

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.

{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: _____