

COMMUNITY DEVELOPMENT / NONPROFIT (CD) INSPECTION REPORT

To: <input type="checkbox"/> Building Section <input type="checkbox"/> Plumbing Section <input type="checkbox"/> Mechanical Section <input type="checkbox"/> Electrical Section	Technical Specifications for: <u>GENERAL</u> <small>(Name of specification, type of work)</small>
General Specifications include: <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <small>(Mark box if part of the General Specifications)</small>	

<u>SCOTT FREDRICKSON</u> Contractor/Company Name <u>517-819-2677</u> <u>PB1E-1591</u> Phone Number Permit Number <p align="center">LL</p>	<u>112E DAKIN</u> Project Address and zip code <u>TAMARA AREND</u> Owner's Name <u>517-258-1020</u> Primary Contact Phone Other phones <u>33-01-01-22-252-142</u> Project/Parcel Number
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NOTICE OF INSPECTION

Partial: I certify that a partial inspection has been made based on the attached Technical Specifications/Proposal and that all work completed is in conformance with quality workmanship and meets all code requirements.	Final: I certify that a final inspection has been made based on the attached Technical Specifications/Proposal and that all work completed is in conformance with quality workmanship and meets all code requirements.
Technical Specifications/Proposal includes: Addendum: Alternates: Change Orders:	Technical Specifications/Proposal includes: Addendum: Alternates: Change Orders:
_____ _____ Development Partial Approved By Date	 _____ _____ Development Final Approved By Date
_____ _____ Building Safety Partial Approved By Date	 _____ _____ Building Safety Final Approved By Date

PARTIAL PAYMENT AUTHORIZATION

FINAL PAYMENT AUTHORIZATION

Having reviewed the attached request for partial payment and related documents, including Addendum(s) Alternate(s) Change Order(s) If marked includes: <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical Payment is hereby authorized in the amount of: \$ _____	Having reviewed the attached request for partial payment and related documents, including Addendum(s) Alternate(s) Change Order(s) If marked includes: <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical Payment is hereby authorized in the amount of: \$ <u>12,900</u>
_____ Authorized By Robin Edmondson Date	 _____ Authorized By Robin Edmondson Date

Roofing & Siding Permit | PB18-01

Property Information

33-01-01-22-252-142 1128 DAKIN ST Subdivision:
LANSING MI, 48912 Lot: Block:

Name Information

Owner: AREND TAMARA Phone:
Occupant: Phone:
Applicant: Scott Fredrickson Construction Corp Phone: (517) 641 7000
Contractor: Scott Fredrickson Construction Corp Phone: (517) 641 7000
Licensee: Scott Fredrickson Construction Corp Phone: (517) 641 7000
License Issued: 06/05/2017
License Expires: 05/31/2020

Permit Information

Date Issued: 05/14/2018 Date Expires: 11/28/2018 Status: FINALED

Work Description:

City of Lansing Community Development. Reroof, tear off

Stipulations:

Required Inspections:

Rough-In: When all roof coverings have been removed and sheathing repaired or replaced and prior to installing new roof coverings.

Final: When all work is complete.

Inspection Request: Please contact your assigned inspector and a range for an inspection and minimum of 24 hour in advance.

Final Inspection | Larry Connelly

Status: Completed Result: Approved
Scheduled: 06/01/2018 03:30 PM Completed: 06/01/2018 03:55 PM

Fee Information

Standard Item Resid	Res-Tear Off and Re-Roof (SF/Res)	1.00	100.00
Standard Item	Technology Fee	1.00	10.00

REQUEST FOR BID

Client: TAMARA AREND
Telephone: (517)258-1020
Property: 1128 DAKIN ST
LANSING, MI 48912

Contact for Information:
DENNIS GRAHAM
CITY OF LANSING

DENNIS.GRAHAM@LANSINGMI.GOV
Telephone: (517)483-4054
Fax: (517)483-6036

Materials + Labor

\$ D4
6-9-18

1. **REQUIRED DOCUMENTS**

Required Documents:

The following documents are required to be submitted with your bid. Failure to do so will result in immediate disqualification of your bid.

1. Current Residential Builders License
2. Current Insurance Certificate listing City of Lansing as an additional insured, and providing coverage of at least \$1,000,000.00 each of General Liability, Workers Compensation (if employees are on your payroll), and Auto Insurance (if an auto is owned and specifically used for the business).
3. Current State of Michigan Lead Abatement Contractor Certificate (if abatement job)
4. Current State of Michigan Lead Abatement Supervisor and worker cards for all certified employees/ subcontractors (if abatement job or interim control job).
5. Proof that your business and all subcontractors are not debarred from bidding on federally funded jobs (search results from www.sam.gov
6. Proof that your business meets the requirement of the EPA Renovation, Repair and Painting (RRP) Program (EPA NAT Certificate AND training certificates for all employees/subcontractors disturbing painted surfaces).
7. Construction Calendar with Draw Schedule detailing how your company will complete the project within the timeline outlined here:
50% complete by _____
100% complete by _____
Except weather related items (list individually): _____

8. Bid Bond: Required if your bid meets the criterial listed in the Instructions to Bidders, Item number 31.

Materials + Labor

\$ DS
6-4-18

2. **BUILDING PERMIT**

Building Permit

Cost of building permit for work as specified.

Include detailed drawings of structure of decks, porches, additions, beams and headers as required by the Building Safety Office.

\$ DS
6-4-18

3. **TEAR OFF AND REPAIR**

Tear Off and Repair

Remove and dispose of roofing materials to expose roof boards.

Replace all missing, deteriorated, and broken roof boards providing a surface flush with existing adjacent roof deck.

Location: Entire house and porch roofs

Note:

1) The owner is responsible for removal and reinstallation of satellite dishes if present.

\$ DS
6-4-18

4. **ARCHITECTURAL SHINGLES**

Architectural Shingles

Furnish and install new 15 pound felt paper over entire roof.

Furnish and install ice and water shield at all roof edges from the eave edges up the roof to at least two feet past the exterior wall, and full roll width in all valleys. Furnish new

self-sealing, asphalt roofing shingles with a class "A" fire rating, as manufactured by Certainteed Landmark. Fasten new shingles securely to structure as recommended by the shingle manufacturer. Install new aluminum drip edge at all roof edges.

Ensure that sound weathertight flashing is installed according to shingle manufacturers written instructions, at all valleys, junctions of roof and wall surfaces and at all roof penetrations.

Include new aluminum chimney flashing with mortared-in counter flashing or "Pro-Flash" pre-manufactured counterflashing, as manufactured by "Moheco" or approved equal, installed and sealed

with "Geocel 2300" Tripolymer Sealant, installed according to manufacturers written instructions. Completed roofing to be free of scratched, dented or split shingles for a weathertight

surface. Furnish and install new attic ventilation as per manufacturers written requirements. Furnish the Development

Materials + Labor

Office with a written warranty from the manufacturer for the product installed for a minimum of 25 years. Verify shingle color with owner.

Location: Entire house and porch roofs

\$ DS
6-4-18

5. **TUCKPOINT CHIMNEY**

Tuckpoint Chimney

Tuckpoint chimney with type "S" mortar to include, replacing all defective brick units with new brick units for a secure and weather resistant surface. Provide new concrete cap for a complete installation.

Location: Front (east) chimney on house

\$ DS
6-4-18

6. **ALTERNATE #1: 7/16 OSB DECKING**

Alternate #1: 7/16 OSB Decking

Call Re-hab Construction Specialist for inspection when roof boards are exposed. Furnish and install new 7/16 inch O.S.B. decking over existing roof boards fastened securely to structure.

Location: Entire house and porch roofs

Note:

1) The owner is responsible for removal and reinstallation of satellite dishes if present.

\$

Total All Items