



**TOWN OF MARBLETOWN**  
**BUILDING & SAFETY DEPARTMENT**  
 1925 Lucas Ave Cottekill NY 12419 / P.O. Box 217 Stone Ridge, NY 12484

**Affidavit of Final Cost of Construction**  
**Application for Certificate of Occupancy/Compliance**

Name \_\_\_\_\_

Address \_\_\_\_\_

Property Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Section/Block/Lot No: \_\_\_\_\_ Permit No. \_\_\_\_\_

Application fro Building Permit dated \_\_\_\_\_

(Permit date)

relating to construction or other work to be performed on, or in connection with, the premises located as indicated above, that: the estimated cost stated in said application of the construction or other construction work described therein was Dollars

\$ \_\_\_\_\_  
 (Estimated \$ amount stated on permit application)

the actual final cost of such construction or other work was Dollars \$ \_\_\_\_\_  
 (Final \$ amount of project if different that estimated amount stated on application)

Application is hereby made for the issuance of a Certificate of Occupancy for the structure on these premises. Application states that he has examined the approved plans and that to the best of his knowledge and belief, the structure has been erected in accordance therewith and in accordance with the applicable provision of law. \*Applicant further states that he was the (Note strike out items a,b,c,or d, not applicable) (A) Owner, (B) Licensed Architect, (C) Professional Engineer, or (D) Superintendent of construction who supervised the said construction other work and that by reason of his experience he is qualified to supervise such work on the structure for which a Certificate of Occupancy is requested.

\_\_\_\_\_  
 (Homeowner Signature) Date: \_\_\_\_\_

(Cost for the work decided in the Application for Building Permit includes the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If the final cost is less than the estimated cost stated in the Application for Building Permit, no portion of the fee upon the filing of the application will be refunded.)

***For office use only:***  
 Additional Fee \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Scanned in Municipity \_\_\_\_\_

Received: