

Town of Cobleskill
P.O. Box 327
Cobleskill, NY 12043
Phone (518) 234-1719
www.schohariecounty-ny.gov

PETITION FOR ZONING AMENDMENT

• **Name of Petitioner:** _____

(Contact Information)

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Site Location (911 address): _____

Tax Parcel(s) Number: _____

Current Zoning District: _____

• **Type of Amendment:** (check one)

Map Amendment (complete form ZA-Map and attach)

Reason for Amendment: _____

Text Amendment (complete form ZA-Text and attach)

Article and Section to be amended: _____

Reason for Amendment: _____

