



## Substantial Improvement Application Packet

Parcel ID# \_\_\_\_\_ Property Address: \_\_\_\_\_

This Cost Estimate of Reconstruction/Improvement must be prepared and signed by a licensed General Contractor, Architect or Engineer

Standalone Trade	Material Cost	Labor Cost	TOTAL Cost

### Contractor & Owner Affidavits

Contractor Affidavit	Owner Affidavit
I hereby attest to the fact that I, or a member of my staff, personally inspected the above-mentioned property and produced the attached itemized list of repairs/reconstruction and/or remodeling which is hereby submitted for the <b>Substantial Damage/Improvement Review</b> . These listed damages/improvements are <b>ALL of the damages/improvements</b> sustained by this structure, and all additions, improvements, or repairs proposed on the subject building are included in this estimate.	I hereby attest to the fact that the repairs/reconstruction and/or remodeling list submitted for the <b>Substantial Damage/Improvement Review</b> by my contractor includes <b>ALL of the damages/improvements</b> sustained by this structure and will be done to the existing building and that all additions, improvements, or repairs on the subject building are included in this estimated construction herewith. No other contractor has made any repairs or reconstruction or additions or remodeling not included in the attached list.

I understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made repairs **NOT included on the attached list of repairs/improvement**, or that I have included non-conforming or improvements or illegal structures/additions to the existing structure without having presented plans for such additions. I understand that any permit issued by the City of Marathon pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds or non-conforming uses or structures on the subject property. By using the Standalone Trade SI packet, I acknowledge I am accepting the MCPA values of my structure.

\_\_\_\_\_  
Printed Name of Contractor

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTARY STATE OF FLORIDA,  
COUNTY OF MONROE**

The foregoing instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known or who produced \_\_\_\_\_ for identification.

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
My commission Expires

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COUNTY OF MONROE**

The foregoing instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known or who produced \_\_\_\_\_ for identification.

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