

TRANSMISSION VERIFICATION REPORT

TIME : 03/18/2016 14:49  
 NAME : L C  
 FAX : 3522534915  
 TEL : 3522534900  
 SER.# : BROG5J313807

DATE, TIME 03/18 14:47  
 FAX NO./NAME 818008458245  
 DURATION 00:01:57  
 PAGE(S) 02  
 RESULT OK  
 MODE STANDARD  
 ECM

4396850

4593

OMB No. 0607-0153; Approval Expires 05/31/2016

FORM C-700(SL)  
 (4-15-2014)  
 U.S. DEPARTMENT OF COMMERCE  
 Economic and Statistics Administration  
 U.S. CENSUS BUREAU  
**CONSTRUCTION PROJECT REPORT**  
 STATE AND LOCAL GOVERNMENTS

In any correspondence pertaining to this report, refer to the control number shown below.

DATE	SV	S	WGT	TC	NEWTC	ST	NEWAA	STATUS
201503	8185	12.82	51	1211	12	3	1	
	4396850			0750161				

**IMPORTANT**  
 Please refer to the Reporting Instructions on the back of the form.

**DUE DATE:** MAR 19, 2016

**RETURN FORM TO** U.S. Census Bureau  
 1201 East 10th Street  
 Jeffersonville, IN 47132-0001

**FAX** 1-800-845-8245

**VIA INTERNET OR FOR HELP** econhelp.census.gov/cprs

Use your unique User ID and original password.  
 User ID: 0750161 Password: 8jq\$K5#k

LAKE COUNTY PUBLIC WORKS  
 ATTN DEBORAH C MARCHESE  
 CONSTRUCTION PROGRAM SPECIALIST  
 PO BOX 7800  
 TAVERES FL 32778-7800

FAX (352)483-9025 PHONE (352)253-6007

(Please correct any error in name and address including ZIP Code, telephone and fax number)

**Section A PROJECT IDENTIFICATION**

**Section D SQUARE FEET**

The construction project described below is associated with your organization according to published sources. Please correct any errors or fill in any blanks in items 1 and 2. If necessary, make your corrections in item 10, Remarks, or use a separate sheet. IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CALL 1-800-845-8246.

7. Based on exterior dimensions, how many square feet of enclosed floor area (including basements) will be created by this project?

1. PROJECT DESCRIPTION  
 NORTH HANCOCK ROAD EXTENSION (PHASE 3A AND 3B) : 140030  
 140030

Exclude nonbuilding projects and existing floor space that is being remodeled. If none, enter "0."  
 Square feet

2. PROJECT LOCATION  
 N HANCOCK RD  
 FL

**Section E MONTHLY CONSTRUCTION PROGRESS REPORT**

This form will be returned to you EACH MONTH until the project is completed.

**Section B OWNERSHIP AND START DATE**

3. TYPE OF OWNERSHIP - Mark (X) one box.  
 Is this project  State Government or Agency  
 Privately-owned OR Owned by:  Federal Government or Agency

- Continue with item 8 if project has started; otherwise, skip to section F.
- Report the value of construction put in place each month. Include only those construction costs defined in item 5c. DO NOT include costs reported in item 6.
- Report costs in the month in which work was done (including any monthly retainage being withheld from contractors) rather than in the month in which payment was made.
- When project is completed, enter month and year in item 9.

**Section F MONTHLY VALUE OF CONSTRUCTION PUT IN**