CITY OF MILTON

RESIDENTIAL EXTERIOR IMPROVEMENT PROGRAM - *GRANT APPLICATION*

APPLICANT INFORMATION

Applicant Name Joseph + Kimberlyn Mueller

Property Address 825 Rainbow Drive

Phone (262) 352-7817 (608) 201-1516 Email Kimikishere2@yahoo.com JumJavJoe@yahoo.com

PROPERTY INFORMATION

Year Home Built 1971 Purchase Year of Home 2009

Assessed Value of Home $ 139,400

PROJECT INFORMATION

Proposed Start Date ASAP Proposed Completion Date 1-2 Days

Contractor Name Dale Walker Roofing Contractor License # Attached

Contractor Address 2375 W. Creedy Rd (Street) Beloit (City) WI (State) 53511 (Zip)

Contractor Phone (608) 751-6681 Contractor Email

Total Project Estimate $ 5,025.00 Grant Request $ $2512.00

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.

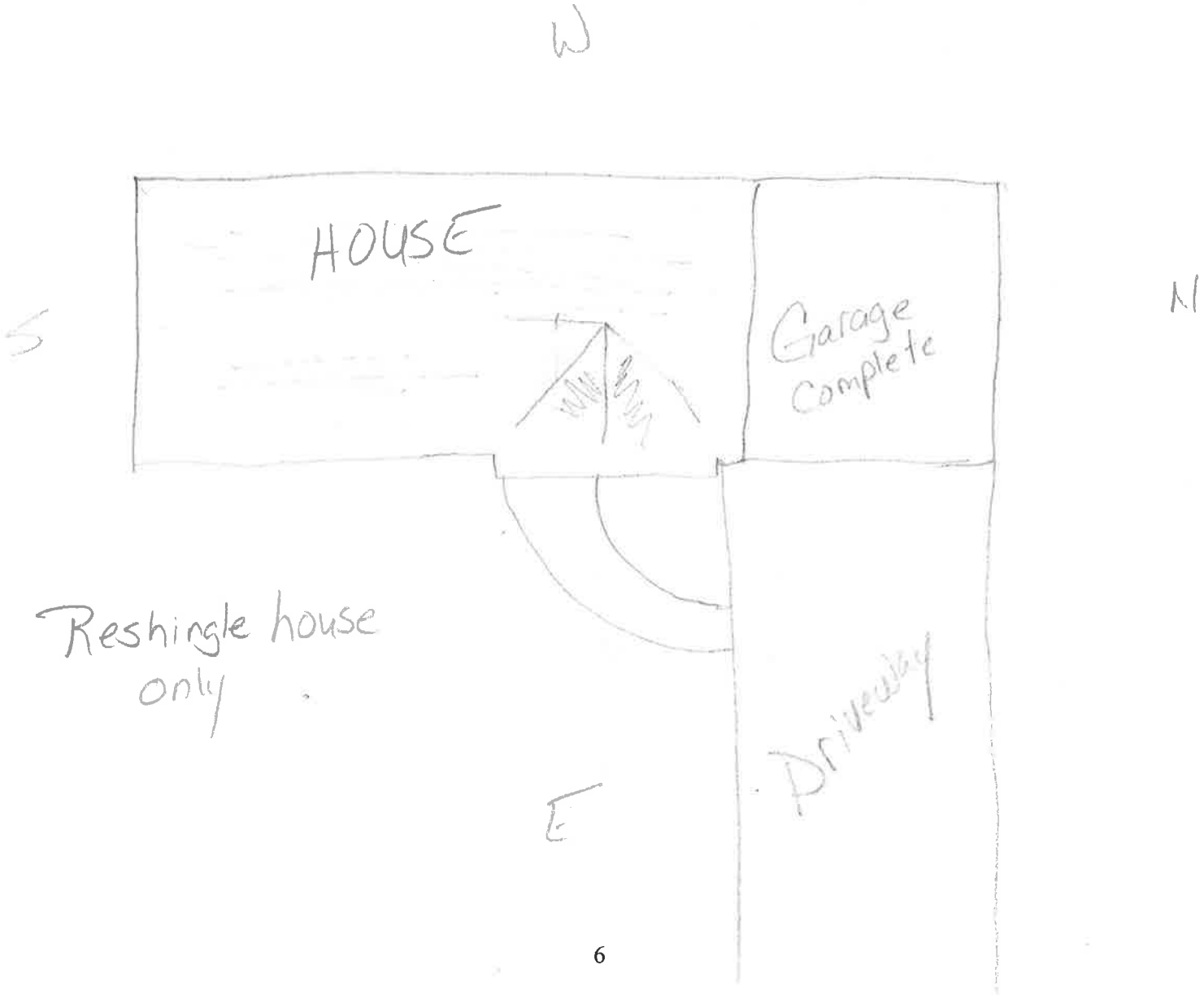
Reshingling roof. Tear off shingles, replace any wood that needs to be replaced. Reshingle. Desiring this contractor as he recently roofed our garage 2 years ago.

