



Town of North Smithfield

Office of the Building and Zoning Official

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
DIVISION OF CENTRAL SERVICES
CONTRACTORS' REGISTRAION BOARD
One Capitol Hill
Providence, RI 02908-5859
(401) 222-1270 FAX # 222-2599
TDD # 222-6334

AFFIDAVIT

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

- 1) I _____, am the owner of the property located at _____ Plat _____ Lot _____
(street - city/town)
- 2) On _____, 200_____, I applied for and received a Permit, # _____ from the Town of North Smithfield, 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

Reviewed _____
(date)

Signature of Building Official

