



Cost Affidavit

Please File 1 Copy
Affidavit Must Be Typewritten

DEPT. OF BLDGS.	410109412	Job Number
SC080127039		Scan Code

1 Filing Status			
Filed By:	☒	Contractor	Owner
For Issuance Of:	☒	Work Permit	Cert. of Occupancy
Job Number			

2 Location			
Borough	QUEENS	Block	692
		Lot(s)	12
		BIN	4011773
House No(s)	31-73	Street Name	42ND STREET
		Apt/Condo No(s)	
Special Place Name			Floor(s)

3 Owner			
Last Name	First Name		M.I.
Business Name			Business Phone ()
Address	City		State

4 Contractor			
Last Name	TOLA	First Name	JOE
		M.I.	
Business Name	NY PREFERRED CONSTRUCTION CORP		Business Phone ()
Address	34-33 42ND STREET		State
	City		ASTORIA
Type of Contractor	GC		

5 Cost Information			
Estimated	Actual	Cost:	

6 Statements and Signatures	
Falsification of any statement is a misdemeanor under Section 28-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.	
It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.	
Owner Statement	
☐	Based on figures submitted to me by contractors who bid for the work described in the aforementioned job, and upon my best judgement and estimate, the cost of the proposed work for the aforementioned job will be the cost stated above.
☐	The final cost of the work described in the aforementioned job was the cost stated above.
Name	
Signature	Date
Contractor Statement	
To my best knowledge, experience and judgement, the cost of the proposed work described in the aforementioned job will be the cost stated above.	
Name	JOE TOLA
Signature	Date

7 Notarization	
State of New York, County of <u>QUEENS</u>	
Sworn to before me this	<u>6TH</u> day of <u>MAY</u> 20 <u>08</u>
Signature	
Seal	