

APPLICATION FOR PAYMENT



INTERNATIONAL CITY BUILDER¹, INC.
 112 Industrial Park Blvd.
 Warner Robins, GA 31088
 Phone 478-923-4206
 Fax 478-923-7267

Job#: _____
 Date: _____
 Application #: _____
 Period from: _____ to _____

Contractor: _____ Project: _____

Application is made or Payment, as shown below, in connection with the Contract. Attach Schedule of Values (SOV) sheet.

- | | |
|---|----------|
| 1. ORIGINAL CONTRACT SUM | \$ _____ |
| 2. NET CHANGE BY CHANGE ORDERS | \$ _____ |
| 3. CONTRACT SUM TO DATE (Line 1 +/-2) | \$ _____ |
| 4. TOTAL COMPLETED AND STORED TO DATE | \$ _____ |
| (Column G on SOV) | |
| 5. RETAINAGE | |
| a. 10% of completed Work | \$ _____ |
| (Column D + E on SOV) | |
| b. 10% of stored materials | \$ _____ |
| (Column F onSOV) | |
| Total Retainage (Line 5a + 5b or | |
| Total in Column I of SOV) | \$ _____ |
| 6. TOTAL EARNED LESS RETAINAGE | \$ _____ |
| (Line 4 Less Line 5 Total) | |
| 7. LESS PREVIOUS APPLICATION FOR PAYMENT | |
| (Line 6 from prior Certificate) | |
| | \$ _____ |
| 8. CURRENT PAYMENT DUE | \$ _____ |
| 9. BALANCE TO FINISH, PLUS RETAINAGE | \$ _____ |
| (Line 3 less line 6) | |

PM USE ONLY
Approval: PM
By: _____
Date: _____
Comments:
Distribution:
Gross Amount this App:
\$ _____

The undersigned being duly sworn certifies that all labor, material, and services included in all previous payments have been fully paid and indebtedness discharged. Monies received from this request will be used for payment of labor, material and services covered by this request.

Furthermore, in consideration of the payment received, and upon receipt of the amount due the undersigned does hereby waive, release and relinquish all claim or right of lien which the undersigned may now have upon the premises above described.

The undersigned (if signing on behalf of a Contractor that is a corporation, partnership, limited partnership, limited liability company, or other legal entity) is the _____ of _____, a _____, and _____
 (Title) (Company Name) (Company Structure)
 makes this affidavit and agreement in such capacity based on his or her personal knowledge and with the requisite power and authority to act on behalf of said Contractor.

Signed: _____
 Printed Name: _____
 Title: _____
 Date: _____

State of: _____ County of: _____
 Subscribed and sworn to before me this _____ day of _____, _____
 Notary Public:

My Commission expires: _____