

**INCORPORATED VILLAGE OF ROCKVILLE CENTRE**  
**P.O. BOX 950**  
**ROCKVILLE CENTRE, NY 11571-0950**  
**PHONE: 516-678-9300**

**ONE FAMILY  
AFFIDAVIT**

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# **ONE FAMILY AFFIDAVIT**

*To Be Completed As Part Of the Application To Secure A Building Permit To Alter A One-Family Dwelling*

**DATE:** \_\_\_\_\_

**TO: Superintendent of Buildings**

**I (we) the undersigned, do hereby state that I (we) am (are) the owners of the dwelling known as,**

\_\_\_\_\_, Section \_\_\_\_\_ Block \_\_\_\_\_

**Lot(s)** \_\_\_\_\_, Rockville Centre, New York.

**Said dwelling is presently a legal one-family dwelling, and following the proposed alterations will be continued as a one-family dwelling.**

**Signature(s):** \_\_\_\_\_

\_\_\_\_\_

**SWORN TO BEFORE ME THIS**

\_\_\_\_\_ **DAY OF** \_\_\_\_\_, 20 \_\_\_\_.



\_\_\_\_\_  
**NOTARY SIGNATURE**