



Village of Rockville Centre
BUILDING DEPARTMENT
P.O. Box 950
Rockville Centre, NY 11571-0950
Phone: 516) 678-9247
Fax (516) 678-4544

AFFIDAVIT OF ABSENCE OF ASBESTOS

Date: _____

Re: Demolition/Building Permit Application No. _____

I, _____ being a New York State Licensed
and/or Certified Asbestos Inspector, on behalf of the owner of the premises known as
_____(street)_____,
New York, _____(zip) and/or Section_____, Block,_____, Lots(s)_____,
have conducted an asbestos survey on ____/____/____ and declare that the premises to
be renovated and or demolished are free of any asbestos containing material (ACM) and
therefore petition the Incorporated Village of Rockville Centre Department of Buildings to issue
a demolition and or building permit.

Signature _____

Licensed or
Certified as a _____

License or
Certificate No. _____

Address _____

Telephone # _____