

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

Zoning Map Amendment (Form ZA-Map)

- General description for boundaries of area for which the zone change is requested:

- Total project area (sq. ft. or acres): _____
- Present use(s): _____
- Adjoining zoning district(s): _____
- Adjoining zoning use(s): _____
- Proposed zoning classification: _____
- Proposed use(s): _____
- Supporting statement for request: _____

I, the undersigned owner, hereby request zoning amendment approval by the Cobleskill Town Board for the above petition. I AGREE TO MEET ALL REQUIREMENTS OF THE ZONING CODE FOR THE TOWN OF COBLESKILL.

Signature of Petitioner: _____ Date: _____