



# Town of Ramapo

237 Route 59

Suffern, NY 10901

845-357-5100 Phone

MICHAEL B. SPECHT, *Supervisor*

IAN SMITH, *Chief Building Inspector*

## APPLICATION FOR BUILDING PERMIT

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: \_\_\_\_\_

Closest Intersecting Street: \_\_\_\_\_ Zone: \_\_\_\_\_

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

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

Proposed Scope of work: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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 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 TWO YEARS 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: _____
<b>Ian Smith, Building Inspector</b>