



CITY OF MILTON

**RESIDENTIAL EXTERIOR IMPROVEMENT
PROGRAM - GRANT APPLICATION**

APPLICANT INFORMATION

Applicant Name Tina Smith
Property Address 217 Green Hill Drive
Phone 608-751-3092 Email tinasmith04@charter.net

PROPERTY INFORMATION

Year Home Built 1958 Purchase Year of Home 1997
Assessed Value of Home \$ 144,200

PROJECT INFORMATION

Proposed Start Date Spring 2021 Proposed Completion Date Spring 2021
Contractor Name 3 Franks Services Contractor License # per contractor, not required
Contractor Address 2100 Beloit Newark Road Beloit WI 53511
Street City State Zip
Contractor Phone 608-365-4608 Contractor Email franks3services@yahoo.com
Total Project Estimate \$ 3,718 Grant Request \$ 1,859

Other funding sources that will be used: personal funds

Project Narrative (attach additional sheets if necessary).
Please include information related to the work that will be done, colors that will be used, why there is a need for the project, and other information that will be relevant to making a decision on the grant application.


Over the past few years, we have replaced the retaining walls on our property. The new walls are set back further leaving our driveway with a strip along the length of one side that is between 4 and 34" of gravel and a section next to the garage that is up to 5' of gravel and dirt. The rest of the current driveway will be removed and replaced, as well.

The current asphalt will be removed, and the complete area will be prepped and compacted, and the space will be paved 2.5" of black asphalt.

DOCUMENTS TO INCLUDE

- Two contractor proposals
- Site plan
- Copy of Contractor License
- Proof of Insurance
- Photos of what will be repaired

Certification: The information provided above is true and accurate to the best of my knowledge and I have read and understand the guidelines of the City of Milton Residential Exterior Improvement Program and agree to abide by its conditions. I acknowledge that the Common Council has the right to terminate this agreement under the Residential Exterior Improvement Program if I, as the applicant, am found to be in violation of any conditions set forth in the guidelines of the program. I understand this is a matching grant up to \$5,000.


Applicant Signature

March 29, 2021
Date

3 FRANKS SERVICES

2100 Beloit Newark Rd. • Beloit, WI 53511
 Office: (608) 365-4608 • Fax (608) 365-6073
 franks3services@yahoo.com

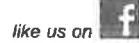
Asphalt / Concrete
 Contractors
 Serving WI & IL

Steve Sr (608) 295-3490
 Steve Jr (608) 290-0098

Date 8-27-20

Proposal # 845

Proposal submitted to:

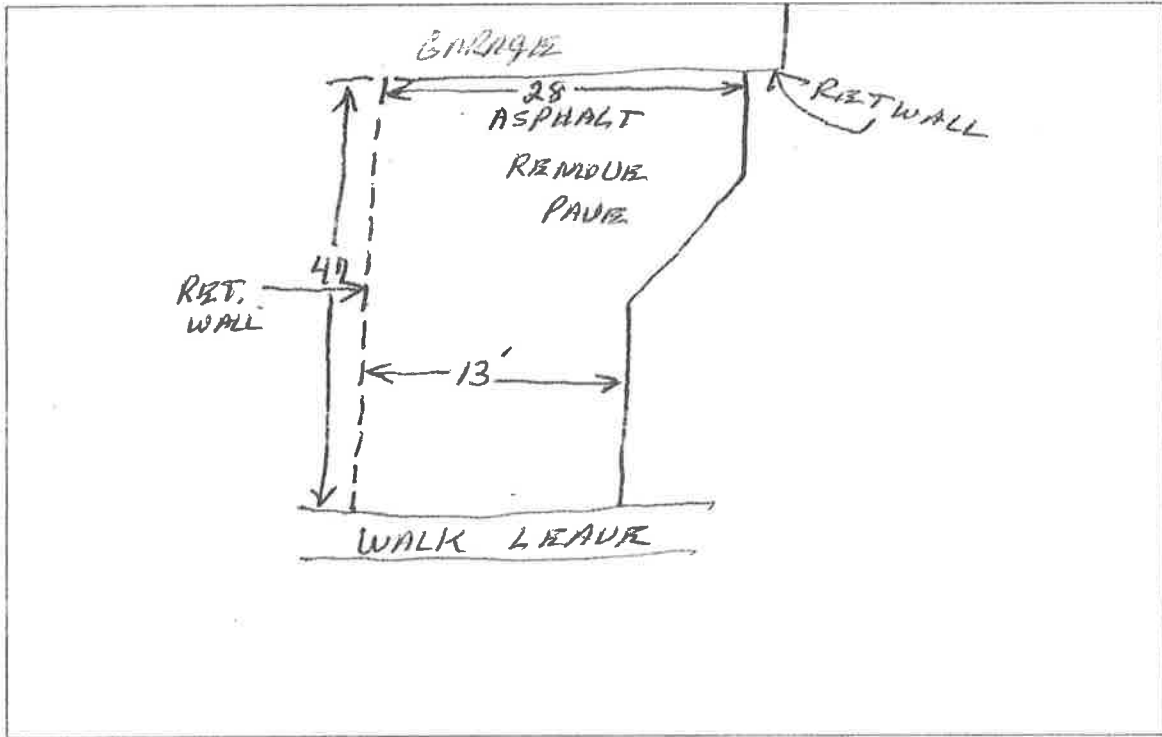


Name SCOTT SMITH Phone 608 290 7602

Address 217 CARRHILL DR Alternate Phone _____

City/State/Zip MILTON Email JSSMITH02@CHARTER.NET

Work to be performed at: SAMIZ Estimator DAVID



Legal Disclaimer:

