

# Home Occupation Permit Application

## Town of Cobleskill, Schoharie County, New York

{To be filled out by applicant}

**Description of Property:**

Tax Map Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

911 Address: \_\_\_\_\_

Size of Parcel: \_\_\_\_\_ Current Usage: \_\_\_\_\_

Number of Home Occupations in use at the present time: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Proof of Ownership: (i.e. recent tax bill): \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Representatives Name (if different than owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Write names and addresses of adjoining landowners on back of application.

Description of Home Occupation: (check all that apply)

Interior conversion  Renovation of existing structure

Addition/alteration of accessory building  New construction

Other (describe in detail - attach additional page with information)

The type of Home Occupation: \_\_\_\_\_

Minimum requirements to be attached:

- Is said parcel in or within 500 feet of an Agricultural district? Yes or No
- If yes, then list all property owners within 500 feet of said Tax Map Number and complete Agricultural Data Statement.
- Map/Site Plan (Minimum size 8.5"x11" to scale) including distance to property lines.
- State Environmental Quality Review - Short EAF (Full EAF if requested).

Additional information may be required by the Planning Board depending on size and complexity of the project.

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**{OFFICE USE ONLY}**

Home Occupation Permit Application No.: \_\_\_\_\_

Zoning Officer's application review (date): \_\_\_\_\_

PB Secretary application received (date): \_\_\_\_\_

Fee received (date): \_\_\_\_\_

(if required) Public Hearing (date advertised): \_\_\_\_\_

Public Hearing (date): \_\_\_\_\_

Approved (date): \_\_\_\_\_

PB Chairman Signature: \_\_\_\_\_