



**TOWN OF FISHKILL
Town Board**

Rezoning Application

FOR OFFICE USE ONLY	
Date Received:	_____
Received by:	_____
Application No.:	_____
Application Fee: \$	_____
Check No.:	_____
Escrow Deposit: \$	_____
Check No.:	_____

A request is hereby made for the rezoning of property as described in this application.

APPLICANT'S INFORMATION

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

PROPERTY INFORMATION

Tax Grid Number: _____ — _____ — _____ Acres: _____

Tax Grid Number: _____ — _____ — _____ Acres: _____

Location of property: _____

Location of property: _____

Property's Street Address: _____

Property's Street Address: _____

Existing Zoning Designation(s): _____

Proposed Zoning Designation(s): _____

Present use of property: _____

Proposed use of property: _____

Existing buildings, facilities and utilities located on the property: _____



**TOWN OF FISHKILL
Town Board**

Rezoning Application

PROPERTY INFORMATION (continued)

Proposed buildings, facilities and utilities to be located on the property: _____

Property is located in _____ Fire District

Property is located in _____ Ambulance District

Property is located in _____ Water District

Property is located in _____ Sewer District

Is the property located in or does the property contain

- Floodplains, as shown on the FEMA Flood Insurance Rate Maps? Yes No
If yes, please identify FEMA Map _____
- ACOE wetlands, as shown on the National Wetland Inventory Maps? Yes No
If yes, please identify National Wetland Inventory Map _____
- DEC wetlands, as shown on the NYS Freshwater Wetlands Maps? Yes No
If yes, please identify NYS Freshwater Wetland Map _____
- Does the property contain slopes in excess of 15%? Yes No

PROPERTY OWNER'S INFORMATION

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____



**TOWN OF FISHKILL
Town Board**

Rezoning Application

REPRESENTATIVE'S INFORMATION

Name: _____
Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____

STATEMENT OF CONFORMANCE

I/We, the undersigned, agree that the information herein and attached is true.

Applicant's Signature

Date

Property Owner's Signature

Date

Representative's Signature

Date