



CITY OF MADEIRA BEACH

PLANNING & ZONING DEPARTMENT
300 MUNICIPAL DRIVE ♦ MADEIRA BEACH, FLORIDA 33708
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SUBSTANTIAL IMPROVEMENT APPLICATION PACKET

ITEMS REQUIRED TO DETERMINE SUBSTANTIAL DAMAGE/IMPROVEMENT

Applicant must submit the following (*Make sure you have an extra copy for your files*):

1. The completed building permit and substantial improvement review application(s) including required plans and documents;
2. An estimated Cost of Reconstruction/Improvement form, completed by a Licensed General Contractor, Architect, Engineer, or owner builder and signed by the Owner/Contractor or Contractor with a copy of his license certificate attached;
3. For Post-FIRM (built after December 31, 1974) and Pre-FIRM properties damaged by events such as a storm or fire, an Elevation Certificate or survey giving lowest and next highest floor elevation is required. This is not required for Pre-FIRM properties undergoing alteration unless it is determined that the value of improvement exceeds 50% of the market value;
4. Current photos of the structure, or photos before and after the storm;
5. Highlighted floor plan drawing showing area of structure to be repaired or altered;
6. Substantial Improvement Affidavit completed, signed, and dated;
7. An independent market value appraisal of structure performed within three years of the application date. The best approach to use is the cost approval to value Appraisal which will include the depreciated value of the structure. The depreciated value of the structure will be used as the market value. A Pinellas County Property Appraiser assessment may be used in lieu of an independent appraisal. The County appraisal amount will be increased by twenty percent for review purposes.

APPLICATION FOR SUBSTANTIAL DAMAGE/IMPROVEMENT REVIEW

Tax Appraiser's Parcel ID# _____

Property Address: _____

Owner's Name: _____

Co-Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

FIRM Panel: _____

Flood Zone: _____

Base Flood Elevation: _____

Lowest Floor Elevation (excluding garage): _____

Initial _____ I am attaching an appraisal report of my property.

Initial _____ I am not submitting an appraisal report of my property.

Initial _____ I accept Pinellas County's Estimated Market Value

Initial _____ I accept the attached estimated cost of construction as a fair cost of repair or improvement for my structure.

Signature of Owner

Date

Signature of Co-Owner

Date

SUBSTANTIAL DAMAGE/IMPROVEMENT

Items to be included:

All structural elements, including:

- Spread or continuous foundation footings and pilings
- Monolithic or other types of concrete slabs
- Bearing walls, tie beams, and trusses
- Wood or reinforced concrete decking or roofing
- Floors and ceilings
- Attached decks and porches
- Interior partition walls
- Exterior wall finishes (e.g. brick, stucco or siding)
- Windows and doors
- Re-shingling or re-tiling a roof
- Hardware

All interior finish elements, including:

- Tiling, linoleum, stone, or carpet over sub-flooring
- Bathroom tiling and fixtures
- Wall finishes, including drywall, painting, stucco, plaster, paneling, marble or other decorative finishes
- Kitchen, utility and bathroom cabinets
- Built-in book cases, cabinets and furniture
- Hardware

All utility and service equipment

- HVAC equipment
- Repair or reconstruction of plumbing and electrical services
- Light fixtures and ceiling fans
- Security systems
- Built-in kitchen appliances
- Central vacuum systems
- Water filtration, conditioning or recirculation systems

Also:

- Labor and other costs associated with demolishing, removing, or altering building components
- Construction supervision and/or management
- Equivalent costs of work done by owner and volunteers
- Overhead and profit

Items to be excluded:

- Plans and specifications
- Survey costs
- Permit fees
- Debris removal (e.g. removal of debris from building or lot, dumpster rental, transport fees to landfill tipping fees) and cleanup (e.g. dirt and mud removal, building dry-out, etc.)
- Items not considered real property, such as throw rugs, furniture, refrigerator, stoves not built-in, etc.
- Landscaping
- Sidewalks
- Fences
- Yard lights
- Swimming pools
- Screened pool enclosures
- Sheds
- Gazebos
- Detached structures (including garages)
- Landscape irrigation

ESTIMATED COST OF RECONSTRUCTION/IMPROVEMENT

Parcel ID#: _____

Property Address: _____

This Cost of Estimate of Reconstruction/Improvement must be prepared and signed by a licensed General Contractor, Architect, or Engineer

