

PLUMBER'S AFFIDAVIT

(Check Applicable S	quare Below)		
Building Permit Number:		Date:	
		Miscellaneous:	
N.B.		Sprinkler	
ALT.		Plumbing &	Drainage
		Standpipe	
Section:	Block:	Lot:	
Address:	Street	Village	
		SET FORTH IN ABOVE REF	TERENCED APPLICATION
State of New York County of Rockland Village of Chestnut	Ridge		
Name of Contractor		Of Name of Firm	
being duly sworn de	poses and says:	COUNTY OF ROCKLAND with Pl	
Residence:	& Street	City & State	Zip Code
Office or Office & S	hop	City & State	Zip Code
			•
That he is duly author	orized by	,the _{Owner, Ages}	nt, General Contractor
specifications and act that he stipulates the subject of plumbing direct and continuing	ecompanying plans, including the will comply with the band drainage in the State of supervision.	ing work set forth in the appligall amendments to the same voulding code and with all proves for New York in effect at this dependence of the control of the	which may be filed hereafter isions of law relating to the ate, and that he will provide
Workers Compensation:	Insurance Company	Policy Number	Expiration Date
Disability:	Insurance Company	Policy Number	Expiration Date
Liability:	Insurance Company	Policy Number	Expirations Date
Contractor's Signature			
Sworn before me thi	sday of	,	_
Notary Public			
*Note: Required before	ore Certificate of Occupancy	Issued.	