



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

Zoning Compliance Letter Application

Application Fee:
Residential: \$25.00
Non-Residential: \$50.00

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 date 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 - 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