



TOWN OF  
**BEEKMAN**  
*New York*

4 Main Street  
Poughquag, NY 12570  
[www.townofbeekman.com](http://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): \_\_\_\_\_