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.

[signature] Applicant Signature Kimberly K Mueller Date 4/12/2020



Dale Walker Roofing Contractor LLP

2375 W. Creedy Rd.
Beloit, WI 53511

Estimate

Date	Estimate #
3/30/2020	2381

Name / Address
Joe Mueller 825 Rainbow Dr. Milton, WI 53563

Member of South Central Wisconsin Builders Association

Project

Description	Cost	Total
Remove all existing roofing materials on house only, replacement shingles will be Tamko Heritage Limited Lifetime Laminated Shingles, color to match new shingles on garage that will not be removed. Install Ice and Water Shield Underlayment along all bottom edges and in valleys. Install 15 lb Felt Underlayment. Install Plumbing Pipe Flashings. Install Aluminimun O.D.E. edge metal along all gable edges. Color to match as close as possible to existing fascia. Install new Shingle Vent II on peaks for attic ventilation. Install new small Exhaust vent into roof for bathroom exhaust fan to be connected to in attic. Install new large exhaust vent on roof for ventilation tube for hood range to be fastened to in attic. Connections in attic to be done by owner. Clean up and Dispose of all waste. Material, Labor and Disposal@ Dale Walker Roofing will not be responsible for any Internet or satellite services currently mounted to roof that may need recalibration due to removal and reinstallation for installation of new roofing materials.	5,025.00	5,025.00
Thank you for considering us for your roofing needs! Darby - 608-751-6681 ~ Dale - 608-751-4156	**Total**	

Signature

Phone #	Fax #
608-751-6681	

* OWENS CORNING PREFERRED CONTRACTOR

* CERTAINTEED MASTER SHINGLE APPLICATOR

Dale Walker Roofing Contractor LLP

2375 W. Creedy Rd.
Beloit, WI 53511

Estimate

Date	Estimate #
3/30/2020	2381

Name / Address
Joe Mueller 825 Rainbow Dr. Milton, WI 53563

Member of South Central Wisconsin Builders Association

Project

Description	Cost	Total
* Any deteriorated Plywood found after removal of roofing material will be replaced at an additional cost of $55.00 per sheet for material and labor. *3 year warranty on all Labor. *Manufacturer warranty on all materials. *Paid in Full upon completion. *If this proposal meets your approval~please sign one copy and return for scheduling.		

Thank you for considering us for your roofing needs!
Darby - 608-751-6681 ~ Dale - 608-751-4156

Total $5,025.00

Signature _____

Phone #	Fax #
608-751-6681	

* OWENS CORNING PREFERRED CONTRACTOR

* CERTAINTEED MASTER SHINGLE APPLICATOR

DALEWAL-01 PGOVERT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2020

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
TRICOR, Inc. - Beloit
2031 Riverside Drive
Beloit, WI 53511

CONTACT NAME:
PHONE (A/C, No, Ext): (608) 365-5551 FAX (A/C, No): (608) 723-6440
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United Fire & Casualty Co	13021
INSURER B : West Bend Mutual Ins Co	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Dale Walker Roofing Contractor LLP
Dale Walker & Darby Walker LLP
2375 W Creedy Rd
Beloit, WI 53511

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			60061751	5/1/2020	5/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							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 X PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			60061751	5/1/2020	5/1/2021	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			60061751	5/1/2020	5/1/2021	EACH OCCURRENCE	$ 2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED X RETENTION $ 10,000						Aggregate	$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A		0676979	5/1/2020	5/1/2021	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

Joseph Mueller
825 Rainbow Dr
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
Keith Kruse

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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

DARBY B WALKER

Credential ID: **DCQ-050900051**

Certification, License, or Registration Name	**Expires:**
Dwelling Contractor Qualifier	2021-05-29

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.

