



City of Seminole

9199 113th Street N.

Seminole, FL 33772

(727) 392-1966

Substantial Improvement/ Damage Review

Permit Application Number _____

Parcel ID Number _____

Property Address _____

City & Zip Code _____

Name of Owner _____

Owner's Phone Number _____

Owner's Address: _____

Name of Co-Owners _____

Name of Contractor _____

Name of Architect _____

FIRM Community Panel Number _____ FIRM Index Date _____

Flood Zone _____ Required Base Flood Elevation _____

Top Elevation of Bottom Floor (including basement or enclosure) _____

PLEASE INITIAL APPROPRIATE STATEMENT(S)

_____ I am attaching an appraisal report of my property. **NOTE:** If an appraisal report is submitted, the appraised square foot value of existing building will be used as the minimum construction value per square foot for the proposed (habitable) improvements.

_____ I am not submitting an appraisal report of my property.

_____ I accept the Market Value Estimate, based on County tax records, of the City of Seminole

_____ I accept the attached estimated cost of construction as fair cost of repair or improvement for my home.

Signature of Owner

Date

Signature of Co-Owner

Date

SUBSTANTIAL IMPROVEMENT OR DAMAGE

If you are rebuilding your home after a storm, renovating, remodeling, or adding an addition to your home, here is information you need to know concerning

The 50% RULE

If your home or business is below the 100 -year flood elevation, which is determined by the information on your "Elevation Certificate," Seminole has flood damage prevention regulations that may affect how you remodel, renovate or add on to your building. If your home or business sustained structural and/or interior and exterior damage, or if you plan improvements, these regulations may affect how you rebuild. These laws are required by the National Flood Insurance Program to protect your lives and investments from future flood damages. Our community must adopt and enforce these laws in order for federally-backed flood insurance to be made available to community residents and property owners.

TO SAVE YOURSELF TIME, AGGRAVATION AND MONEY, PLEASE READ THE FOLLOWING INFORMATION.

If a building is "substantially damaged" or "substantially improved," it must be brought into compliance with the City of Seminole flood damage prevention regulation, including elevating the building to or above the 100-year flood elevation.

√ **SUBSTANTIAL DAMAGE** means damage of any origin sustained by a structure whereby the cost of restoring the structure to its "before-damage condition" would equal or exceed 50% of the market value of the structure before the damage occurred.

Note: the cost of the repairs must include all costs necessary to fully repair the structure to its before-damage condition.

√ **SUBSTANTIAL IMPROVEMENT** means any reconstruction, rehabilitation, addition, or other improvement of a structure, the cost of which equals or exceeds 50% of the market value of the structure before the "start of construction" of the improvement.

The City of Seminole following National Flood Insurance Program requirements, has the responsibility to determine "substantial damage" and "substantial improvement" and has implemented the following procedures:

1. The City of Seminole will estimate market value by using the tax assessment value of your structure (excluding the land).

If you disagree with this estimate of Market Value, you may hire a state licensed appraiser and submit a certified property appraisal for the depreciated value of the structure. If the appraisal exceeds the "estimated market value" it may be necessary to have the appraisal reviewed by an independent review appraiser to assure the value established by the appraisal represents the fair market value of the structure.

2. You must submit to the City of Seminole a complete, detailed, and itemized (materials and labor) cost estimate of any combination of repairs, reconstruction, rehabilitation, additions, remodeling, alteration and/or improvements to your home/structure.

The City of Seminole will evaluate the cost of improvements or repairs and determine if they are fair and reasonable. The cost for the proposed improvement must represent the current market value of the work and material. As a guide, the City of Seminole will use Building Code Valuation Tables published by major building code groups as approved by the Building Official. When using this data, it should be noted that these are average costs based on typical construction methods, and have been adjusted based on regional modifiers.

If an appraisal has been submitted, the square foot "replacement cost new" values used in the appraisal are used to determine the market value of the work and materials for improvements.

3. If your home is determined to have "substantial damage" or is proposed to be "substantially improved," an Elevation Certificate must be submitted to the City of Seminole to determine the lowest floor elevation. Garages and carports are not considered to be the "lowest floor."

