



Village of Colonie

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Building
Department

CHANGE OF OWNERSHIP APPLICATION

Tax Map ID: _____ Zoning District: _____

Lot Size: _____ Number of stories: _____

Site Address: _____

Applicant Name: _____ Phone: _____

Applicant Address: _____ Email: _____

Property Owner Agent (if applicable): _____ Phone: _____

Prior Owner Name: _____ Date of New Ownership: _____

Number of Tenant Spaces: _____ Are Operations Changing? **Yes / No**

If operations are changing, a tenant change application must be submitted to the Building Department, and Planning Commission approval *may* be required

CERTIFICATION:

By applicant: I certify that the information above is correct and complete to the best of my knowledge and ability.

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 knowledge and ability.

SIGNATURE: _____ **DATE:** _____

APPROVED: _____ **DATE:** _____ **FEE:** _____