

CONTRACTOR FORMS

Contractor Substantial Damage/Substantial Improvement AFFIDAVIT

Permit Number:	
Contractor Name:	Phone Number:
Address:	License Number:
Property Address:	
mentioned property and produced the att reconstructions and/or remodeling li Damage/Substantial Improvement Review	aployee of my company, personally inspected the above- cached list of itemized repairs, additions, rehabilitations, st, which are hereby submitted for <i>Substantial</i> ck one or both, asapplicable)
· · · · · · · · · · · · · · · · · · ·	stained by this structure and that all other additions and subject property are included in this estimate.
	vements that will be done to the existing structure and that airs on the subject property are included in this estimate.
that I have made repairs NOT INCLUDED have included non-conforming or illegal st presented any plans for such additions. I pursuant to this affidavit does not authorize	ent actions and/or fines if inspection of the property reveals ON THE ATTACHED LIST to THIS STRUCTURE or that I tructures/additions, to the existing structure without having I understand that any permit issued by this jurisdiction ze the reconstruction, repair, or maintenance of any illegaling uses of structures on the subject property. Total Labor and Materials: \$ Overhead and Profit: \$ Total Cost: \$
Signature of Contractor	Date
State of South Carolina	County of
	ally appeared before me, each of whom, being by me duly d, read, understands and agrees to comply with all the
	Notary Signature
	My Commission expires:



CONTRACTOR FORMS

Notice to Contractors

Permit Number:

ESTIMATED COST OF RECONSTRUCTION/IMPROVEMENT

Address:				
KTIDA 60	COSTS		TOTAL COOT	
ITEMS	LABOR	MATERIALS	TOTAL COST	
Demolition				
Concrete, Form, Etc.				
Carpentry Material (rough)				
Carpentry Labor (rough)				
Roofing				
Insulation and Weather Strip				
Exterior Finish (Stucco)				
Doors, Windows and Shutters				
Lumber, Finish				
Carpentry Labor, Finish				
Hardware, Finish				
Hardware, Rough				
Cabinets, Built-in				
Floor Covering (tile,rug)				
Plumbing				
Shower/Tub/Toilet				
Electrical				
Light Fixtures				
Appliances, Built-in				
HVAC				
Paint				
Overhead and Profit				
TOTAL				
(Please attach any additional information). Contractor Name: License #:				
Address:	Phone Number:			
Signature:	Date:			