



Mayor Mike Spano

CITY OF YONKERS

James A. Gibbons, P.E.
Commissioner

DEPARTMENT OF HOUSING AND BUILDINGS

20 South Broadway, 3rd Fl
Yonkers, NY 10701

914-377-6500

AFFIDAVIT OWNERSHIP/LETTER OF AUTHORIZATION

State of New York)
County of Westchester)SS:

I, _____, (of company name if applicable)
being duly sworn, deposes and says: (clearly print first and last name of *property* owner)

_____, Block: _____ Lot : _____
(property address)

(check appropriate box)

- ☐ I am the owner of the property of which this application is being submitted.
☐ I am an officer of the corporation that owns the property for which this application is being submitted.

Further (check applicable box):

- ☐ I am submitting this application on my own behalf.
☐ I am authorizing the following individual to submit this application on my behalf:
☐ Agent

(Clearly print name of individual authorized to submit this application)

Further:

To the best of my knowledge, information and belief, all statements contained in this application are true, complete and correct, and all work will be performed in the manner set forth in the application and in the plans and specifications filed herewith, and in accordance with all applicable laws, ordinances and regulations.

(Signature of Owner)

(Print Name of Owner)

(owner's e-mail address)

(owner's phone#)

Sworn to before me this _____ day of _____, 20____

(Signature of Notary Public)