

**TOWN OF WARWICK**  
**CHANGE OF USE APPLICATION**  
**\$100 IF GRANTED OR \$500 IF PLANNING BOARD PRE-APP IS NEEDED**

Date \_\_\_\_\_

Application is hereby made to the Building Department for the issuance of a Change of Use permit. The applicant agrees to comply with all applicable laws, ordinances and regulations.

*164-46B(5). Site plan review and special use permit approval by the Planning Board shall be required for an expansion, exceeding 15% of the ground area of the use, or involving a change of use to a more intensive use on the basis of increased water supply, sewage disposal, stormwater runoff management, parking needs, traffic generation, or zoning compliance, such determination to be made by the Building Inspector. A building permit and certificate of occupancy shall not be issued by the Building Inspector for such uses or buildings determined to be more intensive without first obtaining approval from the Planning Board.*

**CHECKLIST:**

1. Provide site plan showing: water supply, sewage disposal, storm water runoff management, parking needs & traffic generation.
2. Location of the building that illustrates occupational areas.
3. Survey showing building location for change of use.
4. Location of existing septic field, well and driveway sight distances.

**SITE DATA:**

Street Location: \_\_\_\_\_

Section – Block – Lot: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_ Zone: \_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**DESCRIPTION:**

Prior use: \_\_\_\_\_

Proposed use: \_\_\_\_\_  
\_\_\_\_\_

Name of Business: \_\_\_\_\_

Number of parking spaces provided: \_\_\_\_\_

Total floor area of the Building: \_\_\_\_\_ (SF)

Total floor area of the Building that will be used for business: \_\_\_\_\_ (SF)

Number of persons employed: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Contact information for Business: (if different from owner)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AUTHORIZATION:**

State of New York, County of \_\_\_\_\_, \_\_\_\_\_, being duly sworn deposes and says he/she is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Print Name: \_\_\_\_\_

Stamp:



**FOR TOWN USE ONLY**

Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash

Comments: \_\_\_\_\_ Application #: \_\_\_\_\_