PROPOSAL

Page No. of Pages

MANTHEI-PAYNE ROOFING, LLC
Steve Payne-Owner & Operator
4610 N. River Road
JANESVILLE, WI 53545
(608) 752-5077

PROPOSAL SUBMITTED TO: Joe Miller		PHONE	DATE: 3/30/2020
STREET: 825 Rainbow DR.		JOB NAME	
CITY, STATE and ZIP CODE: Milton Wi. 53545		JOB LOCATION	
ARCHITECT	DATE OF PLANS		JOB PHONE: 608-201-1516

We hereby submit specifications and estimates for:

1) Strip Existing Roofing to deck, dispose of Rubbish.
2) Install Ice and Watershield to perimeter and Valley's, around all protusions from Roof. Install Vapor barrier
3) Install new metal edge. (Color-Coordinated)
4) Install Steel Ribbed W-Valley. (Color-Coordinated)
5) Install A 50 year Certainteed landmark shingle, with 110 MPH wind warranty, Algea Stain protection, and class A Fire Rating.
6) Install new shingle over Ridge Vent.
7) Flash and Seal all Stacks, Vents, Chimney. ETC.
8) Clean gutters, Clean Job site, Remove all old debri. from Job site to landfill and shingle recycle center.
(ADD 2 Broan Vents.)

Fully Insured.

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

no money down, due upon Completion of Job dollars ($ 5500.00).

Payment to be made as follows:

50 year 100% Warranty on shingles, (Tranferable to one buyer)
10 year workmanship Guarantee on labor

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature: Steve Payne

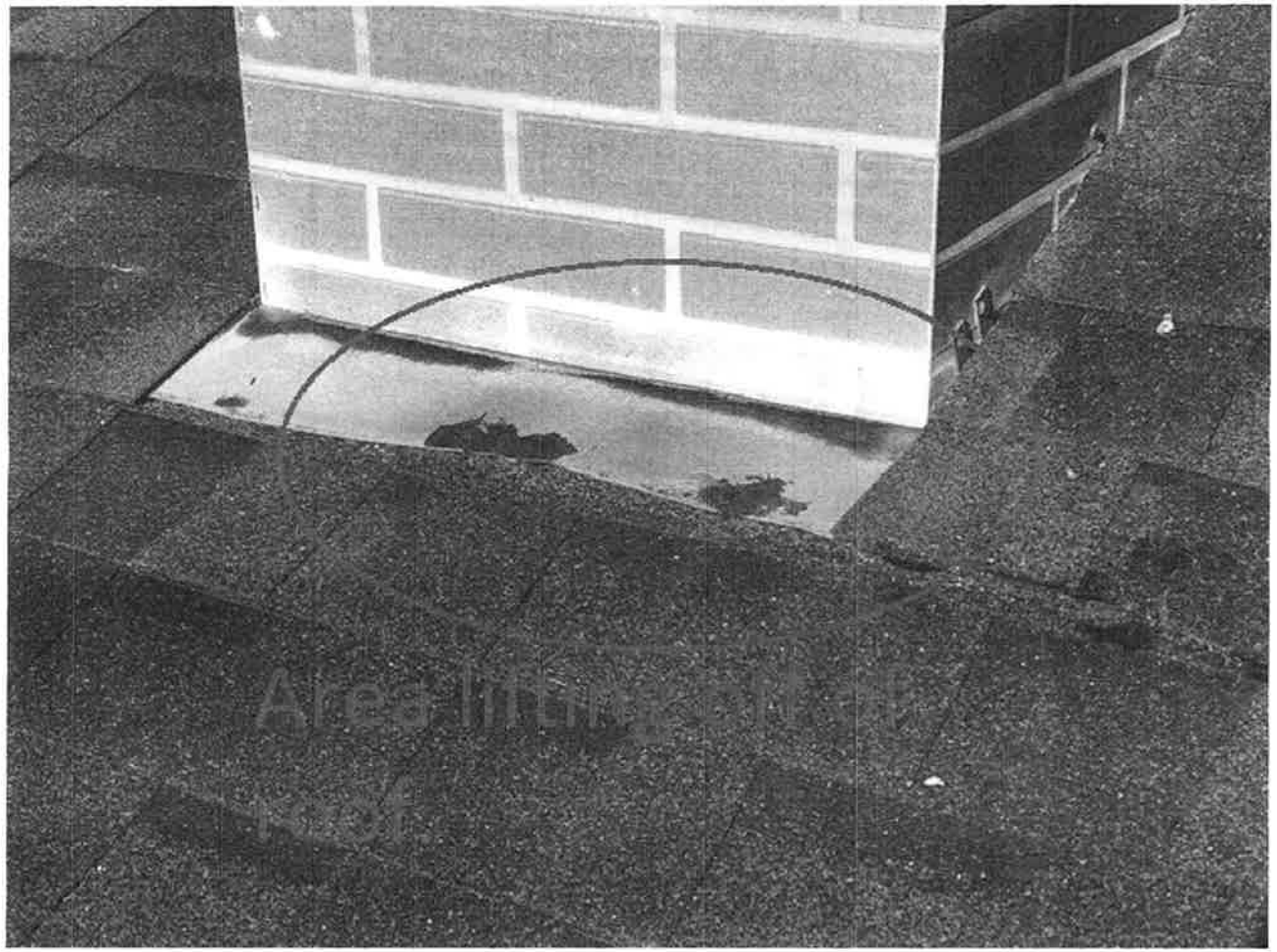
Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

