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

BOARD OF HEALTH AFFIDAVIT

I, THE OWNER OR AUTHORIZED AGENT OF THE BELOW-NOTED PROPERTY, HAVE MADE APPLICATION TO THE SUFFOLK COUNTY DEPARTMENT OF BOARD OF HEALTH:

NAME: _____

PROPERTY ADDRESS: _____

_____

_____

PLEASE PROVIDE THIS DEPARTMENT WITH BOARD OF HEALTH RECEIPT OF FILING WHEN RECEIVED.

I UNDERSTAND THAT THE CERTIFICATE OF OCCUPANCY WILL *NOT* BE ISSUED UNTIL FINAL BOARD OF HEALTH APPROVAL IS SUBMITTED TO THE BUILDING DEPARTMENT.

"THIS AFFIDAVIT IS NOT VALID FOR NEW SINGLE-FAMILY DWELLINGS"

SIGNATURE: _____

NOTARY PUBLIC: _____

Sworn on this ____day of _____, 20___

Notary Stamp: