

Section XVIII - Application for Payment

THE METROPOLITAN SEWERAGE DISTRICT OF BUNCOMBE COUNTY

Caledonia Road Sanitary Sewer Rehabilitation, Project No. 2014153

Purchase Order No. _____

APPLICATION NO.: _____
DATE NOTICE TO PROCEED: _____
COMPLETION DATE: _____
DAYS REMAINING IN CONTRACT: _____
PERCENT COMPLETE: _____

CONTRACTOR: _____

ADDRESS: _____

ORIGINAL CONTRACT AMOUNT: \$ _____
APPROVED CHANGE ORDER AMOUNT: \$ _____
REVISED CONTRACT AMOUNT: \$ _____

TOTAL WORK COMPLETED TO DATE: \$ _____
TOTAL MATERIALS STORED ON SITE: \$ _____
TOTAL EARNED THIS APPLICATION: \$ _____
LESS RETAINAGE (%): \$ _____

SUBTOTAL \$ _____
LESS PREVIOUS PAYMENTS: \$ _____
CURRENT PAYMENT DUE: \$ _____

CONTRACTOR'S REPRESENTATIVE **TITLE** **DATE**

MSD APPROVAL:

INSPECTOR **DATE**

CONSTRUCTION DIRECTOR **DATE**

PROJECT ENGINEER **DATE**

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AFFIDAVIT OF PAYMENT OF CLAIMS

BY: _____

This day _____, personally appeared before,
_____ a Notary Public in and for the County of
_____, State of _____ and being by me
first duly sworn, states that all subcontractors and suppliers of labor and materials have been paid
all sums due them as of _____ (date), for work performed or materials
furnished in the performance of the contract between Metropolitan Sewerage District and
_____, Contractor, dated _____,
for the construction of the **Caledonia Road Sanitary Sewer Rehabilitation, Project No.
2014153** or arrangements have been made by the Contractor satisfactory to such subcontractors
and suppliers with respect to the payments of such sums as may be due them by the Contractor.

(CONTRACTOR)

By: _____

Title: _____

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 2022.

My Commission Expires

Notary Public

(SEAL)