



TOWN OF WAYLAND
MASSACHUSETTS
01778
BUILDING DEPARTMENT

TOWN BUILDING
41 COCHITUATE RD
TELEPHONE: (508) 358-3600
FAX: (508) 358-3606

AFFIDAVIT FOR FINAL COST OF CONSTRUCTION

To the Building Commissioner,

In accordance with 780 CMR 114.0 of the Massachusetts State Building Code, the total estimated cost of the construction, including all related construction costs* of the building located at _____ and constructed, reconstructed, altered, repaired or extended under building permit no. _____ amounts to \$ _____.

I, _____, being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true, correct and made in good faith.

*Related construction costs include all work done with or concurrently with the work contemplated by the Building Permit including construction, reconstruction, repairs, demolition, heating, air conditioning, misc. site improvements, etc. Furnishings and portable equipment are not part of the total construction costs.

Signature and address of Owner

Subscribed and sworn before me this _____ day of _____.

Notary Public Signature

My Commission Expires

Notary Public Print Name

OFFICE USE:

Final Cost: _____

Original Estimate cost of general work: _____

Cost Difference: _____

Additional Fee Required: _____

TO AMEND FEE UNDER PERMIT # _____