Town of Washington

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:

Rima Farah, Mima's Farm LLC and _____

Owner Name Owner Name

That the undersigned is/are the owner(s) of the premises in Town of Washington, located at

303 N Tower Hill rd

which is shown and designated on the Dutchess County Tax Map as:

6966 - 00 - 575147 - 0000

That the undersigned (has) (have) filed, or cause to be filed, an application with the Town of Washington for the following:

_____ Assessment Review
_____ Municipal Search
_____ Zoning Board of Appeals Application
_____ Building Permit
X Planning Board Application

That the undersigned do(es) hereby 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 described property, including any and all buildings located thereon, to conduct such inspections as they may deem necessary with respect to the aforesaid application, including inspections to determine that said 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: Rima Farah

Phone Number to schedule inspection: 917 776 8109

_____ _____

Signature Signature

Rima Farah _____

Print Name Print Name

Dated: 2-13-2026 Dated: _____