



# TOWN OF MANCHESTER – BUILDING DEPARTMENT

494 MAIN STREET • P.O. BOX 191 • MANCHESTER, CT 06045-0191 • PHONE: 860-647-3052 • FAX: 860-647-3144

## CERTIFIED STATEMENT OF ACTUAL PROJECT COSTS

Date: \_\_\_\_\_ General Building Permit # \_\_\_\_\_

Job Location\Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

I, \_\_\_\_\_  owner  Agent  Contractor, do attest that the work performed under the permit(s) listed below, issued by the Building Inspection Division of the Town of Manchester, being duly sworn to make oath and say that the total actual cost of the completed work authorized under said permit(s) is:

Permit #	Permit Type	Actual Value of Work Performed
	Building	\$
		\$
	Electrical	\$
		\$
	Plumbing	\$
		\$
	Mechanical	\$
		\$
	Fire Sprinkler System	\$
		\$
		\$

*\*use a separate form if more lines are needed*

This statement is being made pursuant to the Town of Manchester Code of Ordinance, Sections 129-4.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(day)

(month)

(year)

\_\_\_\_\_  
Signature of the Notary Public

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Printed Name of Notary Public