TOWN OF OSSINING
BUILDING DEPARTMENT
101 ROUTE 9A, P.O. BOX 1166
OSSINING, N. Y. 10562
PHONE: (914) 762-8419 EFAX: (914) 290-4656
Website: ***www.townofossiningny.gov*** ***Email:*** ***building@townofossiningny.gov***

AFFIDAVIT OF FINAL COST OF CONSTRUCTION

STATE OF NEW YORK }
}ss:
COUNTY OF _____}

_____, being duly sworn, deposes and says:
(Applicant or Agent Print Name)

That they are the applicant (or agent for the applicant) named in the Application for Building Permit No. _____ dated_____, 20____ relating to construction or other work to be performed on, or in connection with, the premises located at _____; that the estimated cost stated in said Application of the construction or other work described therein was _____ Dollars ($_____); that the actual final cost of the entire undertaking was_____ Dollars ($_____), and that the said construction or other work was performed in accordance with the applicable provisions of law.

_____
Signature Applicant or Agent

Sworn to before me this

_____ day of_____, 20___

_____
(Notary Public)

Permit No. _____ Filed Cost $_____ Permit Fee Paid $_____

Final Cost $_____ Additional Fee $_____

(Costs for work described in Application for Building Permit include cost of entire undertaking in connection therewith, exclusive of cost of the land and planting.)