

PLANNING AND DEVELOPMENT SERVICES

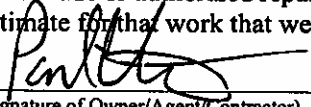
**CONTRACTOR'S AFFIDAVIT:
SUBSTANTIAL IMPROVEMENT OR REPAIR OF SUBSTANTIAL DAMAGE**

Property Address: 3939 Roberts Point Rd SARASOTA
Parcel ID Number: 2019140026
Owner's Name: Shirley O'Neil
Owner's Address/ Phone: 3939 Roberts Point Rd SARASOTA, (941) 928-8055
Contractor: InFinite Home Improvements
Contractor's License Number: CRC 1334147
Date of Contractor's Estimate: June 6 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 Owner/Agent/Contractor)
STATE OF FLORIDA

PAUL CARPENTER
(Printed Name)
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____,

Personally known or Produced identification _____
(type of identification produced)

Notary Name Printed: _____

Notary Signature: _____

PLANNING AND DEVELOPMENT SERVICES
SUBSTANTIAL IMPROVEMENT/DAMAGE WORKSHEET

Date 10/25/24 Parcel ID Number 2019140026 Permit Application Number Res-Alt-24-005070
 Property Address 3939 Roberts Point Rd. SARASOTA
 Property Owner Shirley O'Neil Phone Number 941-928-8055 Email Omike.1955@Gmail.com
 Contractor Name Paul Carpenter Phone Number 941-628-5879 Email Paul@infiniteSarasota.com
 Description of Improvements/Repairs Converting empty Room into a
Bathroom

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: <u>AE</u> | Required Elevation: <u>NAVD</u> | Year Built: <u>1940</u> |
| ACV Appraisal Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | FEMA Elevation Cert Attached? Yes <input type="checkbox"/> No <input checked="" 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:

\$ 870,500

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):

\$ 58,430

3. Ratio:

Cost of Improvement/Repair (line 2) ÷ Market Value (line 1) = 6.71 %

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.

PLANNING AND DEVELOPMENT SERVICES

| | Interior Finishes and Insulation | |
|--|--|-----------|
| Attic, wall, and floor insulation | | \$ 1000 |
| Drywall (walls and ceiling, textures) | | \$ 5000 |
| Flooring (e.g. wood, laminate, tile, stone, etc.) | | \$ 2000 |
| Finish carpentry (e.g. baseboard, casings, trim, wainscoting, etc.) | | \$ 1000 |
| Cabinetry and counter tops | | \$ 13,000 |
| Wall tile | | \$ 3000 |
| Interior painting | | \$ 2500 |
| | Electrical | |
| Rough-in and trim-out | | \$ 4000 |
| Fixtures (e.g. lights, ceiling fans) | | \$ 1500 |
| Service Change | | \$ 1000 |
| | Plumbing | |
| Rough-in and trim-out | | \$ 4000 |
| Fixtures and accessories (e.g. showers, sinks, toilets, faucets, etc.) | | \$ 2500 |
| Fire suppression systems | | \$ N/A |
| | Mechanical | |
| Rough-in and trim-out | | \$ 2000 |
| Equipment and accessories | | \$ 300 |
| | Interior and Exterior Stairs | |
| Treads and risers | | \$ N/A |
| Guardrails, handrails | | \$ N/A |
| | Miscellaneous | |
| Aluminum screen lanais and porches under roof | | \$ |
| Bathroom accessories (e.g. mirrors, towel racks, shelving, etc.) | | \$ 500 |
| Built-in appliances (e.g. dishwasher, microwave, central vacuum, etc.) | | \$ |
| 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 | Permit, virtual inspections | \$ 1500 |
| Other describe | | \$ |
| Other describe | | \$ |
| Other describe | | \$ |
| Line 1 | Enter total | \$ 48,200 |
| Line 2 | Enter Supervision, Overhead, Taxes, Profit | \$ 10,230 |
| Total estimate of cost | Add lines 1 and 2, enter sum in this line | \$ 58,430 |

PLANNING AND DEVELOPMENT SERVICES

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 10/25/24 Parcel ID Number 2019140026 Permit Application Number RES-ALT-24-005070
 Property Address 3939 Roberts Point Rd. SARASOTA

| Item | Description | Cost |
|--|-------------|----------|
| Site Preparation (e.g. foundation excavation) | | \$ N/A |
| Demolition and Construction debris removal | | \$ N/A |
| Structural Elements and Exterior Finishes | | |
| Foundations (e.g. footings, pilings, columns, posts, etc.) | | \$ N/A |
| Monolithic and other types of concrete slabs | | \$ N/A |
| Bearing and non-bearing walls exterior and interior | | \$ N/A |
| Lintels, tie beams | | \$ N/A |
| Joists, beams, subflooring, ceilings | | \$ N/A |
| Attached decks and porches | | \$ N/A |
| Exterior finishes (e.g. stucco, siding, painting, and trim) | | \$ N/A |
| Frame Lumber | | |
| Truss package | | \$ N/A |
| Hardware (e.g. connectors, straps, fasteners, nails, screws, etc.) | | \$ N/A |
| Framing lumber | | \$ 2,000 |
| Floor, wall, and roof sheathing | | \$ N/A |
| Manufactured lumber | | \$ N/A |
| Wall wrap/Vapor barrier | | \$ 1200 |
| Windows and Doors | | |
| Windows and sliding glass doors | | \$ N/A |
| Exterior and interior doors | | \$ 200 |
| Garage overhead doors and openers | | \$ N/A |
| Shutters | | \$ N/A |
| Skylights | | \$ N/A |
| Roofing | | |
| Roofing underlayment (felt, self-adhered, synthetic) | | \$ N/A |
| Roof cladding (e.g. shingle, metal, tile, membrane, etc.) | | \$ N/A |
| Flashings, drip edge, fascia, soffit, gutters, down spouts, etc. | | \$ N/A |