

BUILDING DEPARTMENT

December 19, 2023

RE: Updated Building Department Forms and Procedural Memorandums

Supervisor Bettez and Members of the Town Board of the Town of New Paltz,

I respectfully request that the Town Board of the Town of New Paltz adopt the forms included with this letter for use by the Building Department. Changes to the Building Department Fee Schedule are included as well as one change to the Zoning Board of Appeals fee schedule.

Memorandum updates to Building Department procedures are included for your review.

Should you have any questions, please feel free to contact me directly.

Respectfully submitted,

Thomas V. Tryon

Department Head

Memo

To:

Building Department Employees

From:

Thomas Tryon, Department Head

cc:

Town of New Paltz Town Board

Date:

December 19, 2023

Re:

Office Hours

This memo serves to reaffirm the operational hours of the Town of New Paltz Building Department for 2024 and continue until amended or changed. Operational hours of the department shall remain unchanged and service to the public shall continue to be 8:00am to 4:30pm, Monday through Friday (excluding holidays). In addition, employee lunch breaks should be taken between 12:00pm and 1:00pm unless circumstances prohibit the ability to do so. Office coverage shall be maintained and service to the public should not be interrupted.

Memo

To:

Building Department Employees

From:

Thomas Tryon, Department Head

cc:

Town of New Paltz Town Board

Date:

December 19, 2023

Re:

Inspection Scheduling / Office Coverage

Daily inspection scheduling for the year 2024 shall be offered in two blocks of time, either morning or afternoon. Morning inspections shall be offered between 10:00am and 12:00pm. Afternoon inspections shall be offered between 1:00pm and 3:00pm. When scheduling an inspection, the Clerk and/or any other employee shall offer either a morning or afternoon inspection window and place the inspection on the calendar accordingly.

It is expected that Building Department staff will be in the office from 8:00am to 10:00am, from 12:00pm to 1:00pm (for lunch and office coverage) and again from 3:00pm to 4:30pm to maintain uninterrupted service to the public.

Scheduling may occur outside the morning and afternoon inspection windows at the discretion of the Department Head.



TOWN OF NEW PALTZ BUILDING DEPARTMENT 52 CLEARWATER ROAD NEW PALTZ, NY 12561 (845) 255-0102 EXT 1

OWNER OCCUPIED ACCESSORY DWELLING UNIT APPLICATION

TO BE COMPLETED IN CONJUNCTION WITH A BUILDING PERMIT APPLICATION

SECTION 1: Type of Application () NEW () RENEWAL () TRANSFER
Name of all owner(s) on deed (contract):
SECTION 2: Owner(s) Information/Contract Vendee(s) Information
Address:
Mailing Address if different from above:
HOME CELL
PHONE: (
EMAIL:
Name(s) of Adult Occupant(s) in Main Dwelling:
SECTION 3: Apartment Information
Number of vehicles utilized by: apartment occupants main-dwelling occupants
Number of apartment occupant(s):

SECTION 4: Owner Affidavit

I swear the following is true:

- 1. I / We are the owners in fee of the premises described above or are in contract for the same.
- 2. I / We have read this application and know the information is true and accurate and sign this affidavit with full knowledge that the Town of New Paltz is relying on these representations as a basis to issue an Accessory Dwelling Unit Certificate of Occupancy.
- 3. I / We shall fully comply with all the New York State Uniform Fire Prevention and Building Codes AND Chapter 140, Section 17 of the code of the Town of New Paltz for Accessory Dwelling Units.
- 4. I / We fully understand any violation of the building and housing code, local laws and ordinances shall result in any certificate of Occupancy issued to me / us becoming null and void.
 - 5. I / We consent to periodic inspections pursuant to §140-17.5
- 6. I / We will give the Town of New Paltz Building Department proper notice of removal of said apartment to comply with Town Code and I/We will schedule a removal inspection within thirty (30) days of removal.
 - 7. I / We understand that there shall be no more than one accessory dwelling unit on the premises at all times.
- 8. I / We understand that the premises that are the subject of this application shall remain owner occupied at all times. Failure to do so shall result in the revocation of the accessory dwelling unit's Certificate of Occupancy.
 - 9. I / We represent that all statements contained in this application are true and accurate.

