



Town of Ramapo Building Department  
237 Route 59  
Suffern, New York 10901  
(845) 357-5100 Fax: (845) 357-5140

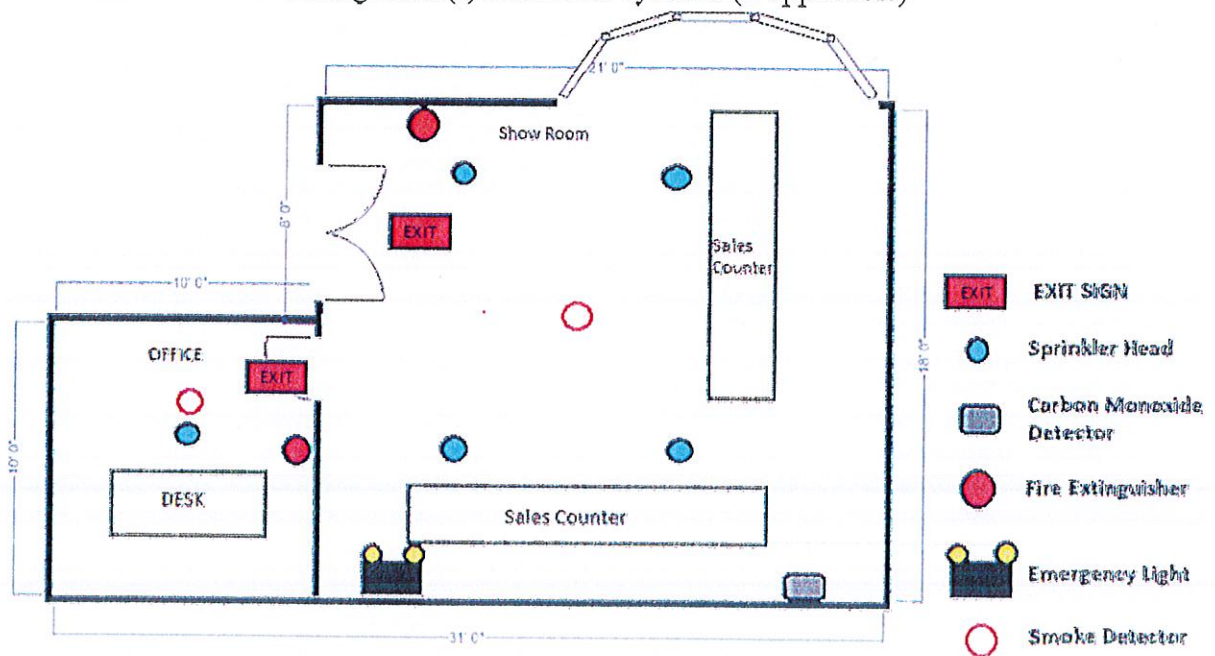
## Certificate of Use Application, Instructions

To be issued a certificate of use, you must provide us with 3 Items:

- 1) A Completed application for a certificate of use.
- 2) A Notarized Owner's Consent Affidavit.
- 3) A Floor Plan. An example is shown below.

The floor Plan must include:

- A layout of walls, with dimensions, Exit Locations, and the furniture arrangements.
- The Location of Smoke Detectors, Carbon Monoxide Detectors and Sprinkler heads (if applicable).
- The Location of EXIT signs and Emergency Light Fixtures.
- The location of Fire Extinguisher(s) and Ansul systems (if applicable)



Michael B. Specht  
Supervisor



Ian Smith  
Building Inspector

# Town of Ramapo

237 Route 59

Suffern, NY 10901

845-357-5100 x 280 PHONE

845-357-5140 FAX

## APPLICATION FOR CERTIFICATE OF USE

THE FOLLOWING MUST BE TYPEWRITTEN OR PRINTED IN INK

✓, \_\_\_\_\_, (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: \_\_\_\_\_

Fee: \$ 100

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

Proposed Scope of use: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

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

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: \_\_\_\_\_

Building Inspector, Ian Smith

**OWNER'S CONSENT AFFIDAVIT**

Section 376-145A (3) of the Zoning Ordinance. Applicant shall be made by the owner or lessee, or agent of either Or by the architect, engineer, or builder employed in connection with the proposed work. Where such application is made by a person other than the owner, it shall be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application

\_\_\_\_\_ being duly sworn, deposes and  
(Please print)

Says that he resides at \_\_\_\_\_

In the County of \_\_\_\_\_

In the State of \_\_\_\_\_

That he is the owner in fee of all that certain lot, piece, or parcel of land situated, lying and being  
In the Town of Ramapo aforesaid and designated as:

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

Section/ block/ lot: \_\_\_\_\_

of the Ramapo Tax Map and that he is hereby authorized to make such a Building Permit  
Application in their behalf, and that the statements of fact contained in said application are true.

OWNER: \_\_\_\_\_  
(PRINT NAME)

MAILING ADDRESS: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

Sworn or affirmed to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Public  
County of Rockland