If the lowest floor is below the 100-year flood elevation, the building must be elevated to or above that level. Likewise, all electrical and mechanical (heating and cooling, etc.), bathrooms, and laundry rooms must be elevated to or above the 100-year flood level. Only parking, building access, and limited, incidental storage is allowed below the flood level. Non-residential buildings may be "flood-proofed" instead of being elevated.

4. The Building Official may require a investigative inspection for any project to document the pre-improvement condition of the structure.

SUBSTANTIAL IMPROVEMENT OR DAMAGE

ITEMS TO BE EXCLUDED

- * Items not attached to the structure, any site items, accessory structures, loose debris.
- * Plans and specifications
- * Survey costs
- * Permit fees
- * Debris removal (removal of debris from building or lot, dumpster rental, transport fees to landfill and landfill tipping fees), and clean up (dirt and mud removal, building dry out, etc.)
- * Items not considered real property such as throw rugs, furniture, refrigerators, stoves not built-in, etc.
- * **OUTSIDE IMPROVEMENTS, INCLUDING:**
 - * Landscaping
 - * Sidewalks
 - * Fences
 - * Yard lights
 - * Swimming pools and associated equipment, e.g., pumps, heaters, etc.
 - * Screened pool enclosures
 - * Sheds
 - * Gazebos
 - * Detached structures (including garages)
 - * Landscape irrigation system

SUBSTANTIAL IMPROVEMENT OR DAMAGE

ITEMS TO BE INCLUDED

*** ALL ITEMS ATTACHED TO STRUCTURE**

*** ALL STRUCTURAL ELEMENTS, INCLUDING:**

- * Spread or continuous foundation footings and pilings
- * Monolithic or other types of concrete slabs
- * Bearing walls, tie beams, and trusses
- * Wood or reinforced concrete decking or roofing
- * Floors and ceilings
- * Attached decks and porches
- * Interior partition walls
- * Exterior wall finishes (brick, stucco or siding) including painting and decorative moldings
- * Windows and doors
- * Re-shingling or re-tiling a roof
- * Hardware

*** ALL INTERIOR FINISH ELEMENTS, INCLUDING:**

- * Tiling, linoleum, stone, or carpet
- * Bathroom tiling and fixtures
- * Wall finishes (drywall, painting, stucco, plaster, paneling, marble, or other decorative finishes)
- * Kitchen, utility, and bathroom cabinets
- * Built-in bookcases, cabinets, and furniture
- * Hardware
- * Mirrors

*** ALL UTILITY AND SERVICE EQUIPMENT, INCLUDING:**

- * HVAC equipment
- * Repair or reconstruction of plumbing and electrical services
- * Lighting fixture and ceiling fans
- * Security systems
- * Built-in kitchen appliances
- * Central vacuum systems
- * Water filtration, conditioning, or re-circulation systems
- * Permanently installed insect protection system
- * Intercom system
- * Permanently installed stereo speakers and systems
- * Theater systems

ALSO:

- * Labor and other costs associated with demolishing, removing, or altering building components
- * Overhead and profit

NOTE: Additional information may be necessary to substantiate fair cost of repair or improvement.

COST BREAKDOWN*

***A dollar value is required for both labor and material for each category listed including but not limited to the following:**

LEGEND	
LS	- Lump Sum
SF	- Square Foot
LF	- Linear Foot
SQ	- Roof Square
SY	- Square Yard

Demolition

\$ _____ Labor

Description of work _____ Quantity _____ LS \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Slab on Grade

\$ _____ Labor

Description of work _____ Quantity _____ SF \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Foundation & Structural Steel

\$ _____ Labor

Description of work _____ Quantity _____ LF \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Masonry Wall

\$ _____ Labor

Description of work _____ Quantity _____ SF \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Lumber/Framing

\$ _____ Labor

Description of work _____ Quantity _____ LS \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Truss/Rafters

\$ _____ Labor

of engineered trusses _____ # of rafters _____ size _____ Quantity _____ LS \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Finish Carpentry

\$ _____ Labor

Description of work _____ Quantity _____ LS \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

COST BREAKDOWN (CONT.)

