

Robert Assalone
Building Official



TOWN OF COVENTRY
Department of Building Inspectors
1675 Flat River Rd, Coventry, RI 02816
(401) 822-9156
Fax: (401) 822-6236

AFFIDAVIT

The undersigned, being duly sworn, upon oath, depose and state as follows:

1.) I _____, am the owner of the property
(print name)

located at _____ Plat _____ Lot _____
(street – city/town)

2.) On _____, 200__, I applied for and received a
(date)

building permit, # _____ from _____,
(number) (applicable city/town)

Building Inspector's Office.

3.) I will perform all work relative to the above-mentioned building permit.

4.) In the event that I decide to hire any contractor to perform work relative to the above-mentioned building permit, I will hire a registered contractor, and provide the registration number to the Building Inspector's Office for their record.

AGREED TO BY:

Owner Signature

Received _____
(date)

Signature of Building Official