

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:

	and	
Owner Name	Owner Name	
That the undersigned is/are the or	wner(s) of the premises in Town of Washington, located at	
which is shown and designated on the Du	utchess County Tax Map as:	
That the undersigned (has) (have)) filed, or cause to be filed, an application with the Town of	
Washington for the following:		
Assessment Review	Building Permit	
Municipal Search	Planning Board Application	
Zoning Board of Appeals Ap	plication	
That the undersigned do(es) here	by give consent to representatives of the Town of Washington,	
including but not limited to the Building	Inspector, Zoning Administrator, or Assessor of the Town of	
Washington to enter upon the above desc	ribed property, including any and all buildings located thereon,	
to conduct such inspections as they may of	deem necessary with respect to the aforesaid application,	
including inspections to determine that sa	aid premises comply with all of the laws, ordinances, rules, and	
regulations of the Town of Washington.	The time and date of the inspection will be scheduled in advance	

with the property owner or their representative. Failure to schedule an inspection will delay your project.

That the undersigned, in consenting to such inspections, does so with the knowledge and understanding that any information obtained will be used in conjunction with the application, and may delay your application if violations of the laws, ordinances, rules or regulations of the Town of Washington have been identified, and that your assessment may be increased based upon information found in the site inspection.

Contact person for inspection:		
Phone Number to schedule inspection:		
	without data and the second seco	
Signature	Signature	
Print Name	Print Name	
Dated:	Dated:	