



(Name of Applicant(s) (Exactly as name appears on deed, lease and/or contract))

Affidavit of Certification by Applicant pursuant to the provisions of Section 809 of the General Municipal Law & Section of the Building Zone Ordinance of the City of Glen Cove.

Refer to the preamble before completing this form.

State of New York)

) SS:

County of Nassau)

_____ being duly sworn,
Name (exactly as name appears on deed, lease and/or contract) deposes and say(s):

**Strike out inapplicable phrases, letters or words and fill in where necessary.*

Your deponent(s) is (are) (an agent of) (an officer of) the applicant(s) in the above entitled proceeding (and) (who) is (are) the owner(s) in fee, (contract vendee) (lessee) or (describe other category) of the premises referred to in the application and is (are) interested in the outcome thereof (except as otherwise stated) and there are no other persons interested either in the fee ownership or as holder of an encumbrance upon the property.

Your deponent's home address is as follows: _____

(street) (town/city) (state) (zip)

TO BE COMPLETED BY BUSINESS – IF NOT APPLICABLE, LEAVE BLANK

Your deponent is an officer, _____ of _____

A corporation duly organized and existing under and by virtue of the laws of the State of New York, with its principal place of business at:

All officers, directors and shareholders and their addresses are as follows:

OFFICERS:

ADDRESS:

DIRECTORS:

ADDRESS:

SHAREHOLDERS:

ADDRESS:

TO BE COMPLETED BY PARTNERSHIP – IF NOT APPLICABLE, LEAVE BLANK

Your deponent is a General Partner of , _____

A co-partnership (Limited Partnership) with its principal place of business at: _____

All officers, directors and shareholders and their addresses are as follows:

NAME:

HOME ADDRESS:

TO BE ANSWERED BY ALL

Are any state officer(s) or any officer(s) or employee(s) of the County of Nassau or of the City of Glen Cove or a Political party Officer(s), interested in the favorable exercise of discretion of the Board of Zoning Appeals in the above entitled proceedings?

NO _____ YES _____
(initial required)

(If YES, please complete below)

NAME:

POSITION:

ADDRESS:

EXTENT OF INTEREST:

SIGNATURE PAGE

PRINT NAME (Exactly as it appears on deed, lease and/or contract)

SIGNATURE

PRINT NAME (if more than one owner or applicant)

SIGNATURE

NOTARY PUBLIC

Sworn to me this _____ day of _____

Notary Public / Commissioner of Deeds