

# DEPARTMENT OF PLANNING AND DEVELOPMENT

TOWN HALL WEST, 74 AUDREY AVENUE, OYSTER BAY, NY 11771  
TEL. 516-624-6200 FAX 516-624-6240



**TIMOTHY R. ZIKE**  
DEPUTY COMMISSIONER

**DIANA S. AQUIAR**  
DEPUTY COMMISSIONER

## BUILDING DIVISION

### FINAL AFFIDAVIT OF CERTIFICATION

Town of Oyster Bay Building Code Chapter 93 Section 11(a) (b)

STATE OF NEW YORK )

)ss.:

COUNTY OF NASSAU )

\_\_\_\_\_  
(Job Location)

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

\_\_\_\_\_ BEING DULY SWORN, deposes  
and says: that he/she is a professional Engineer/Architect, is duly licensed to practice said  
profession in the State of New York and maintains an office for the practice of same at:

\_\_\_\_\_  
In connection with the attached application for a Certificate of Occupancy, pursuant to Building  
Permit No. \_\_\_\_\_, I hereby certify to the Department of Planning and Development of  
the Town of Oyster Bay, the following:

That the work performed on said building was done under my general supervision and  
control; and that based upon my observations, said building was constructed in conformity  
with the filed plans, ordinances, rules and regulations of the Town of Oyster Bay, and New  
York State Uniform Building and Fire Prevention Code.

Wherefore, I request that a Certificate of Occupancy be issued for said building.

**Architect/Engineer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Notary Stamp*

**I certify that I have read the above statements and understand the contents and consequences thereof.**

\_\_\_\_\_  
(Property Owner Signature and Date)

(Rev. 02/01/2016)



TOWN OF OYSTER BAY