENIAL: _____		

SIGNATURE of PEDD OFFICIAL: _____		