

# 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 \_\_\_\_\_