



Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2267

Fax: 371-0304
Planning Department

Special Use Permit Application

Project #: _____

I. PROJECT INFORMATION:

Business/Project Name: _____

Business/Project Address: _____

Applicant Name: _____ Date of Birth: _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Property Owner (If different than Applicant AND the Owner does not sign below, please submit an original, notarized "Owner Authorization" form - attached):

Name: _____ Date of Birth: _____

If a corporation, please name a responsible party/designated officer: _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Business Representative Name: _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

II. SPECIAL USE INFORMATION:

Parcel Identification Number (SBL#) of lots included: _____

Describe Special Use requested: _____

Zoning District: _____

Size of existing lot(s): _____ acres Size of proposed lot(s): _____ acres

Size of existing building(s): _____ SF Size of proposed buildings(s): _____ SF

Present/Prior tenant/use: _____

Proposed Use: Single Family _____ Two-Family (Duplex) _____ Multi-Family _____ Commercial _____ Other _____

Parking spaces: Existing: _____ Proposed Additional (if any): _____ Total #: _____

Proposed water service: _____ public _____ private (well) _____ n/a Is this existing? yes/no

Proposed sanitary sewer: _____ public _____ private (septic) _____ n/a Is this existing? yes/no

Proposed postal address (for new/vacant lots; please consult the Planning Dept.): _____

Hours of operation:
(if applicable)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Peak hours: _____

Number of employees (if applicable): Full-time _____ Part-time _____ Seasonal _____

Upon approval of this application, the applicant intends to apply for: (CHECK ALL THAT APPLY)

- a. Building Permit ☐
- b. Sign Permit (If ☐ considering a Sign Permit, applicants are encouraged to apply at the same time)

Permits/Approvals required from other agencies (please describe): _____

Applicant/Owner Signature: _____ **Date:** _____

(For Department Use Only)

Planning Board Action: Approved ☐ Disapproved ☐ Reason for Disapproval: _____

Signature: _____ Date: _____



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OWNER AUTHORIZATION - SPECIAL USE PERMIT

The undersigned, who is the owner of the premises known as
....., identified as Tax Map #.....hereby authorizes
.....to bring a Special Use Permit application
before the Planning Board of the Town of Halfmoon for review and potential approval. The undersigned further
permits the Town or its authorized representative access to the property to review existing site conditions
during the review process.

STATE OF NEW YORK) COUNTY OF
SARATOGA)SS.

On thisday of,Two Thousand and, before me,
the subscriber, personally appeared to me
personally known and known to me to be the same person described in and who executed
the within Instrument, andhe.....acknowledged to me thathe.....executed the same.

Owner

Notary Public



SPECIAL USE PERMIT APPLICATION

Instructions &

Checklist

(Must be submitted with application)

Pre-Application Meeting:

A Pre-Application meeting with the Planning Department staff is strongly recommended to review the application, all zoning and all site requirements. A concept plan and/or map may be needed at this time to allow discussion of plan requirements. ***Failure to conduct a Pre-Application meeting may delay consideration of the application by the Planning Board.***

- Date of Pre-Application Meeting (if held): _____

Application Requirements:

For review and approval of a Special Use Permit Application, the following items must be submitted to the Planning Department: **(Please note the number of copies required for each item.)**

- _____ Completed Application **(1 copy)**
- _____ Application Fee with check made payable to: "Town of Halfmoon"
- _____ Owner Authorization form (attached), if necessary. This form must be submitted if the Applicant is not the Owner AND the Application is not signed by the Owner. **(1 copy with original signature)**
- _____ Narrative describing all activities proposed for the site **(3 copies)**
- _____ Site plan: A Site Plan and/or a Site Plan application may be required as part of the Special Use Permit application. Please consult with the Planning Department to determination if a Site Plan application will be required. **(5 copies)**
- _____ 11" x 17" copies of the above site plan **(3 copies)**
- _____ Environmental Assessment Form (EAF), with Part 1 completed and signed; (Short or Full EAF; Please visit <http://www.dec.ny.gov/permits/6191.html> for EAF information and forms. If you have questions regarding which EAF to submit, please contact the Planning Department.) **(1 copy)**

Agency Review: The Planning Department may circulate one (1) full packet to the following agencies for review and comment, as necessary:

Town: Halfmoon Water Dept., Halfmoon Highway Dept., Halfmoon Building Dept.