False statements made herein are punishable as a class "A" misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

ALL APPLICATIONS MUST BE SIGNED BY ALL OWNERS LISTED ON THE DEED AND NOTARIZED

Owner(s) Signature:	
Date:	
Print Name/Title:	
STATE OF	
On day of	
and that by his/her/their signature instrument.	within instrument and acknowledged to me that he/she/they executed the same in his/h/er/their capacity, on the instrument, the individual or the person upon behalf of which the individual acted, executed the
· · · · · · · · · · · · · · · · · · ·	
OFFICE USE ONLY:	
Permit No.:	
Permit Fee:\$	
Permit Approved () Deni	ed () PB Ref. () ZBA Ref. ()
Approval Date:	



52 Clearwater Road/P.O. Box 550 New Paltz, New York 12561 (845) 255-0102 - Ext. 1

buildingdepartment@townofnewpaltz.org

BUILDING PERMIT INSTRUCTIONS

- APPLICATION: Must be completed by the contractor or property owner and include contact phone number(s) and email address(es) for both. The application must be signed by the property owner or a Letter of Agent is to be submitted. A \$50 application fee (in most cases) is required upon submission of any new permit application. We will notify you of the permit fee amount when the application is approved. Payments can be made by check or money order, payable to the Town of New Paltz.
- > NOTE: NO CASH PAYMENTS ARE ACCEPTED.
- PROCESSING: Upon receipt of a completed Building Permit Application, a pre-permit inspection may be scheduled prior to the issuance of a building permit. Applications generally take 10-15 business days to process and for a permit number to be issued. Please plan accordingly.
- > PLOT PLANS (SURVEYS): Please submit two (2) copies for all that is listed below.

New construction Accessory structures Fences and sheds Additions when adding square footage Swimming pools, hot tubs and spas Decks

- > BUILDING PLANS: Two (2) sets are required for all applications, including new construction, alterations, additions, decks, and all accessory buildings. If the value is more than \$10,000, a NYS Licensed Engineer or Architect must stamp the plans. As-Builts and final surveys can be submitted in PDF format in an email to the department.
- > PROJECT START: The job is NOT to be started until the permit fee has been paid and the permit is in hand. All permits shall be posted in a visible location on the job site. Once the permit is issued, inspections should be requested 24 hours in advance. All permits require a final inspection by a Town of New Paltz Building Inspector. All electrical work requires an additional inspection by an approved third-party electrical inspector prior to our inspection.
- > INSURANCE REQUIREMENTS: Proof of liability insurance and worker's compensation insurance must be submitted before any permit may be released. The Town of New Paltz must be listed as the certificate holder. Please note that Acord forms are NOT acceptable proof of worker's compensation insurance. Contractors who do not need worker's compensation and are not hiring subcontractors must file a CE-200 available at www.wcb.ny.gov.
- > CERTIFICATE OF OCCUPANCY/CERTIFICATE OF COMPLIANCE: Upon passing of the final inspection by the Town of New Paltz Building Inspector, a Certificate of Occupancy (CO) or a Certificate of Compliance (CC) will be issued.

TOWN OF NEW PALTZ BUILDING DEPARTMENT **52 CLEARWATER ROAD** NEW PALTZ, NY 12561 (845) 255-0102 EXT 1



OFFICE USE ONLY:
Permit No.:
Permit Fee:\$
Insurance Cert.: Liability Worker's Comp CE-200
Permit Approved () Denied () ZBA Ref. ()
CO/CC Date:

BUILDING PERMIT APPLICATION

A PERMIT MUST BE OBTAINED BEFORE STARTING WORK.

PERMITS EXPIRE 12 MON	THS FROM DATE OF ISSUE.
ADDRESS OF PROPOSED WORK:	
SECTION-BLOCK-LOT NUMBER:	
ESTIMATED COST OF PROPOSED WORK:	
	REBY APPLIES FOR A PERMIT CCORDING TO THE FOLLOWING SPECIFICATION.
PROPERTY OWNER'S NAME:	
PROPERTY OWNER'S PHONE NUMBER:	
PROPERTY OWNER'S EMAIL:	
APPLICANT (Contractor):	
APPLICANT'S MAILING ADDRESS:	
APPLICANT'S EMAIL:	
	- CHECK ALL BOX(ES) THAT APPLY
ADDITION TO A BUILDING	FENCE INSTALLATION
ALTERATION TO A BUILDING	ROOF REPLACEMENT/REROOF
CHANGE OF OCCUPANCY	SOLAR
CONSTRUCTION OF A NEW BUILDING	STORAGE SHED (Accessory Structure)
DECK	SWIMMING POOL, HOT TUB OR SPA
DEMOLITION OF A BUILDING	SIGN(S)
ELECTRICAL UPGRADES	OTHER

