



# TOWN OF FORT EDWARD

118 BROADWAY P.O. BOX 127 FORT EDWARD, N.Y. 12828-0127

OFFICE – 518.747.5212 -----FAX 518.747.2493

## ZONING OFFICE DETERMINATION APPLICATION

*(Zoning Office Use Only)*

APPLICATION NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Check One:  Owner  Purchaser  Lessee  Representative

Applicant Mailing Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant E-mail: \_\_\_\_\_

Applicant Fax: \_\_\_\_\_

Property Address or Legal Description for which determination is requested: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Explain proposed use(s) or nature of inquiry in detail: \_\_\_\_\_

Any other zoning determinations you are aware of made previously on this property : \_\_\_\_\_

**Certification: I hereby certify that I have provided this information in order to obtain a zoning determination and I am responsible for its accuracy and affirm I have the authority to make such request.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature (if Agent/Representative Signing above)

\_\_\_\_\_  
Printed Name

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*(Zoning Office Use Only)*

**APPLICATION NO.:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Request No. \_\_\_\_\_

Zoning District \_\_\_\_\_

Legal Description: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Use Allowed:  Yes     No     Not Applicable to Request     Other: \_\_\_\_\_

Determination:

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Determination made by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature

\_\_\_\_\_  
Printed Name