



Town of Mount Hope

Building Department
1706 Route 211 West
Otisville, NY 10963
(845) 386-9949

Permit #: _____

AFFIDAVIT OF APPLICANT

Section: _____ Block: _____ Lot: _____

Premises Location: _____

State of New York:

SS:

County of Orange:

_____ being duly sworn deposes and says, that he/she is the applicant above named.

He/She is the _____
(contractor, agent, owner, architect, engineer, builder or corporation)

and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief and that the work performed in the manner set forth in the application and in the plans and specifications filed therewith.

Deponent alleges that the provisions of the Worker's Compensation Laws do not apply in this case in that he will do all required work on premises and will imply no labor thereat, wherefore, deponent requests approval of said plan and application and the issuance of a permit to commence work.

(Signature of Applicant)

Sworn to before me this _____ day of _____ 20_____

(Notary Public)