

PLANNING AND DEVELOPMENT SERVICES

SUBSTANTIAL IMPROVEMENT/DAMAGE WORKSHEET

Date 9.8.24 Parcel ID Number _____ Permit Application Number _____
 Property Address 5950 Midnight Pass Rd. Unit 203 Sarasota, FL 34242
 Property Owner John Voss Phone Number 513.490.0390 Email jvoss@fluidraulicgroup.com
 Contractor Name Threshold Construction Phone Number 441.447.2399 Email thresholdconstructionllc@gmail.com
 Description of Improvements/Repairs kitchen cabinets, bathroom vanity, shower + bath tile, interior doors, trim and paint (final plumbing + electrical under permit COM - ACT - 24 00170
CAM - PCM - 25-009002

Instructions: Fill out all the fields below. If the cost ratio is equal to or greater than 30 percent fill out the 2-page Cost Itemization Form. Note that the reviewer may require the cost itemization forms and quotes for material and labor if deemed necessary to make the Substantial Improvement/Damage determination. Fill out and have notarized the Owner and Contractor Affidavits.

Flood Zone:	Required Elevation: NAVD	Year Built: <u>1957</u>
ACV Appraisal Attached? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	FEMA Elevation Cert Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	

1. Present Market Value of building ONLY (depreciated value of building from ACV appraisal or adjusted assessed value, before start of improvement, or if damaged, before the damage occurred), not including land value:

\$ 2,092,917.00

2. Cost of Improvement and/or Repair, actual cost of the construction. See Cost Itemization Form for items that must be included (include volunteer labor and donated materials/supplies):

\$ 43,703.60

3. Ratio:

Cost of Improvement/Repair (line 2) ÷ Market Value (line 1) = 2.08 %

If the ratio in line 3 is 50 percent or greater the entire building must be elevated to the minimum elevation requirement and all other aspects brought into compliance with the Sarasota County floodplain management regulations.

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COST ITEMIZATION WORKSHEET FOR SUBSTANTIAL IMPROVEMENT/DAMAGE

The itemization worksheet below lists the items that must be included in the cost of improvement or repair. The term "costs of improvement" includes all costs directly associated with the alterations and/or additions to the building. The term "costs of repair" includes all costs of all work necessary to restore a damaged building to its pre-damaged condition. Both terms include the costs of all materials, labor, and other items necessary to perform the proposed work. Complete the itemization form by entering the estimated cost for materials, labor, profit and overhead in all the spaces in form that apply to proposed work. Costs of items not directly associated with the building such as outside improvements, detached accessory structures, pools, and permit fees can be excluded from the costs of improvement or repair.

Date _____ Parcel ID Number _____ Permit Application Number _____
 Property Address Please see permit COM-ALT-24-001701

Item	Description	Cost
Site Preparation (e.g. foundation excavation)		\$
Demolition and Construction debris removal		\$
	Structural Elements and Exterior Finishes	
Foundations (e.g. footings, pilings, columns, posts, etc.)		\$
Monolithic and other types of concrete slabs		\$
Bearing and non-bearing walls exterior and interior		\$
Lintels, tie beams		\$
Joists, beams, subflooring, ceilings		\$
Attached decks and porches		\$
Exterior finishes (e.g. stucco, siding, painting, and trim)		\$
	Frame Lumber	
Truss package		\$
Hardware (e.g. connectors, straps, fasteners, nails, screws, etc.)		\$
Framing lumber		\$
Floor, wall, and roof sheathing		\$
Manufactured lumber		\$
Wall wrap/Vapor barrier		\$
	Windows and Doors	
Windows and sliding glass doors		\$
Exterior and interior doors		\$
Garage overhead doors and openers		\$
Shutters		\$
Skylights		\$
	Roofing	
Roofing underlayment (felt, self-adhered, synthetic)		\$
Roof cladding (e.g. shingle, metal, tile, membrane, etc.)		\$
Flashings, drip edge, fascia, soffit, gutters, down spouts, etc.		\$

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		Interior Finishes and Insulation	
Attic, wall, and floor insulation			\$
Drywall (walls and ceiling, textures)			\$ 5721.60
Flooring (e.g. wood, laminate, tile, stone, etc.)			\$ 3000
Finish carpentry (e.g. baseboard, casings, trim, wainscoting, etc.)			\$ 6060
Cabinetry and counter tops			\$ 1600
Wall tile			\$ 8000
Interior painting			\$ 3000
		Electrical	
Rough-in and trim-out			\$ 3000
Fixtures (e.g. lights, ceiling fans)			\$ 950
Service Charge			\$
		Plumbing	
Rough-in and trim-out			\$ 3300
Fixtures and accessories (e.g. showers, sinks, toilets, faucets, etc.)			\$ 400
Fire suppression systems			\$
		Mechanical	
Rough-in and trim-out			\$
Equipment and accessories			\$
		Interior and Exterior Stairs	
Treads and risers			\$
Guardrails, handrails			\$
		Miscellaneous	
Aluminum screen lanais and porches under roof			\$
Bathroom accessories (e.g. mirrors, towel racks, shelving, etc.)			\$ 300
Built-in appliances (e.g. dishwasher, microwave, central vacuum, etc.)			\$ 4292
Closet shelving and built-ins			\$
Exterior and interior door hardware			\$
Elevator			\$
Fireplace (flue, hearth, mantel, and surround)			\$
Kitchen accessories			\$
Low voltage electrical systems			\$
Other describe	misc		\$ 2080
Other describe	doors		\$ 2000
Other describe			\$
Other describe			\$
Line 1		Enter total	\$ 43,703.60
Line 2		Enter Supervision, Overhead, Taxes, Profit	\$
Total estimate of cost		Add lines 1 and 2, enter sum in this line	\$ 43,703.60

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CONTRACTOR'S AFFIDAVIT: SUBSTANTIAL IMPROVEMENT OR REPAIR OF SUBSTANTIAL DAMAGE

Property Address: 5950 Midnight Pass Rd. Unit 203 Sarasota, FL 34242

Parcel ID Number: _____

Owner's Name: John Voss

Owner's Address/ Phone: 1034 Claversfield Ln. Cincinnati, OH 45224 513.490.9390

Contractor: Threshold Construction LLC

Contractor's License Number: CBC # 1266879

Date of Contractor's Estimate: 12.4.2024

I hereby attest that I have personally inspected the building located at the above-referenced address and discussed the nature and extent of the work requested by the owner, including all improvements, rehabilitation, remodeling, repairs, additions, and any other form of improvement.

At the request of the owner, I have prepared a cost estimate for all of the improvement work requested by the owner and the cost estimate includes, at a minimum, the cost elements identified by Sarasota County that are appropriate for the nature of the work. If the work is repair of damage, I have prepared a cost estimate to repair the building to its pre-damage condition. I acknowledge that if, during the course of construction, the owner requests more work or modification of the work described in the application, that a revised cost estimate must be provided to Sarasota County, which will re-evaluate its comparison of the cost of work to the market value of the building to determine if the work is substantial improvement. Such re-evaluation may require revision of the permit and may subject the property to additional requirements.

I also understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made or authorized repairs or improvements that were not included in the description of work and the cost estimate for that work that were the basis for issuance of a permit.

(Signature of Contractor/Agent)
STATE OF FLORIDA

(Printed Name)
COUNTY OF _____

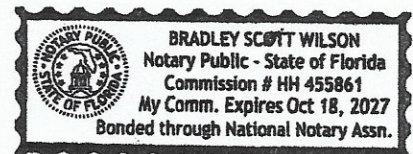
Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this
8th day of September, 2025, by _____,

☐ Personally known or ☒ Produced identification Drivers License
(type of identification produced)

Notary Name Printed: Bradley Scott Wilson

Notary Signature: _____

Commission Number HH 455861



(Notary Stamp)

PLANNING AND DEVELOPMENT SERVICES

OWNER'S AFFIDAVIT: SUBSTANTIAL IMPROVEMENT OR REPAIR OF SUBSTANTIAL DAMAGE

Property Address: 5950 Midnight Pass Rd. Unit 203 Sarasota, FL 34242

Parcel ID Number: _____

Owner's Name: John Vass

Owner's Address/ Phone: 1034 Clowersfield Ln. Cincinnati, OH 45224 513.490.0390

Contractor: Threshold Construction LLC

Contractor's License Number: LCBL# 1266879

Date of Contractor's Estimate: 12-4-2024

I hereby attest that the description included in the permit application for the work on the existing building that is located at the property identified above is the complete scope of work that will be done, including all improvements, rehabilitation, remodeling, repairs, additions, and any other form of improvement.

I further attest that I requested the above-identified contractor to prepare a cost estimate for all of the work, including the contractor's overhead and profit. I acknowledge that if, during the course of construction, if scope of work is modified from the work described, that Sarasota County will re-evaluate its comparison of the cost of work to the market value of the building to determine if the work is substantial improvement. Such re-evaluation may require revision of the permit and may subject the property to additional requirements.

I also understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made or authorized repairs or improvements that were not included in the description of work and the cost estimate for that work that were the basis for issuance of a permit.

John Vass
(Signature of Owner)
STATE OF FLORIDA

John Vass
(Printed Name)
COUNTY OF Sarasota

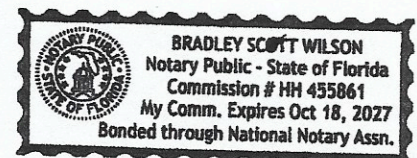
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 8th day of September, 2025, by _____,

☐ Personally known or ☒ Produced identification Drivers License
(type of identification produced)

Notary Name Printed: Bradley Wilson

Notary Signature: Bradley Wilson

Commission Number HH 455861



(Notary Stamp)