



ZONING AFFIDAVIT

COMMERCIAL PROPERTY

Village of Rockville Centre

BUILDING DEPARTMENT

P.O. Box 950

Rockville Centre, NY 11571-0950

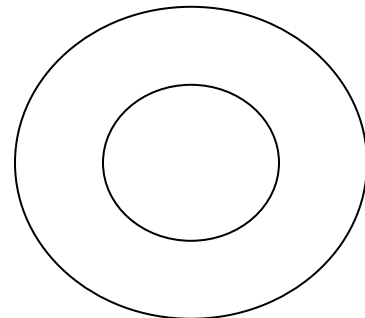
Phone: (516) 678-9247

Fax (516) 678-4544

ITEM	REQUIRED	EXISTING	PROPOSED
Use			
Lot Size			
Lot Width			
Building Area: Square Feet and Percentage			
Building Height:			
Front Yard			
Average Front Yard within Block			
Side Yard and Aggregate Side Yards			
Rear Yard			
Corner Plot Longer Street Frontage Shorter Street Frontage			
Parking Requirements.			

I, _____,
Name of Registered Architect/Engineer

LICENSE NO. _____, CERTIFY
THAT I AM A REGISTERED ARCHITECT/ENGINEER, DULY LICENSED
TO PRACTICE IN THE STATE OF NEW YORK AND THAT I AM REGULARLY
ENGAGED IN THE PRACTICE OF ARCHITECT/ENGINEERING. I HEREBY
CERTIFY THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT IS TRUE.



ARCHITECT/ENGINEER SEAL