TOWN OF COXSACKIE
APPLICATION FOR SPECIAL USE PERMIT

56 Bailey Street
Coxsackie, NY 12051
pmcintyre@coxsackie.org

Phone: 518/731-2727
Fax: 518/731-2720

Fee: $75.00

Applicant is: [ ] Owner [ ] Engineer [ ] Contractor

Owner Name/Address/Telephone: _____

_____

Owner e-mail Address: _____

Property address (if different): _____

Engineer Name/Address/Telephone: _____

_____

Contractor Name/Address/Telephone: _____

_____

Existing use of Property: _____

_____

Proposed special use: _____

_____

_____
Signature of Applicant Date

FOR OFFICE USE:

Approved_____, 20____

Amount paid: _____ Date _____

Disapproved_____, 20____

___cash ____check # _____

_____
Planning Board Chairman, Bruce Haeussler

1/2021