



TOWN OF
BEEKMAN
New York

4 Main Street
Poughquag, NY 12570
www.townofbeekman.com
(845) 724-5300

REQUEST FOR INSPECTION

ADDRESS: _____ ID #: _____

ZONING DISTRICT: _____

The undersigned hereby requests that an inspection be performed on the above referenced premises to ascertain compliance with the following (check all that apply):

- Expired or Lapsed Building Permit # _____
- Student Residence Requirements
- New York State Multiple Residence Law
- Re Inspection of _____
- Violations Abated
- Town of Beekman Zoning Ordinance
- Other: _____

The building contains the following occupancies or uses (describe in detail):

Basement: _____
First Floor: _____
Second Floor: _____
Third Floor: _____
Attic: _____
Other Floors: _____

APPLICANT NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE#: _____

OWNER (If not applicant): _____