CITY OF WHITE PLAINS

DEPARTMENT OF BUILDING

7-11 South Broadway - Suite 100, White Plains, New York 10601
Phone: (914) 422 - 1269 * Fax: (914) 422 - 1471

Reset Form

http://www.ci.white-plains.ny.us/building/building.htm

Print Form

BUILDER'S AFFIDAVIT FOR FINAL INSPECTION:

This application must be printed or typewritten and sworn to by applicant.

To: Commissioner of Building **Subject:** Building Permit Application# _____

Address: _____ **SBL:** _____

Work Description: _____

_____

Application is hereby made for final inspection and a Certificate of Occupancy for the above indicated premises:

STATE OF NEW YORK }
COUNTY OF _____ }

_____ being duly sworn, disposed and says: that he /she resides at _____

(PRINT NAME OF OWNER OR OFFICER OF CORPORATION)

in the City of _____ **, in the County of** _____ **, in the State of** _____ **,**

that he/she is a principal officer with the construction Corporation ; Partnerhsip ; Sole Proprietorship ; known and doing business as: _____

having full authority to legally bind said firm; that is making application for and on behalf of said firm for final approval of all construction work performed as authorized by Building Permit # _____ **issued for SBL#** _____ **; Deponent further says that to the best of his knowledge and belief the structure(s) has been constructed in accordance with the approved construction drawings and specifications, except as to the specific variations duly authorized under the provisions of the White Plains Supplemental Code.**

_____ _____

(SIGNATURE OF APPLICANT) (TITLE OF APPLICANT)

_____ _____

(PRINT NAME OF APPLICANT) (NAME OF FIRM)

_____ _____

(ADDRESS OF FIRM)

Sworn to before me, this _____day of _____ , _____ .

_____

NOTARY PUBLIC

NOTARY SEAL

AFFIX SEAL OF CORPORATION