



**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.org>

OCCUPANCY APPLICATION REQUIREMENTS

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

- COMPLETE DUTCHESS COUNTY HEALTH DEPARTMENT APPLICATION (SECTION A) (*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 FEE SHEET ATTACHED TO PERMIT APPLICATION.
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: