

SUBSTANTIAL IMPROVEMENT/DAMAGE WORKSHEET

Date 11/13/24 Parcel ID Number 0110110006 Permit Application Number
Property Address 1275 PORT LN SARASOTA, FL, 34242
Property Owner Michael Lngo Phone Number 617-780-6412 Email mlongo2525@comcast.net
Contractor Name Jason Hall Phone Number 941-667-8000 Email Jason@hallbrosroofing.com
Description of Improvements/Repairs Replace all sheetrock at bottom 4ft of entire home, replace all cabinets, interior doors,
trim, LVP flooring, paint,
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: AE Required Elevation: NAVD Year Built: 1955
ACV Appraisal Attached? Yes No No FEMA Elevation Cert Attached? Yes No No
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:
§ 511,000
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):
110 radica (merade volunteer labor and donated materials/supplies). § 183,025.76
3. Ratio:
Cost of Improvement/Repair (line 2) ÷ Market Value (line 1) = 35.81 %

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 11/13/24	Parcel ID Number 0'	110110006	Permit Application Number_	
Property Address 1275	PORT LN SAR/	ASOTA, FL	., 34242	

Item	Description	Cost
Site Preparation (e.g. foundation excavation)	N/A	\$0.00
Demolition and Construction debris removal	Remove cabinets, doors,trim sheetrock	\$ 10,517.22
	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	N/A	\$
Floor, wall, and roof sheathing	Fur Interior walls 2414.22	\$2414.22
Manufactured lumber	N/A	\$
Wall wrap/Vapor barrier	N/A	\$
	Windows and Doors	
Windows and sliding glass doors		\$
Exterior and interior doors	Interior Doors 18971.90	\$ 18971.90
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	\$



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Insulation bottom 4' 1798.56	\$1798.56
Flood Cut 13319.11	\$13319.11
LVP Floor 24210.31	\$24210.31
Trim, Base 12706.17	\$12706.17
	\$ 33494.27
	\$7015.92
	\$ 22759.82
Electrical	
N/A	\$
Lights. 1066.05	\$1066.05
	\$
	\$
2 14 / 141141	\$22750.02
Both littlenen ZZIJJ.OZ	\$22759.82
N / 1	\$
Mechanical	ф
	\$
Intonion and Electrical Continu	\$
	Φ.
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	\$
Miscellaneous	
N/A	\$
Vanity 4192.26	\$4192.26
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Dage 1-lendles 890 17	\$890.17
poor Francous 000.17	Φ 030.17 \$
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Enter total	\$176,115.80
	\$6909.96
	\$ 183,025.76
	LVP Floor 24210.31 Trim, Bage 12706.17 Kitchen I Bath 33494.27 Bath, Kitchen 7015.92 Paint all wolls 22759.82 Electrical N/A Lights, 1066.05 N/A Plumbing Both / Kitchen 22759.82 Mechanical Interior and Exterior Stairs N/A Miscellaneous N/A Vanity 4192.26 Enter total



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

Property Address: 1275 PORT LN SARASOTA,	FL, 34242	
Parcel ID Number: 0110110006		
Owner's Name: Michael Longo		
Owner's Address/ Phone: 67 Riverview Rd Glou	cester MA 01930 617-780-6412	
Contractor: Jason Hall Hall Bros Roofing And Co	onstruction Inc.	
Contractor's License Number: CGC 1533346		
Date of Contractor's Estimate: 11/13/24		
I hereby attest that the description included in the located at the property identified above is the correhabilitation, remodeling, repairs, additions, and	mplete scope of work that will be	done, including all improvements
I further attest that I requested the above-identification the contractor's overhead and profit. I acknowled modified from the work described, that Sarasota market value of the building to determine if the varieties of the permit and may subject the property.	edge that if, during the course of county will re-evaluate its composer work is substantial improvement.	construction, if scope of work is arison of the cost of work to the
I also understand that I am subject to enforceme have made or authorized repairs or improvement estimate for that work that were the basis for issuant	ts that were not included in the dance of a permit.	
Michael John Longo (Signature of Owner/Agent/Contractor)	Michael Longo (Printed Name)	
STATE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	COUNTY OF Cumberland	
Sworn to (or affirmed) and subscribed before me		
Personally known or Produced identification		
	(type of identification pro	oduced)
Notary Name Printed: MEHUL P PATEL		
Notary Signature: M.P. Vated		
07/30/2028 Commission Number		Notary Stamp)
Form IPS 43 – Revised 03/04/2024	Commonwealth of Pennsylvania - Notary Seal MEHUL P PATEL. Notary Public Cumberland County My commission expires July 30, 2028 Commission Number 1451243	Page 7



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

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