

## ITEMIZED SCOPE OF WORK

• Landscaping: for property bordering North Ocean Drive, Lee Street, Scott Street and the Broadwalk. Our plan is to implement a water efficient landscape and irrigation design. We will use appropriate native plants that improve our environment and appearance. (\$52,710)

In Addition, we have budgeted (\$7,000) for the irrigation for this project.

• Pavers & exterior tile at lobby entrance to building. We are replacing the existing driveway surface and slate tile area with new pavers which are consistent with the appearance of the Hollywood Beach Broadwalk and the style that is planned for the bordering streets. (\$43,000)

We have hired an engineer to help with the structural plan for this area. The costs for the engineer is: \$3,750.

 Hollywood Towers Sign: New modern looking signs visible from North Ocean Drive. (\$11,395)

Total Amount Budgeted for the Project: \$117,855





## HOLLYWOOD CRA GRANT PROGRAM BID SUMMARY

Business or Condo Name: Hollywood Towers Condominium Assoc. Inc.
Property Address: 3111 N. Ocean Dr. Hollyword FL 33019
WORK DISCIPLINE: Driveway
CONTR#1 Perfect Pavers of So. Florida \$ 42,605 SELECTER
CONTR#2 Ross Services \$40,253
CONTR#3 Paver Max \$30264.60
WORK DISCIPLINE: Landscaping
CONTR#1 Lukes Arbor Care \$ 52,710. SELECTE
CONTR#1 Lukes Arbor Care \$ 52,710. SELECTEI CONTR#2 Bamboo Landscaping Services \$ 36,116.
CONTR#3 GRC handscaping \$ 44, 169.60
WORK DISCIPLINE: Landscape Drawing
CONTR#1 GRChendscaping \$ 1500.00 SELECTER
CONTR#2 \$
CONTR#3 \$

WORK DISCIPLINE:	Exterior Sign		
		: 11 30.0	OF FOTED
CONTR#1	1. Signs	\$ /1,010	SELECTED
CONTR#2 Expos	e Jourself USA	\$ /1,50	
CONTR#3 Expose	Yourself USA	\$ (1.000	
Contract Signo	arlama Engineering Report	0.1	ank .
WORK DISCIPLINE:	Engineering Report	and scope of w	
CONTR#1 5 War	sland	\$ 3750	SELECTED
CONTR#2		\$	
CONTR#3		\$	
WORK DISCIPLINE:			
CONTR#1		\$	SELECTED
		\$	
CONTR#2			
CONTR#3		\$	
TOTAL PROJEC	CT COST	960.	

# **EXHIBIT** "B"



# **Proposal**

Date	Proposal #
4/15/2016	0416214

2711 Southwest 36th Street, Dania Beach,FL 33312

3111 North Ocean Drive Hollywood, FL 33019

Hollywood Towers Condominium Assoc. PHONE: 954-431-1111, FAX: 954-433-1111

Ship To

EMAIL	P.O. No.	Project	APPROVED BY:	Rep	DIVISION
Bianca@lslmgt.com	·	0416214bh		MF	7060 Install
	Description .	Qty	Cost	Total	
SCOPE OF WORK: PR	OVIDE LANDSCAPI	E INSTALLATION AS			
PER PLANS PROVIDE	D BY LIVING COLO	OR LANDSCAPE.	anne Aeronine e e e e e e e e e e e e e e e e e e		
Site prep			1	1,600.00	1,600.00
Dump fees			1	250.00	250.00
INSTALL					
Cocos nucifera "Coconu	t Palm" (5' c.t.)		3	325.00	975.00
Sabal Palm" (12'-15' o.a			12	165.00	
Roystonea elata "Florida		)	2	1,200.00	1
Aechmea "Blanchetiana		6	12	110.00	1
Aechmea " malva (7 gal			12	110.00	The state of the s
Aptenia cordifolia "baby	sun rose" (1 gal)		70	7.00	490.00
Ti plant (7 gal)			24	40.00	960.00
Clusia (7 gal)			210	40.00	8,400.00
African Iris (3 gal)			50	15.00	750.00
Setcreasea pallida "purp	le queen" (1 gal)		15	12.00	180.00
Trachelospermum asiati	cum "Asian Jasmine"	(1gal)	175	7.00	1,225.00
Duranta erecta sp "golde	en mound" (25 gal)		60	11.00	660.00
Ficus microcarpa "green	island" (25 gal)		30	800.00	24000.00
Dianella tasmanica "flax	a lily" (3 gal)		60	12.00	720.00
Tripsacum Floridanum '	'Fakahatchee grass" (3	gal)	40	13.00	520.00
MISCELLANEOUS			Virianian de relacionario		·
Cubic yards of topsoil			10	70.00	700.00
Cubic yards of sand		18	70.00	1,260.00	
Pallets of mulch		4	375.00	1,500.00	

