



APPLICATION FOR PAYMENT

Subcontract No. \_\_\_\_\_

Project: The City of Port Orchard – Marina Pump Station Improvements Project
Prime Contract No. C059-23
PW No. 2023-013

Application Date: \_\_\_\_\_

Invoice Date (if different): \_\_\_\_\_

Application No.: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

Period Ending: \_\_\_\_\_

TO CONTRACTOR:
STELLAR J. CORPORATION
1363 Down River Drive
Woodland, WA 98674

FROM SUBCONTRACTOR:
Name \_\_\_\_\_
Address \_\_\_\_\_
City, State Zip \_\_\_\_\_

Table with 2 columns: Description and Amount. Rows include: 1 ORIGINAL CONTRACT AMOUNT, 2 Net change by Change Orders, 3 REVISED CONTRACT AMOUNT, 4 TOTAL COMPLETED & STORED TO DATE, 5 RETAINAGE, 6 TOTAL EARNED LESS RETAINAGE, 7 PREVIOUS BILLINGS, 8 CURRENT PAYMENT DUE, 9 BALANCE TO FINISH, INCLUDING RETAINAGE.

INVOICES MUST BE SUBMITTED WITH ALL SUPPORTING DOCUMENTATION VIA EMAIL, MAIL OR HAND DELIVERY TO STELLAR J CORPORATION'S MAIN OFFICE.

I hereby represent that I have reviewed the relevant records of Subcontractor and have personal knowledge to make the following representations. I hereby certify that the work performed and the materials supplied to date, as shown above represent the actual value of accomplishment under the terms of the Subcontract agreement...

(Legal Name of Subcontractor)

By: \_\_\_\_\_ (signature)

Name: \_\_\_\_\_ (printed or typed)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**SUB-TIER SUBCONTRACTOR, SUPPLIER, AND  
TRADE UNION DISCLOSURE FORM**

Subcontract No. \_\_\_\_\_

**Project:** The City of Port Orchard – Marina Pump Station  
Improvements Project  
**Prime Contract No.** C059-23  
**PW No.** 2023-013

**SUBCONTRACTOR:** \_\_\_\_\_

**Related Payment Application No.:** \_\_\_\_\_ **Related Invoice No.:** \_\_\_\_\_

Identify all materialmen, suppliers, contractors, and subcontractors that have or will perform work on or in connection with the performance of this Subcontract in excess of \$10,000.00 or five percent (5%) of the Subcontract Amount, whichever is greater.

Sub-Tier Subcontractor or Supplier	Contact Person	Phone Number	Cost Incurred to Date	Total Anticipated Cost

Identify all trade unions that have or will provide labor in connection with the performance of this Subcontract.

Trade Union	Contact Person	Phone Number	Fringe Benefits Incurred to Date	Total Anticipated Fringe Benefits

I hereby certify that the above information accurately identifies all materialmen, suppliers, contractors, subcontractors and trade unions used on or in connection with the performance of this Subcontract.

\_\_\_\_\_  
(Legal Name of Subcontractor)

By: \_\_\_\_\_  
(signature)

Name: \_\_\_\_\_  
(printed or typed)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**CONDITIONAL WAIVER AND RELEASE UPON  
PROGRESS PAYMENT**

Subcontract No. \_\_\_\_\_

**Project: The City of Port Orchard – Marina Pump Station  
Improvements Project  
Prime Contract No. C059-23  
PW No. 2023-013**

The undersigned, \_\_\_\_\_ (“Subcontractor”), upon receipt of a check in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) payable to Subcontractor, and when the check has been properly endorsed and has been paid by the bank upon which it is drawn, hereby waives and releases any construction lien, stop notice, bond claim and other claim that Subcontractor has or may have with respect to its portion of the Work to remove and replace existing pump stations to increase pumping capacity and add emergency wastewater storage, located at the following address: Near the Port Orchard Marina, 707 Sidney Pkwy, Port Orchard, WA 98366, Latitude/Longitude 47.542892, -122.638595 which is within Kitsap County, City of Port Orchard, State of Washington (“Project Site”) under and related to the Prime Contract and the Contract Documents for the Project between Stellar J Corporation (“Contractor”) and The City of Port Orchard (“Owner”) dated August 8, 2023 to the following extent.

The undersigned represents, as of the date of this progress payment request, the status of its contract is as follows:

Contract Amount: \$ \_\_\_\_\_  
Amount paid to date: \$ \_\_\_\_\_  
Retainage withheld to date: \$ \_\_\_\_\_

This waiver and release is effective as to Stellar progress payment(s) number(s) \_\_\_\_\_ and/or Subcontractor invoice number(s) \_\_\_\_\_ for labor, services, materials and equipment furnished and all other claims by Subcontractor and its subcontractors and suppliers at all tiers during the period commencing on and including \_\_\_\_\_ and ending on and including \_\_\_\_\_, but excluding applicable retainage.

This document may be relied upon by Contractor, Owner, any lender providing financing for the Project and any surety on any applicable bond; provided that any party intending to rely upon this document should first verify evidence of payment to Subcontractor of the full amount set out above.

\_\_\_\_\_  
(Legal Name of Subcontractor)  
By: \_\_\_\_\_  
(signature)  
Name: \_\_\_\_\_  
(printed or typed)  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_



**CONDITIONAL WAIVER AND RELEASE UPON FINAL PAYMENT**

Subcontract No. \_\_\_\_\_

**Project: The City of Port Orchard – Marina Pump Station Improvements Project**  
**Prime Contract No. C059-23**  
**PW No. 2023-013**

The undersigned, \_\_\_\_\_ (“Subcontractor”), upon receipt of a check in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) payable to Subcontractor, and when the check has been properly endorsed and has been paid by the bank upon which it is drawn, hereby waives and releases any construction lien, stop notice, bond claim and other claim that Subcontractor has or may have with respect to its portion of the Work to remove and replace existing pump stations to increase pumping capacity and add emergency wastewater storage, located at the following address: Near the Port Orchard Marina, 707 Sidney Pkwy, Port Orchard, WA 98366, Latitude/Longitude 47.542892, -122.638595 which is within Kitsap County, City of Port Orchard, State of Washington (“Project Site”) under and related to the Prime Contract and the Contract Documents for the Project between Stellar J Corporation (“Contractor”) and The City of Port Orchard (“Owner”) dated August 8, 2023 to the following extent.

This waiver and release is effective as to final payment for all labor, services, materials, and equipment furnished by Subcontractor and its subcontractors and suppliers at all tiers including retainage.

This document may be relied upon by Contractor, Owner, any lender providing financing for the Project and any surety on any applicable bond; provided that any party intending to rely upon this document should first verify evidence of payment to Subcontractor of the full amount set out above.

\_\_\_\_\_  
(Legal Name of Subcontractor)  
By: \_\_\_\_\_  
(signature)  
Name: \_\_\_\_\_  
(printed or typed)  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_



**SUBCONTRACTOR CONTACT INFORMATION**

Subcontract No. \_\_\_\_\_

**Project: The City of Port Orchard – Marina Pump Station Improvements Project  
Prime Contract No. C059-23  
PW No. 2023-013**

Please complete and return this form with your subcontract for our information and use during the project.

**Legal Name of Subcontractor:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Remit To Address (if different):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address(es):** \_\_\_\_\_

**WA UBI No. (Resale Certificate No.):** \_\_\_\_\_

**WA Labor & Industries Account No. (WA Workers Comp No.):** \_\_\_\_\_

**Washington State Contractor's License No.:** \_\_\_\_\_

**Insurance Company, Agent & Policy Nos.:** \_\_\_\_\_

**Federal Tax ID No \ Social Security No.:** \_\_\_\_\_

**Check the appropriate box:**     Sole Proprietor     Corporation     Partnership  
     LLC                     LLP                     Other: \_\_\_\_\_

<b>Project Manager</b>		<b>Site Superintendent</b>	
Name:		Name:	
Phone:		Phone:	
Mobile:		Mobile:	
Email:		Email:	
<b>Contract Questions</b>		<b>Invoice Questions</b>	
Name:		Name:	
Phone:		Phone:	
Mobile:		Mobile:	
Email:		Email:	
<b>Document Compliance / Monthly Reporting</b>		<b>Other Contact Information</b>	
Name:		Name:	
Phone:		Phone:	
Mobile:		Mobile:	
Email:		Email:	



**INFORMATION SHEET FOR  
PREVAILING WAGE FORMS  
(for Washington jobs only)**

Information needed to file Washington Intent to Pay Prevailing Wages Form:

<b>Prime Contractor Name/Address:</b>	STELLAR J. CORPORATION 1363 Down River Drive Woodland, WA 98674	<b>Contractor Registration No.:</b>	STELLJC045J9
		<b>Contractor Intent to Pay No.:</b>	1369257
<b>Project Name:</b>	Port Orchard – Marina Pump Station Improvements Project	<b>Contract Awarding Agency:</b>	City of Port Orchard
<b>Contract #:</b>	C059-23	<b>Agency Contact Person:</b>	Chris Hammer
		<b>Agency Contact Phone:</b>	360-535-2497
<b>County where work will be performed:</b>	KITSAP COUNTY	<b>City where work will be performed:</b>	Port Orchard, Washington
<b>Bid Due Date:</b>	7/18/2023	<b>Date Contract Awarded:</b>	8/8/2023

The Intent to Pay and Final Affidavit of Wages Paid can now be filed on the Internet.

**CERTIFIED PAYROLL REPORTS**

Certified payroll reports must be submitted on a timely basis, or your payment will be delayed.