

ATTACHMENT 1
SECTION 00622 – CONTRACTOR’S APPLICATION FOR PAYMENT
PC MAIN SCREENING SYSTEM CONVEYOR REPLACEMENT (FINAL)

Application for Payment No. 4.

For Work Accomplished through the period of April 30, 2019 through May 20, 2019.

To: Indian River County (OWNER)
 From: Costello Brothers Marine Construction, Inc. (CONTRACTOR)

ENGINEER: Indian River County Public Works Department, Stormwater Division

1.	Original Contract Price:	\$586,236.60
2.	Net change by Change Orders and Written Amendments (+ or -):	
2.a	Change Order No. 1	\$ _____
2.b	Change Order No. 2	\$ _____
2.c	Change Order No. 3	\$ _____
2.d	Change Order No. 4	\$ _____
2.e	Total change in Contract Price (2.a + 2.b + ... 2.n)	\$0
3.	Current Contract Price (1 plus 2e):	\$586,236.60
4.	Total Work to date:	
4.a	Percentage of Work completed to date: 100%	
4.b	Total Work completed to date:	\$586,236.60
5.	Retainage:	
5.a	5% of completed Work (0.5 x 4.b):	\$29,311.83
6.	Total Work completed less retainage (4.b minus 5.a):	\$556,924.77
7.	Total Amount of Previous Payments:	\$556,924.77
8.	AMOUNT DUE THIS APPLICATION (6 minus 7):	\$29,311.83

NOTE: The OWNER does not pay for stockpiled equipment or material.

CONTRACTOR's current mailing address:

Costello Brothers Marine Construction, Inc.

 PO Box 711

 Lake Placid, FL 33862

CONTRACTOR'S CERTIFICATION:

UNDER PENALTY OF PERJURY, the undersigned CONTRACTOR certifies that all previous progress payments received on account of the Work have been applied on account to discharge CONTRACTOR's specific legitimate obligations associated with prior Applications for Payment. This certification includes, but is not limited to the following statements of fact: (1) the labor and materials listed on this request for payment have been used in the construction of this Work; (2) payment received from the last pay request has been used to make payments to all subcontractors, laborers, materialmen and suppliers except as listed on Attachment A, below; (3) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to OWNER at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to OWNER indemnifying OWNER against any such Lien, security interest or encumbrance); (4) all Work covered by this Application for Payment is in accordance with the Contract Documents and not defective; and (5) If this Periodic Estimate is for a Final Payment to project or improvement, I further certify that all persons doing work upon or furnishing materials or supplies for this project or improvement under this foregoing contract have been paid in full, and that all taxes imposed by Chapter 212 Florida Statutes, (Sales and Use Tax Act, as Amended) have been paid and discharged, and that I have no claims against OWNER.

Attached to or submitted with this form are:

- 1. Signed release of lien forms (partial or final as applicable) from all subcontractors, laborers, materialmen and suppliers except as listed on Attachment A, together with an explanation as to why any release of lien form is not included;
- 2. Updated Construction Schedule per [Specification Section 01310](#),

Under oath, I swear that the foregoing statements are true.

Dated: May 21, 2019

By: _____
(CONTRACTOR – must be signed by
an Officer of the Corporation)

Andrew E. Costello / President
Print Name and Title

STATE OF FLORIDA - COUNTY OF Highlands

Before me, a Notary Public, duly commissioned, qualified, and acting, personally appeared Andrew E. Costello, who being by me first duly sworn upon oath, says that he/she is the President of the CONTRACTOR mentioned above and that he/she has been duly authorized to act on behalf of it, and that he/she executed the above Contractor's Application for Payment and Contractor's Certification statement on behalf of said CONTRACTOR; and that all of the statements contained herein are true, correct, and complete. Subscribed and sworn to before me this 21st day of May, 2019.

Andrew E. Costello is personally known to me or has produced _____ as identification.

NOTARY PUBLIC: _____

(SEAL)

Printed name: _Debra Lynn Falls

Commission No.: GG 206329

Commission Expiration: April 11, 2022

SURETY'S CONSENT OF PAYMENT TO CONTRACTOR:

The Surety, The Gray Insurance Company, PO Box 6202, Metairie, LA 70009-6202, a corporation, in accordance with Public Construction Bond Number GSM 36577, hereby consents to payment by the OWNER to the CONTRACTOR, for the amounts specified in this CONTRACTOR's APPLICATION FOR PAYMENT.

TO BE EXECUTED BY CORPORATE SURETY:

Attest:

Secretary: Susan L. Reich

The Gray Insurance Company
Corporate Surety
PO Box 6202
Metairie, LA 70009-6202
Business Address

BY: _____
Print Name: Gloria A. Richards
Title: Attorney-In-Fact & FL Licensed Resident Agent
(407) 786-7770

(Affix Corporate SEAL)

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

Before me, a Notary Public, duly commissioned, qualified, and acting, personally appeared Gloria A. Richards, to me well known or who produced _____ as identification, who being by me first duly sworn upon oath, says that she is the Attorney-In-Fact for The Gray Insurance Company and that she has been authorized by it to approve payment by the OWNER to the CONTRACTOR of the foregoing Contractor's Application for Payment. Subscribed and sworn to before me this 22nd day of May, 2019.

Notary Public, State of Florida, Teresa L. Durham
My Commission Expires: February 22, 2023

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CERTIFICATION OF OWNER’S CONSTRUCTION OBSERVER:

To the best of my knowledge and belief: the Work has progressed to the point indicated on this Application for Payment; the quality of the Work is generally in compliance with the Contract Documents; and the conditions precedent to the CONTRACTOR being entitled to such payment appear to have been fulfilled in so far as it is my ability to observe the Work. I am not certifying as to whether or not the Contractor has paid all subcontractors, laborers, materialmen, and suppliers because I am not in a position to accurately determine that issue.

Dated _____

SIGNATURE

CERTIFICATION OF ENGINEER:

To the best of my knowledge and belief: the Work has progressed to the point indicated on this Application for Payment; the quality of the Work is generally in compliance with the Contract Documents; and the conditions precedent to the CONTRACTOR being entitled to such payment appear to have been fulfilled in so far as it is my ability to observe the Work. I am not certifying as to whether or not the Contractor has paid all subcontractors, laborers, materialmen, and suppliers because I am not in a position to accurately determine that issue.

Dated _____

SIGNATURE

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**PC MAIN SCREENING SYSTEM CONVEYOR REPLACEMENT
 COSTELLO BROTHERS MARINE CONSTRUCTION, INC.**

= Manual Input
BLUE text or numbers = Automatically Calculated

Total Current Contract Amount = \$586,236.60
 Cumulative Amount Invoiced (including retainage) = \$586,236.60
 Percent Retainage (decimal) = 0.05

PAY REQUEST NO. 4 - FINAL

Original Contract Amount = \$586,236.60

Item	Description	Quantity	Unit	Unit Price	Contract Amount (\$)	Cumulative Quantities From Previous Invoices	New Quantities This Invoice	Total Quantities (G+H)	Cumulative Amount (\$) From Previous Invoices Including Retainage	Amount (\$) of This Invoice Including Retainage	Cumulative (\$) Amount Now Invoiced Including Retainage (J+K)	Balance (\$) to Finish (F-L)	% Complete (L/F)	% Retainage Withheld	Total Retainage Withheld (\$)
1.0	GENERAL ITEMS														
1.01	Mobilization/Demobilization	1	LS	\$10,000.00	10,000.00	1.00	0.00	1	10,000.00	0.00	10,000.00	0.00	100.0	0.05	500.00
1.02	Public Construction Bond	1	LS	\$20,739.60	20,739.60	1.00	0.00	1	20,739.60	0.00	20,739.60	0.00	100.0	0.05	1,036.98
1.03A	General Liability Insurance	1	LS	\$7,200.00	7,200.00	1.00	0.00	1	7,200.00	0.00	7,200.00	0.00	100.0	0.05	360.00
1.03B	Automobile Liability Insurance	1	LS	\$1,477.00	1,477.00	1.00	0.00	1	1,477.00	0.00	1,477.00	0.00	100.0	0.05	73.85
1.03C	Excess Liability Insurance	1	LS	\$0.00	0.00				0.00	0.00	0.00	0.00	#DIV/0!	0.05	0.00
1.03D	Workers Compensation and Employers' Liability Insurance	1	LS	\$11,420.00	11,420.00	1.00	0.00	1	11,420.00	0.00	11,420.00	0.00	100.0	0.05	571.00
1.03E	Builders' Risk "All Risk" Insurance	1	LS	\$0.00	0.00			0	0.00	0.00	0.00	0.00	#DIV/0!	0.05	0.00
2.0	CONVEYOR REPLACEMENT														
2.1	Remove and dispose existing Conveyor System 1	1	LS	\$42,475.00	42,475.00	1.00	0.00	1	42,475.00	0.00	42,475.00	0.00	100.0	0.05	2,123.75
2.2	Remove and dispose existing Conveyor System 2	1	LS	\$42,475.00	42,475.00	1.00	0.00	1	42,475.00	0.00	42,475.00	0.00	100.0	0.05	2,123.75
2.3	Install new Conveyor System 1	1	LS	\$225,225.00	225,225.00	1.00	0.00	1	225,225.00	0.00	225,225.00	0.00	100.0	0.05	11,261.25
2.4	Install new Conveyor System 2	1	LS	\$225,225.00	225,225.00	1.00	0.00	1	225,225.00	0.00	225,225.00	0.00	100.0	0.05	11,261.25
	TOTALS				\$586,236.60				\$586,236.60	\$0.00	\$586,236.60	\$0.00	100.0		\$ 29,311.83

NUMBERS FOR SECTION 00622 - "CONTRACTOR'S APPLICATION FOR PAYMENT":

ORIGINAL CONTRACT PRICE =	\$586,236.60	CONTINGENCY AMOUNT =	\$0.00
TOTAL CHANGE IN CONTRACT PRICE =	\$0.00		
CURRENT CONTRACT PRICE =	\$586,236.60		
TOTAL WORK COMPLETED TO DATE =	\$586,236.60	% OF WORK COMPLETED TO DATE =	0.0
RETAINAGE =	\$ 29,311.83		
TOTAL WORK COMPLETED LESS RETAINAGE =	\$556,924.77		
PREVIOUS PAYMENTS =	\$556,924.77	= ("Total Work Completed and Stored To Date Less Retainage" from previous Pay Request)	
AMOUNT DUE THIS APPLICATION =	\$29,311.83		