

APPLICATION FOR PAYMENT

TO: City of Fellsmere
22 S. Orange Street
Fellsmere, Florida 32948

Project: _____

Application No.: _____

FROM: (CONTRACTOR)

CONTRACT DATE: _____

Payment Period: _____

Continuation Sheet is attached.

1. ORIGINAL CONTRACT AMOUNT \$ _____
2. NET CHANGE BY CHANGE ORDER \$ _____
3. CONTRACT SUM TO DATE (add 1+/- 2) \$ _____
4. TOTAL COMPLETED & STORED TO DATE \$ _____
5. RETAINAGE:
 - a. _____ % of completed work \$ _____
 - b. _____ % of Stored Material \$ _____
- Total Retainage (add lines 5a and 5b) \$ _____
6. TOTAL EARNED LESS RETAINAGE (Line 4 less line 5 total) \$ _____
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ _____
8. CURRENT PAYMENT DUE \$ _____
9. BALANCE TO FINISH, PLUS RETAINAGE \$ _____

CHANGE ORDERS

Change Orders Approved in previous months by City		Additions	Deductions
TOTAL		_____	_____
Approved this Month			
Number			
TOTALS			
Net change by Change Orders		\$ _____	

CONTRACTOR'S AFFIDAVIT

The undersigned Contractor certifies that the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts received from the City for the Work has been applied to discharge Contractor's obligation associated with prior Applications for Payment, and that the current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: _____

Print Name: _____

State of _____ County of _____

Subscribed and sworn to before me this ____ day of _____, 20__, who is personally known to me or has produced _____ as identification.

DESIGNER'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on Designer's observations on the Site of the executed Work, Designer's review of this Application for Payment and the data and schedules comprising the above Application, the Designer certifies to the City that to the best of Designer's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$ _____

DESIGNER:

By: _____ Date: _____
Print Name: _____

Notary Public
Print Name: _____
My Commission Expires: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the City or Contractor under this Contract.

APPLICATION FOR PAYMENT CONTINUED

City of Fellsmere		Designer:		Date:				
Project Name:				Application No.:				
Contractor:								
	A	B	C	D	E	F	G	H
Description of Work	Schedule of Work	Work Completed		Materials Presently Stored	Total Comp to Date	Percent Complete	Balance to Finish	Retainage
		Prev. App.	This Period		(B+C+D)	(E÷A)	(B - F)	
1.								
2.								
3.								
4.								
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20.								
21.								
22.								

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