



**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

**OWNER'S AFFIDAVIT FOR PROVISION OF CONSTRUCTION FIELD INSPECTION BY LICENSED NEW YORK STATE DESIGN PROFESSIONAL:** *This application must be printed or typewritten and sworn to by applicant.*

**To:** Commissioner of Building      **Building Permit Application:** \_\_\_\_\_      **Building Permit:** \_\_\_\_\_

**Address:** \_\_\_\_\_      **SBL:** \_\_\_\_\_

**Work Description:** \_\_\_\_\_

STATE OF NEW YORK      }

COUNTY OF \_\_\_\_\_      }

\_\_\_\_\_ being duly sworn, disposes 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 or the Corportaiion he/she represents is the Owner in fee of the premises to which this building permit applies; that he/she is fully aware of the provisions of Section WPBCAE (gg) of the White Plains Supplemental Building Code and the New York State Building Code requiring that he/she engage the services of a New York State Licensed Professional Engineer or registered Architect to provide for regular and periodic inspections of all construction work to be performed under the above referenced Building Permit; that he/she has as of the date of this affidavit already engaged and authorized for the full duration of of construction the services of a Licensed Professional Engineer(s) or Registered Architect(s) as designated below , in accordance with Section WPBCAE(gg) and all other applicable Sections of the Building Code of the State of New York and the City of White Plains Supplemental Building Code.

*DESIGNATED INSPECTION ENGINEER(S) / ARCHITECT(S) ACKNOWLEDGEMENT OF THE ABOVE AND OF REQUIREMENT TO FILE ARCHITECT/ENGINEER'S AFFIDAVIT FOR FINAL INSSPECTION, UPON COMPLETION OF CONSTRUCTION:*

ARCHITECTURAL

STRUCTURAL

MECHANICAL

SIGNATURE

\_\_\_\_\_

PRINT NAME

\_\_\_\_\_

N.Y. LICENSE#

\_\_\_\_\_

ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

PHONE #

\_\_\_\_\_

SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_ 20\_\_.

\_\_\_\_\_  
(SIGNATURE OF OWNER /OFFICER OF CORPORATION)

\_\_\_\_\_  
( NOTARY PUBLIC)

\_\_\_\_\_  
(PRINT NAME OF OWNER /OFFICER WITH TITLE)

\_\_\_\_\_  
(CORPORATION NAME & ADDRESS)

\_\_\_\_\_  
(PRINT ADDRESS OF OWNER OR OFFICER )