



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

# Special Use Permit Application

Application Fee: \$250  
 Duplex: Add \$100/unit

Project #: \_\_\_\_\_

**I. PROJECT INFORMATION:**

Business/Project Name: \_\_\_\_\_

Business/Project Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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: \_\_\_\_\_ DOB: \_\_\_\_\_

If a corporation, please name a responsible party/designated officer: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Business Representative Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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 \_\_\_\_\_

List all permits/approvals required from other agencies: (CHECK ALL THAT APPLY)

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| a. Halfmoon Building Department             | <input type="checkbox"/> | f. NYS Dept. of Transportation             | <input type="checkbox"/> |
| b. Halfmoon Water Department                | <input type="checkbox"/> | g. NYS Dept. of Health                     | <input type="checkbox"/> |
| c. Halfmoon Highway Department              | <input type="checkbox"/> | h. NYS Dept. of Environmental Conservation | <input type="checkbox"/> |
| d. Saratoga County Highway Department       | <input type="checkbox"/> | i. Other: _____                            | <input type="checkbox"/> |
| e. Saratoga County County Sewer District #1 | <input type="checkbox"/> |  |                          |

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 FOR 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 this .....day 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, and .....he.....acknowledged to me that .....he.....executed the same.

\_\_\_\_\_  
 Owner

\_\_\_\_\_  
 Notary Public



# SPECIAL USE PERMIT APPLICATION Instructions & Checklist (Submit 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): \_\_\_\_\_
- Name of Planning Department staff in attendance: \_\_\_\_\_

## **Application Requirements:**

For review and approval of a Special Use Permit Application, the following items must be submitted to the Planning Department: **(Please check)**

- Completed Application
- Application Fee with check made payable to: "Town of Halfmoon"
- Owner Authorization form (attached), if necessary (at least one must be an original, signed copy). This form must be submitted if the Applicant is not the Owner AND the Application is not signed by the Owner.
- Narrative describing all activities proposed for the site
- 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.
- 11" x 17" copies of the above site plan (if required)
- Environmental Assessment Form (EAF), with Part 1 completed and signed; (Short or Full EAF; If you have questions regarding which EAF to submit, please contact the Planning Department.)

**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.

**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.

If approved by the Planning Board, please be aware that you must contact the Building Department for permit requirements at 371-7410 ext. 2502, 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. 2601 if you have any questions or to schedule a Pre-Application meeting with Planning Department staff. You may also visit [www.townofhalfmoon.org/townhall.asp](http://www.townofhalfmoon.org/townhall.asp) for online access to the Town Code (click "E-Code for Town of Halfmoon, NY").

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

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_