

DURING THE REOPENING PHASE DURING THIS COVID-19 PANDEMIC

ALL CONTRACTORS MUST GO TO:

[FORWARD.NY.GOV/INDUSTRIES-REOPENING-PHASE?](https://forward.ny.gov/industries-reopening-phase)

AND FILL OUT THE BUSINESS AFFIRMATION FORM AND SUBMIT

APPROVED FORM WITH THIS APPLICATION.

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 #

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TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK

APPLICANT (owner of premises): _____

LOCATION OF PROPOSED
WORK: _____

TAX GRID NUMBER: #06

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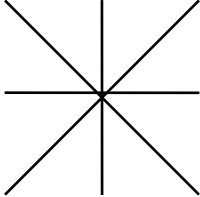
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INTERIOR LOT: _____

CORNER LOT: _____

ZONING DISTRICT: _____

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

<div style="border: 1px dotted black; padding: 20px; text-align: center;"><div style="display: flex; flex-direction: column; align-items: center;"><div style="margin-bottom: 10px;">↑</div><div style="margin-bottom: 10px;">Rear Yard _____ ft.</div><div style="margin-bottom: 10px;">↓</div><div style="margin-bottom: 10px;">↑</div><div style="margin-bottom: 10px;">Front Yard _____ ft.</div><div style="margin-bottom: 10px;">↓</div></div><div style="display: flex; justify-content: space-around; width: 100%;"><div style="text-align: center;">Side Yard ← _____ ft.</div><div style="border: 2px solid black; width: 150px; height: 80px;"></div><div style="text-align: center;">Side Yard ← _____ ft.</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div style="text-align: center;">Nearest Street _____ ft.</div><div style="text-align: center;">Frontage _____ ft.</div><div style="text-align: center;">Nearest Street _____ ft.</div></div><div style="margin-top: 10px;">Street Name: _____</div></div>		 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