

Town of Rhinebeck
REQUEST FOR ZONING COMPLIANCE DETERMINATION

Zoning Enforcement Officer (845) 876-7207 Ext. 20

revangelista@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 (may be available for purchase at Dutchess County Planning) or a Filed map available for purchase at the Dutchess County Clerks Office showing the proposed project.

****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 _____ **Title** _____
(If Not Owner)

Print Name _____

Signature _____ **Date** _____

Office Use Only:

Date Received: _____

Received By: _____

Forms: Complete Incomplete

Reason Incomplete: _____

Applicant Notified By: Mail Phone Email In Person

Date Notified: _____ Notified by: _____

Date Application Completed: _____

Date given to ZEO: _____