



**INC. VILLAGE OF PLANDOME HEIGHTS  
37 ORCHARD STREET  
P.O. BOX 1384  
MANHASSET, NY 11030  
(516) 627-1136 Fax (516)627-1393**

**AFFIDAVIT FOR CHANGE OF LICENSED CONTRACTOR**

I \_\_\_\_\_ being duly sworn declare that I am the  
(Please Print Full Name)  
Owner of \_\_\_\_\_  
(Please Print Full Street Address)  
Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_. That this permit # \_\_\_\_\_ was  
issued under license# \_\_\_\_\_ issued to \_\_\_\_\_. I now wish to  
(Name of Licensed Contractor)  
change the aforesaid Licensed Contractor to:  
\_\_\_\_\_, who holds license # \_\_\_\_\_  
(Name of New Licensed Contractor)

and that I have attached hereto this application to do work under the above permit number.

Owner \_\_\_\_\_ New Contractor \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Sworn to me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
Sworn to me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

**ALL INSURANCES AND LICENSES FOR THE NEW CONTRACTOR MUST BE SUBMITTED AT THE TIME THIS FORM IS SUBMITTED**