

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

Operating Permit Application

S/B/L: _____ SITE LOCATION: _____

Property Owner's Name: _____

Mailing Address: _____

Phone: _____

Business Name: _____

Business Contact Person: _____

Mailing Address: _____

Phone: _____ e-mail: _____

Type of Business: _____

Business Owner

Date

To be filled out by fire inspector:

Type of Occupancy: _____

Fee Based on Occupancy: _____