

Town Of Fallsburg Code Enforcement Office  
845-434-8811

**ASSEMBLY APPLICATION**

AN INSPECTION MUST BE PERFORMED ONCE A YEAR.

Business/Camp Name: \_\_\_\_\_ SBL: \_\_\_\_\_

Physical address: \_\_\_\_\_

Type of Building:

Shul ☐ Church ☐ School ☐ Cafeteria ☐ Dining Hall ☐ Gym ☐ Other ☐

If other, please explain: \_\_\_\_\_

Business Operators Name: \_\_\_\_\_

Business Operators Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Business Owner/Operators Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Caretaker's Name: \_\_\_\_\_

Caretaker's Phone #: \_\_\_\_\_

Do you plan to install a new or replacement sign this season? No ☐ Yes ☐

Year Round ☐ Seasonal ☐

**Enclosed is my check or money order # \_\_\_\_\_ in the amount of \$100.00.**

Permit application fees must be paid by check or money order to Town of Fallsburg.