



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

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: _____