

TOWN OF BEEKMAN
APPLICATION TO THE TOWN BOARD
TO REZONE A PARCEL OF REAL PROPERTY

Information required:

1. An original plus nine (9) copies of the completed application form (annexed hereto);
2. Ten (10) copies of a map of the parcel, also indicating the current zoning of all parcels within 500 feet of the subject parcel;
3. Ten (10) copies of a plan of development for the subject parcel;
4. An original plus nine (9) copies of a long-form EAF;
5. An original plus nine (9) copies of an owner consent, if the applicant is not the owner;
6. A CD or flash drive with an electronic copy of all applications, forms, documents, and maps. The digital copy shall be in a pdf, jpg, tiff, or other suitable write-protected image format capable of being opened and viewed using any standard Windows software;
7. The application fee of \$1,000.00; and
8. The initial escrow deposit of \$3,000.00.

Notes:

1. Items 7 and 8 must be paid with separate checks. Checks should be made payable to "Town of Beekman."
2. A list of property owners that are within five hundred (500) feet of the property that is being proposed to be rezoned will be provided to the applicant. The owners' names and addresses shall be taken from the most recent tax assessment roll. The applicant is to mail a copy of the legal notice for the public hearing to the owners identified on that list. Such mailings should be made by certified mail not earlier than twenty (20) days nor later than ten (10) days prior to such hearing. Proof of such mailing shall be submitted to the Town Clerk prior to the public hearing.
3. The Town Board typically meets on the second and fourth Wednesday of each month, beginning at 7 p.m. Application materials are due no later than noon on the Monday nine days prior to the date of the meeting.

REZONING APPLICATION

NAME OF APPLICANT: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS, IF DIFFERENT: _____

TELEPHONE NUMBER: _____

NAME(S) AND ADDRESS(ES) OF RECORD OWNER(S) (use additional sheets if
necessary): _____

PROPERTY ADDRESS: _____

TAX MAP NUMBER: _____

CURRENT ZONING: _____

PROPOSED ZONING: _____

REASON FOR CHANGE: _____

Signature of Applicant

Date