Building Construction Services
8661 Citizens Drive, Suite 100, New Port Richey 34654 | (727) 847-8126

SUBSTANTIAL IMPROVEMENT PACKAGE

SCOPE OF WORK/ NARRATIVE

INTERIOR WORK

Summary of Work: (Please provide photos)
(Example- "Renovating, Remodeling…" etc.)

Electrical:

Mechanical:

Plumbing:

BEDROOMS: (Please provide photos)
(Example- Bedroom #1 replace drywall, electrical throughout, Bedroom #2… etc.)

BATHROOMS: (Please provide photos)
(Example- Bedroom #1 replace drywall, replace cabinets, reset plumbing fixtures, electrical throughout, etc.)

OTHER ROOMS: (Please provide photos)
Kitchen: (Example- "Remove/replace lower cabinets, reset plumbing fixtures, etc.)

Dining Room:

Living Room:

Laundry Room:

EXTERIOR WORK

Roof:

Exterior Walls, Siding, Trim:

Exterior Doors & Windows:
REQUIRED: Include Florida Product Approval Numbers- FPA#

Structural Work: (Exterior walls, foundation, roof framing, etc.)

Revision Date: 10/7/2025
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ITEMS	DESCRIPTION OF WORK- QUANTITY USED	LABOR (L) MATERIALS COSTS (M)
___Demolition	Includes all associated costs for demolition including rental equipment. Does not include removal.	L: $_____ M: $_____
___Slab on Grade	Includes monolithic footing and required reinforcing steel. If stem wall construction, only include slab.	L: $_____ M: $_____
___Foundation, Concrete Reinforcing Steel	Includes poured in place footings and stem walls to finished floor elevation.	L: $_____ M: $_____
___Masonry Wall	Includes all masonry materials including cement, fill cell and tie beam steel, lintels and sills.	L: $_____ M: $_____
___Lumber/Framing	Includes all conventional rough framing lumber including conventional roof and floor framing.	L: $_____ M: $_____
___Attached Decks & Porches	Includes all new or replaced decks and porches.	L: $_____ M: $_____
___Pre-Engineered Roof Trusses	Includes all new or replaced pre-engineered roof trusses.	L: $_____ M: $_____
___Wall and Roof Sheathing	Includes all exterior wall and roof sheathing and fasteners.	L: $_____ M: $_____
___Floor Sheathing	Includes all interior floor sheathing and fasteners.	L: $_____ M: $_____
___Finish Carpentry	Includes all interior trim materials for doors, windows, openings. Includes wood and non-wood products.	L: $_____ M: $_____
___Structural Steel	Includes all structural steel excluding concrete reinforcing steel.	L: $_____ M: $_____
___Roof Covering	Calculate number of roof squares, Needs product approval numbers for the materials being used.	L: $_____ M: $_____
___Tile	_____ Addition Only	L: $_____ M: $_____
___Shingle	_____	L: $_____ M: $_____
___Metal	Entire Building	L: $_____ M: $_____
___Build-Up	_____	L: $_____ M: $_____

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ITEMS		
___Stucco	Includes all exterior plaster including stucco or cementitious finishes.	L: $_____ M: $_____
___Fascia	Includes all exterior fascia and fasteners.	L: $_____ M: $_____
___Cabinets	Includes all new/replaced or re-laminated millwork and Countertops. What is the linear feet of the cabinets total? _____	L: $_____ M: $_____
___Built-in Appliances	Includes new dishwasher, trash compactor, water heater, range, oven any other built-in appliance	L: $_____ M: $_____
___Elevator	Includes all required materials and equipment for a complete installation.	L: $_____ M: $_____
___Gas	Includes all new or replaced gas piping, regulators, and final connections.	L: $_____ M: $_____
___Exterior Wall Siding	Includes all exterior siding, fasteners, vapor barriers and flashings.	L: $_____ M: $_____
___Soffit	Includes all exterior soffit and fasteners.	L: $_____ M: $_____
___Exterior Entry	Includes all new or replaced doors less finished carpentry trim. Need product approval numbers for the doors. _____	L: $_____ M: $_____
___Garage Door	Includes all new or replaced garage doors including Automatic openers. Need product approval numbers for door. _____	L: $_____ M: $_____
___Wallpaper	Includes all new or replaced wallpaper `	L: $_____ M: $_____
___Ceramic Tile	Includes all new or replaced floor, wall or ceiling tile. What is the total SQFT of tile being replaced? _____	L: $_____ M: $_____
___Carpet	Includes all new or replaced carpet over subflooring. What is the total SQFT of carpet being replaced? _____	L: $_____ M: $_____
___Wood Flooring	Includes all new or replaced wood flooring. What is the Total SQFT of wood flooring being replaced? _____	L: $_____ M: $_____
___Other floor covering Such as vinyl or linoleum	Includes all types, new or replaced. What is the total SQFT of flooring being replaced?	L: $_____ M: $_____

