

TOWN OF ESOPUS
Building Department
P.O. Box 700
Port Ewen, NY 12466-0700

Operating Permit Application

S/B/L: _____

Owner's Name: _____

Date: _____

Mailing Address: _____

Business Name: _____

Site Location: _____

Phone: _____

Type of Business: _____

Type of Occupancy: _____

Fee Based on Occupancy: _____