



**Town of Hempstead
Department of Buildings**

**1 Washington Street, Hempstead, N.Y. 11550-4923
(516) 538-8500**

**SUPPLEMENTARY STATEMENT
TO APPLICATION FOR PERMIT TO USE ONE FAMILY DWELLING FOR
MOTHER/DAUGHTER/IMMEDIATE FAMILY RESIDENCE**

Tracking Number _____

Address _____

Occupancy of Primary Housekeeping Unit

Name	Age	Relationship to Owner in Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupancy of Housekeeping Unit Served by Second Kitchen

Name	Age	Relationship to Owner in Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Following Questions Must be Answered:

1. Will separate entrances be assigned to each housekeeping unit? _____
2. Will there be separate gas, electric or water meters? _____
3. Will there be separate doorbells or mailboxes? _____
4. Indicate number of vehicles to be parked at premises _____
5. Indicate all phone listings _____

Statement:

I do hereby state that I am the owner in fee or contract resident vendee of the subject premises; that I have read the contents of the foregoing and know the same to be true and correct in every respect.

Print Name _____ Signature _____

Phone Number _____

Sworn to before me this _____
Day of _____ 20 _____

Notary Public