



**OFFICE OF THE  
BUILDING INSPECTOR**

10 MAPLE AVE.  
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(845) 639-2100

*ERIK ASHEIM,  
ACTING BUILDING INSPECTOR*

*STEPHEN UNGERLEIDER,  
CHIEF FIRE SAFETY INSPECTOR*

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**AFFIDAVIT IN CONNECTION WITH  
THE INSTALLATION OF A SECOND KITCHEN  
IN A ONE FAMILY HOME**

STATE OF NEW YORK)  
COUNTY OF ROCKLAND)

**ss:**

\_\_\_\_\_, being duly sworn, deposed and says:

1. I reside at \_\_\_\_\_

2. I make this affidavit in support of my application for a Certificate of Occupancy to be issued by the Building Inspector of the Town of Clarkstown for premises commonly known as \_\_\_\_\_

\_\_\_\_\_ which is further identified on the Tax Map of the Town of Clarkstown as

**MAP:**\_\_\_\_\_, **BLOCK:**\_\_\_\_\_, **LOT:**\_\_\_\_\_, authorizing the use of said premises as my personal residence with

two kitchens and maintaining the occupancy of the premises as a single family residence in accordance with Chapter 290 of the Code of the Town of Clarkstown entitled, "Zoning" and in conformity with the definition of "one family" as provided in Section 290-3 of the Code of the Town of Clarkstown.

The one family use as described above, shall be subject to the following conditions:

- a. No additional utility meters shall be installed on the premises.
- b. No permanent barriers may be installed to restrict accessibility to all rooms by any related occupant.
- c. When a transfer of title occurs, any subsequent owner of said premises must submit an affidavit and file this form to obtain a new certificate of occupancy.
- d. Submit a list of all occupants of the premises and their relationship to the owner of record on the attached form.

3. Names of the \_\_\_\_\_ persons who will occupy the one family home.

(a)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(b)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(c)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(d)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(e)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(f)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(g)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(h)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(i)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#
(j)	FIRST	MIDDLE	LAST	RELATIONSHIP	SS#

**Town of Clarkstown  
County of Rockland  
State of New York**

\_\_\_\_\_ being duly sworn deposes and says that (he/she) is the owner in fee of the premises to which this application applies and that the statements contained herein are true to the best of (his/her) knowledge and belief.

\_\_\_\_\_  
**(APPLICANTS SIGNATURE)**

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
**Notary Public,  
State of New York**