



**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>

**COMMERCIAL ALTERATION/RENOVATION APPLICATION
REQUIREMENTS**

ALL APPLICATIONS NEED TO INCLUDE:

- ☐ Completed Permit application (*all lines filled out*)
- ☐ Dutchess County Health Application completed (*if required*)
- ☐ New Business or Change of Use Form (*attached if required*)
- ☐ Workers Compensation and Liability insurance
- ☐ Letter explaining use of space
- ☐ Three sets of plans (showing existing and proposed)
- ☐ 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



DUTCHESS COUNTY DEPARTMENT OF HEALTH
85 Civic Center Plaza, Suite 106
Poughkeepsie, NY 12601
845-486-3404/845-486-3545 (fax)

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 (ft ²) _____	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: _____