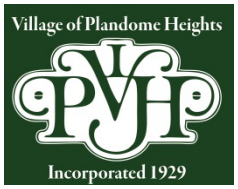

INC. VILLAGE OF PLANDOME HEIGHTS
37 ORCHARD STREET
P.O. BOX 1384
MANHASSET, NY 11030
(516) 627-1136 Fax (516)627-1393

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 Sworn to me on this ____ day of

_____, 202_ _____, 202_

_____ _____
Notary Public Notary Public

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