

TOWN OF ESOPUS
Building Department
P.O. Box 700
Port Ewen, NY 12466
845-331-8630 Fax 845-331-8634
building@esopus.com

Building Department:

Please carry out an Abstract Inspection on the residence & property located at:

Tax Map # _____ Owner: _____

Number of violations as per Abstract Search Report: _____

Enclosed is a check for \$ _____ made out to the Town of Esopus.
\$150 for first violation and \$100 each thereafter

Please notify me at telephone number: _____ or fax applicable documents to:
_____ after the inspection is completed.

Signature

Date

Print name if not property owner