

Town of Glenville Building Dept.
18 Glenridge Road, Glenville, NY 12302
Phone: (518) 688-1200 ext. 8
Fax: (518) 384-0140
www.townofglenville.org



Date Received: _____
Fees: _____
Date Approved: _____
Date Denied: _____
Authorized by: _____

**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" **

Building Street Address: _____

Store or Suite #: _____

Name of New Business: _____

Property Owner's Name: _____

Mailing Address: _____

Phone #: _____

Business Owner's Name: _____

Owner's Mailing Address: _____

Phone #: _____

Off hours/Emergency Phone #: _____

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: _____

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)