



**Town of Halfmoon
Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2601
Fax: 371-0304
Planning Department**

Zoning Compliance Application

I. Property Information:

Property Address: _____

Parcel Identification # (SBL): _____

Current

Use: Residential: Non-Residential

Project/Business Name (if non-residential): _____

II. Applicant Information:

Applicant: _____

Address: _____

Telephone #: _____ **Fax #:** _____ **Email:** _____

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

Property Owner: _____

If a corporation, responsible party/designated officer: _____

Address: _____

Telephone #: _____ **Fax #:** _____ **Email:** _____

Relationship of Applicant to Property Owner (if different; e.g. attorney, real estate agent, etc.):

Letter requested by: _____ (Insert Date). Please allow the Planning Department at least five (5) business days for completion of the letter.

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



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OWNER AUTHORIZATION FOR A ZONING COMPLIANCE LETTER

The undersigned, who is the owner of the premises known as
....., identified as Tax Map #.....hereby authorizes
.....to request a Zoning Compliance Letter
from the Planning Department of the Town of Halfmoon. The undersigned further permits the Town or its
authorized representative access to the property to review existing site conditions, if necessary.

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

