Town of Riverhead Building Department
201 Howell Avenue, Riverhead, New York 11901
(631) 727-3200 Ext. 213
Fax: 631-208-8039
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