



Cedar Point

North Carolina

OWNER 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 the description included in the permit application for the work on the existing building that is located at the property identified above is all of the work that will be done, including all improvements, rehabilitation, remodeling, repairs, additions, and any other form of improvement.

I further attest that I requested the above-identified contractor to prepare a cost estimate for all of the work to be done, including the contractor's overhead and profit. If no contractor is identified above, I further attest that the estimate provided is for an amount not greater than \$25,000 and includes all of the work to be done.

I acknowledge that if, during the course of construction, I decide to add more work or to modify the work described, that the Town of Cedar Point 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.

Owner Affidavit

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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 issuance of a permit.

Owner'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: _____