

INCORPORATED VILLAGE OF PHILMONT

BOX 822

PHILMONT, NEW YORK 12565

PHONE (518-672-7032)

FAX (518-672-0083)

FEE: _____

VEHICLE STORAGE PERMIT

Application:

Storage location:

Property Owner (Print Name): _____ (Signature): _____

Street Address: _____

Vehicle: Make _____ Model _____ Color _____

VIN # _____

Tax Map #: _____

Vehicle Owner:

Name (printed): _____ Name (signature): _____

Mailing Address: _____

Phone Number: _____

Reason for Storage Request: _____

Building Department Review:

Date Received: _____

Date of Inspection: _____

Approval: Yes () No ()

Permit Expiration Date: _____

Reason for above decision: _____

Building Inspector Signature & Date: _____