



CITY OF WHITE PLAINS
DEPARTMENT OF BUILDING

7-11 South Broadway - Suite 100, White Plains, New York 10601
Phone: (914) 422 - 1269 * Fax: (914) 422 - 1471

Reset Form

<http://www.ci.white-plains.ny.us/building/building.htm>

Print Form

OWNER'S AFFIDAVIT FOR PROVISION OF CONSTRUCTION FIELD INSPECTION BY LICENSED NEW YORK STATE DESIGN PROFESSIONAL: *This application must be printed or typewritten and sworn to by applicant.*

To: Commissioner of Building **Building Permit Application:** _____ **Building Permit:** _____

Address: _____ **SBL:** _____

Work Description: _____

STATE OF NEW YORK }

COUNTY OF _____ }

_____ being duly sworn, disposes and says: that he /she resides at _____,
(PRINT NAME OF OWNER OR OFFICER OF CORPORATION)
in the City of _____, in the County of _____, in the State of _____,

that he/she or the Corportaiion he/she represents is the Owner in fee of the premises to which this building permit applies; that he/she is fully aware of the provisions of Section WPBCAE (gg) of the White Plains Supplemental Building Code and the New York State Building Code requiring that he/she engage the services of a New York State Licensed Professional Engineer or registered Architect to provide for regular and periodic inspections of all construction work to be performed under the above referenced Building Permit; that he/she has as of the date of this affidavit already engaged and authorized for the full duration of of construction the services of a Licensed Professional Engineer(s) or Registered Architect(s) as designated below, in accordance with Section WPBCAE(gg) and all other applicable Sections of the Building Code of the State of New York and the City of White Plains Supplemental Building Code.

DESIGNATED INSPECTION ENGINEER(S) / ARCHITECT(S) ACKNOWLEDGEMENT OF THE ABOVE AND OF REQUIREMENT TO FILE ARCHITECT/ENGINEER'S AFFIDAVIT FOR FINAL INSSPECTION, UPON COMPLETION OF CONSTRUCTION:

ARCHITECTURAL

STRUCTURAL

MECHANICAL

SIGNATURE

PRINT NAME

N.Y. LICENSE#

ADDRESS

PHONE #

SWORN TO BEFORE ME THIS ____ DAY OF ____ 20__.

(SIGNATURE OF OWNER /OFFICER OF CORPORATION)

(PRINT NAME OF OWNER /OFFICER WITH TITLE)

(CORPORATION NAME & ADDRESS)

(PRINT ADDRESS OF OWNER OR OFFICER)

(NOTARY PUBLIC)