

**Village of Altamont**  
P.O. Box 643 Altamont, NY 12009  
Phone: (518) 861-8554 Fax: (518) 861-5379

**New Owner / Leasee Special Use Permit (SUP) Agreement**

Return to:  
Village of Altamont  
P.O. Box 643 Altamont, NY 12009  
(518\_861-8554 ext. 13

Fee: \$0.00

**New Owner /Leasee:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Date: \_\_\_\_\_

**Property/ Business Information:**

Owner: \_\_\_\_\_

Location: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

Zoning: \_\_\_\_\_

**Transfer Statement:**

I \_\_\_\_\_ am requesting usage of the current Special Use Permit for  
(Owner / Leasee)

the property located at \_\_\_\_\_ for \_\_\_\_\_  
(Address) (New business name)

\_\_\_\_\_  
(New business description)

I agree to operate under the conditions as set forth in the current Special Use Permit approved for this location. Any change, enlargement or significant alteration of the permitted use or any applicable conditions shall require a Special Use Permit Amendment. An application for a Special Use Amendment shall be submitted to the Village Planning Board and reviewed in accordance with Article V of the Village of Altamont Zoning Law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)