IF APPROVED, PLEASE SIGN:\_

Void after 90 days

**Total** 

INSTALLED AND APPROVED	NSTA	LLED	AND	APPROVI	ED
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# **Proposal**

Date	Proposal #					
4/15/2016	0416214					

2711 Southwest 36th Street, Dania Beach,FL 33312

3111 North Ocean Drive Hollywood, FL 33019

Hollywood Towers Condominium Assoc. PHONE: 954-431-1111, FAX: 954-433-1111

Ship To

EMAIL	P.O. No.	Project	APPROVED BY:	Rep	DIVISION
Bianca@lslmgt.com		0416214bh		MF	7060 Install.
	Description		Qty	Cost	Total
(1) Crane  NOTES: *PERMITS ARE NOT PERMIT FEES WILL E * IRRIGATION IS NOT	BE BILLED BACK TO FINCLUDED IN THIS	OWNER.	1	1,500.00	1,500.00
Charles and the second	ion, Inc. shall be name c.'s commercial genera				

IF APPROVED, PLEASE SIGN:\_ Void after 90 days

**Total** 

\$52,710.00

INSTALLED AND APPROVED\_



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/3/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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	tli	R in, A Marsh a W 41st Stree		cLennan Ager	ncy 1	LLC (	С	CONTA NAME: PHONE (A/C, No			FAX (A/C, No): (305)	640-9703
90.	,0 1	AN TISC SCIE	= L					E-MAIL ADDRE	00000		(700, NO). (C )	
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					•			INSURE	TOP OF THE PROPERTY OF THE PARTY OF	urer(S) Affor surance Co	DING COVERAGE	NAIC# 12262
INSU	RED							INSURE	20.550.00			12202
Luk	e's	Landscaping	, I	inc.				INSURE	0.000			
271	1 S	W 36th Stree	t					INSURE	90.00000			
Dan	i	Beach FL 333	112					INSURE	e4057000			
Dan		Deach II 555						INSURE	ercents.			
CO	/ER	AGES		CER	TIFIC	CATE	NUMBER: Cert ID 53				REVISION NUMBER:	
IN	DICA	ATED. NOTWITH	IST/	ANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER D	D NAMED ABOVE FOR THE POL DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
							LIMITS SHOWN MAY HAVE				HEREIN IS SUBJECT TO ALL	INE TERMS,
INSR LTR		TYPE OF IN	SUR	ANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		COMMERCIAL GET	NERA	AL LIABILITY							EACH OCCURRENCE \$	
		CLAIMS-MADE	EΓ	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
											MED EXP (Any one person) \$	
\$											PERSONAL & ADV INJURY \$	
	GEN	I'L AGGREGATE LIM	IIT AF	PPLIES PER:							GENERAL AGGREGATE \$	
		POLICY PROJECT	D- T	LOC							PRODUCTS - COMP/OP AGG \$	
		OTHER:									\$	
	AUT	OMOBILE LIABILITY	1	22							COMBINED SINGLE LIMIT (Ea accident) \$	
at .		ANY AUTO									BODILY INJURY (Per person) \$	
		ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY INJURY (Per accident) \$	
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$	
											\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE \$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE \$	
		DED RETER	NTIO	N\$							s	
A		KERS COMPENSAT EMPLOYERS' LIABI					201575 0529909		12/31/2015	12/31/2016	X PER OTH-	
275000	ANY	PROPRIETOR/PART	NER/	EXECUTIVE T	N/A						E.L. EACH ACCIDENT \$	1,000,000
	(Man	CER/MEMBER EXCL datory in NH)	UDEL	D?	107.0						E.L. DISEASE - EA EMPLOYEE \$	1,000,000
		s, describe under CRIPTION OF OPER	ATIO	NS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000
DESC	RIPT	ION OF OPERATION	IS / L	OCATIONS / VEHIC	LES (A	ACORD	) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)	
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CEF	RTIF	ICATE HOLDE	R					CAN	CELLATION			
								0110		THE A DOME D		
											ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE	
Ho!	1 1200	ood Towers (	<b>'05</b>	dominium Acc	oci -	++					Y PROVISIONS.	
1101	-YW	COG TOWELS (	-0110	ACMITITUM ASS	,UCI	LLOI	•					
311	1 N	Ocean Drive	€		ū			AUTHO	RIZED REPRESE	NTATIVE		
Hol	.lvw	rood FL 33019	9					-8	M			
			6. 									





