



SUMMIT DEVELOPERS, INC.

General Contractors

Subcontract #

SUBCONTRACTOR'S APPLICATION FOR PAYMENT AND AFFIDAVIT

Summit Developers, Inc.

PO Box 4283 Salisbury, NC 28145-4283 Telephone 704-797-0200 Fax: 704-797-0211

From: _____

Project: _____

Payment Request # _____ Period From: _____ To: _____

INVOICE NUMBER

STATEMENT OF CONTRACT AMOUNT:

- 1. Original Contract Amount \$ _____
2. Approved Change Orders Amount \$ _____
3. Adjusted Contract Amount (line 1 + 2) \$ _____
4. Total Value of Work Completed To Date \$ _____
5. Material Stored On Site (If Allowed) \$ _____
6. TOTAL COMPLETED to date (line 4 + 5) \$ _____
7. Less Amount Retained (% of line 6) \$ _____
8. TOTAL LESS RETAINAGE (line 6 - 7) \$ _____
9. Less Prior Billings (previous pay app line 9 + 10) \$ _____
10. AMOUNT THIS APPLICATION (line 8 - 9) \$ _____

SUBCONTRACTOR'S AFFIDAVIT AND RELEASE OF LIENS

Under penalty of perjury, the undersigned Subcontractor certifies that the work covered by this Application For Payment has been completed in accordance with the Contract Documents. The undersigned further certifies that to the best of his knowledge, information, and belief, all suppliers of material and equipment, all sales taxes, all performers of work, labor or services, who have or may have liens against any property of the Owner arising in any manner out of the performance of the Subcontractor referenced above, have been paid and there are no outstanding claims by or on behalf of Subcontractor against the the Owner or the Contractor for any additional money, costs or damages or claims arising from delay, from the denial or the granting any Change Order, or due under the Subcontract Agreement, if any. THE UNDERSIGNED, IT'S PRINCIPALS AND OFFICERS, UNDERSTAND THAT THE OWNER AND CONTRACTOR ARE RELYING ON THIS CERTIFICATION TO MAKE THIS PAYMENT AND UPON RECEIPT OF PAYMENT OF THIS APPLICATION, does hereby waive and release any and all liens, or right to or claim of lien, on the above-described project and premises on account of labor or materials, or both, heretofore furnished by the undersigned.

By: _____

Title: _____

Date: _____

(Notary Public SEAL)

FOR SDI OFFICE USE ONLY

PAYMENT APPROVAL

Date: _____

Job Name: _____

Cost Code: _____

Full [] Partial \$ _____

Reviewed by: _____

Approved by: _____

Retainage _____ %

Sworn to and subscribed before me, this the _____ day of _____, 20__

Notary Public: _____

My Commission Expires: _____