

TOWN OF RAMAPO

Building, Planning & Zoning Department
Phone: (845)357-5100 Fax: (845)357-5140

DEMOLITION APPLICATION

A demolition application is required for each separate tax lot where any demolition will take place.

DATE: _____

PERMIT: _____

SECTION & LOT #: _____

WHERE DEMOLITION WILL OCCUR

PUBLIC RECORD

PROPERTY OWNER NAME: _____

ADDRESS: _____

TELEPHONE # _____

EMAIL: _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE # _____

EMAIL: _____

If owner or applicant is a corporation or limited liability company, give name and title of an officer or member and signature of duly authorized officer or member.

Name & Title: _____

Name & Title: _____

LOCATION OF PROPERTY TO BE DEMOLISHED:

(give street name, number, side and distance from nearest cross street)

The undersigned hereby affirms or swears that the above information is current and true as of the date of this application.

Signature of Owner

Signature of Applicant

Sworn or affirmed to before me this ____ day of _____, 20__.

Notary Public

NOTE: ALL INFORMATION REQUESTED IN THIS FORM MUST BE COMPLETED FOR THIS FORM TO BE PROCESSED.

FOR TOWN ONLY

APPROVED BY: _____ DATE: _____