BUILDING DEPARTMENT COMPLIANCE: All new residential, commercial or industrial structure plans have been submitted in duplicate, stamped by a registered NYS architect or engineer certifying they meet all the requirements as set forth in the Codes of The State of New York (Education Law Section 7209 and 7307). Plans relating to residential additions or alterations have been stamped as specified by the Enforcement Officer. All Plans reflect compliance with the Codes of the State of New York and the Energy Conservation Construction Code of New York State May 2020 or as amended, and the Town of New Paltz Zoning Ordinances. Compliance sheets have been submitted with plans or attached thereto. Attached drawings are in duplicate, of proposed construction showing floors, elevations, walls and roof sections are required.

Signature of Applicant (Contractor/Agent/Architect)	Date
New York, which may include a fine or imprisonment, that the for document may be filed in a future action or proceeding in a court of la 28, 2023))	oregoing is true, and I understand that the
I affirm this day of, 202, under the penalti	ies of perjury under the laws of the State

NOTE: If the Applicant is NOT the owner, an Owner's Affidavit (attached) must be executed and submitted at the time of application.

NOTE: With the issuance of this permit, the Building Inspector, his Assistants, or Code Enforcement Officer having jurisdiction under the Codes of the State of New York and the Energy Conservation Construction Code of the State of New York, has the permission of the owners and or the contractors, upon the showing of proper credentials and in the discharge of their duties, to enter any building, structure or premise covered by this permit at any reasonable hour and no person shall interfere with the performance of their duties. All applicable inspections as required by the Building Inspector shall be completed according to the schedule attached at the time of issuance of the permit. Prior to occupancy of any building, structure or property covered under this permit, an application for a Certificate of Occupancy or Certificate of Compliance must be made to the Building Department on the prescribed form and said Certificate shall be issued prior to the building or premises being occupied.

$\frac{\textbf{TOWN OF NEW PALTZ BUILDING DEPARTMENT}}{\textbf{OWNER'S AFFIDAVIT}}$

The undersigned states and declare(s) that:

1.	Stre	eet A	owner of p ddress: Section-L																					21	
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			tached a co y Clerk at 2												he P	rop	erty	, whi	ch 18	s rec	orde	ed in	the C	Iffice	of the
3.			making,		if	I	am			the , sub								reed d to				nsent n to		to own	allow: of New
Pal	tz Bı	uildin	g Departm	ent.																					
4.	I ha	ave th	e legal righ	nt to m	ake o	r au	thori	ze the	: ma	king	of	said	l app	lica	ition	1.									
5.	То	the b	est of my k	nowle	dge a	nd b	elief	, the s	state	men	t m	ade	in th	at a	appl	icat	ion a	re tr	ue ai	nd c	orre	ct.			
6. app	I h	ereby tion(s	authorize										to	act	as r	ny	repr	esent	ative	in	all r	natte	ers reg	gardi	ng said
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Aŗ	plic	ant's	Signature:														Prin	t Naı	ne:						
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N	otary	Public			_																				



52 Clearwater Road/P.O. Box 550 New Paltz, New York 12561 (845) 255-0102 - Ext. 1 Fax 845-255-4084 buildingdepartment@townofnewpaltz.org

RENTAL REGISTRATION STATEMENT MANAGING AGENT DESIGNATION FORM

PURSUANT TO CHAPTER §110 OF THE CODE OF THE TOWN OF NEW PALTZ https://ecode360.com/37965569

Date received	Scheduled Inspection Date								
Fee paid \$	☐ PASS	RENEWAL DATE							
REVIEW WITHIN 14 DAYS DEADLINE DATE:	☐ FAIL	REINSPECTION DATE							
RENTAL ID #									
	DO NOT WRITE ABOVE THIS LINE								
	PROPERTY LOCATION								
Location of Premises - Street or Road									
	LOT								
	OWNER INFORMATION								
Owner									
Is the Owner of record a Corporation?	□ No □ Yes								
Mailing Address		_ State/Zip Code							
Physical Address		State/Zip Code							
(if different from n	nailing address)								
Cell Phone #	E-Mail address								
Mana	oing Agant Contact Informat	u:							
		conduct of its business within 15 miles							
Managing Agent Name									
Mailing Address									
Physical Address		State/Zip Code							
(if different from n	nailing address)								
Cell Phone #	_ E-Mail addr	ess							

PROPERTY INVENTORY INFORMATION

	SINGLE FAMILY RESIDENCE	☐ SHORT TERM RENTAL	LONG TERM RENTAL (More than 30 consecutive days)
	MORE THAN ONE DWELLING ON TH	HE LOT - TOTAL# OF DWELLING	
		TOTAL# OF VACANT	
	CERTIFICATE OF OCCUPANCY ATTA		
	ATTACH A FLOOR PLAN OF THE DW LABLED	VELLING THAT CONTIANS THE	RENTAL UNIT. ALL ROOMS MUST BE
	NUMBER OF <i>LEGAL</i> BEDROOMS	NUMBER OF OC	CUPANTS
	SMOKE AND CARBON MONOXIDE A	ALARMS ARE INSTALLED PER (CODE AND OPERATIONAL
	OFF STREET PARKING PROVIDED		
	NUMBER OF OFFSTREET PA	RKING SPACES PROVIDED	
	**Parking may not be lo	ocated within any required yard.	
		in the front yard prohibited. Parkin of the Code of the Town of New Pal	ng must be within the buildable portion of the locate.)
			ES, TELEPHONE NUMBERS AND E-MAII MISES ARE KEPT BY THE OWNER AND/OR
		E, AS DEFINED IN §140-8 OF THE	ALTZ PROHIBITS THE RENTAL OF ANY CODE OF THE TOWN OF NEW PALTZ. THIS SE.
			INITIAL
	I ACKNOWLEDGE THAT I HAVE REARESIDENTIAL PROPERTIES OF THE		WITH CHAPTER 110 RENTAL AND VACANT PALTZ
			INITIAL
	of my knowledge and beli information current. I unde	ief. I understand that I rstand that I retand that the willful mect me to the provisions	ent is true and correct to the beson am responsible for keeping allowing of any false statement of law relevant to the making and the making
OWN	ER SIGNATURE		DATE
DESI	GNATED MANAGING AGENT S	IGNATURE	DATE
PRES	SIDENT OR TREASURER IF COR	PORATION	DATE



52 Clearwater Road/P.O. Box 550 New Paltz, New York 12561 (845) 255-0102 - Ext. 1

buildingdepartment@townofnewpaltz.org

FENCE APPLICATION STATEMENT OF COMPLIANCE

(Complete the following sworn statement)

I swear to the best of my knowledge and belief, the fence permit I am applying for located at
and owned by
will be completed in accordance with the approved plans and manufacturer's requirements as required, which have been examined by me personally, and will comply with the provisions of the Building Codes of New York State and the Town of New Paltz Zoning Ordinance, including approvals from the Town of New Paltz Planning Board and/or the Town of New Paltz Zoning Board of Appeals, if applicable, and other applicable laws governing building construction and site development.
PLEASE CHECK ALL THAT APPLY:
☐ Fence installation will be in compliance with Town of New Paltz Zoning Ordinance.
☐ Survey or plot plan has been submitted and accurately reflects existing property lines.
☐ Any fence installation will not be within any Town of New Paltz easements or rights of way.
Signature:
Print Name:
Title (Owner or Contractor):
STATE OF NEW YORK))ss.:
COUNTY OF ULSTER)
Sworn to before me this day of, 202
Notary Public



52 Clearwater Road/P.O. Box 550 New Paltz, New York 12561 (845) 255-0102 - Ext. 1

buildingdepartment@townofnewpaltz.org

ROOF APPLICATION STATEMENT OF COMPLIANCE

(Complete the following sworn statement)

and owned by
will be completed in accordance with the approved plans and manufacturer's requirement which have been examined by me personally and will comply with the provisions of the N
York State Uniform Fire Prevention and Building Code, New York State Energy Code,
Town of New Paltz Zoning Ordinance, and all other applicable laws governing build construction.
Signature:
Print Name:
Title (Owner/Engineer/Architect):
STATE OF NEW YORK) (SOUNTY OF HISTER)
COUNTY OF ULSTER)
Sworn to before me this day of, 202



Notary Public

TOWN OF NEW PALTZ

52 Clearwater Road/P.O. Box 550 New Paltz, New York 12561 (845) 255-0102 - Ext. 1

buildingdepartment@townofnewpaltz.org

NOTIFICATION TO THE TOWN OF NEW PALTZ USE OF TRUSS-TYPE, PRE-ENGINEERED WOOD, OR TIMBER CONSTRUCTION

PLEASE TAKE NOTICE, THE FOLLOWING WORK IS COMMENCING.

