PRINT

Town of Fishkill Zoning Board of Appeals
807 Route 52
Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328
Fax: (845) 831-3256

FOR OFFICE USE ONLY

Application No: ZB ☐☐—☐☐☐

Application Fee:

Escrow Deposit:

Escrow Account No.

APPLICATION FOR AN INTERPRETATION

Note: ***All sections must be completed***. If all information does not fit on this form, please attach additional pages to this form. *If any items are not applicable on this form, please indicate so as N/A.*

APPLICANT'S INFORMATION

I (We), _____

residing at _____,

Telephone Number: _____, E-Mail Address: _____,

hereby appeal to the Zoning Board of Appeals from the decision/action of the Zoning Administrator,

dated _____, and do hereby apply for an interpretation for:

Tax Grid Number:				Acres:	
Tax Grid Number:				Acres:	

Property Street Address: _____

Property Street Address: _____

Property is located in _____ Zoning District(s)

Year Owner acquired the property: _____

I (We) hereby apply to the Zoning Board of Appeals for an interpretation of the following requirements of the Town of Fishkill Zoning Code: (Indicate Article, Section, Subsection and Paragraph of the Town of Fishkill Town Code)

_____

_____

_____

_____

_____

_____

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Revised 08/05/2026

REASON FOR INTERPRETATION

PROPERTY OWNER'S INFORMATION

If the Applicant does not own the property, the Applicant must submit a statement from the Property Owner authorizing the Applicant to appeal on his/her behalf)

Name:

Mailing Address:

City/Town: State: ip Code:

Telephone Number: E-Mail Address:

REPRESENTATIVE'S INFORMATION

Name:

Mailing Address:

City/Town: State: ip Code:

Telephone Number: E-Mail Address:

PROFESSIONAL ENGINEER, ARCHITECT OR LAND SURVEYOR INFORMATION

Name:

Mailing Address:

City/Town: State: ode:

Telephone Number: E-Mail Address:

License Number:

ATTORNEY INFORMATION

Name:

Mailing Address:

City/Town: State: ode:

Telephone Number: E-Mail Address:

ACKNOWLEDGEMENT

In accordance with Town of Fishkill Town Code §150-98, the undersigned Owner, and if different, the undersigned Applicant acknowledge and agree to the following:

In the event of failure to reimburse the engineer, legal and consulting expenses incurred by the Town with regard to this Application, the Town may seek recovery of such expenses by action venued in a court of appropriate jurisdiction and the Owner and the Applicant, if different, shall be jointly and severally responsible for the reasonable and necessary attorney's fees expended by the Town in prosecuting such action. In the alternative, and at the sole discretion of the Town, a default reimbursement of such expenses incurred by the Town, with regard to this Application, shall be remedied by charging such unpaid sums against the subject property and collecting such unpaid sums along with any other charges against the subject property.

Applicant's Signature	Date
Owner's Signature	Date
Representative's Signature	Date

THE APPLICATION CHECKLIST AND SUBMISSION REQUIREMENTS ARE LOCATED ON THE FOLLOWING PAGE.

APPLICATION CHECKLIST

All items listed below must be submitted at the time of application to the ZBA and must be submitted in accordance with the current ZBA Meeting Schedule deadline dates. The current ZBA Meeting Schedule may be obtained using the following link https://www.fishkill-ny.gov/board-meeting-schedules.html, or you may visit the Town Hall to obtain a copy from the ZBA Secretary.

ITEMS REQUIRED TO BE SUBMITTED FOR A ZONING BOARD OF APPEALS INTERPRETATION:

- ☐ Application Fee - Residential = $ 350.00 (check made payable to the Town of Fishkill or cash)
- ☐ Escrow Deposit - Residential = $2,000.00 (check made payable to the Town of Fishkill or cash)

- ☐ Application Fee - Commercial = $1,200.00 (check made payable to the Town of Fishkill or cash)
- ☐ Escrow Deposit - Commercial = $5,000.00 (check made payable to the Town of Fishkill or cash)

One (1) original and four (4) copies of the following: Please be sure to separate your submission into five (5) complete sets.

- ☐ Application for an Interpretation
- ☐ Environmental Assessment Form (EAF) - submission of Short EAF or Long EAF must be determined by the Town Building Inspector/Zoning Administrator.
- ☐ Professional drawings, along with a plot plan or site plan outlining the project.
- ☐ Town Building Inspector/Zoning Administrator's Decision
- ☐ Owner's Consent Letter (if applicable)
- ☐ Additional supporting documentation
- ☐ One USB Drive that contains, in PDF format, a copy of each item listed above, except the Application Fee and Escrow Deposit.