



**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**



DUTCHESS COUNTY HEALTH DEPARTMENT  
 85 Civic Center Plaza, Suite 106  
 Poughkeepsie, NY 12601  
 845-486-3404 email: ehs@dutchessny.gov

# 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 <sup>2</sup> )	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)
<b>TOTAL DESIGN FLOW:</b>									
<b>SYSTEM CAPACITY:</b>									
<b>REMAINING CAPACITY:</b>									

\*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 Tower Ladder (see Attachment 2).

# **Attachment 1: How to Order a Knox Box**

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## **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](http://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.

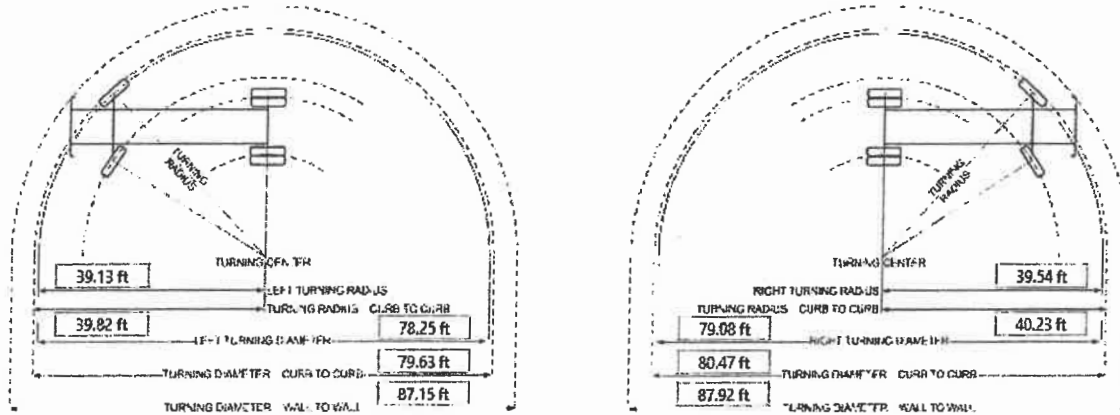
### **To Order By Phone:**

**1-800-552-5669**

Please contact KNOX Customer Service  
for online ordering assistance.

# Attachment 2: Turning Radius Requirements for Fire Apparatus

## Turning Radius Apparatus



The turn radius is an estimate given for reference only. Real world results depend on tire type, speed, weight distribution, alignment, air fig. tolerance stackups, turnstop settings, etc. The chassis manufacturer makes no claim as to the accuracy of this tool.

End User Name	East Fishkill Fire District
Chassis Model	0100-012 Gladiator
Wheelbase	260.00 in
Bumper Extension	8.00 in
Bumper Width	104.40 in
Left hand outside tire turn angle	30.90 deg
Right hand outside tire turn angle	31.30 deg
Left hand Curb-to-Curb turning radius	39.82 ft, 12.14 m
Right hand Curb-to-Curb turning radius	40.23 ft, 12.26 m
Left hand Wall-to-Wall turning radius	43.58 ft, 13.28 m
Right hand Wall-to-Wall turning radius	43.96 ft, 13.40 m