

ENVIRONMENTAL HEALTH

GUADALUPE COUNTY

310 IH 10 W SEGUIN, TEXAS 78155 OFFICE: (830) 303-8858 MON-FRI 7:30AM – 4:00PM

Flood-Permits@guadalupetx.gov

COST ESTIMATE OF RECONSTRUCTION / IMPROVEMENTS AFFIDAVIT

Property ID Number:					
Property Owners Name:					
roperty Address: Phone:					
Company Name / Contractor:					
Contractor's License #: Date	ate of Contractor's Estimate:				
Cost of Reconstruction / Improvements:					
I hereby certify that the description and Cost of Estimate Im located at the property identified above is all of the work to remodeling, repairs, additions, and any other form of improvements that the described to add more work or modify Administrator will re-evaluate its comparison of the cost of work is substantial improvement. Such re-evaluation may readditional requirements. I also understand that I am subject to enforcement action and or authorized repairs or improvements that were not that work that were the basis for issuance of a permit. Please present this affidavit at the Guadalupe County Environments.	hat will be done, including all improve ement are true and accurate. I further cor all of the work. I acknowledge that if the work described, that Guadalup work to the market value of the building equire revision of the permit and may sufficiently and the description of the proper included in the description of work and mental Health Department for notarize	ments, rehabilitation, certify that I requested f, during the course of the County Floodplairing to determine if the subject the property to the cost estimate for the cost estimate for the cost estimate.			
Property Owners Name:					
Property Owners Signature:	Date:				
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS	_ DAY OF	, 20 BY			
Owner/Agent name (Print)	Notary Public, State of Tex Commission Expires:				
Contractors Name:					
Contractors Signature:	Date:				
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS	_ DAY OF	, 20 BY			
Contractors name (Print)	Notary Public, State of Tex Commission Expires:				

COST ESTIMATE OF RECONSTRUCTION / IMPROVEMENTS FORM

Property Address			
	· · · · · · · · · · · · · · · · · · ·		ned by the contractor or by the owner if
			t estimate their labor cost at the current
market value for any work they into		g construction superv	vision costs.
	Sub-Contractor Bids	Contractor or Owner Estimate	
	Bid Amount	Material Costs	Labor Costs
Masonry			
Carpentry Material (rough)			
Carpentry Labor (rough)			
Roofing			
Insulation and Weather –strip			
Exterior Finish (Stucco)			
Door, Windows, & Shutters			
Lumber Finish			
Hardware			
Drywall			
Cabinets (Built-in)			
Floor Covering			
Plumbing			
Shower / Tub/ Toilet			
Electrical & Light Fixtures			
Concrete			
Built-in Appliances			
HVAC			
Paint			
Demolition & Removal			
Overhead & Profit			
Construction Supervision Costs			
Subtotals			
Total Estim	ate Cost (all three subtota	als added together)	
If any amounts appear in the "Sub-	-Contractor" column, a c	opy of each signed a	nd dated bid must accompany this form
, , ,			ormation submitted does not contain an
	•	•	contractor and have permission from the
property owner necessary to make	the permitted improven	nents on said propert	ty.
			Data
Signature of Contractor/Owner			Date
Signature of Contractor/Owner			Phone #
Contractor Rusiness Name			Phone #