



(631) 957-7500
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INCORPORATED VILLAGE OF LINDENHURST
430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

AFFIDAVIT FOR RENEWAL OF TWO-FAMILY USE PERMIT

FEE: \$ 300.00

Telephone #: _____

Tax Map #: _____

I, _____, being duly sworn, depose and say: That I reside at
(PLEASE PRINT NAME)

_____, and that my Two Family use permit for the premises at
(NUMBER AND STREET)

_____, (expires) or (expired) on _____
(NUMBER AND STREET)

and I do hereby apply for renewal of said permit.

I do hereby attest and affirm that there has been no change in the information provided by me in my original application to the Two-Family Review Board of the Incorporated Village of Lindenhurst, except as follows:

(IF NO CHANGES, PLEASE WRITE NONE)

Signature

PUBLIC HEARING DUE: _____