



Town of Ramapo

237 Route 59

Suffern, NY 10901

845-357-5100 x 280 PHONE

845-357-5140 FAX

APPLICATION FOR BUILDING PERMIT

THE FOLLOWING MUST BE TYPEWRITTEN OR PRINTED IN INK

I, _____, (owner/agent)
do hereby apply to The Town of Ramapo Building and Zoning Department for a Building Permit as required
by Chapter 376 - 144 of the Town of Ramapo Zoning Law.

Legal Address: _____

Section/Block/Lot: _____ Zone: _____

Value of Construction: \$ _____ **Fee:** \$ _____ (leave blank)

Present Use of Land: _____ OCCUPANCY CLASSIFICATION _____

Proposed Scope of work: _____

Does this project require special inspections? ___ yes ___ no Floodplain ___ yes ___ no

***Print Full Name, Address and Telephone Number of Contact Person:**

Name: _____

Address: _____

Phone: _____

certifies that he/she is the owner or agent of all that certain lot, piece or parcel of land/or building described in the application and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner in connection with this application and agrees that the Town of Ramapo Zoning Ordinance will be complied with as well as other proper regulations relating to the construction or use of the proposed buildings and the land described on this application.

PERMITS ARE VALID FOR ONE YEAR FROM THE DATE THEY ARE ISSUED

I FURTHER AFFIRM I WILL CALL FOR A FINAL INSPECTION WHEN PROJECT IS COMPLETE

Signed _____

DO NOT WRITE BELOW THIS LINE

Permit # _____ S.B.L. _____
For the Following Use: _____ _____
Date of Issue: _____
<i>Town of Ramapo Building Inspector</i>