# 2015/2016 LOCAL BUSINESS TAX RECEIPT

Business Name: LUKES-SAWGRASS LANDSCAPING INC

DBA:

Business Location: 2200 N 30 RD

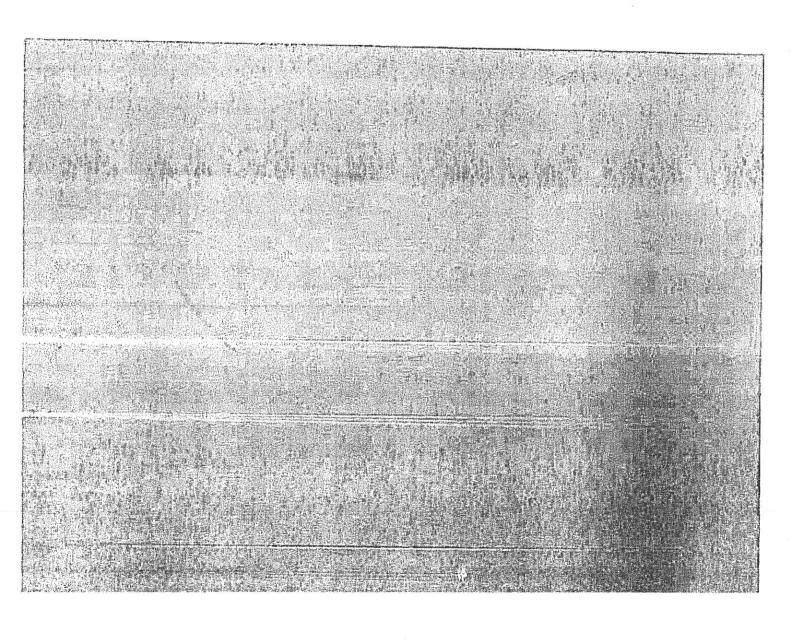
Business Category: SERVICE/LICENSED BUSINESS

Classification: Contractor/Landscaping

Tax Basis: 5 - 25 WORKERS

Account Registration #: B9047169-2016 Expiration Date: 9/30/2016

Tax Pald: \$316.00



## PERFECT PAVERS OF SOUTH FLORIDA, LLC

528 NW 1st Ave. Ft. Lauderdale, FL 33301 (954) 779-1855 fax. (954) 779-1049

Driveways & Walkways

Pool Decks & Patios

Retaining Walls

Precast Pavers

Natural Stone Products Commercial & Residential PROPOSAL/

EXHIBIT "B'

**ACCEPTANCE** 

**Perfect Pavers** SALES REPRESENTATIVE Jay Gonzalez

#### ay.gonzalez@perfectpavers.com

Licensed, Insured & Bondable

PROPOSAL SUBMITTED TO: HOLLYWOOD TOWERS CONDOMINIUM

STREET 3111 NORTH OCEAN DRIVE

CITY, STATE & ZIP CODE

HOLLYWOOD, FLORIDA **ARCHITECT** 

DATE OF PLANS

PHONE

954-923-3701 JOB NAME

HOLLYWOOD TOWER'S CONDO

JOB LOCATION

HOLLYWOOD, FLORIDA FAX

ATTN:

DATE

12/10/2015

WE HEREBY SUBMIT SPECIFICATIONS AND ESTIMATES FOR:

SUPPLY AND INSTALL PAVERS AT DRIVEWAY AREA OVER A SANDBELL APPLICATION.

APPROX. 3,500 SF

\$ 16,450,00

SUPPLY AND INSTALL THIN PAVERS AT ENTRY AREA OVER A CONCRETE SLAB IN A THINSET APPLICATION.

APPROX. 980 SF.

\$ 7.542.00

SUPPLY BOBCAT AND DUMPTRUCK TO EXCAVATE ASPHALT, DELIVER, SPREAD AND GOMPACT 6-8" OF ROAD ROCK TO BRING DRIVEWAY UP TO ENTRY HEIGHT ELEVATIONS.

APPROX. 3.500 SF.

\$ 7,820.00

DEMO EXISTING CONCRETE WALKWAY TO EXPAND DRIVE 2' WIDE THE LENGTH OF DRIVEWAY. SAWCUT ENTRY AREA AT BUILDING TO REMOVE EXISTING TILE AND SHAVE OFF 2" OF EXISTING CONCRETE SLAB.

APPROX. 1

\$ 5,865.00

FORM AND POUR CONCRETE CURB THE LENGTH OF DRIVEWAY TO RESTRAIT PAVERS.

APPROX. 176 LF.

\$ 4.928.00

TO TAL \$ 42,605.00

NOTE:

PERMITS FEES NOT INCLUDED ON PROPOSAL, WILL BE ADDED TO FINAL INVOICE.

SPRINKLERS, PLUMBING AND ELECTRICAL BY OTHERS.

SEALING NOT INCLUDED .60 PSF.

CURRENT PROPOSED WORK MAYBE ALTER THROUGH PERMITTING PROCESS.

PAYMENT TERMS 20% 60% 20%

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: FORTY TWO THOUSAND SIX HUNDRED FIVE DOLLARS.

