Town of Riverhead
Building Department
201 Howell Avenue
Riverhead, New York 11901-2596

(631) 727-3200
Ext. 213, 268, 266, 283
Fax: (631) 208-8039

Application No. _____ Date:_____ Permit No. _____ Date:_____

Owner: _____Address:_____

Location:_____

TM#: _____

Affidavit of Final Floor Area
Application for Certificate of Occupancy

_____ being duly sworn, deposes and says; that he is the applicant or agent of the owner named in the application for Building Permit No. _____ dated _____ relating to construction or other work to be performed on, or in connection with, the premises located as indicated above; that the floor area stated in said application of the construction or other work described therein was _____square feet of living area; that the actual square foot of living area is _____ square feet.

Application is hereby made for issuance of Certificate of Occupancy for the building on these premises. Applicant states that he has examined the approved plans and that to the best of his knowledge and belief, the building has been erected in accordance therewith and in accordance with the applicable provisions of the law.

Applicant further states he or she was 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 _____ 200 _____.

_____
Notary Public