

**PASCO COUNTY
COMMUNITY DEVELOPMENT DEPT.**

REQUEST FOR PAYMENT

Client No.:		Date:	
Client:		Contractor:	
Address:		Address:	

**For Community Development Dept. Use Only
Type of Payment (Percentage of Completion)**

10% for 15%	
15% for 20%	
20% for 25%	
25% for 30%	
30% for 35%	
35% for 40%	
40% for 45%	
45% for 50%	
50% for 55%	

55% for 60%	
60% for 65%	
65% for 70%	
70% for 75%	
75% for 80%	
80% for 85%	
85% for 90%	
90% for 95%	
Final	

Completion Date: _____ **Liquidated Damages: \$** _____ **Finance: Pay \$** _____

Contractor: I hereby request an inspection to receive Payment No._____. I certify that I have satisfactorily completed the necessary work to justify this request and that all bills incurred for labor used and materials furnished in making the said repairs and improvements have been paid in full to this date.

Contractor's Signature: _____ Date: _____

Owner: I/We agree that the work stated by the contractor has been completed and approve payment to the contractor in accordance with the contract and contingent upon inspection and concurrence by the representatives or members of the Pasco County Community Development Dept.

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Architect or Housing Specialist: I hereby certify that all work is completed as indicated on the contractor's payment request. I hereby request approval of the payment to the contractor for Payment No._____.

Signature: _____ Date: _____

Community Development Dept. Approval:

Signature: _____ Date: _____