

Incorporated Village of Malverne

Building Department

99 Church Street, Malverne New York 11565-1726

Phone: (516) 599-1200 • Fax: (516) 823-0767

AFFIDAVIT OF SERVING NOTICE

STATE OF NEW YORK

COUNTY OF NASSAU

Date: _____

Application #: _____

_____, residing at _____

being duly sworn, deposes and says that I was to notify the surrounding property owners between _____ and _____, and that:

On the _____ day of _____ 20____, I served a true copy of the notice required by the rules of the Incorporated Village of Malverne for a Variance from the Zoning Board of Appeals and/or a Special Exception from the Board of Trustees, a copy of which is hereto annexed, as follows:

The names appearing under list #1 of the attached list of names and addresses by USPS CERTIFIED MAIL, RETURN RECEIPT REQUESTED, and by ordinary mail to the list of names and addresses under lists #2 and #3 (as described in the applicable application instruction sheets)

Signature: _____

Sworn to before me this _____ day
of _____ 20_____

Attached Return Receipts Here



notary public stamp / seal

THIS AFFIDAVIT MUST BE RETURNED TO THE VILLAGE BUILDING DEPARTMENT OFFICE NO LATER THAN 5 DAYS BEFORE THE HEARING DATE. FAILURE TO COMPLY MAY RESULT IN YOUR APPLICATION BEING STRICKEN FROM CALENDAR AND NOT BE HEARD