CITY OF MILTON

RESIDENTIAL EXTERIOR IMPROVEMENT PROGRAM - *GRANT APPLICATION*

APPLICANT INFORMATION

Applicant Name Loreta Wirts

Property Address 509 Golden Lane, Milton Wi.

Phone 608-449-6312 Email ljwirts@gmail.com

PROPERTY INFORMATION

Year Home Built 1931 Purchase Year of Home 2007

Assessed Value of Home $ 115,100

PROJECT INFORMATION

Proposed Start Date May 1, 2020 Proposed Completion Date May 3rd, 2020

Contractor Name Thiele Roofing Contractor License # DC-089800033

Contractor Address 2134 W US Hwy 14 Janesville Wi 53545
Street City State Zip

Contractor Phone 608-751-1196 Contractor Email thieleroofing2@gmail.com

Total Project Estimate $ 11,760.00 Grant Request $ 5,000.00

Other funding sources that will be used: None

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.

See Attachment

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.

Loreta Wirtz
Applicant Signature

4/1/2020
Date

My current roofing is in desperate need of a complete replacement as shown in the attached pictures. The existing shingles have warped, are curling and fragments are completely falling off. There are indications of rain water stains on the interior ceilings. The condition of the roof is undoubtedly a problem. The roof replacement will dramatically improve the visual appearance of my home and add to the neighborhood's overall property values.

Quotes for a complete shingle replacement have been obtained from two licensed contractors. The color would be matching to the brick and windows.

[redacted]

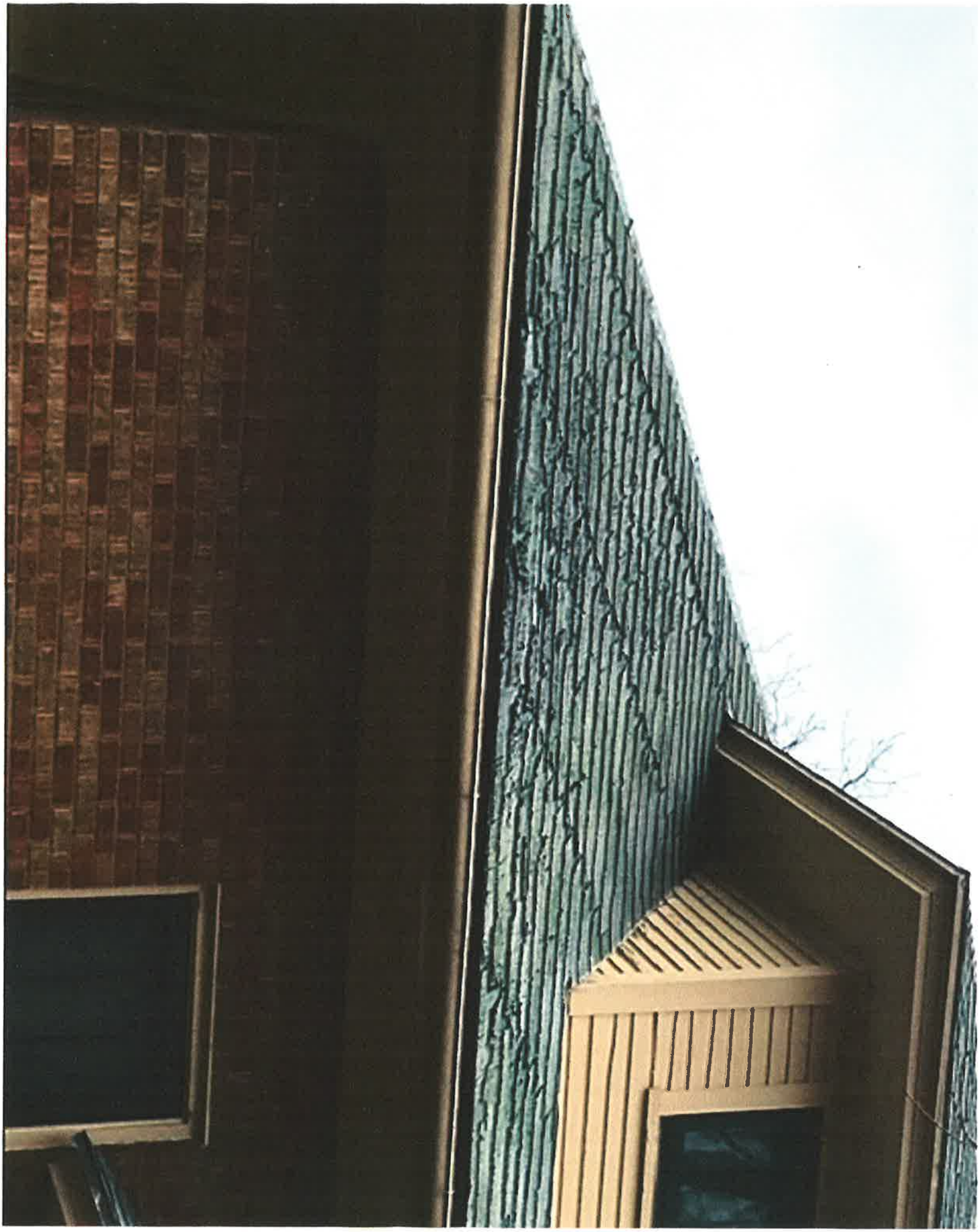
I have been a Milton resident prior to purchasing my home in 2007. I am a proud woman and take pride in my home. I have put my heart and soul into my home. I have no plans of leaving Milton.