(CHECK ALL THAT APPLY)

		New residential structure
		Addition to existing residential structure
		Rehabilitation to existing residential structure
		Truss type construction (TT)
		Pre-engineered wood construction (PW)
]		Timber construction (TC)
]		Floor framing, including girders and beams (F)
]		Roof framing (R)
]		Floor framing and roof framing (FR)
		Signature:
		Print Name:
		Title (Owner or Contractor):
STATE OF NEW YORK COUNTY OF ULSTER)ss.:	
Sworn to before me t	his	Significantly arrivation arrangement

TOWN OF NEW PALTZ BUILDING DEPARTMENT **COMPLAINT FORM**

Date:	_
Your Name:	
Your Address:	
Phone:	
Email:	
Signature (required)*:	
Complaint Information	
Property Address:	
Property Owner's Name:	
Complaint:	
Plassa complate form and return to	

Town of New Paltz **Building Department** 52 Clearwater Road / P.O. Box 550 New Paltz, NY 12561



TOWN OF NEW PALTZ PLANNING BOARD

WETLANDS & WATERCOURSE REFERRAL SHORT FORM APPLICATION

Note: This application will generate a site visit by the Town's Wetland Inspector, who will subsequently issue a **Notice of Determination** (NOD) stating whether a Wetlands & Watercourse Long Form application is also required to be submitted to the Town of New Paltz Planning Board.

Date of Application	on:			
Section:	Block:	Lot:	Zoning Di	istrict:
Address of Parcel	:			
Owner's Name/T	elephone No.:		<i></i>	
Applicant's Name	e (if not owner): _			
Applicant's Conta	act (Telephone No	o. and Email):		
Is the proposed v	vork near a regula	ated wetland area?	□Yes □No	Unknown
Wetlands Map https://www.tow watercourse ma		/sites/g/files/vyhlif3	541/f/file/file/2012	20203 24x36 wetland and
		not be performed in		
Signature of App	licant:		Date	e:
NOTE: See a	ttached Owner's A	uthorization form wh	ich is required to be	submitted with this form.
· · · · · · · · · · · · · · · · · · ·		For office use o	nly.	
Date Referred to	Wetland Inspector	: D	ate NOD Received: _	

OWNER'S AUTHORIZATION

	, deposes and says that he/she resides at
(Owner's Name)	
	, in the County of,
(Owner's Address)	
and the State of	, and that he/she is the owner of the property
with the tax map designation number Sectio	n, Block Lot, which is the
property described in the foregoing applicati	ion and that he/she designates:
(Applicant/A	Agent's Name and Address)
as his/her agent to file this short form wetlan	nd referral application with the Town of New Paltz.
	(Owner's Signature)
	(a transfer of the state of th
	STATE OF NEW YORK)
)ss: COUNTY OF ULSTER)
	COUNTY OF OLSTER)
	SWORN BEFORE ME THIS DAY OF
	, 20
	NOTARY PUBLIC



TOWN OF NEW PALTZ PLANNING BOARD

WETLANDS & WATERCOURSE REFERRAL LONG FORM APPLICATION

Note: This application is required to be submitted to the Town of New Paltz Planning Board when the Town's Wetland Inspector has issued a **Notice of Determination** (NOD) indicating additional review is required of the proposed work in a regulated wetland area.

