



**VILLAGE OF COLONIE
PLANNING COMMISSION**

ALBANY COUNTY
NEW YORK

VILLAGE HALL
2 THUNDER ROAD
COLONIE, NY 12205
(518) 869-7562
FAX (518) 464-0389
e-mail:
planning@colonievillage.org

CHANGE OF OCCUPANCY SUBMITTAL CHECKLIST

IN ACCORDANCE WITH THE Village of Colonie Zoning Ordinance this application process applies to: Any person, Firm or Corporation either by way of lease or purchase, who commences or continues in a business, commercial or industrial within the Village of Colonie

Please fill out the following documents in their entirety. Missing information may lead to delays in completing the application and approval process. **12 physical copies and an electronic copy are required for each of the following**, unless otherwise noted.

- Application Form
- Use Questionnaire
- Narrative (description of business operation, on letterhead and signed by applicant)
- Current site plan (in lieu of preparing a new site plan, the applicant may submit the most currently approved site plan for the property if such plan exists and it meets the Village Code requirements)
 - Folded to 8 ½ x 11, printed side out
- Floor Plan indicating use of each area
- Tenant parking requirement – If the property has multiple tenants
- If an agent is signing for the owner, the agent is to sign the application
- Non-refundable application fee plus all applicable engineering fees as per the fee schedule.

**The Planning Commission reserves the right to require the property owner to attend the meeting in addition to the applicant. **

Once Planning Commission approval is granted, a building permit AND Certificate of Occupancy must be obtained through the Building Department.



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CHANGE OF OCCUPANCY APPLICATION

PLEASE REFER TO THE INSTRUCTIONS TO DETERMINE WHETHER THIS IS THE APPROPRIATE FORM TO
USE

PLEASE FILL OUT BOTH SECTIONS "A" "B" AND "C"

A. GENERAL INFORMATION:

ADDRESS: _____

APPLICANT'S NAME (TENANT): _____

TEL NO. (_____)_____ E-MAIL: _____

ADDRESS: _____

PROPERTY OWNER'S NAME: _____

TEL NO. (_____)_____

PROPERTY OWNER'S AGENT (IF APPLICABLE) _____

ADDRESS: _____

TEL NO. (_____)_____

SITE PLAN LAST REVISED: _____

PREVIOUS TENANT: _____

CERTIFICATIONS:

BY APPLICANT: I CERTIFY THAT THE INFORMATION PROVIDED IN SUPPORT OF THE APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DATE: _____ SIGNATURE: _____

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

DATE: _____ SIGNATURE: _____

(AGENT MUST PROVIDE PROOF OF AUTHORITY TO REPRESENT THE OWNER)

B. EXISTING CONDITIONS & PROPOSED CHANGES:

INSTRUCTIONS – ALL FIGURES SHOULD APPLY TO THE ENTIRE TAX MAP PARCEL; IF AN AMOUNT IS PROPOSED TO THE REDUCED, SHOW IN BRACKETS THIS (000) IN COLUMN 2. WHERE SQUARE FEET ARE ASKED FOR, ESTIMATE NUMBER OF NET SQUARE FEET; SECOND STORY OR MEZZANINE CONTS THE SAME AS GROUND FLOOR.

	COLUMN 1 <u>EXISTING</u> CONDITIONS	COLUMN 2 <u>PROPOSED</u> CHANGES	COLUMN 3 <u>TOTAL AFTER</u> CHANGES
<u>DESCRIPTION:</u>			
RESIDENCES, 1 OR 2 FAMILY	_____	_____	_____
ACCESSORY APT (NO.)	_____	_____	_____
HOME OCCUPATION (SQ.FT.)	_____	_____	_____
OFFICE (SQ. FT)	_____	_____	_____
HOTEL, MOTEL, TOURIST HOME BOARDING HOUSE (NO. OF GUEST ROOMS)	_____	_____	_____
BARBER, BEAUTY SHOP (NO. WORK STATIONS)	_____	_____	_____
RETAIL & BUSINESS SERVICES (SQ. FT.)	_____	_____	_____
RESTAURANT NO SERVICE ALCOHOLIC BEVERAGES, BAR OR SIMILAR, NIGHT CLUB			
○ LINEAR BAR FOOTAGE	_____	_____	_____
○ USABLE CUSTOMER FLOOR SPACE, (SQ. FT.)	_____	_____	_____
MEDICAL SERVICES (SQ. FT.)	_____	_____	_____
USE NOT SPECIFIED ABOVE (DESCRIBE BELOW) (SQ FT.)	_____	_____	_____
VACANT (SQ. FT.)	_____	_____	_____
ESTIMATED NO. OF EMPLOYEES AT PEAK SHIFT			
○ INITIALLY	_____	_____	_____
○ AT FULL OPERATION	_____	_____	_____

