

Home Occupation Permit Application

~ To be filled out by applicant ~

Town of Cobleskill, Schoharie County

PO Box 327, Cobleskill, NY 120

Phone: (518) 234-1719 www.schohariecounty-ny.gov

Email: townclerk@townofcobleskill.org

Description of Property:

Tax Map/SBL# Number: _____ Zoning District: _____

911 Address: _____

Size of Parcel: _____ Current Usage: _____

Number of Home Occupations in use at the present time: _____

Is property within the water/sewer district? Yes No

Is property use an allowable use within the zone? Yes No

Owner's Name: _____

Mailing Address: _____

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

Phone (s) #: _____

Email Address: _____

Representative's Name (if different than owner): _____

Mailing Address: _____

Phone (s) #: _____

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 No
If yes, then list all property owners within 500 feet of said Tax Map Number and complete an 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: _____