I thank you for considering my application and truly hope to be selected for the City of Milton Residential Exterior Improvement Grant Program for 2020.

Sincerely,

Loreta Wirts

509



Estimate

Todd Thiele Construction Inc.
2134 Hwy 14 West
Janesville, WI 53545
608-563-5969 Office
608-751-1196 Mobile
thieleroofing2@gmail.com

Name/Address
Dan Meyer 509 Golden Rod Lane Milton Wi 535643 774-2889 dz1drw@gmail.com

Date	Estimate No.	Project
03/25/20	3559	

Item	Description	Quantity	Cost	Total
	House only			
Tear off	Tear off 2 layers.	28	85.00	2,380.00
landfill	Clear job site of all debris. All Materials are recycled	28	12.00	336.00
Synthetic	Synthetic Underlayment. (25 times stronger than 15# felt)	23	28.00	644.00
Metal Edge	New metal edge	274	2.00	548.00
Ice Shield	Ice and Watershield on all bottom edges and valleys.	560	1.50	840.00
Starter	Starter strip	274	1.00	274.00
Tamko	30 Yr Tamko Heritage Dimensional Shingles. 15 Yr Full Start Protection, 110 mph wind rating	28	195.00	5,460.00
Ridge cap	Ridgecap. Per ft	240	3.50	840.00
Ridgevent	Shingle-over style ridgevent. (Includes filling in old vent holes on 2 sections)	12	10.00	120.00
Vents	Soil pipe flashings. Each	2	34.00	68.00
chimney	New aluminum chimney saddle flashing or tear down chimney and install pipe,cap and collar over existinng liner	1	250.00	250.00
Warranty	10 year labor warranty included			
carpentry work	Replace any rotten plywood is $65.00 per 4x8 sheet and $55.00 pr hr + materials on any other carpentry work as needed.			
Duration	Owens Corning Duration Dimentional Shingles. (130 mph High Wind Sure Nail) Add $280.00			
Tear off	If additional layers are found add $25 per sq per layer. Includes landfill fees			
Please sign and return a copy, Cash on completion of work or subject to 1-1/2% FC per month			Total	

Estimate

Todd Thiele Construction Inc.
2134 Hwy 14 West
Janesville, WI 53545
608-563-5969 Office
608-751-1196 Mobile
thieleroofing2@gmail.com

Name/Address
Dan Meyer 509 Golden Rod Lane Milton Wi 535643 774-2889 dz1drw@gmail.com

Date	Estimate No.	Project
03/25/20	3559	

Item	Description	Quantity	Cost	Total
Metal roof	Upgrade to Snap-Lok metal roofing. All materials and labor. add $11,400.00			
Please sign and return a copy, Cash on completion of work or subject to 1-1/2% FC per month			Total	$11,760.00

Division of Professional Credential
Processing
4822 Madison Yards Way
Madison, WI 53705
Phone: (608) 266-2112
Fax: (608) 267-0592
Email: dspscredtrades@wi.gov
Website: www.dsps.wi.gov

Certification, License, or Registration Card

Below you will find your certification, license or registration card. This card serves as an additional piece of documentation of licensure that may be carried on person. To view details about your credential or continuing education log into the eSLA portal where you can view your credential status or use the public lookup to verify the status of your CE.

Wisconsin Department of Safety and Professional Services

TODD THIELE CONSTRUCTION INC

Credential ID: **DC-089800033**

Certification, License, or Registration Name	**Expires:**
Dwelling Contractor	2020-07-05

Signature:

Please review the information on the card. If errors or discrepancies are found, you may contact the Department at 608-266-2112 or email DSPSCredTrades@wi.gov, and provide your ID number printed on the card. The Department should be notified of changes in addresses as they occur. Notification of address changes is the responsibility of the credential holder. A renewal notice will be emailed to the email address on file 30, 60, and 90 days before expiration. Before the expiration date of each credential indicated on the card. Renewals are contingent upon compliance with the requirements specified in Wisconsin Administrative Code SPS 305.