Date of Application:	Application Fee	: \$250	File No. PB	
Section: Block:	Lot:	Zoning D	istrict:	_
Address of Parcel:				_
Owner's Name/Telephone No.:				
Applicant's Name (if not owner):				
Applicant's Contact (Telephone No. and	Email):			
Description of proposed work:				
Reason(s) why proposed work cannot be	e performed in an alte	ernate locati	ion of the parcel:	

NOTE: the Town of New Paltz has a Natural Resources Inventory interactive mapping tool:

 $\frac{https://newpaltzencb.maps.arcgis.com/apps/MapSeries/index.html?appid=5d9facd3b04c45469a89a}{66084d9ce7a}$

The applicant must also include with this application four (4) paper copies and PDFs of the following:

- 1.) Previously submitted wetlands and watercourse referral short form.
- 2.) Town of New Paltz Wetland Inspector Notice of Determination

- 3.) Short Environmental Assessment Form (SEAF) Part 1
- 4.) Project location map showing approximate boundaries of the property in relation to surrounding roadways on a USGS or NYSDOT topographical map have a scale of no less than 1" = 2,000 feet.
- 5.) A detailed survey map, at a scale of no greater than 1" = 100 feet, which shall be certified by an engineer, architect, land surveyor or landscape architect licensed in the State of New York, to include:
 - a.) All existing structures and improvements, natural features such as woodlands, and stone walls, drainage structures, wells and septic systems located on the property within 250 feet of proposed regulated activities.
 - b.) Contour lines at two-foot intervals in the regulated area to be disturbed, depicting existing and proposed topographic conditions;
 - c.) The boundaries of any one-hundred-year flood plain; and
 - d.) All proposed site improvements, including structures and roads, grading, drainage, and excavation plans.
- 6.) A regulated area delineation report and map in accordance with the standards set forth in §139-13, boundary delineation methodology, of this chapter, prepared by USACE, by NYSDEC or by a wetland delineator, as defined in §139-4 of this chapter.
- 7.) Copies of all applicable local, county, state, and federal permits or other permit application required for the proposed activities.
- 8.) Any additional information pursuant to §139-12(C) that may be required for proper review of the application by the Planning Board.
- 9.) Fee as established by the Town Board pursuant to §139-12(B)(1).

Signature of Applicant:	Data:	
Signature of Applicant.	Date.	

NOTE: See attached Owner's Affidavit form which is required to be submitted with this application.

OWNER'S AFFIDAVIT

The undersigned states and declare(s) that:

1.	I am the owner of property ("the Property") located at: Street Address:
	Tax Map Section-Lot-Block No.
	I have attached a copy of the deed giving me a fee title interest in the Property, which is recorded in the Office of the er County Clerk at 244 Fair Street, 2 nd Floor, Kingston, NY 12401.
	I am making, or if I am not the applicant, have agreed and consented to allow: to make an application to the Town of New Paltz
Pla	ning Board and/or Zoning Board of Appeals that will, if granted benefit the Property.
4.	I have the legal right to make or authorize the making of said application.
5.	To the best of my knowledge and belief, the statement made in that application are true and correct.
	I hereby authorize to act as my representative in all matters regarding said lication(s).
upo cor cor	I expressly grant permission to the Planning Board/Zoning Board of Appeals and its authorized representatives to enter n the Property, at all reasonable times for the purpose of conducting inspections and becoming familiar with site ditions. I acknowledge and agree that I may revoke this grant of permission in writing, and that such revocation will stitute an immediate withdrawal of my land use application(s) and no further action will be taken until or unless a new lication is submitted to, and accepted by, the Town of New Paltz Building Department.
and app rea	I acknowledge and agree that the Town of New Paltz may incur substantial costs in review of any land use application, that the applicant and the property owner are jointly and severally responsible for the payment of all application fees, lication review fees, and inspection fees incurred by the Town during the review of this application, including all sonable engineering, legal and consultant review fees and related costs, that are necessary for the complete and proper ew of this application, including environmental review fees.
Ар	olicant's Signature: Print Name:
rei res ma be	I acknowledge and agree that while the Town will endeavor to have the person or entity who made the land application aburse the Town for those fees, costs, or other expenses, in the event that they are not promptly paid, the owner is consible if they are not promptly paid by the applicant, and if they are not promptly paid by the owner, the Town Board of determine that the fees, costs, or other expenses paid by the Town for which the Town has not been reimbursed shall assessed, levied and collected as provided in Article VIII of Chapter 127 of the Town Code, and impose such costs upon Property in the same manner as a Town tax.
10	Under penalty of perjury I declare that I have examined this affidavit and that it is true and correct.
Ov	ner Signature: Date:
	nt Name/Title:
	TE OF) ss.:
CO	INTY OF)
sub	day of
sig	ature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.
No	ary Public