



TOWN OF MOUNT HOPE
1706 Route 211 West
Otisville, NY 10963
(845) 386-9949

Owners Name: _____ Date: _____

Address: _____

Section: _____ Block: _____ Lot: _____

Insurance Name: _____ Policy # _____

Expiration Date: _____ Insurance Phone # _____

Lot Size: _____

EPA Certification #: _____

Brand _____

Contractors Name: _____

Address: _____

Phone #: _____

(Office Use Only)

Permit #: _____ Date Issued: _____

Issued by: _____ Amount: \$ _____

Materials Needed:

Site plan showing the following

1. Exact Location of all structures on property
2. Exact location of appliance
3. Exact location of any structures on neighboring property within 250 sq. ft.
4. Submit check for \$50.00 made out to the Town of Mount Hope