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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 5/24/23 Parcel ID Number 0106062011 Permit Application Number _____

Property Address: 6145 midnight pass road unit F1 34242

Name of Owner: Holly & Brian Thrasher Phone No: 440-477-9166 Fax: _____

Owner E-Mail: hvittardi@yahoo.com bryan.j.thrasher@gmail.com

Address of Owner: 6145 midnight pass road unit F1 34242

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: 1968
Existing Elevation of Lowest Floor: 1	*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)

1. Present Market Value 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>\$436,084</u>
2. Cost of Improvement <i>Actual cost of the construction** (see items to include exclude)</i> <i>**Include volunteer labor and supplies***</i>	\$ <u>80,000</u>
3. Ratio = Cost of Improvement (or Cost to Repair) ÷ Market Value X 100	<u>18.3</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: 6145 midnight pass road unit F1 34242

Parcel ID Number: 0106062011

Owner's Name: Bryan and Holly Thrasher

Owner's Address/ Phone: 6145 midnight pass road unit F1 34242 440-477-9166

Contractor: Ryan L DeVittori

Contractor's License Number: CBC 1259751

Date of Contractor's Estimate: 5/18/23

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.

[Signature] Holly Thrasher
 (Signature of Owner) (Printed Name)

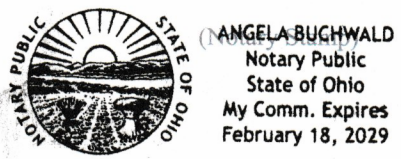
STATE OF FLORIDA, COUNTY OF CUYAHOGA Sworn to (or affirmed) and subscribed before

me this 27th day of May, 2024, by, HOLLY THRASHER
 (name of person making statement)

Personally Known or Produced ID _____
 (Type of ID & Number)

Notary Signature: [Signature] Notary Name Printed: ANGELA BUCHWALD

Commission Number _____



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

Property Address: 6145 midnight pass road unit F1 34242

Parcel ID Number: 0106062011

Owner's Name: Holly & Brian Thrasher

Owner's Address/ Phone: 6145 midnight pass road unit F1 34242 440-477-9166

Contractor: Ryan L DeVittori

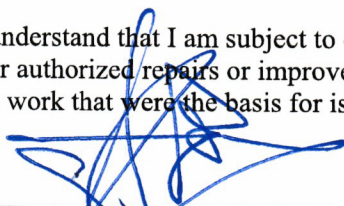
Contractor's License Number: CBC1259751

Date of Contractor's Estimate: 5/18/23

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) Ryan L DeVittori

(Printed Name)

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

me this 4th day of June, 2024, by, Ryan DeVittori
(name of person making statement)

Personally Known or Produced ID DL D136-720-78-381-0
(Type of ID & Number)

Notary Signature:  Notary Name Printed: Eric Kovalenko

Commission Number # HH 492586

