TOWN OF SMITHTOWN

OFFICE OF THE BUILDING DEPARTMENT

JOSEPH A. LOREFICE
TOWN OF SMITHTOWN CHIEF BUILDING INSPECTOR
TEL. No. (631) 360-7520 FAX No. (631) 360-7639

DEBRIS REMOVAL AFFIDAVIT

STATE OF NEW YORK

COUNTY OF SUFFOLK ss.:

Permit Number_____ Date_____

Owner: (print name) _____

Location: _____

SCTM # _____

I (print name) _____ being the contractor, person who demolished the structure or homeowner covered under the above-noted permit, certify that all debris has been removed to a legal landfill and no debris has been buried on site.

_____
Signature

Sworn to before me on this _____day of _____, 20_____.

_____
Notary Public