

- a. Any project for improvement of a Building or Structure to correct existing violations of state or local health, sanitary, or safety code specifications which have been identified by the County and which are the minimum necessary to assure safe living conditions, or
- b. Any alteration of a Historic Structure provided that the alteration will not preclude the Structure's continued designation as a Historic Structure.

To make the substantial improvement or the substantial damage determination, Sarasota County staff will compare the cost of the proposed improvements or repairs to the depreciated market value of the building (see definition of "Market Value"). If the resulting ratio equals or exceeds 50 percent, the existing building must be brought into compliance with the floodplain management regulations for new buildings.

Cost of Improvement or Cost to Repair to Pre-Damage Condition

Market Value of Building

≥ 50%

Please note:

- The applicant must provide an estimate of the cost to perform the proposed improvements or repairs. If the building has been damaged, the cost estimate must include all work required to repair the building to its pre-damage condition. The cost estimate must include all labor and materials. If the work will be done by a contractor, the contractor's overhead and profit must be included. If the work will be done by the owner or volunteers, market rates must be used to estimate the cost of materials and the value of labor. Attached to this notice is a Cost Itemization Worksheet that lists the items that must be included. After this review of the cost estimate, Sarasota County staff may require that material and labor estimates be provided.
- The applicant must provide an appraisal report that provides the actual cash value (ACV) that is prepared by a licensed professional appraiser according to the standard practices of the profession. Sarasota County staff will review the appraisal to determine that it accurately describes your building and does not include the value of land, accessory buildings, landscaping, and other site improvements. Alternatively, staff will use the Sarasota County Property Appraiser's building value adjusted by a factor provided by the County Appraiser.
- In addition to submitting detailed construction plans, the applicant must complete the attached Substantial Improvement/Damage Worksheet, Cost Itemization Form, Owner's Affidavit (signed, dated, and notarized), and Contractor's Affidavit (signed, dated, and notarized).



SUBSTANTIAL IMPROVEMENT/DAMAGE WORKSHEET

Date 07 - 15 - 25 Parcel ID Number 0105133043 Permit Application Number
Property Address 5860 Hidnight Pass Rd. \$44 Sarasola Fl. 34233
Property Owner David Caurnd 17 Phone Number 810 - 845 - 5408 Email
Property Owner David Carridatt Phone Number 810-845-5408 Email Contractor Name Peter Cakan Phone Number 941-518-7585 Email pcukan @ yahoo . Com
Description of Improvements/Repairs
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:
ACV Appraisal Attached? Yes \(\square\) No \(\square\) FEMA Elevation Cert Attached? Yes \(\square\) No \(\square\)
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:
\$ 632,600
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):
\$_72,010
3. Ratio:
Cost of Improvement/Repair (line 2) ÷ Market Value (line 1) =

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.



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			

Item	Description	Cost
Site Preparation (e.g. foundation excavation)	H/A	\$
Demolition and Construction debris		\$ 2,800
	Structural Elements and Exterior Finishes	
Foundations (e.g. footings, pilings, columns, posts, etc.)	4/9	\$
Monolithic and other types of concrete slabs	H/A	\$
Bearing and non-bearing walls exterior and interior	MA	\$
Lintels, tie beams	N/A	\$
Joists, beams, subflooring, ceilings	4/ 4	\$
Attached decks and porches	N/A	\$
Exterior finishes (e.g. stucco, siding, painting, and trim)		\$ 900
	Frame Lumber	
Truss package	₩/A	\$
Hardware (e.g. connectors, straps, fasteners, nails, screws, etc.)		\$
Framing lumber	Interior walls	\$ 950
Floor, wall, and roof sheathing	W/A	\$
Manufactured lumber	N/A	\$
Wall wrap/Vapor barrier	NIA	\$
	Windows and Doors	
Windows and sliding glass doors	N/A	\$
Exterior and interior doors		\$ 3,250
Garage overhead doors and openers		\$ 8 120
Shutters	W/A	\$
Skylights	N/A	\$
	Roofing	
Roofing underlayment (felt, self- adhered, synthetic)	H IA	\$
Roof cladding (e.g. shingle, metal, tile, membrane, etc.)	Y IA	\$
Flashings, drip edge, fascia, soffit, gutters, down spouts, etc.	N/A	\$