DESCRIBE "USE NOT SPECIFIED"



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** SEE SECTION 242-8C2 (f) OF THE VILLAGE OF COLONIE CODE

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C. USE QUESTIONNAIRE

1. Narrative – Brief Description of Business operations. Please type on company letterhead and attach to application.
2. GROSS FLOOR AREA OF BUSINESS _____
3. AREA TO BE OCCUPIED _____
4. NUMBER OF STORIES _____
5. BUILDING HEIGHT _____ FT
6. PROVIDE HOURS OF OPERATION BELOW.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

7. NUMBER OF EMPLOYEES PER DAY _____
8. WILL THERE BE ANY MEETINGS OR CLASSES? **YES NO**
9. a) NUMBER OF BUSINESS VEHICLES _____
b) NUMBR OF EMPLOYE VEHICLES _____
10. AVERAGE NUMBER OF CUSTOMERS:
PER DAY _____
AVERAGE NUMBER OF CUSTOMERS: _____
PEAK HOUR OF THE DAY: _____
PEAK DAY OF THE WEEK: _____
11. ARE THERE ANY PLANS FOR FUTURE EXPANSION? **YES NO**
12. ARE ANY LICENSES NEEDED TO RUN THIS BUSINESS? **YES NO**

IF YES, EXPLAIN: _____

13. ARE ANY HAZARDOUS MATERIALS USED OR STORED IN THIS BUILDING? **YES NO**
- a. IF YES, LIST IN NARRATIVE AND ATTACH SAFETY DATA SHEETS
14. IS THERE ANY NOISE OR VIBRATION CREATED FROM RUNNING THIS BUSINESS THAT WILL GO BEYOND THE BORDER OF YOUR PROPERTY? **YES NO**
15. ARE FIREARMS, EXPLOSIVES, AMMUNITIONS, BLACK POWDER, ETC. USED OR STORED IN THIS BUILDING? **YES NO**
- a. IF YES, WHERE ARE THEY STORED?
-
16. IS ANY PART OF THIS BUSINESS RELATED TO ADULT ENTERTAINMENT AS DEFINED BY THE VILLAGE CODE? **YES NO**
17. ARE DUMPSTERS USED FOR GARBAGE DISPOSAL? **YES NO**
18. ARE PICK UPS BETWEEN 7 AM AND 7 PM? **YES NO**
19. DOES THIS BUSINESS INCLUDE SALE OF ALCOHOL? **YES NO**
20. IS THIS A NEW BUSINESS? **YES NO**
21. WILL THERE BE ANY OUTSIDE STORAGE? **YES NO**
22. WILL THERE BE ANY DELIVERIES TO THE BUSINESS? **YES NO**

IF YES, HOW MANY PER DAY?

WHAT TYPE OF DELIVERY VEHICLES ARE USED? *PLEASE CHECK ALL THAT APPLY:*

- ☐ BOX TRUCKS
- ☐ TRACTOR TRAILOR
- ☐ UPS/USPS/FEDEX
- ☐ VAN

23. IS THIS BUSINESS PRIMARILY PERFORMED ON SITE OR OFF SITE? (CHECK ONE)
- ☐ ON SITE
 - ☐ OFF SITE

TENANT PARKING REQUIREMENTS

REQUIRED FOR ALL MULTITENANT BUILDINGS
OFFICE/RETAIL/WAREHOUSE

TENANT NAME	TOTAL SQ. FT.	OFFICE/RETAIL SQ. FT.	WAREHOUSE SQ. FT.	HOURS/DAYS OPERATION	# OF EMPLOYEES	TENANT REQUIRED SPACES	REQUIRED SPACES/PER CODE

Total Spaces Available _____

Total Code Required Spaces _____

Total Required by Tenant _____