

Town of Galway
PLANNING BOARD
SARATOGA COUNTY, NY
ESTABLISHED 1792

5910 Sacandaga Rd
Galway, NY 12074
Tele – 518-882-6070

HOME OCCUPATION PERMIT APPLICATION

Form #HO-002/Rev. 3/24

<p>FOR TOWN USE ONLY</p> <p>Application # _____</p> <p>Date Received _____</p>

(Completed application and SEQRA Short Form [attached and/or available at www.dec.ny.gov/permits/6191.html], shall be initially reviewed by the Zoning/Code Enforcement Officer. If deemed necessary, the application shall be forwarded to the Planning Board Clerk for review by the PB. Applications received by the PB Clerk by the first working day of the month will be scheduled for review that month. Applications received after that date will be placed on the agenda for the next regularly scheduled meeting. The Planning Board meets the fourth Tuesday of each month.)

Application fee due at time of filing. Fee \$75.00 Checks made payable to “Town of Galway”

Part I: Applicant Information

Name: _____

Mailing Address: _____ Legal Address (if other than mailing address) _____

Home Phone () _____ Work Phone () _____ Other (Specify) _____

Email _____

Part II: Home Occupation Information

Address/Location of proposed home occupation: _____

Tax Parcel # of subject parcel (can be obtained from tax bill) _____

Description of proposed Home Occupation: _____

What is the primary use of this property? _____

Will the business attract or encourage customers/clients to the premises? _____

Will the business employ anyone other than family members occupying the home as their full time residence? _____

Will the business have any exterior display, exterior storage of materials or evidence of the home occupation? _____

If yes, explain: _____

Will there be any signage advertising the existence of the home occupation? _____

Will the business require any exterior alteration, addition or change to the structure and/or an accessory structure on the same lot that would require a building permit in order to accommodate the use? _____

If yes, explain: _____

Signature of Applicant: _____ Date: _____

Part III: Initial Review (TO BE COMPLETED BY ZONING/CODE ENFORCEMENT OFFICER)

- A. Upon review of Parts I & II, above, it is my determination that this business meets the criteria of a **low-impact** home occupation. As such it is permitted by right and is exempt from site plan review and special use permit requirements.

Signed: _____ Date: _____
Zoning/Code Enforcement Officer

- or -

- B. Upon review of Parts I & II, above, it is my determination that this business may meet the criteria of a **minor** or **major** home occupation and therefore warrants referral to the Planning Board for site plan review.

Signed: _____ Date: _____
Zoning/Code Enforcement Officer

(Direct applicant to Part IV, below)

Part IV: Additional Information for **Minor or **Major** Home Occupation (TO BE COMPLETED BY APPLICANT)**

How many persons will be employed in addition to the owner or tenant of this property? _____

How many/what businesses will be conducted on this property? _____

For each business, what square footage or %age of the total floor area of the dwelling will be utilized? _____

Will the business be located in an accessory building on the premises? _____ *If yes*, what is the square footage of said building? _____

Planned business days/hours of operation: _____ / _____

Estimated # of customers visiting the premises at any one time _____

Number of off street (on premises) parking spaces available for employees _____

Is there allowance for parking of delivery vehicles on the premises? _____

Estimated # of deliveries and/or pick-up of materials or commodities to and from the premises per week _____

Will the business produce any odor, noise, vibration, smoke, dust, heat or glare that exceeds the average level in the immediate vicinity and/or be detectable beyond the property line of said property? _____ *If yes*, explain _____

Applications for **minor** or **major** home occupations should also **include a plot plan/sketch plan**. Plan need not be professionally drawn but should show, at a minimum, the following: a) title of plan, including the name and address of the applicant and person responsible for preparation (*if other than applicant*); b) north arrow, c) the boundaries of the property, d) location of all buildings (*existing and/or proposed*), e) location of proposed parking, f) ingress/egress drives, streets and roads; g) location, design and construction materials of all proposed signage. The Planning Board may request the plot plan be revised to include any other elements considered integral to the proposed home occupation.

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Signature of Applicant _____ Date _____

V: PLANNING BOARD ACTION (TO BE COMPLETED BY PLANNING BOARD UPON REVIEW)

Classification: Minor _____ Major _____ Date _____

_____ Approved Date _____

Conditions:

_____ Denied Date _____

Reasons for denial:

Chair (or Designee)
Town of Galway Planning Board

cc: Zoning/Code Enforcement Officer
Town Clerk
Chair, ZBA
Tax Assessor