

HOME OCCUPATION APPLICATION
TOWN OF DUANESBURG
ZONING BOARD OF APPEALS

Revised 2/21/14

SBL#: _____ **Date:** _____ **Zoning District:** _____

Business Name: _____

Business Address: _____ **Phone#:** _____

Applicant Name: _____

Applicant Address: _____ **Phone #:** _____

Property Owner's Signature (if different): _____

(Signature of owner indicates they have reviewed the proposal and give their permission)

Proposal: (Brief description of request)

Under section _____ of the Zoning Ordinance of the Town of Duanesburg.

A copy of this notarized application and the accompanying information must be submitted to the Planning and Zoning Dept. for approval before being placed on the ZBA agenda. Twelve **(15)** copies of the approved application are required **10 days** prior to the next ZBA meeting which is held at 7:30PM on the third Tuesday of each month at the Town Hall.

I certify that all the information submitted is true and accurate to the best of my knowledge.

Applicant
State of New York, county of Schenectady sworn this _____ day of _____ 20____. **Notary Public**

REQUIRED INFORMATION:

- **Copy of the property deed**
- **Location map showing the location of the property including:**

- A) Name of applicant and SBL#
- B) North arrow
- C) Street and if applicable the lake shore
- D) Adjoining property owners
- E) Adjoining property with location of wells and septic systems within 100ft of the adjoining property boundaries

- B) North arrow
- C) Location of any structures currently on the property with dimensions of the structures and distances to the property boundaries
- D) Location of proposed structure, dimensions and intended use
- E) Distances from the proposed structure to the property boundaries
- F) Location of well and septic system/ sewer lateral
- G) Any easements or right of ways
- H) Any other geographic or environmental characteristics of the property which may have a bearing on the Board's decision

- **Property map to scale including:**

- A) Name of applicant and SBL#

***** (For Office use only) *****

FEES ARE NON-REFUNDABLE!! **Reviewed by** _____ **Date** _____

Fee _____ **Date** _____ **Check#** _____ **Rec'd By** _____

Hearing Date: _____

Approved: ☐ YES ☐ NO **Approval Date:** _____

Conditions of approval: A permit must be obtained within 6 months of approval of this application and all other aspects of the Zoning Ordinance must be followed or the approval becomes null and void. Other Conditions include: _____

Authorized Signature _____ Date _____

(ZBA Chairperson)

1. **AFTER REVIEW, HOME OCCUPATION PERMIT IS ISSUED BY THE TOWN OF DUANESBURG, UNIFORM CODE ENFORCEMENT OFFICER. PERMIT MUST BE PROMINENTLY DISPLAYED ON LOCATION.**
2. **A SIGN PERMIT MAY BE REQUIRED UPON APPROVAL OF THIS APPLICATION.**