County: Saratoga County Planning Dept., Saratoga County Sewer District #1, Saratoga County Highway Dept.

Fire: Hillcrest Fire Dist., Clifton Park/Halfmoon Fire Dist., Waterford/Halfmoon Fire Dist., West Crescent Fire Dist.

Ambulance: Clifton Park/Halfmoon Emergency Corps.

State & Federal: You may be required to contact state and federal agencies directly

Town Engineer Review: Special Use Permit applications may require review by the Town Engineer. If it is determined that such review is necessary, an escrow account will be required to defray the costs of this review. An estimate of the costs will be provided to the applicant and a check must be received prior to further consideration by the Planning Board.

Site Plan: Planning may require a site plan or other information required to review the application. Additionally, if changes are proposed to the site as part of the Special Use Permit, an applicant may be required to submit a Site Plan application for consideration by the Planning Board. Please consult with the Planning Department for further information.

Incomplete applications will not be accepted for review. Applications submitted by the deadline will be placed on the agenda at the discretion of the Planning Board. Once a determination has been made that an application is complete, the Planning Board will continue its review until either approval or disapproval or the applicant withdraws the application upon

written notification to the Planning Department. The Planning Board normally convenes the second and fourth Monday of the month at 7 p.m.; please verify the upcoming meeting dates following submittal of your application.

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If approved by the Planning Board, please be aware that you must contact the Building Department for permit requirements at 371-7410 ext. 2260, Monday thru Friday, 8:00am to 4:00pm. A fire inspection will need to be scheduled 2-3 weeks following the issuance of a certificate of occupancy. A 4" postal or suite number is required and must be seen from the road for all homes, tenant spaces and commercial buildings.

Please contact the Halfmoon Planning Department at (518) 371-7410 ext. 2267 if you have any questions or to schedule a Pre-Application meeting with Planning Department staff. You may also visit www.townofhalfmoonny.gov for online access to the Town Code (click "E-Code" under "Town Links" on the home page).

I have read the above instructions and checklist and fully understand and accept the requirements of the Town of Halfmoon.

Signature of Applicant: _____ **Date:** _____

Town of Halfmoon STORMWATER INFORMATION SHEET

Stormwater Permit for Construction Activity



A construction project involving soil disturbance

Before commencing construction activities, the owner or operator of a construction project that involve soil disturbance of one or more acres must obtain permit coverage under the State Pollutant Discharge Elimination System (SPDES) General Permit for Stormwater Discharge from Construction Activity.

Owners/Operators with projects covered under the State Pollutant Discharge Elimination System (SPDES) General Permit for Stormwater Discharge from Construction Activity (the Construction Permit) are required to develop and implement a Stormwater Pollution Prevention Plan (SWPPP) that meets criteria set forth by the State of New York Department of Environmental Conservation (NYSDEC). All SWPPP's must include practices consistent with the New York State Standards and Specification for Erosion and Sediment Control. Many construction sites must also comply with New York State Stormwater Management Design Manual to address post-construction stormwater discharges.

For a digital copy of the SPDES General Permit for Stormwater Discharges from Construction Activity GP-0-15-002 please visit https://www.dec.ny.gov/docs/water_pdf/gp015002.pdf. This permit was issued in January 2015 and was effective on January 29, 2015.

Link for Stormwater Information including a host of Tools and sources of technical information related to General Permit for Construction Activities and useful for the design of stormwater management practices can be found at: Construction Stormwater Toolbox- <https://www.dec.ny.gov/chemical/8694.html>.

Town of Halfmoon Stormwater Contacts:
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518-371-7410 x 2267