

TOWN OF WASHINGTON BUILDING, PLANNING & ZONING 10 Reservoir Dr, PO Box 667 Millbrook, NY 12545 845-677-3419

## Consent to Inspection

| The undersigned, does hereby state:   |   |
|---|---|
| Eric Alexander  | and Marcia DeVoe  |
| Owner Name  | Owner Name  |
| That the undersigned is/are the ov  | vner(s) of the premises in Town of Washington, located at   |
| 48 Shunpike, Clinton Corners, NY 125  | 4   |
| which is shown and designated on the Du   | chess County Tax Map as:  |
| <u>135889 - 6666 - 289635</u> <u>- 0000</u>   |   |
|   | filed, or cause to be filed, an application with the Town of  |
| Washington for the following:   |   |
| Assessment Review   | X Building Permit   |
| Municipal Search  | X Planning Board Application  |
| XZoning Board of Appeals App  | lication  |
| including but not limited to the Building I Washington to enter upon the above described to conduct such inspections as they may discluding inspections to determine that sa regulations of the Town of Washington. With the property owner or their represent project.  That the undersigned, in consenting understanding that any information obtains delay your application if violations of the | y give consent to representatives of the Town of Washington, inspector, Zoning Administrator, or Assessor of the Town of libed property, including any and all buildings located thereon, eem necessary with respect to the aforesaid application, in dispersion with all of the laws, ordinances, rules, and the time and date of the inspection will be scheduled in advance active. Failure to schedule an inspection will delay your age to such inspections, does so with the knowledge and led will be used in conjunction with the application, and may laws, ordinances, rules or regulations of the Town of a your assessment may be increased based upon information cander |
| Phone Number to schedule inspection:  | (845) 868-3401  |
|   |   |
| Signature   | Signature   |
| Print Name  | Print Name  |
| Dated:  | Dated:  |