



**TOWN OF EAST FISHKILL
BUILDING AND ZONING DEPARTMENT**

330 Route 376, Hopewell Junction, NY 12533
(845) 221-2427 Fax (845) 227-4018
<http://www.eastfishkillny.gov>

OCCUPANCY APPLICATION REQUIREMENTS

ALONG WITH THE COMPLETED APPLICATION, PLEASE PROVIDE THE FOLLOWING ITEMS:

- Complete Dutchess County Health Department Application (Section A) (*if required*).
- New Business or Change of Use Form (*attached if required*).
- Existing Floor Plan.
- Letter Explaining Use of Space.
- IF APPLICANT IS NOT THE PROPERTY OWNER, AN ORIGINAL, SIGNED, NOTARIZED LETTER FROM THE OWNER WILL BE REQUIRED GRANTING PERMISSION TO APPLY FOR PERMIT. (Applicant may obtain signature on application from owner, thus notarized letter not required.)
- FEE: PLEASE SEE THE CURRENT FEE SCHEDULE.
CASH OR CHECK MADE OUT TO: TOWN OF EAST FISHKILL
Note: Construction without a permit is double the fee: As-Built Fee



Sewer/Water Adequacy for New/Revised Use

Instructions: **Applicant** Complete Section A. **Building Department** Complete Sections B and submit form to the Dutchess County Health Department. See other side for further instructions.

SECTION A. PROJECT INFORMATION

Business name _____	Facility Name _____
Description of Use _____	Attach list of existing uses at this facility.
_____	Is facility being expanded? <input type="checkbox"/> See Side 2.

Tax Map # _____ Street Address _____ Location _____
(Town, Village, City)

Operator Name _____ Contact Information _____

Area (ft²) _____ Employees _____ Customers/Clients _____ Seats _____ Flow _____

Special equipment _____

Applicant _____ Date _____ Signature _____

SECTION B. BUILDING DEPARTMENT

Previous Use _____

Allowed Use _____ Reference _____

Other Facility Uses	Area ft ²	Employees	Clients or Seats	Description	Equipment

Building Inspector _____ Date _____ Signature _____

SECTION D. FOR HEALTH DEPARTMENT USE ONLY

DCHD Project Number _____ Approval Date _____ Flow _____

SDS type _____ Water Source _____ PWS Number _____

DCHD Permits Required: _____ See other side for capacity worksheets.

Disposition: _____

DCHD Engineer: _____ Date _____ Signature _____

DCHD Sanitarian: _____ Date _____ Signature _____

(Uses requiring permits must be signed by a sanitarian.)

Basis of Design for Facility:

Type	Design Flow (g/d)	Area (ft ²)	Seats	Restrictions/Other

Remaining Capacity:

Type	Design Flow (g/d)	Area (ft ²)	Seats	Restrictions/Other

Directions

The facility is the plaza or building or parcel into which the proposed use will be installed.

Include the E911 address (Suite number) of the proposed business.

The list of existing uses should include the same information required in Section A for each of the existing uses. See or use example table below in Additional Notes.

Special Equipment means any equipment which uses water, produces wastewater, or uses material which could contaminate the drinking water or wastewater.

Customers is per day. Seats is number.

Flow is water use in gallons per day. Explain how you arrived at the flow number (actual metered use, design book, guess?)

You may leave some entries blank. For instance, you do not need to enter both Customers and Seats. More complete information results in better and faster decisions.

Some projects may require supporting documentation including floor plans, plot plans, engineering plans, engineering reports, et cetera. Attach these to this form.

You may be required to retain the services of a New York State licensed professional engineer for your project.

A. When you are unable to properly specify the information in Section B.

B. When your proposed use is not already approved at the Facility you are intending to occupy.

Engineers who fill in Section A on behalf of a client must so note on the signature line of Section A.

There is no Section C yet.

The "Allowed Use" reference should be a reference to the Site Plan, minutes, or record of historical use supporting the determination of use.

Facility Expansion

New area proposed _____. Description of expansion:

Comments:



**TOWN OF EAST FISHKILL
PLANNING AND ZONING DEPARTMENT**

330 Route 376, Hopewell Junction, NY 12533

(845) 221-2428 Fax (845) 226-1924

<http://www.eastfishkillny.gov>

NEW BUSINESS OR CHANGE OF USE FORM

Information is hereby requested by the Code Enforcement Division for any and all Use or Tenancy Changes in an Existing Building. It is further agreed that if a Building Permit and Certificate of Occupancy is required, the premises will not be occupied until the Certificate of Occupancy has been issued and all fees are paid in full. The property owner agrees to comply with all applicable Laws, Ordinances and Regulations.

Site Data:

Section _____ Block _____ Lot _____ Zone: _____

Street Address: _____

Property Owner Information:

Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Tenant Information:

Business Name: _____ Contact Name: _____

(Owner or Owner's Representative)

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Site Information:

Describe Existing/Previous Use: _____

Describe Proposed Use: _____

(If additional space is needed please attach narrative)

Existing Tenant Area: _____ s.f. Proposed Tenant Area: _____ s.f.

Total Floor Area in Building / Complex: _____ s.f.

Existing Number of Parking Spaces in Plaza / Complex: _____ Proposed Parking Demand: _____

Describe all Other Occupancies in the Building or On-site *(list below or attach Tenant list)*

Description *(Name of Business, Use, Suite Number, Square Footage):*

Authorization:

Owner's Name _____

Signature

Print

State of _____, County of _____,

being duly sworn deposes and says that all statements are true to the best of their knowledge and belief.

Notary Public

***** DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY *****

Building Department Reviewed By: _____ Date: _____

Site Plan Approval Required: No Yes Referred to Zoning Administrator / Town Planner: No Yes Date: _____



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<http://www.eastfishkillny.org>

Nicholas D'Alessandro
Town Supervisor
Town Board
Craig Arco
Marianne Flores
Tom Franco
Emanuele Marinaro

Fire Advisory Board
Standard Site Plan Requirements

Requirements:

1. Install a monitored Fire Alarm System
2. Install a KNOX Key Box and populate with keys to open any building doors (inside and out) (see Attachment 1).
3. Locate any refuse container a minimum of 35 feet from the building or contain it in a fire resistive enclosure.
4. Any installed fire hydrants should have a 5" STORZ fitting on the steamer discharge.
5. Provide appropriate radius on site property for EFFD Pierce Tower Ladder (see Attachment 2).

Attachment 1: How to Order a Knox Box

East Fishkill Fire District

Knox Box Coordinator

East Fishkill Fire Advisory Board: (317) 428-8934, firemarl@hotmail.com

To make an appointment to have initial keys installed or to update the keys in the Knox Box please contact the East Fishkill Fire District at (845) 226-1652

How to Order Knox Box

1

To Order Online

Step 1:

Go to
Knoxbox.com/11000

Step 2:

Select your product and add to cart

Step 3:

Confirm product installation address.
Then complete your purchase or continue shopping

2

To Order By Phone

800.552.5669

For online ordering assistance, please contact
KNOX Customer Service at 800.552.5669

Attachment 2: Turning Radius Requirements for Fire Apparatus

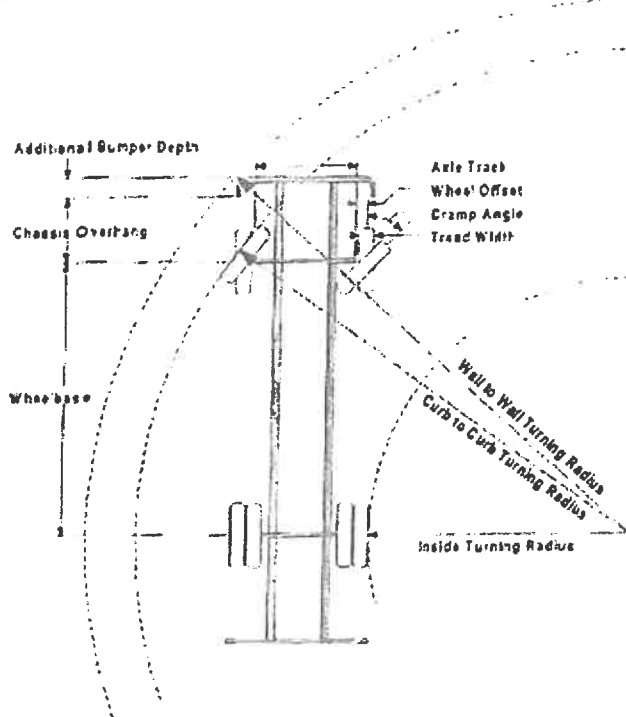


Turning Performance Analysis

12/19/2005

Id Number: Greenwood Fire Department
Department #: 9664

Chassis: Dash-2000, Chassis, PAP/SkyArm/Mid-mount
Body: Aerial, Platform, 95', Mid-Mount, No Pump, Alarm



Parameters:

Inside Cramp Angle:	45°
Axle Track:	82.92 in
Wheel Offset:	4.68 in
Tread Width:	16.60 in
Chassis Overhang:	65.99 in
Additional Bumper Depth:	26.00 in
Front Overhang:	91.99 in
Wheelbase:	260.00 in

Calculated Turning Radii:

Inside Turn:	20 ft 7 in
Curb to Curb:	36 ft 11 in
Wall to Wall:	41 ft 9 in

Comments:

OUTRIGGER SPREAD 18'

Components	PRIDE #	Description
Bumpers	0022248	Bumper, 26' extended - "All Custom Chassis"
Wheels, Front	0052487	Wheels, 1 pr, Alum, Alcoa, Dura-Bright, 22.50" x 12.25" (425' & 385')
Aerial Devices	0009233	Aerial, 95' Pierce PAP, Mid Mount
Axle, Front, Custom	0018453	Axle, Front, Oshkosh TAK-4, Non Drive, 22,800 lb. DLX-Fatigue AX1
Tires, Front	0078244	Tires, Michelin, 425/65R22.50 20 ply XZY 3 tread

Notes:

Actual Inside Cramp Angle may be less due to highly specialized options.

Curb to Curb turning radius calculated for a 9.00 inch curb.

Reduce turning radius by 33% if vehicle is equipped with all wheel steer.