Payment to be made as follows:

Customer Signature:



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/3/2016

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy certificate holder in lieu of such endor			idorse	ment. A stat	tement on th	is certificate does not con	fer rights to the
PRODUCER			CONTA NAME:	СТ			
Bateman Gordon and Sands 3050 North Federal Hwy			PHONE (A/C, No. Ext): 954-941-0900 FAX (A/C, No): 954-941-2006 E-MAIL ADDRESS: emedlin@bgsagency.com				
Lighthouse Point FL 33064			ADDICE			RDING COVERAGE	NAIC#
			INSUR	ER A :Amerisu	re Mutual Ir	surance Co.	23396
INSURED	PERPA	A4	INSURE	R в :Amerisu	re Insuranc	e Co.	19488
Perfect Pavers of South Florida LLC			INSURE	ERC:			
Perfect Pavers, Inc.			INSURE				
528 NW 1st Ave Fort Lauderdale FL 33301			INSURE	RF.			
Fort Lauderdale FL 33301			INSURE				
COVERAGES CER	TIFICA	TE NUMBER: 1376530047				REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR TYPE OF INSURANCE	ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A GENERAL LIABILITY	YY	GL20278611102		4/1/2016	4/1/2017	EACH OCCURRENCE \$1	.000.000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	00,000

INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X CU/Contractual  XCU/Contractual  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- PO	Υ .	Y	GL20278611102	4/1/2016	4/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000 \$
В	AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS	Y	Υ	CA20283741101	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$ \$
`	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	Y		CU20283751102	4/1/2016	4/1/2017	EACH OCCURRENCE AGGREGATE	\$5,000,000 \$5,000,000 \$
4	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Υ	WC20775250502	4/1/2016	4/1/2017	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000
550	PIDTION OF ODERATIONS / LOCATIONS / VEHICLE			×				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

DOCUMENT IS NOT COMPLETE UNLESS ACCOMPANIED BY THE ACORD 101.

General Liability:

Additional Insured, Primary & Non-Contributory, On-Going and Completed Operations, as required by written contract, per CG7048 0913. Waiver of Subrogation as required by written contract, per CG7049 1109.

30 Days Notice of Cancellation other than non-payment of premium per Notice per Form IL 70 45 05/07.

See Attached...

CERTIFICATE HOLDER	CANCELLATION
Hollywood Towers Condominium Association, İnc. 3111 N. Ocean Dr. Hollywood FL 33019	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Authorized REPRESENTATIVE T. + horogonal

ACEN	CV	CHET	OMED	ID.	PERPA4
AGEN	LY	CUSI	UNER	ID:	FERFA4

LOC #:



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Bateman Gordon and Sands		NAMED INSURED Perfect Pavers of South Florida LLC			
POLICY NUMBER		─Perfect Pavers, Inc. 528 NW 1st Ave Fort Lauderdale FL 33301			
CARRIER	AIC CODE				
		EFFECTIVE DATE:			

#### ADDITIONAL REMARKS

THIS ADDITIONAL	REMARKS FORM IS	Δ	SCHEDULE TO ACORD FORM.
THIS ADDITIONAL	INCIDATION OR IN IS	_	SCHEDULE TO ACORD FORIN,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Auto Liability: Additional Insured, Waiver of Subrogation, as required by written contract, per CA7171 0508.

Workers' Compensation: Waiver of Subrogation as required by written contract, per WC000313.

Umbrella Liability: Extends coverage to underlying General Liability, Auto Liability and Workers Compensation coverage's.

General Information:
The General Liability policy contains no specific residential exclusions.
Independent Contractors Liability is included in the General Liability per form CG0001 0413.

ALL COVERAGE IS SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS

Additional Insured(s): Hollywood Towers Condominium Association, Inc. and The City of Hollywood Community Redevelopment Agency



## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD 1940 NORTH MONROE STREET TALLAHASSEE FL 32399-0783

(850) 487-1395

LEWIS, JOHN C PERFECT PAVERS OF SOUTH FLORIDA LLC 528 NW 1ST AVE FT LAUDERDALE FL 33301

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CBC017908

ISSUED: 08/14/2014

CERTIFIED BUILDING CONTRACTOR LEWIS, JOHN 6 PERFECT PAVERS OF SOUTH FLORIDA LL

On WE CAL IS CERTIFIED under the provisions of Ch. 489 FS Expiration date : AUG 31, 2016

e for technique expenses and a con-

**DETACH HERE** 

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

#### STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CBC017908

The BUILDING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2016



LEWIS, JOHN C PERFECT PAVERS OF SOUTH FLORIDA LLC 528 NW 1ST AVE FT LAUDERDALE FL 33301



ISSUED: 08/14/2014

DISPLAY AS REQUIRED BY LAW

SEQ# L1408140001466



PO Box 971130 Coconut Creek, FL 33097 Phone: 954.970.1979 Fax: 954.970.5276

Email: Sales@grclandscaping.com '

