

Application for Motor Vehicle Restoration Permit
Richmondville, New York

Application # _____ Date application received complete: _____ Permit Expiration Date: _____

Dear Applicant,

- ❖ It is advisable to speak with the Code Enforcement Officer to discuss the application.
 - ❖ Please read through the form and then complete all blanks.
 - ❖ If an item is not applicable, write “n/a”.
 - ❖ Attach additional sheets if necessary.
 - ❖ Submit this application form, **A Picture Of The Motor Vehicle** and the required fee to the Code Enforcement Officer/Town Clerk.
 - ❖ If a complete application is received and approved, the “date received” and “permit expiration date” located at the top of the form will be filled in by the Town.
 - ❖ Original will be kept by the Town and a copy provided to applicant if approved.
 - ❖ Incomplete applications will not be considered.
 - ❖ **Complete a separate application for each Motor Vehicle Restoration Permit requested.**
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1. **Applicant:**

Name or Identifying Title: _____
Address: _____
Telephone Number: _____
E-mail Address: _____

2. **Property Owner:**

Name or Identifying Title: _____
Address: _____
Telephone Number: _____

If owner of property is not the applicant, include notarized permission from the owner.

3. **Property:**

Street Address: _____
Tax Map Parcel #: _____

4. **Vehicle Details:**

Make, Model, Color:

Year of Manufacture, Serial Number\ Vin #

Year/State of most recent registration (plate number/registration number):

Date applicant intends to restore motor vehicle by: _____