

TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540
Tel. No. (845) 452-2046

USE PERMIT APPLICATION

NAME OF BUSINESS: _____

APPLICANT'S NAME: _____ DATE: _____

MAILING ADDRESS: _____ FEE: _____

_____ TEL.NO. _____

GRID # OF PROPERTY: _____ ACREAGE OF PARCEL _____

LOCATION (if different from above) _____

SUITE ADDRESS _____

ZONING DISTRICT: _____ LOCATED ON: _____
State road County road Town road

Type of Business (describe briefly): _____

Retail: _____ Office: _____ Warehouse: _____ Other: _____

Total square footage to be occupied by above business _____ sq.ft.

Total Number of Employees: _____ Hours of Operation: _____

Number of parking spaces available to your business: _____

Prior use of Building (if any): _____

Describe any proposed changes to: Exterior of bldg: _____ Interior of bldg. _____

Parking area _____ Landscaping _____ Signage _____

I certify that the above information is true and correct to the best of my knowledge.

Applicant's Signature _____