

Town of Rhinebeck
REQUEST FOR ZONING COMPLIANCE DETERMINATION

Zoning Enforcement Officer (845) 876-7207 Ext. 20
zoningadministrator@rhinebeckny.gov

Prospective Applicant - * ALL INFO REQUIRED*

Name _____

Mailing Address:

Street _____

City _____ State _____ Zip _____

Telephone Number _____

E-Mail _____

Proposed Use and Location - Description of Proposed Use

Address _____

Tax Map Parcel Number _____ Number of Acres _____

****Please Note**** The ZEO requires a large, to scale Survey Map or a map to scale from Dutchess County Planning. The map/survey should show the proposed project to scale as well. (Ex. of acceptable to scale 1:20, 1:50 – not 1:33)

****Parcel Access print outs or reduced size maps will not be accepted.**

****Review will not be initiated until all information is submitted.**

The undersigned hereby requests a Determination by the Zoning Enforcement Officer as to the permissibility of the proposed use described above at the location stated under the terms of the Zoning Law of the Town of Rhinebeck.

Owner's Name _____

(Please Print Clearly)

Title _____

(If Not the Owner)

Signature _____ **Date** _____

Office Use Only:

Date Received: _____ Received By: _____

Forwarded to: _____ Date Forwarded: _____

Forms: Complete Incomplete

Reason Incomplete: _____

Applicant Notified By: Mail Phone Email In Person

Date Notified: _____ Notified by: _____

Date Application Completed: _____

Date given to ZEO: _____