Land Use Determination Form

7 Stage Road
Monroe, NY 10950

Village Hall (845)782-8341
Fax (845)782-3006

www.villageofmonroe.org

INFORMATION PROVIDED ON THIS FORM WILL BE USED BY THE BUILDING DEPARTMENT FOR DETERMINATION ON LAND USE, PERMITS, OR ADDITIONAL APPROVALS REQUIRED

ANSWER ALL QUESTIONS ON THIS FORM & RETURN TO BUILDING DEPARTMENT

1. Name, Current Address & Phone Number of Applicant (Tenant): ________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

2. E-Mail Address__________________________________________________________

3. Business Address of building intended to be Occupied: ________________________________
   ___________________________________________________________________________________

4. Property Address ( if different from business address): ________________________________
   ___________________________________________________________________________________

5. Name, Address & Telephone Number of Building Owner/Landlord: ________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________


7. Size of Space within Building to be Occupied: ________________________Sq. Ft.

8. Date applicant intends to occupy premises: ________________________________

9. Nature of present use of Premises or if Vacant, Use immediately Prior to Intended Use by Applicant:
   ___________________________________________________________________________________

10. If vacant how long: ___________________________________________________________________

11. Intended Use of Premises ( Outline of Operations) be Specific:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

12. Name of Business: ___________________________________________________________________

13. Number of Rooms & Offices contained in Premises: ________________________________

14. Nature of Proposed Alterations Intended, if any, be Specific: ________________________________
   ___________________________________________________________________________________

15. Number of Employees that will Occupy the Site: ________________________________

16. Days/ Hours of operation: ___________________________________________________________________

17. Total Number of Parking Spaces Provided in the Lease: ________________________________

(OVER)
18. Total Number of Parking Spaces to be Designated on Site: ____________________________________

19. Total Number of Parking Spaces on Site: ___________________________________________________

20. Will any outdoor signs be required by the applicant:    Yes ☐    No ☐

21. Additional Information, if any:
_____________________________________________________________________________________
_____________________________________________________________________________________

__________________________________                                          ___________________________________
APPLICANT (PLEASE PRINT)                                                          SIGNATURE OF APPLICANT

_________________________________________________
SIGNATURE OF OWNER/LANDLORD CONSENTING TO APPLICANT

For office use only
Tax Map:  Sec.______ Block_______ Lot_______
Zoning District:  SR-10☐ SR-20☐ GB☐ CB☐ UR-M☐ VR☐

☐ Use Permitted no other action required   Date: ______________________

☐ Use Permitted with the Following Condition(s):
    ☐ Site Plan Review Required by Planning Board _____________________________________________

    ☐ Special Use Review Required by Planning Board ___________________________________________

    ☐ Building Permit Required ___________________________________________________________
    ☐ Area Variance ☐ Use Variance Required by Zoning Board of Appeals. _____________________

☐ USE NOT PERMITTED for the following reason(s):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

______________________________________________  Date: ________________
Building Department