AFFIDAVIT FOR CERTIFICATE OF COMPLETION

This Application must be typewritten and filed in triplicate

Permit No.:		Date:	
Name and Ad	dress of Owner:		
Location of W	/ork:		
Description o	f Work:		
	is hereby submitted for the		cate of Completion for the aboveding Code.
STATE OF NEV	W YORK	SS	
COUNTY OF	}		
	, being	duly sworn, deposes	and says that his business
address is		City	,State,
and he/she ha	as supervised the constructi	ion of the structure a	t the location indicated above.
The deponen	t further states that he/she	was the: (check one)	
	Professional Engineer		
	Registered Architect		
	Superintendent of Construction (with more than ten years' experience)		
who supervise	ed the above mentioned co	nstruction.	
referred to, for and belief the variations the	or which a Certificate of Cone structure complies with the	npletion is sought, an e Laws governing buil uthorized and hereina	yed plans of the construction herein and that to the best of his/her knowledge lding construction, except insofar as after noted. The structure has been liments thereto.
Sworn to befo	ore me this day of		, 20
		Signa	 ture