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# SUBSTANTIAL IMPROVEMENT/DAMAGE WORKSHEET

(FEMA 50% RULE)

**South County:** Development Services  
4000 Tamiami Trail S. Room 122  
Venice, Florida 34293-5076  
941-861-3282 (Fax)

**North County:** Development Services  
1001 Sarasota Center Blvd  
Sarasota, Florida 34240  
941-861-6471 (Fax)

Date 2/29/24 Parcel ID Number 0106034147 Permit Application Number \_\_\_\_\_  
 Property Address: 6015 peppertree way sarasota Florida 34242  
 Name of Owner: Susan Murray Phone No: 2672104398 Fax: \_\_\_\_\_  
 Owner E-Mail: smmommydearest@msn.com  
 Address of Owner: 6015 peppertree way sarasota Florida  
 Name of Contractor: Ryan L DeVittori Phone No: 941-374-0333 Fax: ryan@devittori.com  
 Contractor E-Mail: ryan@devittori.com

**Instructions:** Fill out all fields below and applicable affidavits. Attach any supporting documentation such as private appraisals, signed contracts, and proposals. If the Ratio of the cost improvement (line item #3) is greater than 35%, then the attached Cost Itemization Worksheet must be completed. See FAQs for explanation. Costs are to include all costs associated with construction drawings.

Flood Zone: AE	BFE: 11	Year Built: 2004
Existing Elevation of Lowest Floor:	*Private Appraisal Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

\* Private appraisals must provide "Market Value" as defined in Sarasota County Code Section 54.513(b)(33)

<b>1. Present Market Value</b> of structure ONLY <i>(Market Appraisal Report or use Property Appraisers' Tax assessed value, BEFORE improvement, or if damaged, before the damage occurred), not including land value and site improvements:</i>	\$ <u>460,647.00</u>
<b>2. Cost of Improvement</b> <i>Actual cost of the construction** (see items to include exclude)</i> <i>**Include volunteer labor and supplies***</i>	\$ <u>155,500.00</u>
<b>3. Ratio = Cost of Improvement (or Cost to Repair) ÷ Market Value X 100</b>	<u>33.7</u> %

If ratio is 50 percent or greater (**Substantial Improvement**), the entire structure including the existing building must be elevated to the base flood elevation (**BFE**) or higher and all other aspects brought into compliance.

**Owner's Affidavit: Substantial Improvement or Repair of Substantial Damage**

Property Address: 6015 peppertree way sarasota Florida 34242  
Parcel ID Number: 0106034147  
Owner's Name: Susan Murray  
Owner's Address/ Phone: 6015 peppertree way Sarasota Florida/ 2672104398  
Contractor: Ryan L DeVittori  
Contractor's License Number: CBC 1259751  
Date of Contractor's Estimate: 9/18/23

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 all of the 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, I decide to add more work or to modify 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.

*Susan Murray*                      Susan Murray  
(Signature of Owner)                      (Printed Name)

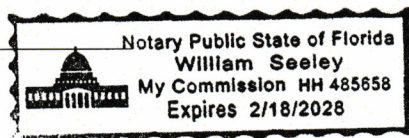
STATE OF FLORIDA, COUNTY OF Sarasota Sworn to (or affirmed) and subscribed before

me this 11 day of March, 2024, by, Susan Murray  
(name of person making statement)

Personally Known or  Produced ID DL 21 925 517 PA  
(Type of ID & Number)

Notary Signature: *[Signature]*                      Notary Name Printed: William Seeley

Commission Number \_\_\_\_\_ (Notary Stamp)



**Contractor's Affidavit: Substantial Improvement or Repair of Substantial Damage**

Property Address: 6015 peppertree way sarasota Florida 34242

Parcel ID Number: 0106034147

Owner's Name: Susan Murray

Owner's Address/ Phone: 6145 midnight pass road unit F8 34242 (708) 208 7496

Contractor: Ryan L DeVittori

Contractor's License Number: cbc1259751

Date of Contractor's Estimate: 2/2/24

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.

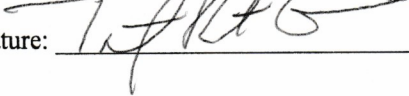
I also understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made or authorized repairs or improvements that were not included in the description of work and the cost estimate for that work that were the basis for issuance of a permit.

 Ryan L DeVittori  
(Signature of Owner/Agent/Contractor) (Printed Name)

STATE OF FLORIDA, COUNTY OF MANATEE Sworn to (or affirmed) and subscribed before

me this 14 day of MARCH, 2024, by, RYAN DEVITTORI  
(name of person making statement)

Personally Known or  Produced ID FL DL  
(Type of ID & Number)

Notary Signature:  Notary Name Printed: TIMOTHY ROBERT GEIS

Commission Number HH199436

