

**TOWN OF ROSENDALE
REZONING APPLICATION**

Filing Fee: \$400.00
(Made payable to Town of Rosendale)

Date Received: _____

Property Address: _____

Name of Owner(s): _____

Signature of Applicant/Owner: _____

Address, if different than above: _____

Home Phone: _____ Daytime Phone if different: _____

Legal Description of Property: _____

1. What is the current use of this property? _____

2. What is the current zoning for this property? _____

3. What is the intended use of this property? _____

4. What is the requested zoning for this property? _____

5. Please mark the appropriate property type:

- Single Family Residence
- Two Family Residence
- Multiple Family Dwelling
- Agricultural

- Industrial
- Commercial
- Institutional and Recreational

6. Please explain the reason for this rezoning request. _____

7. Please explain why is this proposed use the best for this property? _____

8. Please explain the compatibility of the proposed use with the surrounding land uses. _____

9. List all adjacent property owners within 300 feet and their mailing addresses.

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|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Two (2) copies of this application, including any and all attachments, shall be submitted to the Town Clerk no later than fourteen (14) days prior to the meeting.

Signature of Owner

Date

Signature of Owner

Date