

# APPLICATION FOR PAYMENT

CAP702

Page: 1 of 2

To:

Fort Bend County Auditor  
301 Jackson Rd  
Richmond, TX 77469

PROJECT:

166272- KING KENNEDY

Application No.: Application Date: Period To: Contract Date:

2 AUG 28, 2018 AUG 28, 2018 JUN 5, 2018

Project Nos: 166272

Distribution List: ☐ Owner ☐ Construction Mgr  
☐ Architect ☐ Field  
☐ Contractor ☐ Other

From Contractor:

Stone Castle Constructors  
3615 Alameda Genoa Road  
Houston, Tx 77047

VIA ARCHITECT:

CONTRACT FOR:

## Contractor's Application for Payment

Application is made for payment as shown below, with attached Continuation Sheet.

1. Original Contract Amount: \$ 150,000.00
  2. Net of Change Orders: \$ 20,610.30
  3. Net Amount of Contract: \$ 170,610.30
  4. Total Completed & Stored to Date: \$ 170,610.30
  5. Retainage Summary:
    - a. 10.00 % of Completed Work \$ 17,061.03
    - b. 1.00 % of Stored Material \$ 0.00
- Total Retainage: \$ 17,061.03
6. Total Completed Less Retainage: \$ 153,549.27
  7. Less Previous Applications: \$ 135,000.00

8. Current Payment Due, This Application: \$ 18,549.27

9. Contract Balance (Including Retainage): \$ 17,061.03

CHANGE ORDER Activity	Additions	Subtractions
Total previously approved:	20,610.30	0.00
Total approved this Month:	0.00	0.00
Sub Totals:	20,610.30	0.00
NET of Change Orders:	20,610.30	

## CONTRACTOR'S CERTIFICATION:

The Contractor's signature here certifies that, to the best of their knowledge, this document accurately reflects the work completed in this Application for Payment. The Contractor also certifies that all payments have been made for work on previous Applications for Payment and also that the Current Payment is Due.

(Authorizing Signature)

Stone Castle Constructors

Date: AUG 28, 2018

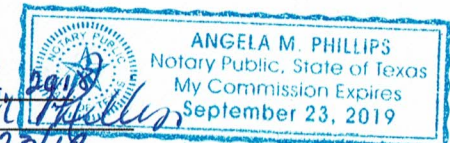
State Authorized: Texas

County of: Harris

Subscribed and sworn to before  
me this 28th day of August, 2018

Notary Public: Angela M. Phillips

My Commission expires: 9/23/19



## ARCHITECT'S CERTIFICATION:

The Architect's signature here certifies that, based on their own observations, the Contract Documents and the information contained herein, this document accurately reflects the work completed in this Application for Payment. The Architect also certifies the Contractor is entitled to the amount certified for payment.

## AMOUNT CERTIFIED:

(Architects Signature) \_\_\_\_\_ Date: \_\_\_\_\_

## Page 2 of 2 Pages

Application No: 2  
Application Date: 8/28/2018  
Period To: 8/28/2018  
Contract Date: 6/05/2018  
Architects Project#: 166272

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# Affidavit of Payment of Debts and Claims

CAP706

Contract Date: 6/05/2018

Contract for:

Architect's Project Number:

166272

To Owner:

Fort Bend County Auditor  
301 Jackson Rd  
Richmond, TX 77469

Contractor:

Stone Castle Constructors  
3615 Almeda Genoa Road  
Houston, Tx 77047

Project:

166272- KING KENNEDY

Distribute To:

<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
<input type="checkbox"/> Architect	<input type="checkbox"/> Surety	

State of:

Texas

County of:

This undersigned certifies that, with the exceptions listed below, payment has been made in full and all obligations have been satisfied for the following:

All Materials, Equipment, Work, Labor, Services and claims against the Contractor in connection with the above mentioned Contract.

**Exceptions:**

**Attached Supporting Documents:**

1. Surety to Final Payment, if required.  
Is document attached? ☐
2. If required by the Owner:
  - .. Contractor's Release or Waiver of Liens
  - .. Separate Releases or Waivers of Liens from Subcontractors, material and equipment suppliers
3. Release of Liens Affidavit

**Contractor:**

Stone Castle Constructors  
3615 Almeda Genoa Road  
Houston, Tx 77047

BY:

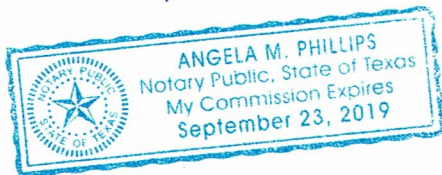
(signature of authorized representative)

Sam J. Song VP  
(Printed Name and title)

Subscribed and sworn to before me on this date: 8/28/18

Notary Public:

My Commission Expires: 9/23/19



# Release of Liens

CAP706A

Contract Date: 6/05/2018

Contract for:

Architect's Project Number:

166272

To Owner:

Fort Bend County Auditor  
301 Jackson Rd  
Richmond, TX 77469

From:

Stone Castle Constructors  
3615 Almeda Genoa Road  
Houston, Tx 77047

Project:

166272- KING KENNEDY

Distribute To:

☐ Owner ☐ Contractor ☐ Other  
☐ Architect ☐ Surety

State of:

Texas

County of:

## Purpose

This Document is to certify that to the best of the undersigned's knowledge, belief and information, with exception to the information listed below, The Release or Waivers of Lien attached hereto include the Contractor, all Subcontractors, all vendors and suppliers of materials and equipment, and all performers of Work, labor or services who may have liens or encumbrances or the right to assert liens or encumbrances against any property of the Owner listed regarding the contract referenced in this document.

## Exceptions:

### Attached Supporting Documents:

1. Contractor's Release or Waiver of Liens, conditional upon receipt of final payment.
2. Separate Releases or Waivers of Liens from Subcontractors and material and equipment suppliers, to the extent required by the Owner. accompanied by a list thereof.

Contractor:

Stone Castle Constructors  
3615 Almeda Genoa Road  
Houston, Tx 77047

BY: 

(signature of authorized representative)

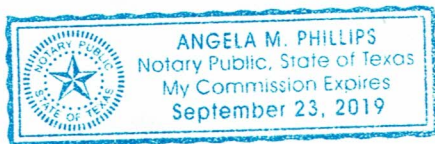
Sam J. Jones "VP"

(Printed Name and title)

Subscribed and sworn to before me on this date: 8/23/18

Notary Public: 

My Commission Expires: 9/23/19





# Substantial Completion Certificate

CAP704

**Contract Date:** 6/05/2018

**Contract for:**

**Architects Project Number:**

166272

**Owner:**

Fort Bend County Auditor  
301 Jackson Rd  
Richmond, TX 77469

**Contractor:**

Stone Castle Constructors  
3615 Almeda Genoa Road  
Houston, Tx 77047

**Project:**

166272- KING KENNEDY

**Distribute To:**

☐ Owner ☐ Contractor ☐ Other  
☐ Architect ☐ Field

Describe the Project or Portion of the Project designated for use:

*The undersigned certifies this to the best of their knowledge.  
The Work performed on this Contract is found to be substantially complete.*

With the exception(s) of the following, if any:

\_\_\_\_\_  
(Signature of authorized representative)

\_\_\_\_\_  
(Representing)

\_\_\_\_\_  
(Date of issuance)

A list of items to be completed/Corrected (if any) is attached.

Cost estimate of Work that is incomplete or defective:

The Contractor will complete or correct the Work on the list of items (attached is any) within:  
( 0 ) days from the above date of Substantial Completion.

SAM J. JONES (STONE CASTLE)  
CONTRACTOR

BY

8/28/18  
DATE

The Owner accepts the Work or designated portion as substantially complete and will assume full possession at  
(time) on (date).

OWNER

BY

DATE

The responsibilities of the Owner and Contractor for security, maintenance, heat, utilities, damage to the Work and insurance shall be as follows: (Note: Owner's and Contractor's legal and insurance counsel should determine and review insurance requirements and coverage.)