Roofing type

- | | | |
|----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Tile | <input type="checkbox"/> Flat | <input type="checkbox"/> Addition Only |
| <input type="checkbox"/> Shingle | <input type="checkbox"/> Gravel | <input type="checkbox"/> Entire House |
| <input type="checkbox"/> Metal | | <input type="checkbox"/> Existing Structure |

Description

- | |
|----------------------------------|
| <input type="checkbox"/> Entire |
| <input type="checkbox"/> Partial |

Total # of squares _____ Quantity _____ SQ \$ _____ Labor
 \$ _____ Mat.
 Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Stucco

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Frame w/Wire Lath | <input type="checkbox"/> With Stone/Brick |
|----------------------------------|--|---|

Description _____ Quantity _____ SY \$ _____ Labor
 (desc. cont.) _____ \$ _____ Mat.
 Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Siding/Soffit/Fascia

- | | |
|---------------------------------------|--------------|
| <input type="checkbox"/> Cementitious | Siding _____ |
| <input type="checkbox"/> Wood | Soffit _____ |
| <input type="checkbox"/> Vinyl | Fascia _____ |
| <input type="checkbox"/> Aluminum | |

Description _____ Quantity _____ SF \$ _____ Labor
 (desc. cont.) _____ \$ _____ Mat.
 Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Cabinets

- | |
|--------------------------------------|
| <input type="checkbox"/> Re-Laminate |
| <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Modular |
| <input type="checkbox"/> Wood |
| <input type="checkbox"/> Custom |

Tops

- | |
|--------------------------------------|
| <input type="checkbox"/> Re-Laminate |
| <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Tile |
| <input type="checkbox"/> Solid |
| <input type="checkbox"/> Granite |
| <input type="checkbox"/> Other _____ |

Description _____ Quantity _____ LF \$ _____ Labor
 Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Appliances Built In (new or replaced):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Clothes Dryer | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Wine Cooler |
| <input type="checkbox"/> Disposal | <input type="checkbox"/> Range |
| <input type="checkbox"/> Trash Compactor | <input type="checkbox"/> Oven |
| <input type="checkbox"/> Washing Machine | <input type="checkbox"/> Other _____ |

Description _____ Quantity _____ LS \$ _____ Labor
 (desc. cont.) _____ \$ _____ Mat.
 Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Elevator/Chair Lift

Description of work _____ Quantity _____ LS \$ _____ Labor
 (desc. cont.) _____ \$ _____ Mat.
 Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

COST BREAKDOWN (CONT.)

Gas

LP

Natural

\$ _____ Labor

Description _____ Quantity _____ \$ _____ Mat.
(desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Plumbing

Number of Baths:

New _____

Remodeled _____ \$ _____ Labor

Description _____ Quantity _____ LS \$ _____ Mat.
(desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Plumbing Fixtures

	# of Fixtures:	Manufacturer	Detailed Description	
Lav.	New	_____	_____	
	Replaced	_____	_____	
Toilet	New	_____	_____	
	Replaced	_____	_____	
Shower	New	_____	_____	
	Replaced	_____	_____	
Tub	New	_____	_____	
	Replaced	_____	_____	
Bidet	New	_____	_____	
	Replaced	_____	_____	
Kit.Sink	New	_____	_____	\$ _____ Labor
	Replaced	_____	_____	\$ _____ Mat.

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Electrical

of New Circuits

60 AMP _____ New Service Size _____

50 AMP _____ New Panel Size _____

40 AMP _____ Sub Panel _____

30 AMP _____

20 AMP _____

15 AMP _____ \$ _____ Labor

Description of work _____ \$ _____ Mat.
(desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

COST BREAKDOWN (CONT.)

Electrical Fixtures

of Fixtures _____
 Ceiling Fans _____
 Dimmers _____
 Duplex Receptacles _____
 Light Fixtures _____
 Lights Recessed _____
 Satellite Dishes _____
 Security System _____
 Smoke Detectors _____
 Switches _____
 Other* _____

\$ _____ Labor

* Please Provide Detailed Description _____ \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

HVAC

Add Supply R/A No New Equipment

of Supplies _____
 # of Returns _____

New Split A/C for Addition Only

Size Ton _____
 Heat _____
 Seer Rating _____

New Split A/C Entire House

Size Ton _____
 Heat _____
 Seer Rating _____

\$ _____ Labor

Description _____ Quantity _____ LS \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Doors

of Units
 Entry _____
 Sliding Glass _____
 Garage _____
 French _____
 Interior Doors _____

\$ _____ Labor

Description _____ Quantity _____ LS \$ _____ Mat.
 (desc. cont.) _____

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

COST BREAKDOWN (CONT.)

