



Town of Riverhead Building Department

4 W Second Street, Riverhead, New York 11901

(631) 727-3200 Ext. 213

www.townofriverheadny.gov

AFFIDAVIT OF FINAL FLOOR AREA

Permit #: _____ Date _____ SCTM #: 0600- _____ - _____ - _____

Owner: _____ Mailing Address: _____

Physical location: _____

_____, being duly sworn & deposed, says; that they are the applicant or agent of the owner named in the application for Building Permit No. _____ dated _____ for construction or other work performed on, or in connection with, the premises located as indicated above; that the dimensions stated and described in said application and shown or described on submitted plans are accurate and match post-construction dimensions and/or final floor areas.

Affidavit is hereby submitted acknowledging the completion of work. Applicant states that they have examined the approved plans and issued permit and that to the best of their knowledge and belief, the project has been executed in accordance with the applicable provisions of the Code of Town of Riverhead.

Applicant further states they are the:

- (a) Licensed architect
- (b) Professional engineer
- (c) Contractor who supervised the said construction or other work that by reason of his experience he is qualified to supervise such work on the structure for which Certificate of Occupancy is requested.
- (d) Owner or Agent

Signature of applicant or agent

Date

Sworn before me on this day _____

of _____ 20____.

Notary Public