Revision Date: 10/7/2025
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___Plumbing	Includes all exterior plaster including stucco or cementitious finishes.	L: $_____ M: $_____
___Shower, Tub, Toilet	Includes all new or replaced fixtures and piping. Are you Replacing NEW fixtures or just resetting ORIGINAL fixtures? _____	L: $_____ M: $_____
___Electrical	Includes all new or replaced wiring, boxes, switches, and Panel boxes. How many outlets, switches, boxes are being replaced? _____	L: $_____ M: $_____
___Light Fixtures, Ceiling Fans	Includes all new or replaced fixtures and/or fans.	L: $_____ M: $_____
___HVAC	Includes all new or replacement systems, duct work, exhaust fans, thermostats and drains. Please provide the AHRI for the unit. _____	L: $_____ M: $_____
___Sliding Glass Doors	Includes all new or replaced doors less finished Carpentry Trim. Needs product approval numbers for doors. _____	L: $_____ M: $_____
___New or Replacement Windows	Includes all new or replacement windows less finished Carpentry trim. Needs product approval numbers for doors. _____	L: $_____ M: $_____
___Shutters	Includes all new or replacement shutters. Need product approval numbers for shutters. _____	L: $_____ M: $_____
___Insulation	Includes all new or replacement roof, wall or floor Insulation. How many sheets of insulation are being used? _____	L: $_____ M: $_____
___Gypsum Wall Board	Includes all new or replaced gypsum wall board and Finishes required for paint. How many boards are being used? _____	L: $_____ M: $_____
___Fireplace	Includes all new or replacement wood burning, gas or electric fireplaces.	L: $_____ M: $_____
___Interior Painting	Includes all interior painting, staining, or varnishing of interior walls, ceiling, floors and trim.	L: $_____ M: $_____
___Exterior Painting	Includes all painting or liquid applied to exterior, waterproofing.	L: $_____ M: $_____
___Interior Doors	Includes all interior doors. How many doors are being Replaced and what type of doors? (Panel, Bi-fold, Closet Pocket) _____	L: $_____ M: $_____

Revision Date: 10/7/2025
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___Skylights	Includes all new or replacement skylights excluding trim.	L: $_____ M: $_____
___Hardware (Rough)	Includes all hardware (rough).	L: $_____ M: $_____
___Hardware (Finish)	Includes all finish hardware.	L: $_____ M: $_____
___Insulation, Weather Stripping	Includes all insulation, weather stripping.	L: $_____ M: $_____
___Ground Remediation	Includes all ground remediation.	L: $_____ M: $_____
___Central Vacuum Systems	Includes all new or replacement systems.	L: $_____ M: $_____
___Security Systems	Includes all types of security systems.	L: $_____ M: $_____

___Add All Miscellaneous Constructions Materials Not Otherwise Classified $_____

COST BREAKDOWN CALCULATIONS

Materials Costs (M) and Labor (L) Total $_____

Overhead and Profit Total $_____

PROPOSED PROJECT COST **$_____**

Any one or more, or any combination thereof, repair, reconstruction, rehabilitation, addition, alteration, or other improvement of a building or structure taking place during a one (1) year period.

Permit # _____
Cost of Past Improvements $_____

Permit # _____
Cost of Past Improvements $_____

Permit # _____
Cost of Past Improvements $_____

Permit # _____
Cost of Past Improvement $_____

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COSTS THAT MUST BE INCLUDED IN SI/SD DETERMINATIONS

Material and labor, including the estimated value of donated or discounted materials and owner or volunteer labor.

- **Site preparation related to the improvement or repair.**
- **Labor and other costs associated with demolishing, moving or altering building components to accommodate improvements, additions and making repairs.**
- **Costs associated with complying with any other regulations or code requirement that is triggered by the work, including costs to comply with American Disability Act.**
- **Costs associated with elevating a structure when the proposed elevation is lower than the required flood elevation.**
- **Construction management and supervision.**
- **Contractor's overhead and profit.**
- **Structural elements and exterior finishes, including:**
  - Foundations
  - Monolithic or other types of concrete slabs
  - Bearing walls, tie beams, trusses
  - Joists, beams-sub-flooring, framing, ceilings
  - Interior non-bearing walls
  - Exterior finishes (brick, stucco, painting, trim, etc.)
  - Windows and exterior doors
  - Roofing, gutters and downspouts
  - Hardware
  - Attached decks and porches
- **Interior finish elements, including:**
  - Floor finishes (hardwood, linoleum and wall to wall carpeting or subflooring)
  - Bathroom tiling and fixtures
  - Wall finishes
  - Built in cabinets
  - Interior doors
  - Interior finish carpentry
  - Built in bookcases and furniture
  - Hardware
  - Insulation

Revision Date: 10/72025
DS Admin Approved: 10/8/2025

- **Utility Service equipment, including:**
  - Heating, ventilation and air conditioning (HVAC) equipment
  - Plumbing fixtures and piping
  - Electrical wiring, outlets and switches
  - Light fixtures and ceiling fans
  - Security systems
  - Central vacuum systems
  - Water filtration, conditioning and recirculation system
- **Clean up and trash removal**
- **Costs to temporary stabilize a building so that is safe to enter to evaluate and identify required repairs**
- **Costs to obtain or prepare plans and specifications**
- **Land survey costs**
- **Permit fees and inspection fees**
- **Carpeting and re-carpeting installed over finished flooring such as wood or tiling**
- **Outside improvements , including landscaping, irrigations, sidewalks, driveways, fences, yard lights, swimming pools, pool enclosures, and detached accessory structures**
- **Costs required for the minimum necessary work to correct existing violations of health, safety and sanitary codes**
- **Plug in appliances such as washing machines, dryers, and stoves**

PASCO COUNTY FLORIDA
OPEN SPACES. VIBRANT PLACES.

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CONTRACTOR RECONSTRUCTION/IMPROVEMENT AFFIDAVIT

IF THERE IS NO CONTRACTOR THE HOMEOWNER MAY COMPLETE THIS PACKET

Parcel ID #: _____

Property Address: _____

_____

Address: _____

License #: _____

Phone #: _____

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, reconstruction, and/or remodeling list which are hereby submitted for a Substantial Damage/Improvement Review. These damages/improvements are ALL OF THE DAMAGES/IMPROVEMENTS sustained by this structure, and that all additions, improvements or repairs proposed on the subject building are included in the estimate. I understand that I am subject to enforcement and penalties for violation action and/or fines if the inspector of the property reveals that I have made repairs or improvements NOT INCLUDED ON THE ATTACHED LIST OF REPAIRS/IMPROVEMENTS TO THIS STRUCTURE or any nonconforming or illegal structures/additions or repairs is included to the existing structure without having presented plans for such additions. I understand that any permit issued by Pasco County pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences sheds or nonconforming uses or structures on the subject property.

See attached itemized list

Total Labor and Materials $_____

Overhead and Profit $_____

Total Cost $_____

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OWNER RECONSTRUCTION/IMPROVEMENT AFFIDAVIT

IF THERE IS NO CONTRACTOR THE HOMEOWNER MAY COMPLETE THIS PACKET

Parcel ID #: _____

Property Address: _____

_____

Contractor Name: _____

Address: _____

_____

License #: _____

Owner Name: _____

Phone #: _____

I hereby attest to the fact that the repairs/reconstruction and/or remodeling list submitted from the Substantial Damage/Improvement Review by my contractor are ALL OF THE DAMAGE/IMRPOVEMENTS sustained by this structure and will be done to the existing building, and that all additions, improvements or repairs on the subject building are included in this estimated construction herewith. No other contractor has made any repairs or reconstruction or additions or remodeling not included in the attached list.

I understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made repairs or improvements NOT INCLUDED ON THE ATTACHED LIST OF REPAIRS TO MY HOME, or that I have included nonconforming illegal structures/additions to the existing structure without having presented plans for such additions. I understand that any permit issued by Pasco County pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds, or nonconforming uses or structures on the subject property.

Owner Signature: _____ Co-Owner: _____

A contractor for the owner may sign this form for the owner.

Date: _____

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