



**CITY OF PORT JERVIS**  
BUILDING DEPARTMENT  
14-20 HAMMOND STREET  
P.O. BOX 1002  
PORT JERVIS, NEW YORK 12771  
TELEPHONE: (845) 858-4080  
FAX: (845) 856-6913

**AFFIDAVIT OF FINAL COST OF CONSTRUCTION  
AND  
APPLICATION FOR CERTIFICATE OF COMPLIANCE**

**NOTE: APPLICANT MUST COMPLETE FORM WHEN BUILDING PERMIT APPLICATION IS FILED.**

Property location: \_\_\_\_\_

Secure: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant's name: \_\_\_\_\_  
(Owner, tenant, agent, builder, designer)

Occupancy:

Existing use: \_\_\_\_\_

Proposed use: \_\_\_\_\_

Is the proposed use in conformance with the permitted uses within this zone? \_\_\_\_\_

Reason of request:

Proposed use is a change of use: \_\_\_\_\_

Building permit number: \_\_\_\_\_ Dated: \_\_\_\_\_

Date of approvals: Planning Board: \_\_\_\_\_ Zoning Board of Appeals: \_\_\_\_\_

Special conditions set by either board: \_\_\_\_\_

Estimated cost of construction from building permit: \_\_\_\_\_

Actual cost of construction: \_\_\_\_\_

Permit fee paid: \_\_\_\_\_

Additional fee: \_\_\_\_\_ Receipt no.: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate fee: \_\_\_\_\_ Receipt no.: \_\_\_\_\_ Date: \_\_\_\_\_

Fees or portions thereof are not refundable or transferable.

**CERTIFICATION:** I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

Signature of applicant: \_\_\_\_\_