TOWN OF STILLWATER

BUILDING, PLANNING & DEVELOPMENT DEPARTMENT 881 HUDSON AVE, STILLWATER, NY 12170 (518) 664-6148, EXT. 215



Operating Permit Application

Dept. of Building Planning and Development Fee: \$250.00

Total Fee Paid: \$

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	Rec'd by	:			Date:				
PROJECT INFORMATION									
Project Name:									
Address/Location:									
APPLICANT/REPRESENTITIVE INFORMATION									
Name:									
Ph	one:				Email:				
Address:			City:			State:	Zip:		
Owner (if different from applicant):									
Phone:				Email:					
Address:			City:			State:	Zip:		
SITE INFORMATION									
Parcel Identification (SBL) # of all lots included:									
Size of Lot:					Zoning District:				
Proposed use/sales/service:									
Total Area of building(s) to be occupied:									
Duration of event:									
Hours of Operation:									
D	ay	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Н	ours								
Number of employees: Full-time Part-time Seasonal									
Number of Deliveries Expected: daily weekly									

OFFICE USE ONLY

Project #

Signage proposed: SF (Note: all signs must conform to Artic Code)	le XI of Chapter 210 of the Zoning							
SIGNATURES								
I, the undersigned, have thoroughly read and understand the application the plans and documents for review and I consent to all the requirement								
Signature: Date								
AUTHORIZATION TO ACT AS AGENT (OWNER AUTHORIZATION)								
In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:								
I,	. owner of the above							
referenced lot(s) hereby designates	as my agent							
regarding this application for review.								
Signature:								
Date								
APPLICATION PREPARATION CHECK	LIST							
DIGITAL COPIES OF ALL MATERIALS ARE MAI	NDATORY.							
ANY APPLICATION SUBMITTED WITHOUT DIGITAL COPIES OF ALL MATERIALS WILL BE DEEMED INCOMPLETE.								
2 printed (and 1 digital) copies of the following	g materials							
	Applicant Initials							
Application form								
Written Description of the business								
Digital Copies must be on a USB Drive or downloadable email for	rmat							