



## Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

[www.northcastleny.com](http://www.northcastleny.com)

### Affidavit Of Final Cost

Date: \_\_\_\_\_

Building permit #: \_\_\_\_\_

Applicant's Name : \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Telephone #: \_\_\_\_\_ Mobile#: \_\_\_\_\_

Owner's Name & Address (if different):

\_\_\_\_\_

Location of Property: \_\_\_\_\_

STATE OF NEW YORK            }  
COUNTY OF WESTCHESTER   } SS:

I am the owner/ agent of the subject property and responsible for the cost of the above

improvement. The estimated cost of construction at the time of the application for a building permit was \$\_\_\_\_\_. I hereby state the actual cost of the improvement, including materials, contractor's fee and subcontractor's fee, was \$\_\_\_\_\_.

Applicant's Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public, Westchester County:

Upon final review, the Building Inspector and or his designee may require the proper documentation from the owner to furnish all contracts and invoices for the above improvements. Fees for the cost in excess of those stated on the Building permit application will be paid upon submission of this form.

#### BELOW OFFICE USE ONLY

Amount Owed: \$ \_\_\_\_\_ Section/Block/Lot \_\_\_\_\_

Received By: \_\_\_\_\_