



City of Sanibel

COST ESTIMATE FORM

FOR ESTIMATING THE PREVAILING COST OF

NONRESIDENTIAL

ADDITIONS AND REMODELING

(ATTACHMENT A)

CITY OF SANIBEL
Planning & Building Departments
COST ESTIMATE – NONRESIDENTIAL
(Prevailing Cost of Additions and Remodeling)
(ATTACHMENT A)

These guidelines are intended to assist in determination of compliance with Land Development Code Chapter 94 Floods, definition of Substantial Improvement.

The estimated cost of any combination of repairs, reconstruction, alteration or improvements shall be equal to the combined cost of material, labor and profit and shall be determined using the following guidelines:

1. MATERIALS:

The value of materials shall be equal or equivalent to the actual or estimated cost of all materials to be used in the repair, reconstruction, alteration or improvement of the structure. Where materials or servicing equipment are donated or discounted below normal market values, the value shall be adjusted to an amount which would be equivalent to that estimated chargeable through normal market transactions.

2. LABOR:

The value of labor shall be equal or equivalent to the actual or estimated labor charge for repair, reconstruction, alteration or improvement of the structure. Where non-reimbursed labor is involved (self or donated labor), the value for the non-reimbursed portions shall be computed based on applicable normal hourly wage scale.

3. PROFIT:

The estimated cost shall include contractor's profit. If no contractors are involved, or if the owner or his agent is acting in whole or in part as his own contractor, then the estimated cost shall include an allowance for contractor's profit equivalent to the normal "going rate".

4. DETAIL OF ESTIMATED COSTS:

Cost estimated shall be presented in sufficient detail to demonstrate that all components of the job are included in the estimate, including any necessary demolition. Anything attached or affixed to the structure shall be included in the estimated cost, including floor and wall coverings. A completed copy of the attached form, titled, "Cost Estimates for Additions, Extensions, Alterations, Reconstructions, Remodeling, Repairs and Improvements" shall accompany the application.

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LOCATION: _____

SIZE OF STRUCTURE:

Existing _____ SF

Proposed _____ SF

PRIMARY USE:

Existing _____ SF

Proposed _____ SF

DEMOLITION: Describe what is to be removed or demolished and means of demolition:

FOOTINGS: (Labor & Materials):

LF _____ x Price per LF _____ \$ _____

SLAB: (Labor & Materials):

SF _____ x Price per SF _____ \$ _____

CONCRETE BLOCK WALLS (Labor & Materials):

Attach estimate or complete the following:

Number of Block _____ x Price per Block _____ \$ _____

TIE BEAM (Labor & Materials):

LF _____ x Price per LF _____ \$ _____

PLUMBING (Labor & Materials):

Attach estimate or complete the following:

Number of Toilets _____ Vanities _____ Bath Tubs _____

Jacuzzi Tubs _____ Sinks _____ Dishwashers _____

Water Heaters _____ Clothes Washers _____

OTHER: _____
\$ _____

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ELECTRICAL (Labor & Materials):

Attach estimate or complete following:

New Service Amps _____ No. of Receptacles _____ Switches _____
220 Branch Circuits _____ Spec. Purp. 110 Circ. _____
\$ _____

HVAC (Labor & Materials): Attach estimate or complete following:

No. of AC Units _____ Tons _____ Seer _____
Heat Recovery _____ Heat Pump _____
Resistant Heaters _____
\$ _____

FRAMING MATERIALS:

Attach list including quantities, description of material and unit cost

\$ _____

FRAMING LABOR: Attach estimate

\$ _____

WINDOWS & EXTERIOR DOORS:

Attach list including quantities, description of manufacturer and unit cost

\$ _____

INSULATION (Labor & Materials):

Attach estimate or complete the following:

Walls/R- _____ SF _____ x Unit Cost
Ceiling/R- _____ SF _____ x Unit Cost
Floor/R- _____ SF _____ x Unit Cost

\$ _____

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ROOFINGS (Labor & Materials):

Attach estimate or complete the following:

Roofing Type _____ No. of Squares _____

LF Hip or Ridge _____

\$ _____

SHEETROCK (Labor & Materials):

Attach estimate or complete the following:

SF _____ x Unit Cost _____

Type Finish _____

\$ _____

EXTERIOR SIDING & TRIM (Labor & Materials):

Attach list of materials, including quantities, description and unit cost:

Attach the estimate of labor or complete the following:

Type of Siding _____ Coverage _____

Unit Price _____

\$ _____

EXTERIOR DECKS (Labor & Materials):

Attach estimate or complete the following:

SF _____

LF of Railing _____

\$ _____

CABINETS: Attach estimate

\$ _____

TRIM MATERIALS: Attach list including quality, description of material and unit prices

\$ _____

PAINTING:

Interior SF _____ x Price per SF _____

Exterior SF _____ x Price per SF _____

\$ _____

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CULTURED MARBLE:

\$ _____

MIRRORS:

\$ _____

HARDWARE:

\$ _____

FIREPLACE:

\$ _____

FLOORING (Labor & Materials):

Carpeting: Sq. Yds. _____ x price per yard _____

Vinyl: Sq. Yds. _____ x price per yard _____

Ceramic Tile: Sq. Yds. _____ x price per SF _____

Hardwood: Sq. Ft. _____ x price per SF _____

OTHER: _____ Sq. Ft. _____ x price per SF _____

\$ _____

CERAMIC TILE (Walls):

Sq. Ft. _____ x price per SF _____ \$ _____

APPLIANCES:

List Appliances and Unit Costs: _____

\$ _____

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MISCELLANEOUS LABOR INCLUDING CLEAN UP:

\$ _____

LIGHT FIXTURES:

\$ _____

AWNINGS:

\$ _____

GUTTERS & DOWNSPOUTS:

\$ _____

SCREEN PORCH:

\$ _____

OTHER (Describe):

\$ _____

SUBTOTAL

\$ _____

GENERAL CONTRACTOR'S PROFIT

\$ _____

TOTAL

\$ _____

NOTE TO APPLICANT: One of the following certifications must be completed to validate figures contained in this cost estimate. Certifications can only be executed by the owner as builder **or** the license holder for a State Certified or Registered Contractor. **All signatures must be notarized.**

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COST ESTIMATE AND OWNER AS BUILDER CERTIFICATION

WARNING: IT IS A VIOLATION OF THE SANIBEL CODE OF ORDINANCES TO INTENTIONALLY UNDERVALUE OR MISREPRESENT THE VALUATION OF ANY PROJECT, THE PENALTY FOR WHICH IS A FINE NOT TO EXCEED \$500.00, IMPRISONMENT NOT TO EXCEED 60 DAYS, OR BOTH. ADDITIONALLY, ACTION MAY BE TAKEN AGAINST A LICENSEE BEFORE THE APPROPRIATE LICENSING AGENCY. ACTION MAY ALSO BE TAKEN AGAINST THE PROJECT.

I hereby certify that the cost estimates presented on this form are based upon plans accompanying this application and are, to the best of my knowledge, accurate and complete. I also understand that any changes in plans will require that a revised cost estimate be submitted to the City of Sanibel for review and approval prior to the commencement of work. I also certify that I am the owner of property located at:

Sanibel, Florida and that, as the owner of this property, I shall act as my own contractor for the herein described project. {A fully completed Owner/Builder Disclosure Statement, available in the Building Department, must be attached to this certification}

Signature Owner as Builder

Date

State of Florida
County of Lee

Before me this day personally appeared _____ to me known to be the person(s) described in and who executed the foregoing instrument and he/she/they acknowledged before me that the/she/they executed same.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, 20____.

Notary Public

My Commission Expires:

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COST ESTIMATE AND LICENSE HOLDER CERTIFICATION

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I hereby certify that the cost estimates presented on this form are based upon plans accompanying this application and are, to the best of my knowledge, accurate and complete. I also understand that any changes in plans will require that a revised cost estimate be submitted to the City of Sanibel for review and approval prior to the commencement of work. I also certify that I am a State Certified/State Registered Contractor (Circle One) and that I am the license holder for

_____ (Name of Company).

State Certification/Registration No.

Sanibel Registration/License No.

Signature of State Certified/Registered License Holder

Date

State of Florida
County of Lee

Before me this day personally appeared _____
to me known to be the person(s) described in and who executed the foregoing
instrument and he/she/they acknowledged before me that he/she/they executed
same.

WITNESS my hand and official seal in the County and State last aforesaid this _____
day

of _____, 20_____.

Notary Public

My Commission Expires: