

GENERAL REQUIREMENTS/SPECIFICATIONS

ROOF REPLACEMENT AMBULANCE FACILITY

The Town of Ellington, Department of Public Works is soliciting bids for the removal of the existing asphalt shingles, removal and replacement of roofing plywood as needed, installation of ice and water barriers 6 feet up from the eaves and 18 inches up from the center of the valleys, roof penetrations and where the roof abuts side walls. Installation of #15 pound felt paper. Installation of aluminum vent stack flashings, color matching aluminum drip edge on all eaves and rakes, installation of ridge vent on both facilities. Shingles shall be new limited lifetime architectural style, matching the existing color on the facility prior to project

The undersigned proposes to furnish all labor, material and services required to complete the work specified below including gutter cleaning and debris removal in accordance with this document, and under the terms and conditions hereafter set forth and as directed by the Town.

1) CRITERIA FOR BID ACCEPTANCE:

Provide three recent reference projects, projects completed within the last year

Provide the required bid bond and insurance documents

Attend the mandatory pre-bid meeting

2) BASE BID:

The bid shall be broken out as noted on the bid form.

TOWN OF ELLINGTON
DEPARTMENT OF PUBLIC WORKS

ROOF REPLACEMENT
AMBULANCE FACILITY

ROOF REPLACEMENT – AMBULANCE FACILITY

Total Bid: \$_____

*THE COST OF PLYWOOD ROOF SHEETING REPLACEMENT:

1/2 INCH PLYWOOD \$_____

5/8 INCH PLYWOOD \$_____

The bid is submitted with the understanding that no plywood sheeting will be replaced.
The bid will be adjust for the plywood replacement as agreed upon after the shingles have
been removed and the plywood can be inspected at the price submitted above.

**TOWN OF ELLINGTON
DEPARTMENT OF PUBLIC WORKS
BID FORM
ROOF REPLACEMENT – AMBULANCE FACILITY**

Under penalty of perjury and other remedies available to the Town of Ellington, the undersigned certifies this bid is submitted without collusion and all responses are true and accurate. If awarded this bid, it is agreed this forms a contractual obligation to provide services at the dollar amount specified in this Bid Form, subject to and in accordance with all instructions, bidding and contract documents, including any addenda, which are all made part of this bid.

Signature of Authorized Person

Date

Printed Name of Authorized Person

Company Title of Authorized Person

Name of Company

Address of Company

City, State, and Zip Code

Telephone Number

Facsimile Number

E-Mail

END OF BID FORM