



**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 Change of Use

Instructions: **Applicant** to complete Section A, then submit to Dutchess County Department of Health.

SECTION A. APPLICANT / OWNER / PROJECT INFORMATION

Applicant / Owner Information:

Name: _____ Phone: _____

Applicant Address: _____ Email: _____

Proposed Use Information:

Business Name: _____ Business Phone: _____

Business Address: _____ Tax Map No.: _____

Water Supply and Sewage Disposal: circle all that apply to the property

WATER SOURCE: PWS/Central Water or Well **SEWAGE:** Central Sewer or On-site Septic System

GREASE TRAP: Yes or No If Yes, is Grease Trap: Interior or Exterior GT Size: _____ gals

Capacity Worksheet:

Applicant: complete boxed area of table below. The shaded area will be completed by DCDOH.

EXISTING OR PROPOSED*	SUITE/ UNIT (A)	FLOOR AREA (FT ²)	BUSINESS NAME	TYPE OF USE	UNIT OF MEASURE (seats, emp, sta)	UNITS (#)	HYDRAULIC LOADING RATE (gpd/unit)	WATER SAVING FIXTURE MULTIPLIER (PER CODE)	DESIGN FLOW OR ACTUAL METERED FLOW (GPD)
TOTAL DESIGN FLOW:									
SYSTEM CAPACITY:									
REMAINING CAPACITY:									

*ATTACH ADDITIONAL SHEETS OR INFORMATION AS NECESSARY (I.E. METER DATA OR EXTRA SUITES)

SECTION B. HEALTH DEPARTMENT USE ONLY

DCHD Project Number _____ Approval Date _____ Flow _____

SDS type _____ Water Source _____ PWS Number _____

Existing Capacity Analysis or Approved Plan Available? YES or NO

Determination: ☐ Capacity is Adequate ☐ Engineering Evaluation/Design Needed ☐ EHS Permits Needed

DCHD Permits Required: _____

DCHD Engineer: _____ Date _____ Signature _____

DCHD DWEP: _____ Date _____ Signature _____

DCHD Sanitarian: _____ Date _____ Signature _____

COPY to Building Inspector: _____ Date _____ Signature _____

COPY to Sr. Sanitarian: _____ Date _____ Signature _____

Additional information regarding this form:

- Some projects may require supporting documentation including floor plans, engineering plans, engineering reports, etc.
- You may be required to retain the services of a NYS Licensed professional engineer for your project if the above information is not conclusive for capacity determination.



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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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 KnoxBox

East Fishkill Fire District

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

To Order Online

Step 1:

Go to
[Knoxbox.com/11000](https://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.

To Order By Phone:

1-800-552-5669

Please contact KNOX Customer Service
for online ordering assistance.

Attachment 2: Turning Radius Requirements for Fire Apparatus

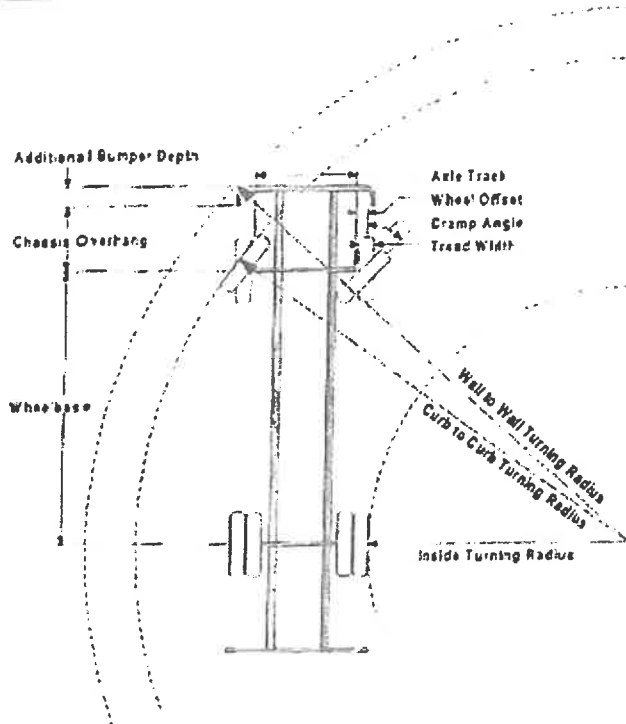


Turning Performance Analysis

12/19/2025

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 ft, 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-Fut/Qu/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