



Town of New Lebanon
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Narrative
 RECEIVED
 MAR 31 2026
 NEW LEBANON
 PLANNING/ZONING CLERK

ZONING REVIEW/VERIFICATION APPLICATION (Step 1 of 2)

Application (office use only) No: _____

SITE INFORMATION

Site Location (911 Address): 954 US RD Nearest Crossroad: _____
 Tax Map No.: 18.-1-15.200 Zoning District: RA-1

APPLICANT INFORMATION

Applicant Name: Hunter Metals
 Mailing Address: 798 Caraan RD New Lebanon NY 12125
 Email: _____ Phone: _____
 Applicant's Agent/Professional: _____

PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

Owner Name: _____
 Mailing Address: _____
 Email: _____ Phone: _____
 Owner's Agent/Professional: _____ Phone: _____

NATURE OF PROPOSED WORK (check all that apply)

New Structure Additions/Decks/Accessory Structures Interior/Exterior Remodel Change of Tenant Change of Use Other

Project Use/Description: Home BASED BUSINESS
Example: Request to establish (fill in the blank – such as Office Space Use, Retail Use, Restaurant Use, Auto Repair Use) use at unit #123 (at Mall Name if applicable) or Request for Modification of Space for (fill in the blank)

- 1) Please attach a detailed narrative explaining the details of the proposed use, including proposed tenant, any anticipated changes to the space or floor plans, accommodations necessary for water, sewer, parking, etc.
- 2) If your proposal changes the exterior footprint in any way, please include a sketch of the property including existing structures, approximate well and septic locations and the proposed new structure/addition. Dimensions must be provided from the proposed change in the building to the front, rear and side property lines. The front setback should be measured from the center of the traveled portion of the road.

AREA & BULK REGULATIONS SCHEDULE 1

Height: _____ Width: _____ Length: _____ Lot Size: _____ # of Stories: _____

RA1, 2 & 5 Districts: For Principle Buildings, what is the building coverage (Footprint) in sq. ft. _____
Comm/C-rec/C-R Districts: For Principle Buildings, what is the percent of Lot Coverage : _____

I certify that the statements herein contained are true to the best of my knowledge and belief and I have prepared and submitted all pages of this application

Signature of Property Owner _____ Date: _____
 Signature of Applicant _____ Date: _____

Fees: Zoning Permit Fee please refer to Town Fee Schedule:
<https://secureservercdn.net/198.71.233.235/482.ab5.myftpupload.com/wp-content/uploads/2021/03/Updated-fee-Schedule-12.8.20.pdf>

Zoning Officer Review – Office Use Only

Date Received: 3/31/26

Application No: Z-2026-003

Zoning Approval is authorized. Application referred to the CEO for issuance of a building and zoning permit

Zoning Permit Issued & does not need to be referred to the CEO

Application Denied Referred to ZBA Case # _____ Referred to PB Case # _____

Reason for denial:

Home based bus. Requires SP in the RA-1 district. Additionally SPR is required for new uses

If denied, you may appeal the denial to the Zoning Board of Appeals by filing a written appeal on the form available from the Planning & Zoning Clerk within sixty days after the date of the denial, specifying the grounds thereof and the relief sought.

ZBA Approved PB Approved: Special Conditions: Case No # _____ Decision document Dated _____

Zoning Officer Signature:  Date: 3/31/26

Fees	
Date:	_____
Zoning Review Fee:	_____
Ck No:	_____
Receipt No:	_____

