

Special Use Permit Application

Town of Cobleskill, Schoharie County, New York

Applicants Name: _____

Mailing Address: _____

Phone No. : _____ Proof of ownership shown: _____

Representative name if different than Owner: _____

Letter of Authorization for Representation received (date): _____

Applicant or Representative's Email Address: _____

Description of Property: _____

Tax Map Number: _____ Zoning District: _____

Size of Parcel: _____ (acres) Current Usage: _____

Type of Project: _____

Description of Project: (check all that apply)

interior conversion additional/alteration of accessory building renovation of existing structure new construction

other (describe in detail)

Submit a minimum of three(3) copies (Additional copies may be required)

Minimum requirements to be attached:

- a) Map/Site Plan (minimum size 8 1/2×11 to scale) including distances to property lines
- b) Agricultural Data Statement
- c) State Environmental Quality Review – Short EAF (full EAF if requested by the Board)

*Additional information maybe required by the Planning Board depending on size and complexity of the project.

office use only

Special Use Permit No. _____

Application received by ZEO (date) _____

Application received by Planning Board Secretary (date) _____

Fee received (date) _____

Public Hearing (date advertised) _____ Public Hearing (date held) _____

Approval (date) _____ Placard Issuance (date) _____

PB Chairman Signature (date) _____ ZEO Signature (date) _____