



Plan Revision / Total Contract Cost Affidavit

Application Number: _____ Revision Number: _____

Property Address: _____

Pursuant to the City Municipal Facilities and Services User Fee Schedule, plan revision fees are determined by the change in total contract amount and subject to a minimum plan check fee. By his/her signature below, the Contractor/Qualifier does affirm and certify that the total contract cost change associated with this revision and entered below is true and accurate. If in the opinion of the building official the valuation of the proposed revision appears to be underestimated on this affidavit, the applicant may be required to provide supporting documentation including but not limited to detailed cost breakdowns using the most current edition of RS means or ICC Building Valuation Data, and/or contract change orders.

Change in Total Contract Amount: _____.

Qualifier's Signature

License #

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____
(Date)

By _____
(Name of Person Acknowledging)

Who is personally known to me _____ or has produced _____
(Type of ID)

As identification and who did/did not take an oath.