Hollywood Towers 3111 N Ocean Drive Hollywood, FL 33019 11/13/2015

# Proposal



Estimate #

15855

	. Qty	Rate	Total		
Landscape Rendering based on site visit done by Ben Baker and Charles Infantino 50% of this invoice will be credited to the landscape installation proposal.  When GRC Landscaping submits the rendering to the board for review, we will submit an additional proposal that will be all inclusive and list all of the plant material. sizes, and other material that will be used for the installation.				1.500.00	1,500.00
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News USi	mes.				\$1,500.00
uthorized Signature		5 190	Tot	tal	
1/6/2015		15			

# EXHIBIT "B" Estimate



5991-95 SW 44th Street Davie, FL 33314 954.923.3081

Date	Estimate #	
5/2/2016	2013-1318	

Customer:	
HOLLYWOOD TOWERS ORLANDO VEGA 3111 N OCEAN HOLLYWOOD, FL. 33019	

P.O.#	Sales Rep	Project		

Description	Qty	Cost	Total
Drawings, Engineering and staff time - (City of ). Upon applying for your permit, at customer request, we can provide you with the permit tracking number and necessary information for you to track your permitplease note if you choose to not pull permits for your building signs you run the risk of receiving violation notices and double permit fee'd from the city when you do pull a permit WINDLOAD CALCULATIONS  Permit costs are determined by the building department and are separate from our 'Permit Services' fee. Upon permit approval, we will notify you of your permit cost and furnish you with a receipt. We require payment of permit cost prior to installation and final inspection.	1	500.00 150.00 0.00	500.00T 150.00T 0.00T
*			
XCustomer Signature			
REMOVAL OF 2 EXISTING SIGNS & CAP ELECTRIC	2	300.00	600.00T
Fabrication and installation of (2) NON ILLUMINATED POST & PANEL ENTRANCE / EXIT SIGNS 12" X 24"; SIGNS TO HAVE REFLECTIVE GRAPHICS	2	450.00	900.00T
Fabrication and installation of (1) DOUBLE SIDED ILLUMINATED MONUMENT SIGN W/ PUSH THRU	1	8,000.00	8,000.00T
LETTERS 6' X 6' AS PER HOLLYWOOD CODE SIGN WILL BE ILLUMINATED WITH LED TEXTURE COATED / PAINTED WITH SHERWIN WILLIAMS EXTERIOR PAINT			
RUN POWER TO BUILDING FOR ELECTRIC TO NEW MONUMENT SIGN	1	600.00	600.00T
		(	

Cost of City or County Permit Not Included in Quote. Terms are as stated 50% Deposit upon agreement. Balance and permit cost due upon completion. All material is guaranteed to be as specified. All work to be completed in workman like manner according to standards and practices. Any alteration or deviation from specification involving extra costs will be executed only upon written orders, and will become an extra charge over and above the written estimate. All agreements are contingent upon strikes, accidents and or material availability delays beyond our control. Owner may carry the necessary insurance to conduct bussiness. Our worker are coverd by Worker's Compensations Insurance.

Subtotal	\$10,750.00
Tax (6.0%)	\$645.00
Total	\$11,395.00

Customer Signature:	 Date :	
GMS Authorized Signature:	 Date :	



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD 1940 NORTH MONROE STREET TALLAHASSEE FL 32399-0783 (850) 487-1395

WILLIAMS, RAY E JR GM SIGN INC 5991 SW 44TH ST DAVIE FL 33314

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC13003378

ISSUED: 07/20/2014

CERTIFIED ELECTRICAL CONTRACTOR WILLIAMS, RAY E JR GM SIGN INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date AUG 31, 2016 L1407200002279

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE NUMBER

EC13003378

ADDITIONAL BUSINESS QUALIFICATION

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

WILLIAMS, RAY E JR GM SIGN INC 5991 SW 44TH ST DAVIE FL 33314







## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

001/504050		DELUGI	ON MUNICIPED	
20		INSURER F:		
DAVIE, FL 33314		INSURER E :		5
		INSURER D :		
5991 SW 44 STREET		INSURER C:		
GM SIGNS, INC		INSURER B:		
INSURED		INSURER A : CAPACITY INSURANC	E GROUP	
Ocala, FL 34474		INSURER(S) AFFORDING CO	/ERAGE	NAIC #
Suite 3		PRODUCER CUSTOMER ID #:		
2801 SW College Road		E-MAIL ADDRESS:		
Ocala		PHONE (A/C, No, Ext): 352-237-2700	FAX (A/C, No): 352-2	237-5884
PRODUCER	120	CONTACT BARTOW		
		LOCUELOE		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

₹	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
G	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR			CLM01002847C	06/04/2015	06/04/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000
G	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$
A	UTOMOBILE LIABILITY  ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	- Charles and the state of the						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS			•			BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	VORKERS COMPENSATION ND EMPLOYERS' LIABILITY			1000			WC STATU- OTH- TORY LIMITS ER	
A	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
(1	FFICER/MEMBER EXCLUDED? Mandatory in NH)	A, A					E.L. DISEASE - EA EMPLOYEE	\$
If D	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Hollywood Community Redevelopment Agency is listed as additional insured.

#### **CERTIFICATE HOLDER**

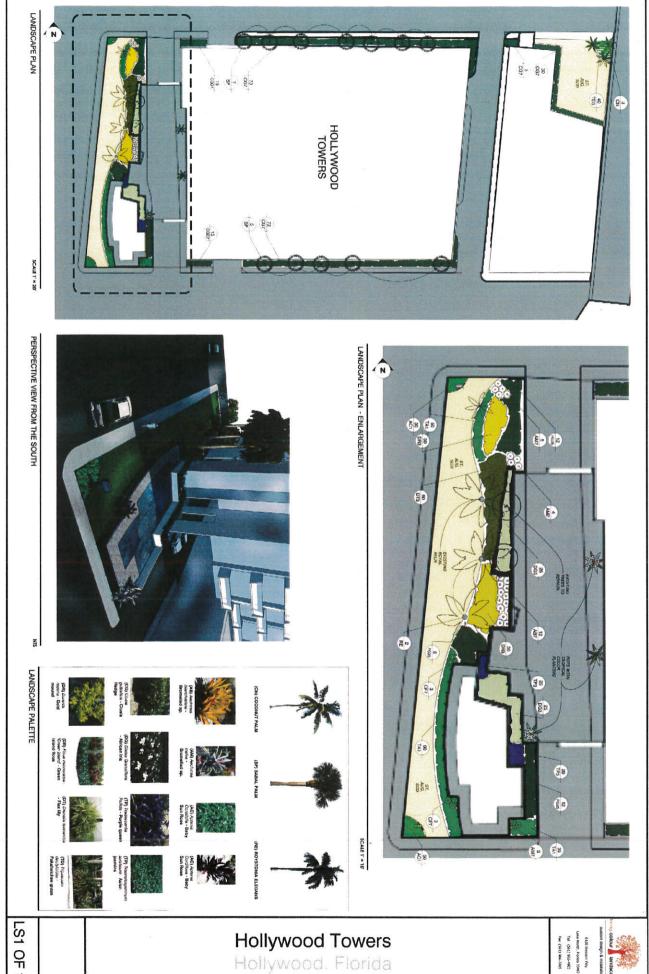
The City of Hollywood Community Redevelopment Agency 330 N. Federal Highway Hollywood, FL 33020

#### **CANCELLATION**

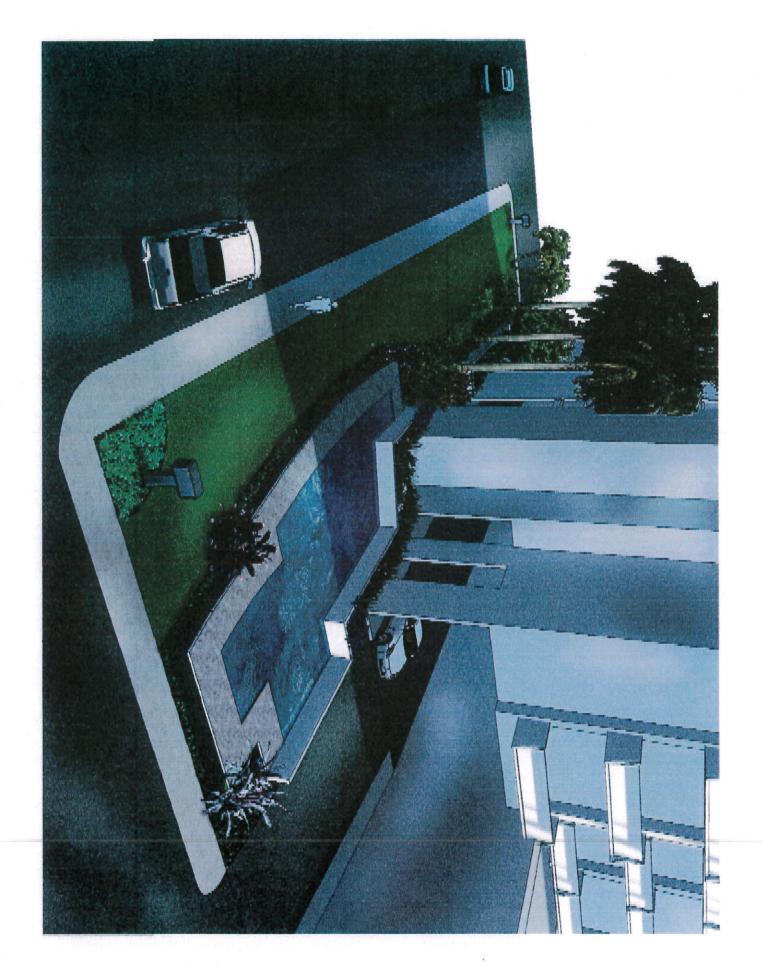
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





LS1 OF 1





(CN) COCONUT PALM



(SP) SABAL PALM



(RE) ROYSTONIA ELEGANS



(AB) Aechmen blanchetione -Bromellad sp.



(AM) Aechmee melve -Bromeliad sp.



(AC) Aptenia Corditalie - Beby Sun Rose



(AC) *Aptenia* Cordifolia - Baby Sun Rose



(CG) Clusia guttiefere - Clusia Hedge



(DG) Dietes Grandiflora - African Iris



(TP) Tradescentia Pallida - Purple queen



(TP) Trachelospermum asiaticum Asian jasmine



(DR) Duranta repens Gold mound



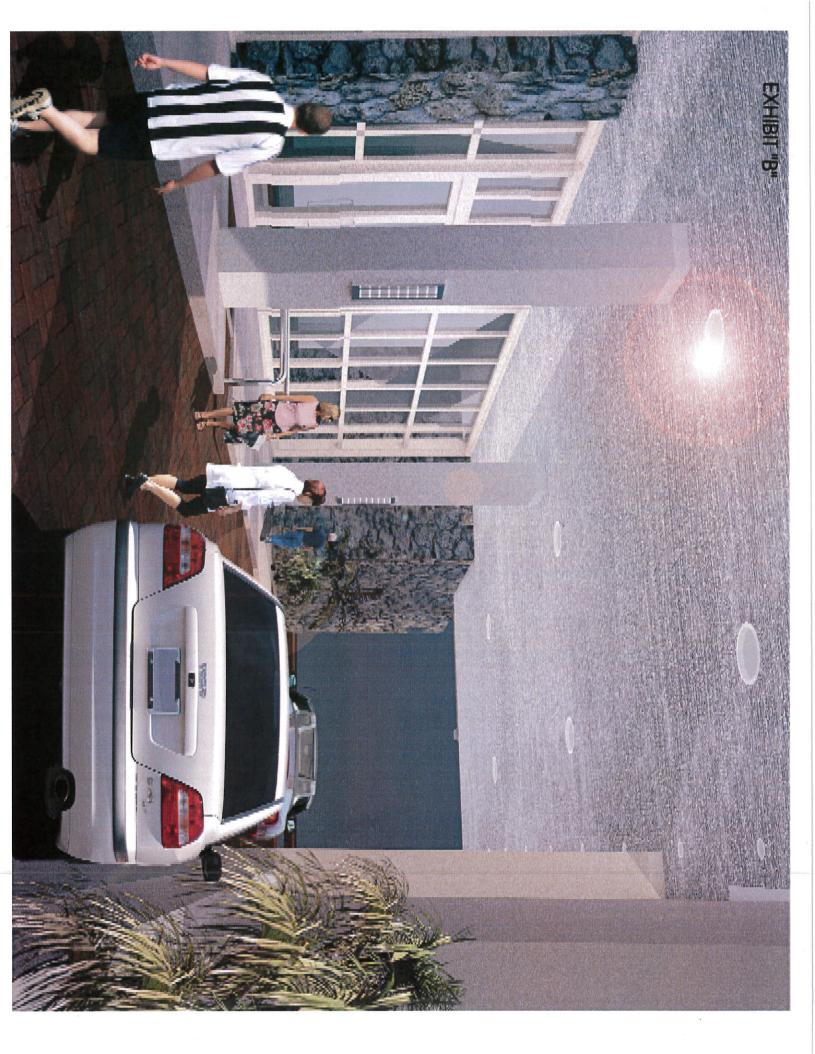
(DR) Ficus microcarpa -'Green Island' - Green Island ficus



(DT) Dianella tasmanica - Flax lily



(TD) Impsacum dactyloides Fekehatchee grass





March 3, 2016

Mr. Orlando Vega, Manager Hollywood Towers Condominium Association, Inc. 3111 North Ocean Drive Hollywood, FL 33019

Re: Paving Project

Dear Board Members:

It is our pleasure to offer this proposal concerning your need for professional engineering services. This document is an agreement between Hollywood Towers Condominium Association, Inc. (herein called CLIENT) and Swaysland Professional Engineering Consultants, Inc. (herein called ENGINEER). The scope of work is as follows:

#### PHASE I:

- I.1. Prepare plans and specifications for the removal of existing asphalt, concrete sidewalks and tiled areas at the front entrance and replace with concrete pavers.
- 1.2. Perform 4 standard penetration tests at front entrance using truck mounted or portable drill rig to determine if the existing base is suitable for new pavers or what base modifications will be required.

The fee for the services set forth in Phase I above is \$3,750.00.

