

**CITY OF NEW PORT RICHEY, FLORIDA
CONTRACTOR'S APPLICATION FOR PAYMENT**

Gray Areas To Be Filled In By Contractor

Bid No. 16-020 Date 12/12/2017 Payment Number Final 5
 Application Period From September 1, 2017 To December 12, 2017
 Project Name 2015-Stormwater System Improvements
 Account Number _____
 Owner: City of New Port Richey Phone No. 727-841-4568
 Engineer: Environmental Consulting & Technology Phone No. 813-549-4318
 Contractor: Augustine Construction, Inc. Phone No. 727-433-0493

Contract Data

Bids Received 1/12/2017
 Contract Start Date 3/14/2017
 Notice to Proceed: 3/14/2017
 Calendar Days for Completion 180
 Original Completion Date 9/10/2017
 Days Extension to Date 0
 New Completion date _____
 Original Contract Amount \$ 288,623.05
 Adjustments to Date \$ (111.40)
 Revised Contract Amount \$ 288,511.65
 Percentage Complete (\$) 99.96%
 Percentage Complete (Time) 151.67%
 Percentage Complete (Work) 99.96%

Change Orders

No. <u>1</u>	Date <u>12/12/2017</u>	Time _____	Amount \$ <u>(111.40)</u>
No. _____	Date _____	Time _____	Amount _____
No. _____	Date _____	Time _____	Amount _____
No. _____	Date _____	Time _____	Amount _____

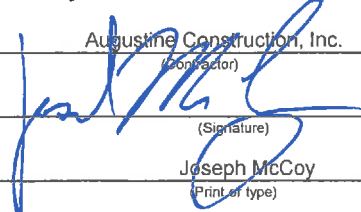
Summary of Project Status

Total Work Completed	\$ <u>288,511.65</u>
Material Stored on Site	\$ <u>-</u>
Total Earned to Date	\$ <u>288,511.65</u>
Less Retainage <u>0%</u>	\$ <u>-</u>
Balance	\$ <u>288,511.65</u>
Less Previous Payments	\$ <u>208,095.03</u>
Amount Due this Period	\$ <u>80,416.62</u>

CERTIFICATION OF CONTRACTOR

According to the best of knowledge and belief, I certify that this is a true and correct statement of work performed and materials delivered for the applications period stated above. I further certify that the Contractor has good title for all materials delivered under this Application for Payment, and there are no vendor liens, or other liens or rights to liens against this project, and that all previous payment requests received under this Contract have been applied to discharge in full all of the Contractor's obligations reflected in prior Applications for Payment, and that hourly wages paid to all employees on this project for the period of this Application are in accordance with the requirements of the Contract Documents.

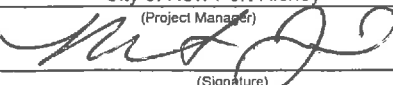
Submitted for Payment:

Augustine Construction, Inc.
(Contractor)
 By: 
(Signature)
 Name: Joseph McCoy
(Print or type)
 Date: December 12, 2017

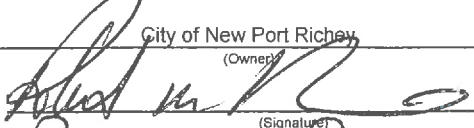
Recommended for Payment:

(Design Professional)
 By: N/A
(Signature)
 Name: _____
(Print or type)
 Date: _____

Recommended for Payment:

City of New Port Richey
(Project Manager)
 By: 
(Signature)
 Name: MARTIN FIELD
(Print or type)
 Date: 12-18-17

Approved for Payment:

City of New Port Richey
(Owner)
 By: 
(Signature)
 Name: ROBERT M. RIVERA
(Print or type)
 Date: 12/18/2017