TODDTHI-01 JGUNDRY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/24/2020

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
Don Chapin Insurance
2716 Kennedy Rd
Janesville, WI 53545

CONTACT NAME:
PHONE (A/C, No, Ext): (608) 755-1121 FAX (A/C, No): (608) 755-0022
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Auto-Owners Insurance	
INSURER B: Wis. Worker Compensation Pool	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Todd Thiele Construction, Inc.
2134 W. US Highway 14
Janesville, WI 53545-9026

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR			61091513	2/28/2020	2/28/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER: General Aggregate							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			6218539500	2/28/2020	2/28/2021	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A		WP16003602	1/20/2020	1/20/2021	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							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)

CERTIFICATE HOLDER

Todd Thiele Construction Inc.
2134 W US HWY 14
Janesville, WI 53545

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

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24 Hour Repair Service

Diaz Roofing Company, LLC

12 Garfield St.
Edgerton, WI 53534
Diaz_ad@msn.com
608-209-5099
608-209-5355

Residential Contract

This Contract by Diaz Roofing Co. LLC and _____ (the "customer")

3/30/20 Estimate Date

Company Address:	Agent's Name: Ismael Diaz
Customer Name: Loreta Wirts	Home/Cell Phone: 608-418-6312
Job Address: 509 Golden Ln	Work Phone:
City, State, Zip: Milton Wi	Insurance/Claim No.:

Customer hereby agrees to hire Company and Company hereby agrees to furnish the labor, materials and tools necessary to perform the following services:

- ☒ Recover Roof With: GAF Timberline HD
- Shingle Type: 30 Years Color: _____
- ☒ Tear Off: Old Shingles Layers: Two
- ☒ Wood Replacement: Redek the hole House Roof, with OF OSB 7/6
- ☒ Ice & Water: 3 ft Type: _____
- ☒ Underlayment: Synthetic felt
- ☒ Valleys: METAL
- ☒ Ice & Water
- ☒ D-Edge: NEW Color: almon
- ☒ Starter Strip: NEW
- ☒ Ventilation: Replace New Intake: Vent
- ☒ Bath Vents: _____
- ☒ Soil Pipes: NEW FLASH Size: 4"
- ☒ Chimneys: Reflash Color: _____
- ☒ Ridge: NEW Color: _____

- ☒ Contractor not responsible for driveway damage
- ☒ Clean up and haul off roofing debris
- ☒ Magnet for nails
- ☐ Yard sign
- ☒ Pictures
- ☐ Referral List Y / N
- ☐ Electricity Location: _____
- ☐ Guarantee on Craftsmanship: 5 years

Manufactures Warranty:

- ☐ Standard _____
- ☐ System Plus _____
- ☐ Golden Pledge _____
- ☐ Other: _____

The contract price shall be $ 11,500. A down payment of $ 3000 shall be due upon execution of this contract and the balance shall be due upon completion. Customer shall have the right to receive lien waivers in writing from all contractors, subcontractors and material suppliers at the time final payment is made. The Contract price is good until _____.
The Company shall commence work within _____ working days, or on a start date mutually agreed upon by the Company and Customer. Completion shall occur on or before _____ working days thereafter, subject to the Terms and Conditions of this Agreement.
Notwithstanding the foregoing, the Company in no event shall commence work until all required permits have been issued

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/20/2019

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.

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PRODUCER

Town & Country Insurance Services, Inc.
316 S Main Street
Blanchardville, WI 53516

CONTACT NAME: NICOLE LEWIN
PHONE (A/C, No, Ext): 608-776-2500 FAX (A/C, No):
E-MAIL ADDRESS: NLEWIN@TCINS1.COM

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: PEKIN INSURANCE	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

DIAZ ROOFING LLC
12 GARFIELD ST
EDGERTON, WI 53534

COVERAGES CERTIFICATE NUMBER: 000000000-0 REVISION NUMBER: 3

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			CL0087988-E	04/05/2019	04/05/2020	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)		N / A				E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

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

(NLL)

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Website: www.dsps.wi.gov

Certification, License, or Registration Card

your certification, license or registration card. This card serves as an additional piece of
icensure that may be carried on person. To view details about your credential or continui
ortal where you can view your credential status or use the public lookup to verify the stat
portal, navigate to **www.eSLA.wi.gov.**

Wisconsin Department of Safety and Professional Services

DIAZ ROOFING

Credential ID: **DC-031300084**
Customer ID: 1147049

Certification, License, or Registration Name	**Expires:**
Dwelling Contractor	2020-05-14

Signature:

the information on the card. If errors or discrepancies are found, you may contact the Departm