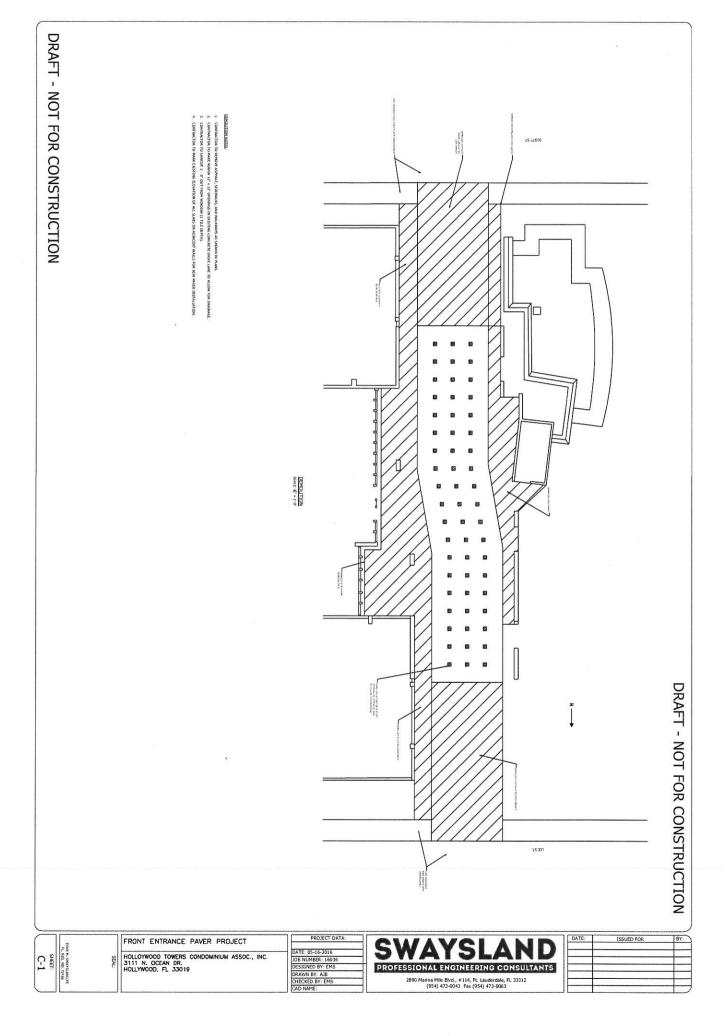
#### PHASE II:

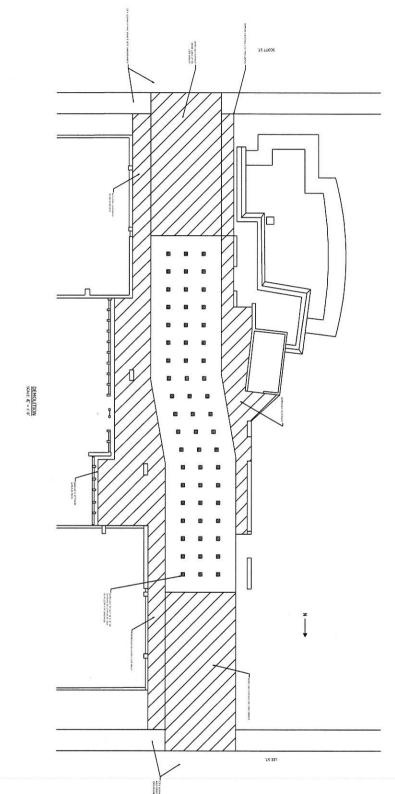
- II.1 Recommend contractors to perform the work and solicit bids from same.
- II.2. Conduct a pre-bid meeting at the site with the contractors and CLIENT'S representatives.
- II.3. Analyze bids received and make recommendations to CLIENT.

The fee for the services set forth in Phase II above is \$1,250.00.

#### PHASE III:

- III.1. Perform periodic observations during the progress of the work and write brief field reports regarding whether the contractor is performing the work in substantial conformance with the ENGINEER'S plans and specifications. Submit reports to CLIENT, building department and contractor.
- III.2. Review and approve contractor requests for payment.
- III.3. Perform a final inspection and determine that the work has been performed in substantial accordance with the plans and specifications.





FRONT ENTRANCE PAVER PROJECT

FRONT ENTRANCE PAVER PROJECT

HOLLOYWOOD TOWERS CONDOMINIUM ASSOC., INC.
3111 N. OCEAN DR.
HOLLYWOOD, FL 33019

DRAFT - NOT FOR CONSTRUCTION

PROJECT DATA:

DATE: 05-16-2016

JOB NUMBER: 16036

DRAWN BY: AB

CHECKED BY: EMS

CAD NAME:

PROFESSIONAL FI

2890 Marina Mile 1

(954) 47.

WAYSLAND
FESSIONAL ENGINEERING CONSULTANTS
2890 Marina Mile Blvd., #114, Rt. Lauderdale, Ft. 33312
(954) 473-0043 Fa.e (954) 473-0053

DATE:	ISSUED FOR	BY:
		_
-		_

DRAFT - NOT FOR CONSTRUCTION

