

CK#29596

Columbia County Remodel Permit Application

For Office Use Only Application # 1908-113 Date Received 8/2/19 By MG Permit # 38466
 Zoning Official T.C. Date 8-13-19 Flood Zone X Land Use Res. Zoning R.R.
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner T.C. Date 8-13-19
 Comments Interior Repairs only
☒ NOC ☒ Deed or PA ☐ Dev Permit # ☐ In Floodway ☒ Letter of Auth. from Contractor on file
☐ F W Comp. letter ☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid
☐ Site Plan ☒ Env. Health Approval ☒ Sub VF Form

Fax 386-755-0240

Applicant (Who will sign/pickup the permit) Karen O. Brittain

Phone 752-7578

Address PO BOX 2166, LAKE CITY FL 32056

Owners Name JOE HUCHINSON

Phone 288-5138

911 Address 948 SW TOMPKINS ST, LAKE CITY, FL 32024

Contractors Name O'NEAL CONTRACTING, INC / John O'Neal Phone 752-7578

Address PO BOX 3505, LAKE CITY, FL 32056

Contractor Email KAREN@ONEALCOMPANIES.COM

***Include to get updates on this job.

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address

Architect/Engineer Name & Address

Mortgage Lenders Name & Address

Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 16-4S-16-03049-004 Estimated Construction Cost \$ 5,326.01

Subdivision Name Lot Block Unit Phase

Driving Directions from a Major Road North on South Marion, 1st Left onto West Duval, Left on SW SR 247,

Turn slight right onto SW Troy St., Turn left onto SW Mount Carmel Ave.,

948 SW TOMPKINS ST is on the left.

Construction of WATER DAMAGE REPAIR Commercial OR X Residential

Type of Structure (House; Mobile Home; Garage; Exxon) MOBILE HOME

Use/Occupancy of the building now yes Is this changing NO

If Yes, Explain, Proposed Use/Occupancy

Is the building Fire Sprinkled? no If Yes, blueprints included Or Explain

Entrance Changes (Ingress/Egress) no If Yes, Explain

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.)

Columbia County Building Permit Application

CODE: Florida Building Code 2017 6th Edition and the 2014 National Electrical Code.

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless pursued in good faith or a permit has been issued.

TIME LIMITATIONS OF PERMITS: Every permit issued shall become invalid unless the work authorized by such permit is commenced within **180** days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment: According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO CONTRACTOR AND AGENT: YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Joe Hutchinson
Print Owners Name

Joe Hutchinson
Owners Signature

****Property owners must sign here before any permit will be issued.**

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Joe Hutchinson
Contractor's Signature

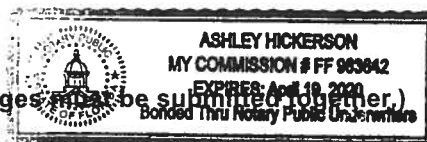
Contractor's License Number CBC057550
Columbia County
Competency Card Number 511 ✓

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 30 day of July 2019.

Personally known X or Produced Identification _____

Ashley Hickerson
State of Florida Notary Signature (For the Contractor)

SEAL:



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1908-113 JOB NAME Joe + Lisa Huchingson Laundry Room
Water Damage

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>David Wood</u> Signature <u>See Attached</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>765</u>	Company Name: <u>Wood's Electric</u> License #: <u>EC13002213</u> Phone #:	
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Mark Dawson</u> Signature <u>M. Dawson</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>795</u>	Company Name: <u>Paradise Plumbing Services LLC</u> License #: <u>CPC 1427245</u> Phone #: <u>386-288-6407</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>John W. O'neal</u> Signature <u>John W. O'neal</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>512</u>	Company Name: <u>O'neal Roofing Co.</u> License #: <u>CCC016346</u> Phone #: <u>386 752-7578</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	

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Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>David P. Wood</u> Signature <u>D.P. Wood</u> Company Name: <u>Wood's Electric</u> CC# _____ License #: <u>EC-13002213</u> Phone #: <u>386-623-1132</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>Paradise Plumbing</u> CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>John W. O'neal</u> Signature <u>John W. O'neal</u> Company Name: <u>O'neal Roofing Co.</u> CC# _____ License #: <u>CCC016346</u> Phone #: <u>386 752-7578</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 16-4S-16-03049-004

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. Description of property (legal description): N3/4 OF W1/2 OF NW1/4, EX THE W 205 FT & EX THE E 150 FT & EX 1.44 AC & EX 1 AC 387-331, 312-496, QC 1200-714, 1271-534, LE 1344-304, LE 1346-1274, DC 1359-569,

a) Street (job) Address: 948 SW Tompkins St., LAKE CITY FL 32024

2. General description of improvements: Water Damage Repair

3. Owner Information

- a) Name and address: JOE HUCHINGSON, 948 SW TOMPKINS ST, LAKE CITY FL 32024
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____

4. Contractor Information

- a) Name and address: O'Neal Contracting PO Box 3505, Lake City FL 32056
b) Telephone No.: 386-752-7578 Fax No. (Opt.) 386-755-0240

5. Surety Information

- a) Name and address: N/A
b) Amount of Bond: _____
c) Telephone No.: _____

Inst: 201912017580 Date: 08/02/2019 Time: 1:59PM
Page 1 of 1 B: 1390 P: 1226, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk

6. Lender

- a) Name and address: N/A
b) Phone No. _____

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:

- a) Name and address: N/A
b) Telephone No.: _____ Fax No. (Opt.) _____

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:

- a) Name and address: N/A
b) Telephone No.: _____ Fax No. (Opt.) _____

9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified):

N/A

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Joe Hutchingson
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager

Joe Hutchingson
Print Name

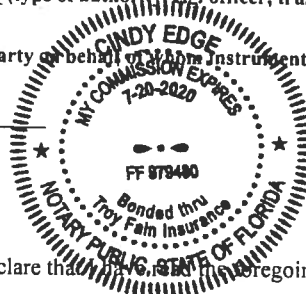
The foregoing instrument was acknowledged before me, a Florida Notary, this 1st day of August, 2019, by:

Joe Hutchingson as owner (type of authority, e.g. officer, trustee, attorney

fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature Cindy Edge Notary Stamp or Seal:



11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I am the undersigned and that the facts stated in it are true to the best of my knowledge and belief.

Joe Hutchingson
Signature of Natural Person Signing (in line #10 above.)

[New Search](#)[Search Results](#)[Parcel Details](#)[GIS Map](#)

Columbia County Property Appraiser

updated: 6/25/2019

2018 Tax Roll Year

[NEW
Record
Search](#)[GIS Map](#)[Sales History](#)[org Rec
Search/GISv1](#)

Parcel: 16-4S-16-03049-004

<< Next Lower Parcel Next Higher Parcel >>

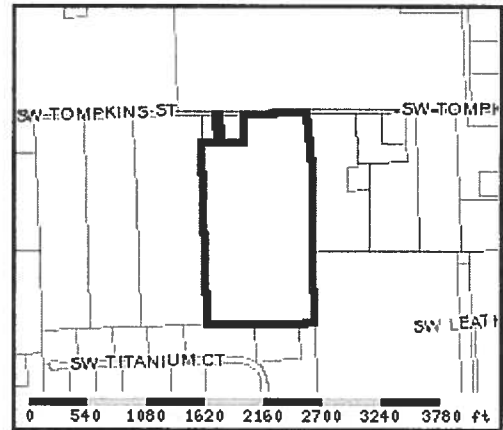
[Tax Collector](#)[Tax Estimator](#)[Property Card](#)[Parcel List Generator](#)[2018 TRIM \(pdf\)](#)[Interactive GIS Map](#)[Print](#)

<< Prev

Search Result: 2 of 5

Next >>

Owner's Name	HUCHINGSON JOE		
Mailing Address	948 SW TOMPKINS ST LAKE CITY, FL 32024		
Site Address	948 SW TOMPKINS ST		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	16416
Land Area	41.430 ACRES	Market Area	06
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
N3/4 OF W1/2 OF NW1/4, EX THE W 205 FT & EX THE E 150 FT & EX 1.44 AC & EX 1 AC 387-331, 312-496, QC 1200-714, 1271-534, LE 1344-304, LE 1346 -1274, DC 1359-569,			



Mkt Land Value	cnt: (0)	\$13,443.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$24,328.00
XFOB Value	cnt: (3)	\$1,300.00
Total Appraised Value		\$39,071.00
Just Value		\$39,071.00
Class Value		\$0.00
Assessed Value		\$38,921.00
Exempt Value	(code: HX H3)	\$25,000.00
Total Taxable Value	Cnty: \$13,921 Other: \$13,921 Schl: \$13,921	

Mkt Land Value	cnt: (1)	\$17,943.00
Ag Land Value	cnt: (3)	\$9,902.00
Building Value	cnt: (1)	\$27,120.00
XFOB Value	cnt: (3)	\$1,300.00
Total Appraised Value		\$56,265.00
Just Value		\$218,230.00
Class Value		\$56,265.00
Assessed Value		\$52,812.00
Exempt Value	(code: HX H3)	\$27,812.00
Total Taxable Value	Cnty: \$25,000 Other: \$25,000 Schl: \$27,812	

NOTE: 2019 Working Values are NOT
certified values and therefore are subject
to change before being finalized for ad
valorem assessment purposes.

[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
10/23/2017	1346/1274	LE	I	U	14	\$100.00
8/30/2017	1344/304	LE	I	U	14	\$100.00
12/12/2013	1271/534	QC	I	U	11	\$100.00
8/24/2010	1200/714	OC	I	U	11	\$100.00

Client: Joe Huchingson
Property: 948 SW Tompkins ST
Lake City, FL 32024

Cellular: (386) 288-8741

Operator: DWIGHT

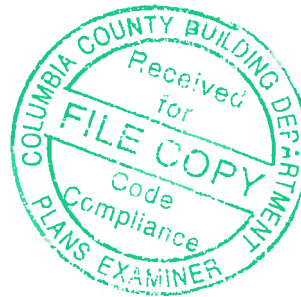
Estimator: David Rhodes
Position: Project Manager/Estimator
Company: O'Neal Contracting, Inc.
Business: 212 SE Hickory Drive
Lake City, FL 32024

Business: (386) 752-7578

Type of Estimate: Water Damage
Date Entered: 6/13/2019

Date Assigned: 6/10/2019

Price List: FLGA8X_JUN19
Labor Efficiency: Restoration/Service/Remodel
Estimate: 2019-06-13-0754



2019-06-13-0754

2019-06-13-0754

DESCRIPTION	QTY	UNIT PRICE	TOTAL
1. Residential Supervision / Project Management - per hour	4.00 HR @	55.53 =	222.12
2. Taxes, insurance, permits & fees (Bid Item)	1.00 EA @	250.00 =	250.00
3. Dumpster load - Approx. 12 yards, 1-3 tons of debris	1.00 EA @	375.00 =	375.00

Roof Repairs

DESCRIPTION	QTY	UNIT PRICE	TOTAL
4. Roofing (Bid Item)	1.00 EA @	500.00 =	500.00

Plumbing

DESCRIPTION	QTY	UNIT PRICE	TOTAL
5. Plumbing (Bid Item)	1.00 EA @	600.00 =	600.00

Electrical

DESCRIPTION	QTY	UNIT PRICE	TOTAL
6. Electrical (Bid Item)	1.00 EA @	250.00 =	250.00

Interior Wall Repairs

DESCRIPTION	QTY	UNIT PRICE	TOTAL
7. R&R 1/2" drywall - vinyl coated w/seam battens	192.00 SF @	3.30 =	633.60
8. 2" x 4" x 8' #2 & better Fir / Larch (material only)	12.00 EA @	4.18 =	50.16
9. R&R Labor to frame 2" x 4" x 8' non-bearing wall - 24" oc	12.00 LF @	15.04 =	180.48
10. R&R Sheathing - OSB - 1/2"	32.00 SF @	1.88 =	60.16

Interior Floor Repairs

DESCRIPTION	QTY	UNIT PRICE	TOTAL
11. R&R Sheathing - plywood - 3/4" - T & G - mobile home	32.00 SF @	5.56 =	177.92
12. Remove Vinyl floor covering (sheet goods)	64.00 SF @	0.75 =	48.00

2019-06-13-0754

6/20/2019

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CONTINUED - Interior Floor Repairs

DESCRIPTION	QTY	UNIT PRICE	TOTAL
13. Vinyl floor covering (sheet goods)	73.60 SF @	4.59 =	337.82
15 % waste added for Vinyl floor covering (sheet goods).			
14. R&R Baseboard - 2 1/4"	32.00 LF @	2.90 =	92.80
15. R&R Crown molding - 2 1/4"	16.00 LF @	3.49 =	55.84

Interior Ceiling Repairs

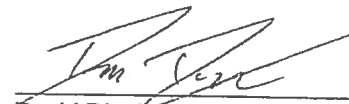
DESCRIPTION	QTY	UNIT PRICE	TOTAL
16. R&R 1/2" drywall - hung, taped, ready for texture	32.00 SF @	3.89 =	124.48
17. R&R Acoustic ceiling (popcorn) texture - light	64.00 SF @	1.97 =	126.08
18. Mask and prep for paint - plastic, paper, tape (per LF)	30.00 LF @	1.16 =	34.80
19. Mask the surface area per square foot - plastic and tape - 4 mil	64.00 SF @	0.21 =	13.44

Labor Minimums Applied

DESCRIPTION	QTY	UNIT PRICE	TOTAL
20. Vinyl floor covering labor minimum	1.00 EA @	47.12 =	47.12
21. Finish carpentry labor minimum	1.00 EA @	68.39 =	68.39
22. Painting labor minimum	1.00 EA @	143.87 =	143.87

Summary

Line Item Total	4,392.08
Material Sales Tax	46.29
Subtotal	4,438.37
Overhead	443.82
Profit	443.82
Replacement Cost Value	\$5,326.01
Net Claim	\$5,326.01



David Rhodes
Project Manager/Estimator

1. Any unforeseen damage will be brought to the adjusters attention before work continues and a price will be given at that time.
2. Estimate is based upon pictures take on 6/10/2019.
3. Mobile home drywall finish could possibly not be available to match the existing.

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Property: 948 SW Tompkins ST
Lake City, FL 32024

Cellular: (386) 288-8741

Operator: DWIGHT

Estimator: David Rhodes
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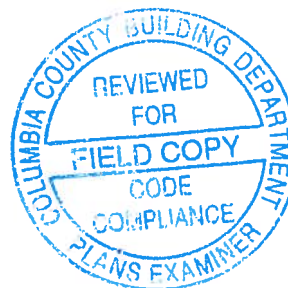
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18. Mask and prep for paint - plastic, paper, tape (per LF)	30.00 LF @	1.16 =	34.80
19. Mask the surface area per square foot - plastic and tape - 4 mil	64.00 SF @	0.21 =	13.44

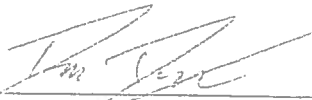
Labor Minimums Applied

DESCRIPTION	QTY	UNIT PRICE	TOTAL
20. Vinyl floor covering labor minimum	1.00 EA @	47.12 =	47.12
21. Finish carpentry labor minimum	1.00 EA @	68.39 =	68.39
22. Painting labor minimum	1.00 EA @	143.87 =	143.87



Summary

Line Item Total	4,392.08
Material Sales Tax	46.29
Subtotal	4,438.37
Overhead	443.82
Profit	443.82
Replacement Cost Value	\$5,326.01
Net Claim	\$5,326.01



David Rhodes
Project Manager/Estimator

1. Any unforeseen damage will be brought to the adjusters attention before work continues and a price will be given at that time.
2. Estimate is based upon pictures take on 6/10/2019.
3. Mobile home drywall finish could possibly not be available to match the existing.