



VILLAGE OF COLONIE
ALBANY COUNTY, NEW YORK
APPLICATION FORM
CHANGE OF OWNERSHIP

A. General Information:

Tax Map Number: _____ Zoning District: _____

Lot Area: _____ acres Number of stories: _____

SITE ADDRESS: _____

APPLICANT'S NAME: _____ TEL NO. _____

ADDRESS: _____

E-MAIL: _____

PROPERTY OWNER'S AGENT (if applicable) _____

ADDRESS: _____ TEL NO. _____

PRIOR OWNER NAME: _____

DATE OF NEW OWNERSHIP: _____

NUMBER OF TENANT SPACES: _____ ARE OPERATIONS CHANGING? **YES/NO**

(If yes, please see the change of occupancy/use application in addition to change of ownership)

*IF THE PROPERTY OWNER IS USING AN AGENT, THE PROPERTY OWNER MUST SUBMIT
AUTHORIZATION ON LETTERHEAD OF THAT AFFECT.*

CERTIFICATIONS:

BY APPLICANT: I CERTIFY THAT THE INFORMATION IS CORRECT AND COMPLETE TO
THE BEST OF MY BELIEF

SIGNATURE: _____ DATE: _____

BY AGENT: I HAVE REVIEWED THIS APPLICATION AND AGREE TO IT. I ALSO CERTIFY
THAT THE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY BELIEF

SIGNATURE: _____ DATE: _____