

**FOR TOWN USE ONLY**

Application # \_\_\_\_\_

Date Received \_\_\_\_\_

**Town of Galway**  
PLANNING BOARD  
SARATOGA COUNTY, NY  
ESTABLISHED 1792

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

**Form #0-002 HOME OCCUPATION PERMIT APPLICATION**

*(Completed application and SEQRA Short Form [attached and/or available at [www.dec.ny.gov/permits/6191.html](http://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 20<sup>th</sup> working day of the month will be scheduled for review the next month. Applications received after that date will be placed on the agenda for the next regularly scheduled meeting. The Planning Board meets the third Wednesday 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: \_\_\_\_\_



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**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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



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

Classification: Minor \_\_\_\_\_ Major \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_

Conditions:

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\_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Reasons for denial:

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\_\_\_\_\_  
Chair (or Designee)  
Town of Galway Planning Board

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