VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
Telephone (516) 767-0096
Facsimile (516) 767-0058
Email: building@baxterestates.gov

VILLAGE OF BAXTER ESTATES
AFFIDAVIT OF HOMEOWNER AS SELF-CONTRACTOR

STATE OF NEW YORK)
: ss. :
COUNTY OF NASSAU)

I, _____, being duly sworn, deposes and says:

I am the owner of the premises at _____, Port Washington, New York 11050 also known on the Land and Tax Map of Nassau County as:

Section _____, Block _____, Lot _____.

I have applied to the Village of Baxter Estates for a Building Permit to construct alterations to the house on the said premises listed above.

The Building Department of the Village of Baxter Estates requires contractors submit proof of Worker's Compensation Insurance as a condition of issuance of a building permit, unless the homeowner is performing the work themself, or the contractor is self-employed and has no employees, but is licensed by Nassau County.

The undersigned swears, affirms and represents that he is performing the work on the premises for which the building permit is sought themself, and has no employees.

_____
Signature

Sworn to before me this

_____ day of _____ 20__

_____
Notary Public