TOWN OF GLENVILLE

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APPLICATION FOR

NEW OR RELOCATED COMMERCIAL USE INTO AN EXISTING BLDG OR SPACE

A Permit is Required Prior to Opening

** If you are changing the existing floor plan or structure in any way use the "Alteration Application" **

Date _____

- **Building Street Address** _____**Store/Suite #** _____
- **Name of New Business** _____
- **Business Owner's Name**_____ **Phone**_____

  Mailing Address_____

  City_____**State**_____**Zip**_____

- **Property Owner's Name**_____ **Phone**_____

  Mailing Address_____

  City_____**State**_____**Zip**_____

- **The following information must be provided in order to process the application:**

New Business Information:
Nature of business**:**_____
(retail, restaurant, offices, etc.)

Prior Business Information:
Nature of business**:**_____
(retail, restaurant, offices, etc.)

How long has this space been vacant: _____

Approval date from PZC/ZBA (if applicable): _____
Attach Notice of Decision

- **APPLICANT'S CERTIFICATION**:
  I certify that the information submitted as part of this permit application is accurate.

SIGNATURE OF PROPERTY OWNER _____
(Renter's signature accepted with a copy of the signed agreement with the property owner)

FOR OFFICE USE ONLY:

Date Approved: _____ Fee: _____ Date Denied: _____

Authorized Signature: _____