



AIA[®]

15800

Document G702™ - 1992

160197

Application and Certificate for Payment

TO OWNER:
 Madison County Board of Supervisors
 P. O. Box 608
 Canton, MS 39046-0608

PROJECT:
 Madison Co. DHS Roofing Replacement
 867 Martin Luther King Drive
 North
 Canton, MS 39046

APPLICATION NO: 2
PERIOD TO: 10/8/2015

Distribution to:

OWNER

ARCHITECT

CONTRACTOR

FIELD

OTHER

FROM CONTRACTOR:
 Rowell Roofing, Inc.
 PO Box 647
 Columbia, MS 39429-0647

VIA ARCHITECT:
 Joseph Orr Architecture, PA

CONTRACT FOR: 14025-Madison Co. DHS Roofing Replacement

CONTRACT DATE: 5/14/2015

PROJECT NOS: 14025 / /

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
 AIA Document G703™, Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM	\$	144,900.00
2. NET CHANGE BY CHANGE ORDERS	\$	0.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$	144,900.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	136,900.00
5. RETAINAGE:		
a. 5.0% of Completed Work (Columns D + E on G703)	\$	6,845.00
b. 5.0% of Stored Material (Column F on G703)	\$	0.00
Total Retainage (Lines 5a + 5b, or Total in Column I of G703)	\$	6,845.00
6. TOTAL EARNED LESS RETAINAGE	\$	130,055.00
(Line 4 minus Line 5 Total)		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$	51,205.00
(Line 6 from prior Certificate)		
8. CURRENT PAYMENT DUE	\$	78,850.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE	\$	14,845.00
(Line 3 minus Line 6)		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: [Signature]

Date: 10-9-15

State of: Mississippi

County of: Marion

Subscribed and sworn to before me this 9 day of October 2015

Notary Public: Renee Turner

My commission expires: 5/21/2018



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 78,850.00

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: [Signature]

Date: 10-11-15

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ 0.00	\$ 0.00
Total approved this month	\$ 0.00	\$ 0.00
TOTAL	\$ 0.00	\$ 0.00
NET CHANGES by Change Order	\$	0.00

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

Continuation Sheet

AIA Document G702™-1992, Application and Certificate for Payment, or G732™-2009, Application and Certificate for Payment, Construction Manager as Adviser Edition containing Contractor's signed certification is attached.
 In tabulations below, amounts are in US dollars.
 Use Column I on Contracts where variable retainage for line items may apply.

Project Description
 14025-Madison Co. DHS Roofing
 Replacement

APPLICATION NO: 2
APPLICATION DATE: 10/9/2015
PERIOD TO: 10/8/2015
ARCHITECT'S PROJECT NO: 14025

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (Not in D or E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE (If variable rate)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)		
1	Setup/Mobilization	2,000.00	2,000.00			2,000.00	100.00		100.00
2	Retro-Fit Framing	13,500.00		13,500.00		13,500.00	100.00		675.00
3	Metal Roof Panels	21,500.00		21,500.00		21,500.00	100.00		1,075.00
4	Metal Roof Labor	32,700.00		30,000.00		30,000.00	91.74	2,700.00	1,500.00
5	Wood Framing	15,000.00		15,000.00		15,000.00	100.00		750.00
6	Shingles & Felt	6,900.00		6,900.00		6,900.00	100.00		345.00
7	Shingle Roof Labor	8,500.00		8,500.00		8,500.00	100.00		425.00
8	Flashing & Sheetmetal	13,000.00		10,000.00		10,000.00	76.92	3,000.00	500.00
9	Trash, Travel & Toilet	7,700.00	700.00	6,000.00		6,700.00	87.01	1,000.00	335.00
10	Bonds, Insurance & Taxes	9,100.00	6,300.00	2,500.00		8,800.00	96.70	300.00	440.00
11	Overhead & Profit	15,000.00	3,000.00	11,000.00		14,000.00	93.33	1,000.00	700.00
GRAND TOTAL		144,900.00	12,000.00	124,900.00	0.00	136,900.00	95	8,000.00	6,845.00

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AFFIDAVIT CERTIFYING PAYMENT TO ALL SUBCONTRACTORS AND VENDORS

I acknowledge that, pursuant to Miss. Code Ann. §31-5-25 and H.B. 1562. Laws of 2002, that I am required to submit monthly certification indicating payments to subcontractors and vendors on prior payment request. I, the undersigned Contractor, do hereby certify that I have paid the following amounts to subcontractors for Work which has been performed and incorporated into previous Applications for Payment which were issued and payment received from the Owner on the project listed below. I understand that this document must be submitted on a monthly basis after the submittal, approval and payment of the Application for Payment #1. I understand that the Owner reserves the right to require me, the undersigned, to provide verification of payment and/or additional information.

Project Name and Number: **REROOFING
MADISON COUNTY DEPARTMENT OF HUMAN SERVICES**

Subcontractor	Progressive Roofing & Construction	Amount	\$5,770.00
Subcontractor		Amount	
Subcontractor		Amount	
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Subcontractor _____ Amount _____
 Subcontractor _____ Amount _____
 Subcontractor _____ Amount _____
 Subcontractor _____ Amount _____
 Subcontractor _____ Amount _____

(Attach additional list of subcontractor and amounts, if necessary)

Contractor Name and Title: Jason Koenenn, Vice President

Certificate of Responsibility Number: 04569-MC

Contractor Signature [Signature] Date 10/09/15

STATE OF MISSISSIPPI

COUNTY OF Marion

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, this the
9th day of October, 2015.

[Signature]
 NOTARY PUBLIC

My Commission Expires:

May 21, 2018

