



Town of Halfmoon
 2 Halfmoon Town Plaza
 Halfmoon, NY 12065
 371-7410 ext. 2267
 Fax: 371-0304
 Planning Department

Special Use Permit Application

Application Fee: \$300
 Duplex: Add \$300/duplex

Project #: _____

I. PROJECT INFORMATION:

Business/Project Name: _____

Business/Project Address: _____

Applicant Name: _____ Date of Birth or Employer ID# (EIN): _____

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 yes no

Proposed sanitary sewer: ___ public ___ private (septic) ___ n/a Is this existing? yes/no 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 **(15 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 **(15 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.

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.townofhalfmoon-ny.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

Applicant Ethics Disclosure Form

(General Municipal Law Section 809)

Any person who submits an application, petition, bid or request to the Town of Halfmoon must fill out this form and submit to the Town with the application being filed. Please answer all questions.

Name of Applicant, Petitioner, or Bidder: _____

Address: _____

Name of Application, Petition, or Bid: _____

1. Is there any Town officer or employee who both:
 - a. Is required, individually or in a group, to take any kind of action (other than a ministerial act*) on your application: and
 - b. Has an interest** in your application? If so, list the Town employee's or officer's name(s): _____

2. If you filled in any names for question 2 above, please fully describe in what way and to what extent each Town employee you named "has an interest":

Signed: _____

Dated: _____

* "Ministerial Act" means an action performed in a prescribed manner imposed by law without the exercise of judgement or discretion as to the propriety of the action.

** "Has an Interest" means that the Town employee or officer or his/her spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them (a) is the applicant, or (b) is an officer, director, partner or employee of the applicant, or (c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or (d) is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable the favorable approval of such application, petition, bid or request.