

## 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: \_\_\_\_\_  
Date *Letter of Authorization for Representation* received: \_\_\_\_\_  
Applicant or Representative's Email Address: \_\_\_\_\_

Description of Property:  
Tax Map Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Size of Parcel: \_\_\_\_\_ (acres) Current Usage: \_\_\_\_\_  
Is the Property with the Town of Cobleskill Water/Sewer District?  Yes  No  
Is this property in an agricultural district?  Yes  No If yes, District # \_\_\_\_\_  
Type of Project: \_\_\_\_\_  
Is this action/project an allowable use within the Zone?  Yes  No

**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 of this application. *Additional copies may be required.*

Minimum requirements to be attached:

- a) Map/Site Plan (minimum size 8 1/2"x11" 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.

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*Office Use Only*

Special Use Permit No. \_\_\_\_\_  
Application received by Code Enforcement Officer (CEO) (date) \_\_\_\_\_  
Application received by Planning Board (PB) Secretary (date) \_\_\_\_\_  
Fee received (date) \_\_\_\_\_  
Public Hearing (date advertised) \_\_\_\_\_ Public Hearing (date held) \_\_\_\_\_  
Approval (date) \_\_\_\_\_ Placard Issuance (date) \_\_\_\_\_  
PB Chairman Signature (date) \_\_\_\_\_ CEO Signature (date) \_\_\_\_\_