

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

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)

2) On _____, 20____, I applied for and received a
(date)

Building / Electrical / Mechanical / Plumbing Permit # _____ from
The Town of West Greenwich.

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

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

AGREED TO BY:

(Owner Signature)

Received _____

(Signature of Building Official)