



# ZONING AFFIDAVIT

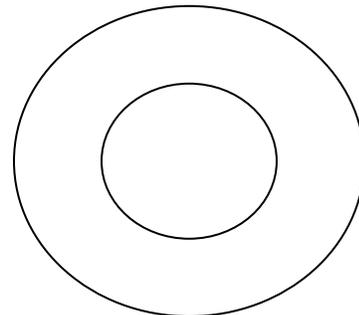
## COMMERCIAL PROPERTY

Village of Rockville Centre  
**BUILDING DEPARTMENT**  
 P.O. Box 950  
 Rockville Centre, NY 11571-0950  
 Phone: (516) 678-9247  
 Fax (516) 678-4544

ITEM	REQUIRED	EXISTING	PROPOSED
Use			
Lot Size			
Lot Width			
Building Area: Square Feet and Percentage			
Building Height:			
Front Yard			
Average Front Yard within Block			
Side Yard and Aggregate Side Yards			
Rear Yard			
Corner Plot Longer Street Frontage Shorter Street Frontage			
Parking Requirements.			

I, \_\_\_\_\_  
 Name of Registered Architect/Engineer

LICENSE NO. \_\_\_\_\_, CERTIFY  
 THAT I AM A REGISTERED ARCHITECT/ENGINEER, DULY LICENSED  
 TO PRACTICE IN THE STATE OF NEW YORK AND THAT I AM REGULARLY  
 ENGAGED IN THE PRACTICE OF ARCHITECT/ENGINEERING. I HEREBY  
 CERTIFY THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT IS TRUE.



**ARCHITECT/ENGINEER SEAL**