

Town of Ramapo

237 Rt. 59, Suffern, N.Y. 10901

845-357-5100 PHONE

845-357-5140 FAX

APPLICATION FOR BUILDING PERMIT

Reviewed: Zoning: _____ Building: _____ Fire Safety: _____

Date: _____ Date: _____ Date: _____

Notes: _____

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.

Section/Block/Lot: _____

Legal Address: _____

Closest Intersecting Street: _____ Zone: _____

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

Existing Sqft: _____ Additional/New Sqft: _____ Total Sqft: _____

Nature of Construction: New ___ Alteration ___ Addition ___ Renovation ___ Misc. ___

Present Use of Land: _____ (single family, two family, house of worship, etc.)

State Proposed Use of Land: _____

Water Service: ___ public ___ well Sewer: ___ public ___ septic

***Type or Print Full Name, Post office Address and Telephone Number of Owner or Agent:**

TELEPHONE # _____

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 _____