

Town of Esopus Building Department

PO Box 700
Port Ewen, NY 12466
331-8630 Fax 331-8634

BP # _____

Fee: \$_____

Please fill out completely

Application for Building Permit

FENCES & SHEDS

Owner: _____ Cell Phone # _____

Mailing address: _____

e-mail: _____

Contractor: _____ Cell Phone # _____

e-mail: _____

Location: (Street & number): _____

Tax map#: Section _____ Block _____ Lot _____

Please check one: FENCE _____ Height: _____ Length: _____

SHED _____ Dimensions: _____ Pre-fab? _____

Size of lot in square feet: _____

Zoning District: _____

Use of existing building(s): _____

Size of present building(s): _____

Cost of proposed work: \$_____

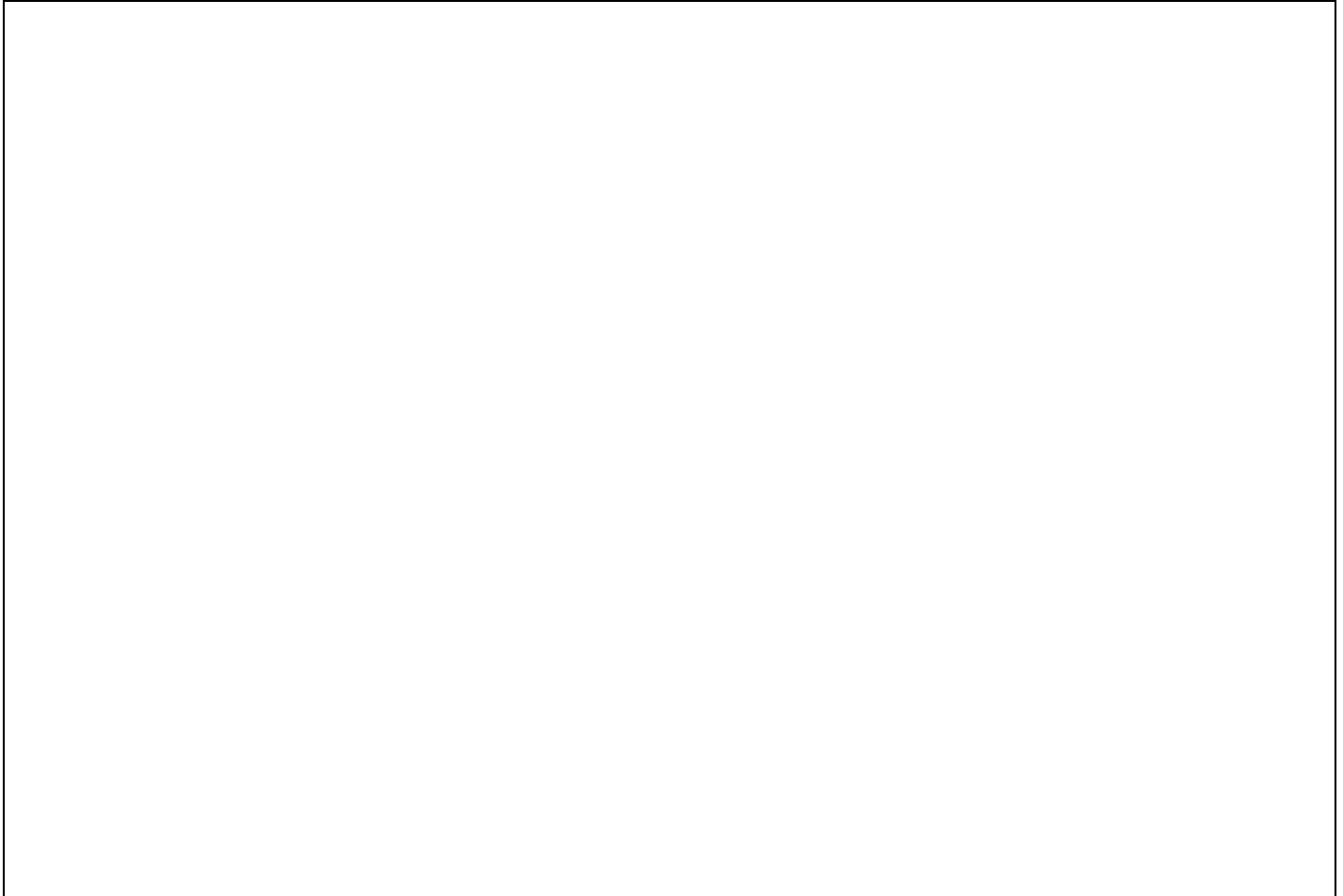
APPROVED BY BUILDING INSPECTOR: _____

- Please complete diagram on reverse -

Diagram of Lot

Show distance of proposed fence or shed, in feet, from the property lines. If the property is on a public road and the FRONT property line is unknown, give the distance of proposed fence or shed from the center of public road. Also, show all structures on the property and their distances from property lines and from each other.

Rear Property Line



Front Property Line

Signature of Applicant: _____

Date: _____