	Interior Finishes and Insulation	
Attic, wall, and floor insulation	Exterior nall insulation	\$ 2200
Drywall (walls and ceiling, textures)	Contract London Carlo Carlo	\$ 4'300
Flooring (e.g. wood, laminate, tile, stone, etc.)	Tile flooring	\$ 7,250
Finish carpentry (e.g. baseboard, casings, trim, wainscoting, etc.)	Baseboards, Soon trum Hitchen cabinets and vanities	\$ 3/00
Cabinetry and counter tops	Kitchen cabinets and vanities	\$ 9,200
Wall tile		\$
Interior painting		\$ 6,100
	Electrical	
Rough-in and trim-out		\$ 3100
Fixtures (e.g. lights, ceiling fans)		\$ 900
Service Change	Relocate Panel	\$ 2,500
	Plumbing	
Rough-in and trim-out		\$ 3,200
Fixtures and accessories (e.g. showers, sinks, toilets, faucets, etc.)	Faucets + 2 toilets NIA	\$ 750
Fire suppression systems		\$
	Mechanical	
Rough-in and trim-out	H/A	\$
Equipment and accessories		\$
TO SERVICE THE PROPERTY OF THE PERSON	Interior and Exterior Stairs	
Treads and risers	HIA	\$
Guardrails, handrails	N/A N/A	\$
	Miscellaneous	
Aluminum screen lanais and porches under roof	H/A	\$
Bathroom accessories (e.g. mirrors, towel racks, shelving, etc.)		\$ 450
Built-in appliances (e.g. dishwasher, microwave, central vacuum, etc.)		\$ 3,600
Closet shelving and built-ins		\$ 2,100
Exterior and interior door hardware		\$ 350
Elevator	NA	\$
Fireplace (flue, hearth, mantel, and surround)	N/A	\$
Kitchen accessories		\$
Low voltage electrical systems		\$
Other describe		\$
Line 1	Enter total	\$ 65,470
Line 2	Enter Supervision, Overhead, Taxes, Profit	\$ 65,470
Total estimate of cost	Add lines 1 and 2, enter sum in this line	\$ 72 010



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

Property Address: 5860 Midnight Pass Rol #44 Souras ota Fl. 34242
Parcel ID Number: 0/05/33043
Owner's Name: David Cairnduff
Owner's Address/ Phone: 4495 E Rolston Rd. Linden M1, 48481 /810-845-5408
Contractor: Peter Cakan
Contractor's License Number:CBC
Date of Contractor's Estimate: 4-16-25
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 predamage 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.
Colu Ca PETER CURAN
Colum (Signature of Owner/Agent/Contractor) STATE OF FLORIDA PETER CURAN (Printed Name) COUNTY OF SCIOSCICE
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of July, 2025, by Peter Cutcon,
Personally known or Produced identification FLDL.
Notary Name Printed: Donna Marie Greene
Notary Signature: Notary Signature: Notary Public State of Florida Donna Marie Greene My Commission HH 519440 Expires 4/23/2028
Commission Number <u>-11+519446</u> (Notary Stamp)



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

OF BODSTANTIAL DAWAGE
Property Address: 5860 Midnight Pass Rd Unit 44 Sarasota FL 34242
Parcel ID Number: 0105133043
Owner's Name: David Cairnduff
Owner's Address/Phone: 4495 E Roleton Rd Linden M1 48451 810-845-5408
Contractor: Reter Cukan
Contractor's License Number: CBC 1259680
Date of Contractor's Estimate: 4/16/25
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. Date of Calindary Countractor Country OF Country OF
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of
Notary Name Printed: Anthony D Barnhill
Notary Signature: Atto. Rive Signature: ANTHONY D. BARNHILL Notary Public, State of Michigan County of Shigwassee
Commission Number 10-13-2028 (Notary Stamp)