



# TOWN OF AMSTERDAM

283 Manny's Corner Road  
Amsterdam, NY 12010

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www.townofamsterdam.org

## APPLICATION FOR ZONING/USE PERMIT

APPLICATION DATE: 05 / 14 / 26

ZONE: Business (B-1)

APPLICATION #: 2026-057

FEE PD: \$251

TAX MAP NO.: 39.-5-6 (portion of) Proposed Lot #1

1.) PROPERTY/BUILDING LOCATION: Town Center Square, Tessiero Square & Route 30

2.) PROPERTY OWNER'S NAME: Fiacco Holding 101 Town Square, LLC TELEPHONE: (518) 438-9600

ADDRESS: 33-37 Warehouse Row, Albany, NY 12205

3.) APPLICATION IS HEREBY MADE FOR: (Check ALL that are applicable),

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> NEW CONSTRUCTION        | <input type="checkbox"/> MOBILE HOME INSTALLATION  | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT            |
| <input type="checkbox"/> RESIDENTIAL                        | <input type="checkbox"/> MODULAR HOME INSTALLATION   | <input type="checkbox"/> KENNEL/STABLES                      |
| <input type="checkbox"/> 1 FAMILY                           | <input type="checkbox"/> GARAGE <input type="checkbox"/> ATTACHED GARAGE                               | <input type="checkbox"/> HOME OCCUPATION                     |
| <input type="checkbox"/> 2 FAMILY                           | <input type="checkbox"/> ACCESSORY BUILDING/STORAGE SHED   | <input type="checkbox"/> OUTDOOR FURNACES                    |
| <input type="checkbox"/> MULTIPLE                           | <input type="checkbox"/> CHIMNEY CONSTRUCTION  | <input type="checkbox"/> SOLAR COLLECTORS +<br>INSTALLATIONS |
| <input checked="" type="checkbox"/> COMMERCIAL              | <input type="checkbox"/> SOLID FUEL BURNING DEVICE   | <input type="checkbox"/> WIND ENERGY FACILITIES              |
| <input type="checkbox"/> RENOVATION, ALTERATION, CONVERSION | <input type="checkbox"/> STOVE INSERT  |  |
| <input type="checkbox"/> RESIDENTIAL                        | <input type="checkbox"/> POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND |  |
| <input type="checkbox"/> COMMERCIAL                         | <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> WELL                                   |  |
|   | <input checked="" type="checkbox"/> OTHER: <u>90-room hotel</u>  |  |

COMMERCIAL OCCUPANCY (WITH NO RENOVATIONS) INSPECTION ONLY.

DEMOLITION

COMMERCIAL OR  RESIDENTIAL (CHECK ONE)

METHOD OF DEMOLITION: \_\_\_\_\_

PLACE OF DEBRIS DISPOSAL: \_\_\_\_\_

DISCONNECTION DATE OF UTILITIES: \_\_\_\_\_

4.) THE FOLLOWING DESCRIPTION OF THE USE FOR THIS PROPERTY, FOR WHICH APPLICATION IS MADE HERewith, IS SUBMITTED: Construction of a 4-story 90-room hotel building with appurtenant parking, access and utility connections

5.) SITE INFORMATION (THE FOLLOWING INFORMATION MUST BE PROVIDED ALONG WITH DETAILED PLOT PLAN)

A.) DIMENSIONS OF LOT: FRONTAGE 390' REAR 487' RIGHT SIDE 270' LEFT SIDE 253'  
ACREAGE ±2.29

B.) IS THIS A CORNER LOT?  YES OR  NO

C.) WILL THE GRADE OF THIS LOT BE CHANGED AS A RESULT OF THIS CONSTRUCTION?  YES OR  NO

IF "YES", DESCRIBE AND SHOW ON PLOT PLAN

D.)  PUBLIC WATER OR  PRIVATE WELL

E.)  SEWER OR  PRIVATE SEPTIC

\*\*\* SEPERATE PERMITS ARE REQUIRED FOR PUBLIC WATER AND SANITARY SEWER

F.) DISTANCE FROM LOT LINES: FRONT 90.8' REAR 15.0' RIGHT SIDE 10.0' LEFT SIDE 154.9'

6.) TYPE OF CONSTRUCTION: (CHECK ALL THAT APPLY)

STYLE:  RANCH  RAISED RANCH  SPLIT LEVEL  CAPE COD  COLONIAL  DUPLEX  
 OTHER: Wood framed, multi-story hotel

BASEMENT (CHECK ONE):  FULL  CRAWL  SLAB

GARAGE:  1 STALL  2 STALL  3 STALL  PRIVATE  PUBLIC

THE ACCESSORY BUILDING WILL BE AS FOLLOWS:  DESCRIPTION: N/A


DIMENSIONS: FRONT WIDTH: N/A SIDE LENGTH: N/A HEIGHT: N/A

7.) CONTRACTOR'S NAME: TBD DAY PHONE: (      )     

MAILING ADDRESS: \_\_\_\_\_

( ALL CONTRACTORS MUST PROVIDE PROOF OF WORKERS COMPENSATION AND LIABILITY INSURANCE )

8.) ESTIMATED VALUE OF ALL WORK (LABOR & MATERIALS): \$ 11M

9.) SIGNATURE OF PROPERTY OWNER: 

I CERTIFY THAT THE CONSTRUCTION PLANS AND ALL OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION ARE ACCURATE.

10.) FOR OFFICE USE ONLY:

DATE APPROVED: \_\_\_\_\_

DATE DENIED: 6.4.26

SIGNATURE:   
(ZONING OFFICER)

PERMIT EXPIRES: \_\_\_\_\_

DENIED AND REFERRED TO PLANNING BOARD  
 DENIED AND REFERRED TO ZONING BOARD OF APPEALS

NOTES OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_