



OWNER-BUILDER COST VERIFICATION FORM

PERMIT#: _____

ADDRESS: _____ Oakland Park, FL

COST TO COMPLETE WORK FOR THIS PERMIT

LABOR: \$ _____ (PROVIDE BREAKDOWN BY HOURS/DAYS REQUIRED TO COMPLETE WORK)

Days: _____ Hours: _____

MATERIALS: \$ _____ (PROVIDE RECEIPTS OR OTHER VERIFICATION)

TOTAL: \$ _____

HOMEOWNER'S SIGNATURE: _____

DATE: _____