



**CITY OF WHITE PLAINS**

**DEPARTMENT OF BUILDING**

**70 Church Street, White Plains, New York 10601**

Phone: (914) 422 - 1269 \* Fax: (914) 422 - 1471

<http://www.cityofwhiteplains.com>

AFFIDAVIT OF COST\*

STATE OF NEW YORK }  
COUNTY OF WESTCHESTER } ss:

\_\_\_\_\_, being duly sworn, deposes and says : the actual cost , to him/her , for work  
(OWNER, TENANT-LEASEHOLDER)

which permit No. \_\_\_\_\_ was issued to Contractor(s): \_\_\_\_\_  
at the premises known as SBL: \_\_\_\_\_ and Street No. \_\_\_\_\_  
to be the sum of \$ \_\_\_\_\_ (ACTUAL COST FOR ADDITION)  
\$ \_\_\_\_\_ (ACTUAL COST FOR ALTERATION)  
\$ \_\_\_\_\_ (ACTUAL COST FOR NEW BUILDING)

\*COST-The term "Cost" means the actual value of all services, labor materials, construction,equipment, rental and service equipment installations; but not including cost of such grading,decorating or other intended primarily for appearance or embellishment and which is not necessary for the safe and lawful use of the building or structure (such as carpeting and furniture).

\_\_\_\_\_

Signature of Owner, Tenant or (Leaseholder)

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

\_\_\_\_\_

NOTARY PUBLIC

DO NOT FILL IN BELOW THIS LINE:  
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TOTAL FEE DUE \$ \_\_\_\_\_  
AMOUNT PAID \$ \_\_\_\_\_  
BALANCE DUE \$ \_\_\_\_\_  
REFUND \$ \_\_\_\_\_  
RECEIPT# \$ \_\_\_\_\_

Permit No. \_\_\_\_\_ DATE PAID: \_\_\_\_\_