



7 Stage Road  
Monroe, NY 10950

[www.villageofmonroe.org](http://www.villageofmonroe.org)

# Land Use Determination Form

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

---

**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: \_\_\_\_\_  
\_\_\_\_\_
6. Approximate Size of entire building: \_\_\_\_\_ Sq. Ft. Size of Lot \_\_\_\_\_ Sq.Ft.
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: \_\_\_\_\_

(over)

16. Days/ Hours of operation: \_\_\_\_\_
17. Total Number of Parking Spaces Provided in the Lease: \_\_\_\_\_
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 <input type="checkbox"/> SR-20 <input type="checkbox"/> GB <input type="checkbox"/> CB <input type="checkbox"/> UR-M <input type="checkbox"/> UR-W <input type="checkbox"/> VR <input type="checkbox"/> LI <input type="checkbox"/>	
<input type="checkbox"/> Use Permitted no other action required	Date: _____
<input type="checkbox"/> Use Permitted with the Following <b>Condition(s)</b> :	
<input type="checkbox"/> <b>Site Plan Review Required by Planning Board</b> _____	
_____	
<input type="checkbox"/> <b>Special Use Review Required by Planning Board</b> _____	
_____	
<input type="checkbox"/> <b>Building Permit Required</b> _____	
<input type="checkbox"/> <b>Area Variance</b> <input type="checkbox"/> <b>Use Variance Required by Zoning Board of Appeals.</b> _____	
_____	
<input type="checkbox"/> <b>USE NOT PERMITTED</b> for the following <b>reason(s)</b> :	
_____	
_____	
_____	
_____	Date: _____
Building Department	