Village of Altamont

P.O. Box 643 Altamont, NY 12009
Telephone (518) 861-8554 Fax (518) 861-5379

APPLICATION FOR CHANGE OF ZONE

DATE:_____ FEE: $ _____

APPLICANT INFORMATION

Name:_____

Address:_____State:_____ZIP:_____Phone:_____

PARCEL INFORMATION

Address and exact location of parcel to be zoned:_____
Request zoning change from _____ to _____TAX MAP # _____
Total Acreage: _____Parcel Depth:_____Road Frontage:_____

PROPERTY INFORMATION

Describe any existing structures on the property:_____
_____
Describe the present use of the property:_____
_____
Describe the proposed use of property if the rezoning if granted:_____
_____

NEIGHBORHOOD DESCRIPTION

Zoning classification of all adjoining parcels:
North:_____ East:_____South:_____West:_____

Zoning classification of all parcels directly on opposite side of street or highway: _____

Character and use of all surrounding parcels:
North: South:

East: West:

Approximately distance to nearest parcel of different zoning classification indicating exact location, zoning, character and use of last mentioned parcel:_____
_____

The applicant hereby certifies that he is the owner of record of the above property or has been duly authorized in writing by the owner of record to make this application.

_____
Signature of Applicant