



VILLAGE OF WAPPINGERS FALLS

**BUILDING DEPARTMENT OFFICE OF CODE
ENFORCEMENT OFFICE OF THE FIRE INSPECTOR
2582 SOUTH AVENUE
WAPPINGERS FALLS, NY 12590
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E-mail: bmurphy@wappingersfallsny.gov
www.wappingersfallsny.gov**

ZONING BOARD OF APPEALS INTERPRETATION

Name of Project _____

Name of Applicant _____

Address _____

Telephone _____

Name and Address of Record Owner _____

Name and Address of Attorney _____
or Professional Representative _____

Telephone _____

Street Address of all Parcels _____

Tax Map Number of all Parcels _____ -- _____ -- _____

Zoning District _____

Have any permits affecting the property been issued by any other governmental agency? _____

NO ___ YES ___ If yes, please list in detail (attach separate pages if necessary)

Has any application(s) for any other permit(s) for any activity affecting the property been submitted to any other governmental agency? No ___ Yes ___ If yes, please list in detail (attach separated pages if necessary?)

Code Section or Determination sought to be interpreted: _____

Description of Reason for the Requested Interpretation: (Attach additional pages as necessary)

Signature _____ Date _____

