

Costs of Improvements Affidavit



City of Key West Building Department 305-809-3956 1300 White Street, Key West, Florida
33040

Address of proposed work:

Contractor (or owner-builder) Name:

License #:

Phone #:

E-mail:

I hereby attest to the fact that I, or a member of my staff, personally inspected the above mentioned property and have reviewed the applicable drawings related to the repairs, remodeling, renovation, addition, rehabilitation, etc. I have also produced the attached itemized list reflecting the aforementioned work. This information is hereby submitted for a Substantial Improvement review. The aforementioned work is all that is proposed for this structure as shown on the submitted plans. All costs listed herein represent true and valid estimates for the work to be done.

I understand that I am subject to penalties (for any and all violations of this affidavit) if the inspection of the property reveals that I have done work not included within the attached cost breakdown or if any nonconforming or illegal structures or additions are included without having presented plans and charges for such modifications or if any false monetary costs are revealed.

I understand that any permit issued by the City of Key West pursuant to this affidavit does not authorize work on any illegal structures or nonconforming uses on the subject property.

See Attached Itemized List or may use form on reverse of this page.

Total Labor and Materials (Including overhead & profit) entire project: \$

Chapter 838.06 F.S. False Official Statement - Whoever knowingly makes a false statement in writing and with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided for in s. 775.082 or s. 775.063.

State of Florida
County of Monroe

Before me this day personally appeared _____ who being duly sworn deposes and says that he/she attests to the validity of all information submitted herein; and that he/she has read, understands, and agrees to comply with all the aforementioned conditions.

(signature, Contractor or Owner/Builder) (Date)

Sworn to and subscribed before me this _____ day of _____ A.D. 20____

Notary Public, State of Florida

My commission Expires: _____

Personally Known to me _____ OR Produced Identification: _____

Type of Identification Produced: _____

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Item	Materials			Labor			Substantial Improvement Calculations		
	Qty.	Cost	S.T.	Hrs.*	Rate	S.T.	Sub-total	Exempt	Line Total
Demo									
Site Prep.									
Temp. Stabilization									
Slabs									
Fill									
Elevation									
Const. Mgmt.									
Foundation									
Modular Building									
Modular Building									
Bearing walls									
Tie Beams									
Framing, Walls									
Framing, Floors									
Framing, Roof									
Covering, Walls									
Flooring									
Carpeting									
Covering, Roof									
Finishing, Walls									
Finishing, floors									
Finishing, Roof									
Windows									
Windows									
Doors, Interior									
Doors, Ext.									
Bathrooms, 2-Fixture									
Bathrooms, 3-Fixture									
Kitchens									
Bedrooms									
Living Room									
Dining Room									
Decks/Porches									
Cabinets									
Insulation									
HVAC									
Mechanical, Other									
Plumbing									
Electrical									
Lighting/Fans									
Security Sys.									
Appliances, Built-in									
Dirt/Mud Removal									
Dry-out, building									
Pavers/Driveway									
Docks/Seawalls									
Filtration									
Clean-up									
Trash Removal									
	Materials			Labor					
In lieu of completing this side, a separately attached list of costs or contractor quotes may be used. HOWEVER, any attachments must also be notarized.							Job Total	Exempt from S.I.	Substantial Improvement Costs

*Owner/Builder Hourly Rate \$30