

ADDENDUM #1
TO
SPECIFICATION AND CONTRACT DOCUMENTS

March 5, 2020

TO: ALL PLAN HOLDERS

FOR: ITB-010-2020 Repair and Coating of Existing Metal Roof – Gas Department

The purpose of addendum #1 is to answer questions received to date and to address issues in the current scope of work and specifications. This also extends the deadline for questions to March 10th at 4:00 p.m. and the due date for the bid has been updated to March 17th at 11:00 a.m. Additional Specifications attached along with a revised page to replace the current proposal page.

Contractor must acknowledge receipt of all addenda with submittal on the form provided herein.

1. What are the coatings manufacturer's inspection process and contractor's certification requirements by the coating manufacturer?
Answer: Contractors will have to follow the inspection process and guidelines of the approved manufacturer. They must be certified and an authorized contractor by the manufacturer.
2. What type of warranty is being requested?
Answer: A 20 year No Dollar Limit material and labor leak free warranty.
3. Is the Coating system renewable at the end of the warranty?
Answer: Yes
4. What are the seam and exposed fastener treatment or flashing requirements?
Answer: Contractor will need to follow the approved manufacturer's guidelines for these areas.
5. What type of coating(s) will be acceptable?
Answer: We are requesting GAF Acrylic Coating system or an approved equal.
6. Do you want to replace the skylights?
Answer: The skylights will be added to the bid as an add/alternate. They will be priced separately. Please see the attached revised proposal page for the bid.

No. 1 Dated _____

Signature: _____

THIS FORM MUST BE INCLUDED WITH PROPOSAL

ADDITIONAL SPECIFICATIONS
ITB-010-2020

1. Provide labor, materials, equipment and supervision necessary to install an acrylic coating system as outlined in this specification to create a seamless waterproof roofing system.
2. Work shall be performed in a safe, professional manner, conforming to federal, state and local codes.
3. Acceptable Acrylic Coating Systems is GAF Hydrostop® PremiumCoat® System – Liquid Applied Roofing or an approved equal. For approval of another Acrylic coating system please submit your specifications prior to the close of questions listed in this bid.
4. **SUBSTRATE CONDITIONS**
Installer shall verify adhesion by following the approved manufacturer's guidelines.
5. **SYSTEM APPLICATION**
Application of the acrylic coating system must be applied following the approved manufacturer's guidelines.
6. **INSPECTION INFORMATION**
Inspections must be completed according to the approved Manufacturers guidelines to insure the 20 year NDL (no dollar limit) 20-year warranty.
7. **CONTRACTOR**
 - a. Contractor must be authorized and certified by the manufacturer to apply their acrylic coating system.
 - b. Contractor must store and handle materials in the manner that is required by the manufacturer.
 - c. Contractor will take special care when moving spray hoses and other equipment on the roof so the flashing work and encapsulated fastener heads are not damaged. Also, all spray equipment must remain on the ground for the duration of the job.
8. Surfaces not intended to receive the Acrylic Coating System shall be protected during the application of the system. Should this protection not be effective, or not be provided, the respective surfaces shall be restored to their proper conditions by cleaning, repairing or replacing. All debris from completion of work shall be completely removed from the project site.
9. The replacement of the skylights has been added to the bid as an add/alternate. Contractor must add the total for the twenty (20) skylights separately. Please see the provided space on the revised proposal form attached.

PROPOSAL

ITEM I: Repair and Coating of Existing Metal Roof Gas Department Building approximately
19,500 square feet. \$ _____
_____dollars _____cents

ITEM II: ADD/ALTERNATE: Replace Twenty (20) skylight panels in the roof.
\$ _____
_____dollars _____cents

FIRM NAME _____

ADDRESS _____

CITY,STATE,ZIP _____

TELEPHONE _____

FAX # _____

E-MAIL _____

Authorized Representative (PLEASE PRINT OR TYPE)

SIGNATURE _____

DATE _____

THIS FORM MUST BE USED FOR BID PROPOSAL