

Section XVIII - Application for Payment

THE METROPOLITAN SEWERAGE DISTRICT OF BUNCOMBE COUNTY

Intermediate Clarifier Effluent Trough Rehab Phase 3

Purchase Order No. _____

APPLICATION NO.: _____

DATE NOTICE TO PROCEED: _____

COMPLETION DATE: _____

DAYS REMAINING IN CONTRACT: _____

PERCENT COMPLETE: _____

CONTRACTOR: _____

ADDRESS: _____

PROJECT: _____

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 (%):	\$
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SUBTOTAL	\$
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LESS PREVIOUS PAYMENTS: \$

CURRENT PAYMENT DUE: \$

CONTRACTOR'S REPRESENTATIVE	TITLE	DATE
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TITLE

DATE _____

MSD APPROVAL:

INSPECTOR _____ **DATE** _____

DATE _____

CONSTRUCTION DIRECTOR	DATE
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DATE _____

PROJECT ENGINEER _____
DATE

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 _____ 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 _____, 20____.

My Commission Expires

Notary Public

(SEAL)