Windows

	#	Manufacturer	Type	Impact Resistant
New	_____	_____	_____	_____
Replacement	_____	_____	_____	_____
Skylights	_____	_____	_____	\$ _____ Labor
Description _____	_____	_____	Quantity _____ LS	\$ _____ Mat.
(desc. cont.) _____	_____	_____	_____	_____
Labor and Material Total				\$ _____
Source of value: <input type="checkbox"/> Sub-Cont.Estimate <input type="checkbox"/> Sub-Cont.Detailed Bid <input type="checkbox"/> Sq. Ft. Method <input type="checkbox"/> Detailed Labor and Material Take-Off				

Insulation

				\$ _____ Labor
Type _____	_____	_____	Quantity _____ SF	\$ _____ Mat.
Description _____	_____	_____	_____	_____
Labor and Material Total				\$ _____
Source of value: <input type="checkbox"/> Sub-Cont.Estimate <input type="checkbox"/> Sub-Cont.Detailed Bid <input type="checkbox"/> Sq. Ft. Method <input type="checkbox"/> Detailed Labor and Material Take-Off				

Dry Wall

				\$ _____ Labor
# of Boards _____	_____	Plaster _____	Quantity _____ LS	\$ _____ Mat.
Description _____	_____	_____	_____	_____
Labor and Material Total				\$ _____
Source of value: <input type="checkbox"/> Sub-Cont.Estimate <input type="checkbox"/> Sub-Cont.Detailed Bid <input type="checkbox"/> Sq. Ft. Method <input type="checkbox"/> Detailed Labor and Material Take-Off				

Fireplace

Manufacturer _____	Site _____			\$ _____ Labor
<input type="checkbox"/> Gas <input type="checkbox"/> Wood Burning	_____	_____	Quantity _____ LS	\$ _____ Mat.
Description _____	_____	_____	_____	_____
Labor and Material Total				\$ _____
Source of value: <input type="checkbox"/> Sub-Cont.Estimate <input type="checkbox"/> Sub-Cont.Detailed Bid <input type="checkbox"/> Sq. Ft. Method <input type="checkbox"/> Detailed Labor and Material Take-Off				

Interior

<input type="checkbox"/> Painting				\$ _____ Labor
<input type="checkbox"/> Wood Paneling	_____	_____	_____	_____
<input type="checkbox"/> Wall Paper	_____	_____	_____	_____
<input type="checkbox"/> Tile	_____	_____	_____	_____
Description _____	_____	_____	Quantity _____ LS	\$ _____ Mat.
(desc. cont.) _____	_____	_____	_____	_____
Labor and Material Total				\$ _____
Source of value: <input type="checkbox"/> Sub-Cont.Estimate <input type="checkbox"/> Sub-Cont.Detailed Bid <input type="checkbox"/> Sq. Ft. Method <input type="checkbox"/> Detailed Labor and Material Take-Off				

COST BREAKDOWN (CONT.)

Exterior Painting

Description of work _____ Quantity _____ \$ _____ Labor
(desc. cont.) _____ \$ _____ Mat.

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Floor Covering

Tile _____ SF \$ _____ Cost Subtotal

Wood _____ SF \$ _____ Cost Subtotal

Carpet _____ SF \$ _____ Cost Subtotal

Marble _____ SF \$ _____ Cost Subtotal

Stone _____ SF \$ _____ Cost Subtotal

Other _____ SF \$ _____ Cost Subtotal

Total _____ SF \$ _____ Cost Total \$ _____ Labor

Description _____ \$ _____ Mat.

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Stair Case

- Marble
- Concrete
- Wood
- Carpet
- Custom
- Pre-Manufactured Kit

Description (handrail, treads, risers, newel posts) _____ Quantity _____ LS
_____ \$ _____ Labor
_____ \$ _____ Mat.

