



4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: buildings@thompsonny.gov

Application for Change in Zoning Designation

Tax Map Number: S/B/L _____

Current Zoning Designation: _____

Requested Zoning Designation: _____

Location: _____
Street Address or Physical Location if an undeveloped parcel(s)

Owner of Record: _____

Tax Address: _____

Reason for request: _____

There is an application fee of \$75.00 which must be submitted with this form. This fee has been instituted to compensate the Town for costs incurred in the processing of your request.

Fee Paid [Y] [N] Cash [] Check [] Money Order []
Check # _____ Money Order # _____
Date Received: / /

This institution is an equal opportunity provider and employer.