



TOWN OF WAPPINGER

P.O. Box 324 ~ 20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590

Town Board

Office: 845.297.2744 ~ Fax: 845.297.4558

Town Clerk

Office: 845.297.5772

www.townofwappinger.us

Application for a Change of Zone

INTRODUCTION: A request for rezoning requires review by various agencies. First, the Town Board is specifically required by law to conduct a detailed environmental analysis of your requested zone change. Second, your request must be referred to the Town of Wappinger Planning Board and various other Town Officials for their review. Your request may also require referral to the Dutchess County Planning Department. In order to minimize delays, and process your application as expeditiously as possible, we ask that you carefully fill out the attached application for a change of zone, and submit 15 copies of the required exhibits listed at the end of the application with a non-refundable \$1,000 fee.

Note: THE APPLICATION AND EXHIBITS SHOULD BE SUBMITTED TO

Town Clerk

1. RECORD OWNER: _____

2. OWNER'S ADDRESS: _____

3. OWNER'S TELEPHONE: (days) _____ (evenings) _____

4. APPLICANT'S ADDRESS: (If other than Owner): _____

5. APPLICANT'S ADDRESS: (If other than Owner): _____

6. APPLICANT'S TELEPHONE: (days) _____ (evenings) _____

7. PROPERTY ADDRESS (if different): _____

8. TAX MAP GRID NUMBER OF PROPERTY: _____

9. PRESENT ZONE OF PROPERTY: _____

10. REQUESTED ZONE OF PROPERTY: _____

11. TOTAL AREA OF PROPERTY: _____ square feet or _____ acres

12. DIMENSIONS OF PROPERTY: _____

13. LIST ANY ROAD FRONTAGES ON YOUR PROPERTY:
_____ FOOT OF FRONTAGE ON _____ ROAD.
_____ FOOT OF FRONTAGE ON _____ ROAD.

14. IS PROPERTY VACANT LAND? _____

15. IF NOT, IDENTIFY ANY STRUCTURES PRESENTLY ON THIS PROPERTY: _____

16. DESCRIBE THE PRESENT USE(S) OF THE PROPERTY: _____

17. IS PROPERTY NOW SUBJECT TO ANY RIGHTS-OF-WAY OR EASEMENT(S) IN FAVOR OF OTHER PROPERTIES? _____

18. IS THE PROPERTY PRESENTLY WITHIN A PUBLIC OR PRIVATE WATER DISTRICT? _____
WHICH ONE? _____

19. IS PROPERTY PRESENTLY WITHIN A PUBLIC OR PRIVATE SEWER DISTRICT? _____
WHICH ONE? _____

20. DESCRIBE THE PURPOSE OF YOUR REZONING REQUEST AND THE GENERAL NATURE OF DEVELOPMENT PLANS: _____

21. DESCRIBE PROPOSED SIZE OF ANY BUILDINGS TO BE CONSTRUCTED, E.G.:
_____ RESIDENTIAL UNITS OF APPROX. _____ SQ. FT. EACH
_____ SQ. FT. RETAIL SPACE
_____ SQ. FT. OFFICE SPACE
_____ SQ. FT. INDUSTRIAL SPACE

22. LIST OWNERS AND ADDRESSES OF ABUTTING PROPERTY AND EXISTING USES OF PROPERTY:
NORTH OWNER: _____
ADDRESS: _____
PROPERTY USE: _____
EAST OWNER: _____
ADDRESS: _____
PROPERTY USE: _____
SOUTH OWNER: _____
ADDRESS: _____
PROPERTY USE: _____
WEST OWNER: _____
ADDRESS: _____
PROPERTY USE: _____

23. IS THERE ANY STATE OR COUNTY OWNED PROPERTY WITHIN 500 FEET OF PROPERTY?

24. DESCRIBE THE NATURE OF YOUR PROPERTY: _____

WHAT TYPES OF SOILS DOES YOUR PROPERTY CONTAIN? _____

DOES IT CONTAIN ANY PONDS? _____

DOES IT CONTAIN ANY STATE DESIGNATED WETLANDS OR ADJACENT AREAS? _____

DOES IT CONTAIN ANY FLOODWAY OR FLOODPLAIN LANDS? _____

DOES IT CONTAIN ANY SLOPES IN EXCESS OF 15%? _____

TO YOUR KNOWLEDGE, HAS THE PROPERTY EVER BEEN USED AS A WASTE SITE OR DUMP

_____ IF SO, WHEN? _____

NUMBER OF WELLS ON PROPERTY: _____

DEPTH OF WELLS ON PROPERTY: _____

NUMBER OF SEPTIC SYSTEMS ON PROPERTY: _____

HAVE ANY WELL TESTS INDICATED UNSATISFACTORY WATER QUALITY? _____

25. ANY ADDITIONAL COMMENTS OR INFORMATION YOU WOULD LIKE INCLUDED WITH
YOUR APPLICATION?

ATTACHMENTS

THE FOLLOWING MUST BE SUBMITTED WITH YOUR WRITTEN APPLICATION:

1. PARTS I & II (AND PART III, IF APPLICABLE) OF THE LONG-FORM ENVIRONMENTAL ASSESSMENT FORM. NOTE THAT THE E.A.F. SHOULD CONCENTRATE ON THE BROAD IMPACTS OF THE REZONING AND NOT JUST ON THE SITE-SPECIFIC IMPACTS OF YOUR PROPOSED PROJECT.
 2. IF APPLICANT DIFFERENT FROM OWNER, A WRITTEN STATEMENT FROM OWNER, AUTHORIZING YOU TO MAKE THE APPLICATION SHOULD BE ATTACHED.
 3. MAP OR SKETCH SHOWING LOCATION OF YOUR PROPERTY AND THE SECTION(S) OF IT THAT YOU WISH TO HAVE REZONED.
 4. COPY OF OWNERS DEED.
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DATE OF SUBMISSION: _____

DATE RECEIVED BY TOWN CLERK: _____

Signature of Owner(s)

Signature of Applicant(s)