



Council President
Danny Carter
Secretary/Treasurer
Anne Hall

14431 Main Street
P O Box 136
Wattsburg, Pa 16442

Phone: 814-739-2048
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E-Mail: Wattsburgborough@zoominternet.net

CONTRACTOR AFFIDAVIT FLOODPLAIN

Property Address: _____

Tax Parcel: _____

Owner's Name: _____

Owner's Address/Phone: _____

Contractor: _____

Contractor's License Number: _____

Date of Contractor's Estimate: _____

I hereby attest that I have personally inspected the building located at the above-referenced address and discussed the nature and extent of the work requested by the owner, including all improvements, rehabilitation, remodeling, repairs, additions, and / or any other form of improvement.

At the request of the owner, I have prepared a cost estimate for all the improvement work requested by the owner and the cost estimate includes, at a minimum, the cost elements identified by the Wattsburg Borough Floodplain Administrator that are appropriate for the nature of the work. If the work is repair of damage, I have prepared a cost estimate to repair the building to its pre-damage condition.

I acknowledge that if, during construction, the owner requests more work such as improvements, additions, alterations, reconstruction, rehabilitation, repairs, or modification of the work described in the application, that a revised cost estimate must be provided to the Wattsburg Borough Floodplain Administrator, who will re-evaluate the comparison of the cost of work to the market value of the building to determine if the work is substantial improvement. Such re-evaluation may require revision of the permit and may subject the property to additional requirements.

I also understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made or authorized repairs or improvements that were not included in the description of work and the cost estimate for that work that were the basis for issuance of a permit.

Contractor's Signature: _____ Date: _____

Notarized:

Commonwealth of PENNSYLVANIA County of _____



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This record was acknowledged before me on _____ (date)

[NOTARY SEAL]

by _____ (name(s) of individual(s)).

Signature of notarial officer: _____

Title of office: _____

My commission expires: _____