BUILDING

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Demolition			
Foundation, Slab(s)			
Drywall			
Bearing Walls, Tie Beams, Trusses			
Framing, Joists, Beams, Subflooring			
Interior Non-Bearing Walls			
Exterior Finishes (Stucco, Siding, Painting, Trim, Brick, etc.)			
Windows and Exterior Doors			
Cabinets / Vanities / Countertops			
Hardware			
Attached Decks & Porches			
Floor Covering			
Bathroom Tile / Kitchen Tile			
Wall Finish / Painting / Covering			
Built-In Appliances			
Built-In Cabinets, Bookcases, Furniture, Mirrors, Closet Shelving			
Interior Doors			
Baseboards / Crown Molding / Trim Boards			

Hardware (Strapping, bolts, screws, etc)			
Insulation			
Fireplace / Hearth / Mantel / Chimney			
Stairs / Handrails / Guardrails			
BUILDING TOTAL			\$

ELECTRICAL

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Electrical Wiring			
Electrical Fixtures, Ceiling Fans, Outlets, Switches			
Security System, Intercom System			
Smoke Detectors			
Electrical Panel(s) & Meter Base(s)			
ELECTRICAL TOTAL			\$

PLUMBING

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Plumbing Piping			
Plumbing Fixtures			
Water Heaters			
Water Filtration, Conditioning and Recirculation Systems			
PLUMBING TOTAL			\$

MECHANICAL

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
HVAC Equipment			
Ductwork, Grills			
Bathroom Fan(s), Range Hood, Central Vacuum			
MECHANICAL TOTAL			\$

GAS

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Gas Piping			
Gas Tank			
GAS TOTAL			\$

ROOF

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Shingles, Underlayment, Mod Bit			
Gutters, Downspouts			
ROOF TOTAL			\$

MISCELLANEOUS

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Construction Management & Supervision			
Overhead & Profit			
Sales Tax on Materials			
ITEMS PURCHASED BY HOMEOWNER			
MISCELLANEOUS TOTAL			\$

BUILDING TOTAL	\$
ELECTRIC TOTAL	\$
PLUMBING TOTAL	\$
MECHANICAL TOTAL	\$
GAS TOTAL	\$
ROOF TOTAL	\$
MISCELLANEOUS TOTAL	\$
TOTAL	
CONTINGENCY 10%	\$
GRAND TOTAL	\$

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

Violating the FEMA improvement threshold may result in removal of improvement work, revocation of the Certificate of Occupancy for the building, and/or an order to remove the structure.

(PLEASE attach any additional information)

Contractor's Name:

License #:

Address:

Phone:

Contractor's Signature:

Date:

CONTRACTOR

RECONSTRUCTION/IMPROVEMENT AFFIDAVIT

Parcel ID#: _____

Owner's Name: _____

Phone: _____ Email: _____

Address: _____

Contractor's Name: _____ License #: _____

I hereby attest to the fact that I, or a member of my staff, personally inspected the above-mentioned property and produced the attached itemized list of repairs/reconstructions and/or remodeling which is hereby submitted for the **SUBSTANTIAL DAMAGE/IMPROVEMENT REVIEW**. These listed damages/improvements are **ALL of the damages/improvements** sustained by this structure and all additions, improvements, or repairs proposed on the subject building are included in this estimate.

I understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made repairs **NOT included on the attached list of repairs/improvements**, or improvements or illegal structures/additions to the existing structure without having present plans for such additions. I understand that any permit issued by the City of Madeira Beach pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds or non-conforming uses or structures on the subject property.

Total Labor and Materials	\$ _____
Overhead and Profit	\$ _____
TOTAL COST	\$ _____

Contractor Signature

Contractor Signature

State of _____

County of _____

Before me this day personally appeared _____ who, being duly sworn disposes and says that s/he has read, understands, and agrees to comply with all the aforementioned conditions.

Sworn and subscribed before me this _____ day of _____, 20____

Personally known or produced _____ as identification.

OWNER

RECONSTRUCTION/IMPROVEMENT AFFIDAVIT

Parcel ID#: _____

Owner's Name: _____

Phone: _____ Email: _____

Address: _____

Contractor's Name: _____ License #: _____

I hereby attest to the fact that I, or a member of my staff, personally inspected the above-mentioned property and produced the attached itemized list of repairs/reconstructions and/or remodeling which is hereby submitted for the **SUBSTANTIAL DAMAGE/IMPROVEMENT REVIEW**. These listed damages/improvements are **ALL of the damages/improvements** sustained by this structure and all additions, improvements, or repairs proposed on the subject building are included in this estimate.

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TOTAL COST \$ _____

Co-Owner Signature

Co-Owner Signature

State of _____

County of _____

Before me this day personally appeared _____ who, being duly sworn disposes and says that s/he has read, understands, and agrees to comply with all the aforementioned conditions.

Sworn and subscribed before me this _____ day of _____, 20 _____

Personally known or produced _____ as identification.