

Section XVIII - Application for Payment

THE METROPOLITAN SEWERAGE DISTRICT OF BUNCOMBE

COUNTY Incinerator Sand Transport System Replacement, PH II,

Project No. 2024036

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 **Incinerator Sand Transport System Replacement, PH II,**
Project No. 2024036 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 _____, 2025.

My Commission Expires

Notary Public

(SEAL)