

**TOWN OF RAMAPO
OFFICE OF THE ASSESSOR
237 ROUTE 59
SUFFERN, NY 10901**

APPLICATION FOR SIZE CERTIFICATION OF ACCESSORY UNIT

1) _____

NAME OF APPLICANT

2) _____

ADDRESS OF PROPERTY

3) PHONE # _____ EMAIL _____

4) _____

SECTION/BLOCK/LOT FOR PARENT UNIT

5) _____

UNIT NUMBER OF ACCESSORY APARTMENT

6) _____

SIZE OF ACCESSORY APARTMENT

APPLICANT SIGNATURE

DATE

FEE - \$750 PER UNIT

REVIEW & APPROVAL BY OFFICE OF BUILDING, PLANNING & ZONING FOR SIZE CERTIFICATION

DIRECTOR OF BUILDING, PLANNING AND ZONING DATE