



Town of Fishkill Zoning Department

Home Occupation Permit

Date: _____

Applicant Information:

Name: _____ Grid #: _____ Phone #: _____

Location:

Name of Occupation/Business: _____

Type of Business: _____ No. of Employees: _____

Equipment Utilized:

Vehicle Type	Make	Year	Reg. #

Hours: _____

Workman's Comp (yes/no): _____ Deliveries (yes/no): _____

% of House Being Utilized: _____ Will Customers Be Coming to Property: _____

- \$100.00 APPLICATION FEE MUST BE SUBMITTED WITH APPLICATION -
 - PERMIT MUST BE RENEWED YEARLY. \$50.00 RENEWAL FEE -

Applicant's Signature: _____ Date: _____

Town of Fishkill Use Only:

Date: _____

Zoning Administrator's Signature: _____