- Payment for all work is due upon completion.
- 3 Franks Services agrees to carry all necessary insurance and licenses needed to perform specified work.
- Property owner will assume responsibility for any permits required by their state, county, village or municipality.
- All materials are guaranteed to be as specified, work to be completed in workman like manner according to industry standards. Any alteration or deviation from above specifications involving additional costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

Work Description: REMOVE ASPHALT

PREP AREA + COMPACT

PAVE 2 1/2" HOT MIX ASPHALT
COMPACTED

Authorized Signature: David P. Smith Project Cost: \$3718.00

ACCEPTANCE OF PROPOSAL - The above prices, specifications, conditions, and terms are hereby accepted. You are authorized to do the work as specified.
 Signature: [Signature] Date: 8-28-20



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2021

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Spectrum Insurance Agency Inc. 301 E State St, Suite 201 Rockford IL 61108	CONTACT NAME: Bonnie Arrington	
	PHONE (A/C, No, Ext): 815-986-5318	FAX (A/C, No): 815-977-7408
	E-MAIL ADDRESS: barrington@spectrumagency.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Pekin Insurance Company	NAIC # 24228
	INSURER B : Hartford Casualty Ins. Co.	29424
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Steve Franks LLC
100 Beloit Newark Road
Beloit WI 53511

COVERAGES CERTIFICATE NUMBER: 1346225909 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.

SR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
1	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CL0203799	8/3/2020	8/3/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
1	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		005803808	8/3/2020	8/3/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
1	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> CLAIMS-MADE		005844018	8/3/2020	8/3/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
3	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N Y N/A		83WBCAH0FC3	8/3/2020	8/3/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Steve Franks Sr. and Steve Franks Jr. are excluded from Workers Compensation.

CERTIFICATE HOLDER Scott & Tina Smith 217 Greenhill Drive Milton WI 53563	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 <i>Bonnie Arrington</i>

Bartelt Enterprises, Inc.

Asphalt Paving and Maintenance

800 East Briggs Dr. Albany, WI 53502

Phone: (800) 862-3141 Fax: (608) 862-3395

www.bartelpaving.com

sales@bartelpaving.com

CONTRACT PROPOSAL



Tina Smith
 217 Green Hill Dr
 Milton WI 53563

9/24/2019	217 Greenhill Dr	608-751-3092

Asphalt driveway improvements at 217 Greenhill Drive, Milton:

Use asphalt saw to trim edge of driveway as needed.

Scrape out any excess gravel between driveway and wall and compact area prior to paving.

Pave approximately 59 square feet with compacted hot mix asphalt at 2 1/2" average thickness.

ADD: Dig out additional area (46 sq. ft.) and haul material away for disposal. Install 8 inches of crushed aggregate base and compact. Pave 46 sq. ft. with compacted hot mix asphalt at 2 1/2" average thickness.

970.21
1,253.21

ALTERNATE: Remove and replace entire driveway including areas listed above. Pave 966 sq. ft. Cost: \$5,678.93

*Base material beneath asphalt is unknown. If inadequate base is encountered, appropriate change orders will be executed upon customer approval. If customer is made aware of deficient base and directs contractor to proceed without correcting problem areas, the warranty will be void.

This proposal reflects the current market price of asphalt. If asphalt prices change, we reserve the right to make pricing adjustments for direct asphalt costs only.

Thank you for the opportunity to bid your project. We are rapidly approaching the end of the paving season, and will be taking contracts on a first-come, first-served basis until cold weather, snow, or asphalt plant closings end our season. Please call if you have any questions. Otherwise, just sign and return a copy of this proposal along with any required down payment (see terms below) if you would like to proceed with the work.

\$2,223.42

TERMS OF PAYMENT, FOR PAVING PROJECTS - 50% OF TOTAL DUE PRIOR TO COMMENCEMENT OF WORK, REMAINDER DUE WITHIN 10 DAYS OF COMPLETED PAVE. ALL OTHERS - 50% DUE PRIOR TO COMMENCEMENT OF WORK, REMAINDER DUE WITHIN 10 DAYS OF COMPLETION. A 1.5% PER MONTH LATE PAYMENT CHARGE WILL BE CHARGED ON ALL DELINQUENT BALANCES. 3% CHARGE APPLIED TO ALL CREDIT CARD TRANSACTIONS.

We hereby propose to furnish material and labor complete in accordance with above specifications and prices. All materials are guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate.

THIS CONTRACT PROPOSAL IS SUBJECT TO ALL OF THE TERMS AND CONDITIONS OF SALE ON THE REVERSE SIDE HEREOF, WHICH TERMS AND CONDITIONS ARE EXPRESSLY AGREED TO AND INCORPORATED HEREIN. BY SIGNING BELOW, THE CUSTOMER ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS.

BARTELT ENTERPRISES, INC. RESERVES THE RIGHT TO WITHDRAW THIS PROPOSAL IF NOT ACCEPTED WITHIN 7 DAYS

Dated this ____ day of _____

Authorized Customer Signature

[Handwritten Signature]
 Bartelt Enterprises, Inc.



