

AFFIDAVIT FOR ACCESSORY APARTMENT
WITHIN A SINGLE FAMILY DWELLING

STATE OF NEW YORK)
) ss.:
COUNTY OF PUTNAM)

We, the undersigned, being duly sworn depose and say:

1. That we own a single family residence located at _____
_____ in the Town of Kent, County of
Putnam and State of New York and occupy this house as our residence.

2. That the tax map identification of the property on which we reside is Tax
Map # _____.

3. That we are aware and acknowledge that the house we live in is a
single-family residence.

4. That we are aware and acknowledge that Section §77-70 of the Zoning
Law requires the residence structure in which the accessory apartments is to be
located shall be owner-occupied in order to qualify for an accessory apartment.

5. We have been given a copy of Section 77-70B(1) of the Zoning Law and
hereby swear the residence in question meets all conditions set forth in the Zoning
law and that we will do nothing during our occupancy to violate these conditions
so long as the accessory apartment exists.

6. We make this Affidavit with full knowledge of the fact that it is a crime, punishable as a Class A Misdemeanor under the Laws of the State of New York, for a person, in an by a written instrument, to knowingly make a false statement or make a statement which such person does not believe to be true.

Dated: _____

Dated: _____

STATE OF NEW YORK)
)ss.:
COUNTY OF PUTNAM)

On the _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

STATE OF NEW YORK)
)ss.:
COUNTY OF PUTNAM)

On the _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public