

**AS PER THE BUILDING  
INSPECTOR:**

**ALL ITEMS REQUIRED FOR  
PERMIT PROCESS**

**MUST BE INCLUDED OR  
APPLICATION**

**WILL NOT BE  
ACCEPTED**

***(no exceptions)***

**ANY QUESTIONS PLEASE CALL THE  
BUILDING INSPECTOR @ (845) 831-7800  
ext 3321.**



**TOWN OF FISHKILL**  
**APPLICATION FOR KEEPING CHICKENS**  
**INSTRUCTIONS**

807 Route 52, Fishkill, NY 12524 (845) 831-7800 ext. 3322

1. **DRAWINGS**: Need to submit (2) drawings showing details for chicken coop and materials being used to construct. (If pre-fab need to submit brochure on coop)
2. **PLOT PLAN**: Need to fill out Plot Plan (Location Plan) to show location and distances from property line and from dwelling for chicken coop.
3. If applicant is not property owner, applicant **MUST** provide a letter from property owner stating it is ok for applicant to get a permit to keep chickens on the property.
4. All applications **MUST** be complete before review by a Building Inspector.

**MAXIMUM NUMBER OF CHICKENS ALLOWED IS 6. NO ROOSTERS ALLOWED.**

Please allow a **MINIMUM** of **72 HOURS** before PERMIT CAN BE ISSUED.



# TOWN OF FISHKILL

## APPLICATION FOR KEEPING CHICKENS

App# \_\_\_\_\_ BP# \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Location: \_\_\_\_\_

Grid Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### PROPERTY/COOP INFORMATION:

Lot Size: \_\_\_\_\_ Enclosure Size: \_\_\_\_\_

Percentage of Yard Covered by Enclosure: \_\_\_\_\_

Number of Chickens To Be Housed: \_\_\_\_\_

**No more than 6 Chickens allowed and NO ROOSTERS ALLOWED.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### \*THIS SECTION FOR BUILDING DEPARTMENT USE ONLY\*

FEE: \$75.00 Rcpt# \_\_\_\_\_ Paid by \_\_\_\_\_

#### Building Department Inspection:

Enclosure in Rear Yard	YES	NO	At Least 15 ft. from Dwelling	YES	NO
Coop is clean & Free of Odor	YES	NO	Coop is structurally sound	YES	NO
Feed is properly Stored	YES	NO	Meets Setback for Zone	YES	NO
Number of Chickens Within Permitted Limit	YES	NO	Rear Yard Screened from View	YES	NO

Approved \_\_\_\_\_ BP# \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

**LOCATION PLAN**

Application/Permit #   —

**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**

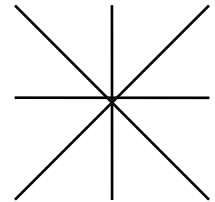
APPLICANT (owner of premises): \_\_\_\_\_

LOCATION OF PROPOSED WORK: \_\_\_\_\_

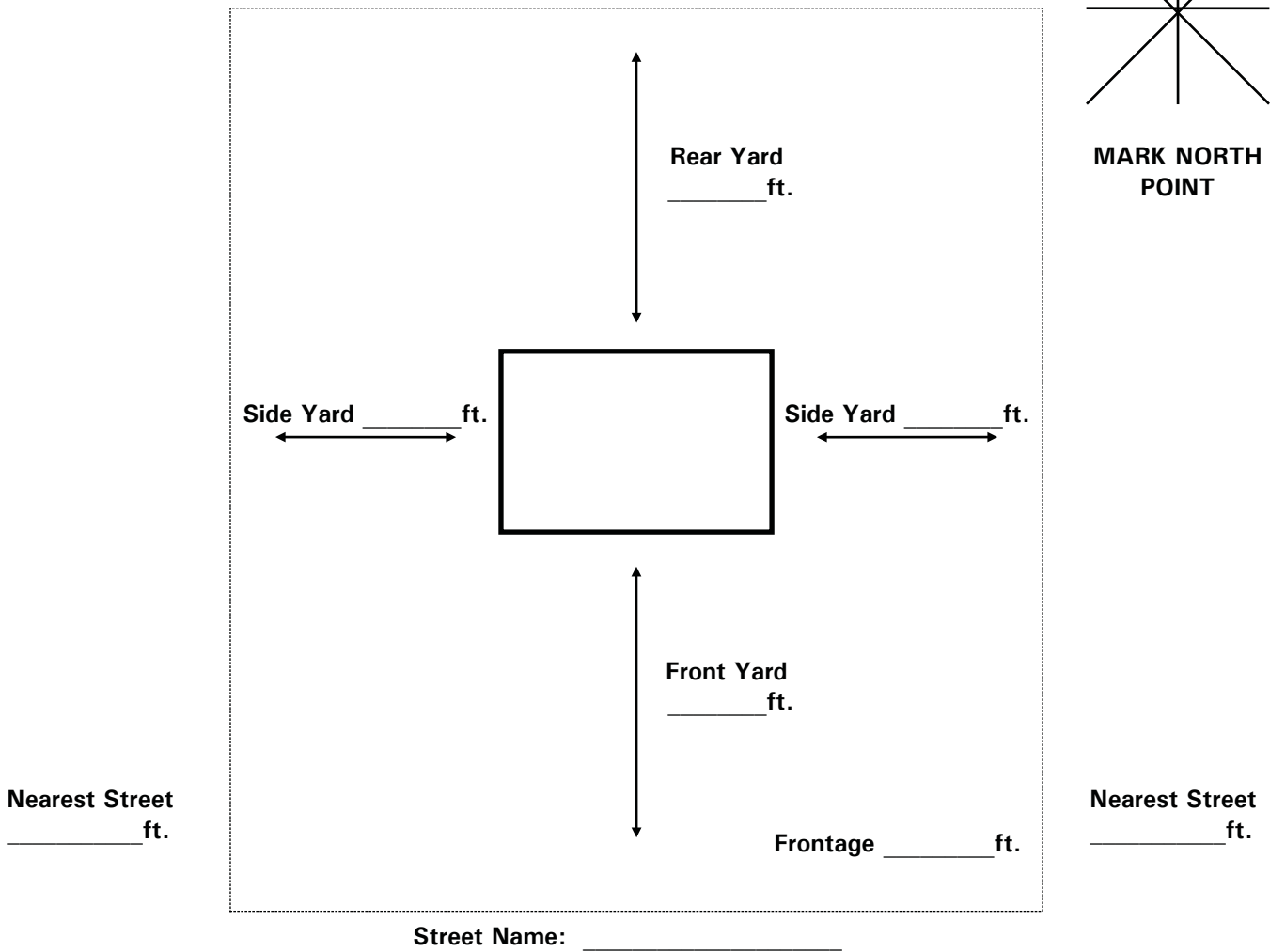
TAX GRID NUMBER: #06     —   —

INTERIOR LOT: \_\_\_\_\_ CORNER LOT: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

**A SITE PLAN OR PLOT PLAN NOTING ALL SITE FEATURES MAY BE SUBSTITUTED FOR THIS FORM**



**MARK NORTH POINT**



**IMPORTANT NOTE:**  
The applicant is responsible for accuracy in dimensions shown above.  
**INDICATE LOCATION OF WELL AND SEWAGE SYSTEM  
AND THE DISTANCE OF EACH FROM STRUCTURE**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date