



Town of Brookhaven Long Island

CERTIFICATE OF INDEMNITY

Applicant understands and is fully aware that the granting of this Foundation Permit in no way guarantees, suggests or implies that any other person, entity, governmental body (local, state, federal or otherwise), court or board will be swayed, affected, persuaded or influenced in any manner as the result of the issuance of this Foundation Permit with respect to any applications, decisions or cases before it. Such applications, decisions or cases may included, but are not limited to, the following subject areas and decision making bodies: Town of Brookhaven Planning Department, Board of Zoning Appeals, Town Board, Fire Marshals, Building Inspectors, Planners, New York State agencies or employees, Suffolk County Agencies or employees reviewing applications pertaining to requirements, modifications, conditions, covenants or restrictions surrounding any future or past uses or building upon the property subject to this Foundation Permit.

The applicant shall indemnify and hold harmless the Town of Brookhaven in the event that the applicant expends any monies or resources on construction authorized by this permit and is FOR ANY REASON unable to complete its anticipated project for any reason whether or not the reason is in any way causally connected to any actions or inaction on the part of the applicant.

The applicant agrees that any performance, monetary investment or resources of any kind done as a result of the issuance of this Foundation Permit shall not be used by the applicant to bolster its case in any other applications (future or present) connected to the Town of Brookhaven.

I herby certify under penalty of perjury that I am acting on my own behalf and that the forgoing statements are true and correct to the best of my knowledge and belief.

(Date)

(Signature of Affiant)

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Public)

Tax Map Number _____