Labor and Material Total \$ _____

Source of value: Sub-Cont.Estimate Sub-Cont.Detailed Bid Sq. Ft. Method Detailed Labor and Material Take-Off

Overhead & Profit

Description _____ Quantity _____ LS \$ _____

Contingency per contract

or

**Contingency of approx. 5% to
allow for change orders and
unforeseen field conditions**

Description _____ Quantity _____ LS \$ _____

GRAND TOTAL \$ _____

RECONSTRUCTION / IMPROVEMENT

Designer or Architect/Engineer Affidavit

Parcel ID Number: _____

Name & Address of Designer or Architect/Engineer: _____

Phone Number: _____

License Number: _____

Property Address: _____

I hereby attest to the fact that I prepared a set of Construction Plans and Specifications for the above mentioned property. The cost estimate attached hereto and signed by the Contractor and Owner has been reviewed by me. The materials listed as such in the estimate constitutes the entire amount of work to be constructed by the construction plans prepared under my supervision. I will not be held responsible for actions taken by the contractor, or the homeowner without my knowledge or approval. I understand that I am subject to enforcement action and/or fines if these construction plans are altered to increase the scope of work without prior authorization from the City of Seminole

The grade of materials may vary as to the Manufacturer but not to exceed the cost stated herein.

I understand that any permit issued by the City of Seminole pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds or non-conforming uses or structures on the subject property.

Total Labor & Materials \$ _____

Overhead & Profit \$ _____

Contingency \$ _____

Total Cost \$ _____

Architect's Signature: _____

State: _____

County: _____

Sworn and subscribed before me this _____ day of _____, 20____ by
_____ who is _____ personally known to me or has produced _____ as
identification.

Notary Signature
Commission expires:

(seal)

RECONSTRUCTION / IMPROVEMENT

Owner Affidavit

Parcel ID Number: _____

Name of Contractor: _____

Contractor's License Number: _____

Name of Owner: _____

Owner's Address: _____

Owner's Phone Number: _____

I hereby attest to the fact that the repairs/reconstruction and/or remodeling list submitted by my contractor for the Substantial Damage/Improvement Review are all of the damages/improvements sustained by this structure that will be done to the existing building; and that all additions, improvements, or repairs on the subject building are included in this construction estimate. No other contractor has made any repairs or reconstruction or additions or remodeling not included in the attached list.

Total Labor & Materials \$ _____

Overhead & Profit \$ _____

Contingency \$ _____

Total Cost \$ _____

I also understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made repairs or improvements not included on the attached list of repairs to my home, or that I have included non-conforming or illegal structures/additions to the existing structure, without having presented plans for such additions. I understand that any permit issued by the City of Seminole pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds, or non-conforming uses or structures on the subject property.

Owner's Signature: _____

State: _____

County: _____

Sworn and subscribed before me this _____ day of _____, 20__ by _____ who is _____ personally known to me or has produced _____ as identification.

Notary Signature
Commission expires:

(seal)

RECONSTRUCTION / IMPROVEMENT

Contractor Affidavit

Parcel ID Number: _____

Name & Address of Contractor: _____

Phone Number: _____

License Number: _____

Property Address: _____

I hereby attest to the fact that I personally inspected the above-mentioned property and produced the attached itemized list of repairs, reconstruction and/or remodeling list, which is hereby submitted for a Substantial Damage/Improvement Review. These damages/improvements are all of the damages/improvements sustained by this structure, and all additions, improvements, or repairs proposed on the subject building are included in this estimate.

I also understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made repairs or improvements not included on the attached list of repairs to this structure, or that I have included non-conforming or illegal structures/additions to the existing structure, without having presented plans for such addition. I understand that any permit issued by the City of Seminole pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds, or non conforming uses or structures on the subject property.

(See attached itemized list)

Total Labor & Materials \$ _____

Overhead & Profit \$ _____

Contingency \$ _____

Total Cost \$ _____

Contractor's Signature: _____

State: _____

County: _____

Sworn and subscribed before me this _____ day of _____, 20____ by _____ who is _____ personally known to me or has produced _____ as identification.

Notary Signature
Commission expires:

(seal)