



# Cedar Point

## *North Carolina*

### CONTRACTOR AFFIDAVIT:

#### SUBSTANTIAL IMPROVEMENT OR REPAIR OF SUBSTANTIAL DAMAGE

Property Address: \_\_\_\_\_ Parcel ID Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address/Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contractor's License Number: \_\_\_\_\_

Date of Contractor's Estimate: \_\_\_\_\_

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 detailed estimate consisting of all materials and labor for the proposed work. This cost estimate includes, at a minimum, the cost elements identified by the Town of Cedar Point 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 the Town of Cedar Point, 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 the issuance of a permit.

Contractor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I certify that the following person personally appeared before me this day, acknowledging to me that he voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: \_\_\_\_\_

Witness my hand and official seal, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_, Notary Public

(SEAL)

My Commission Expires: \_\_\_\_\_