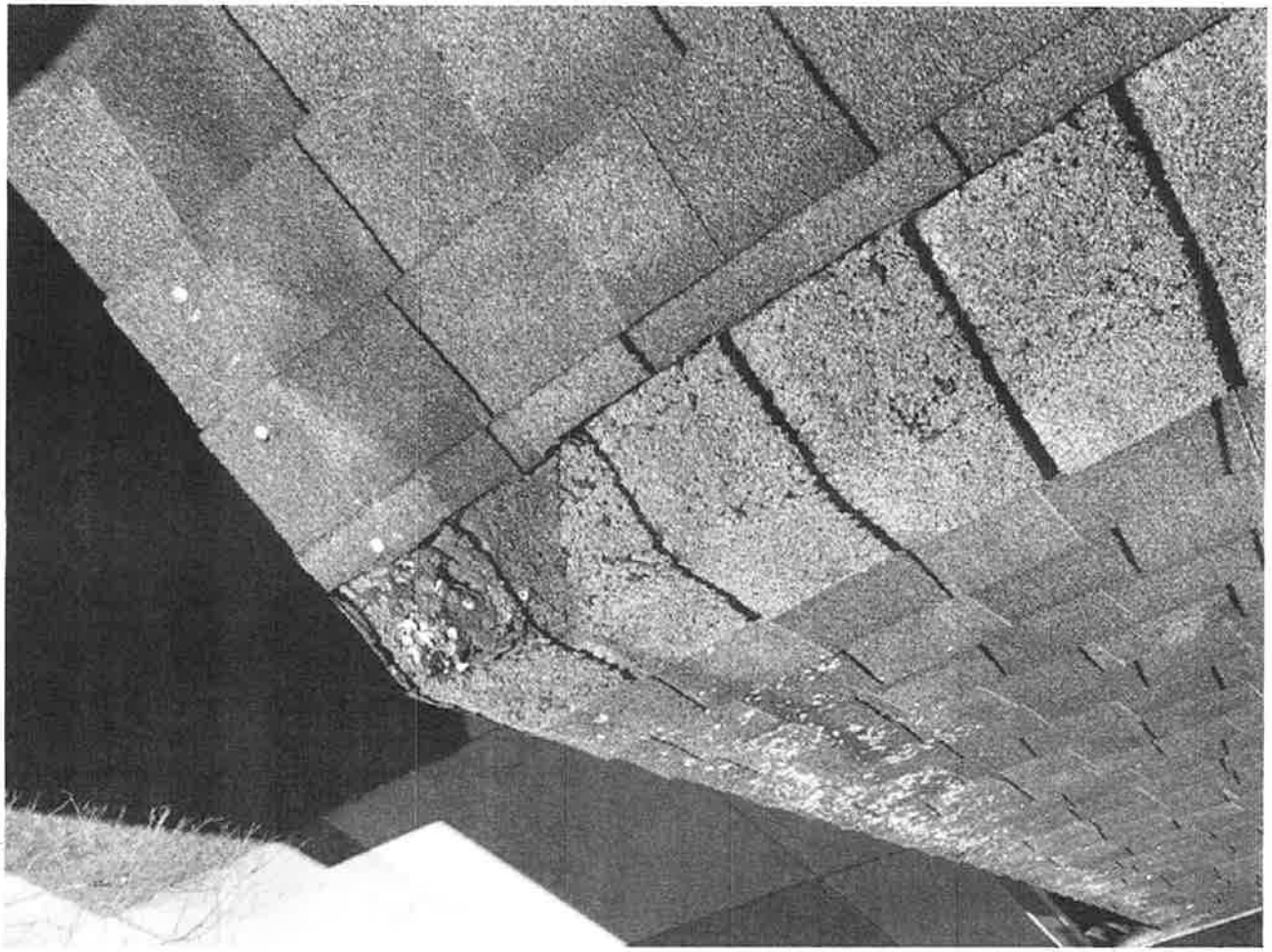
Signature _____

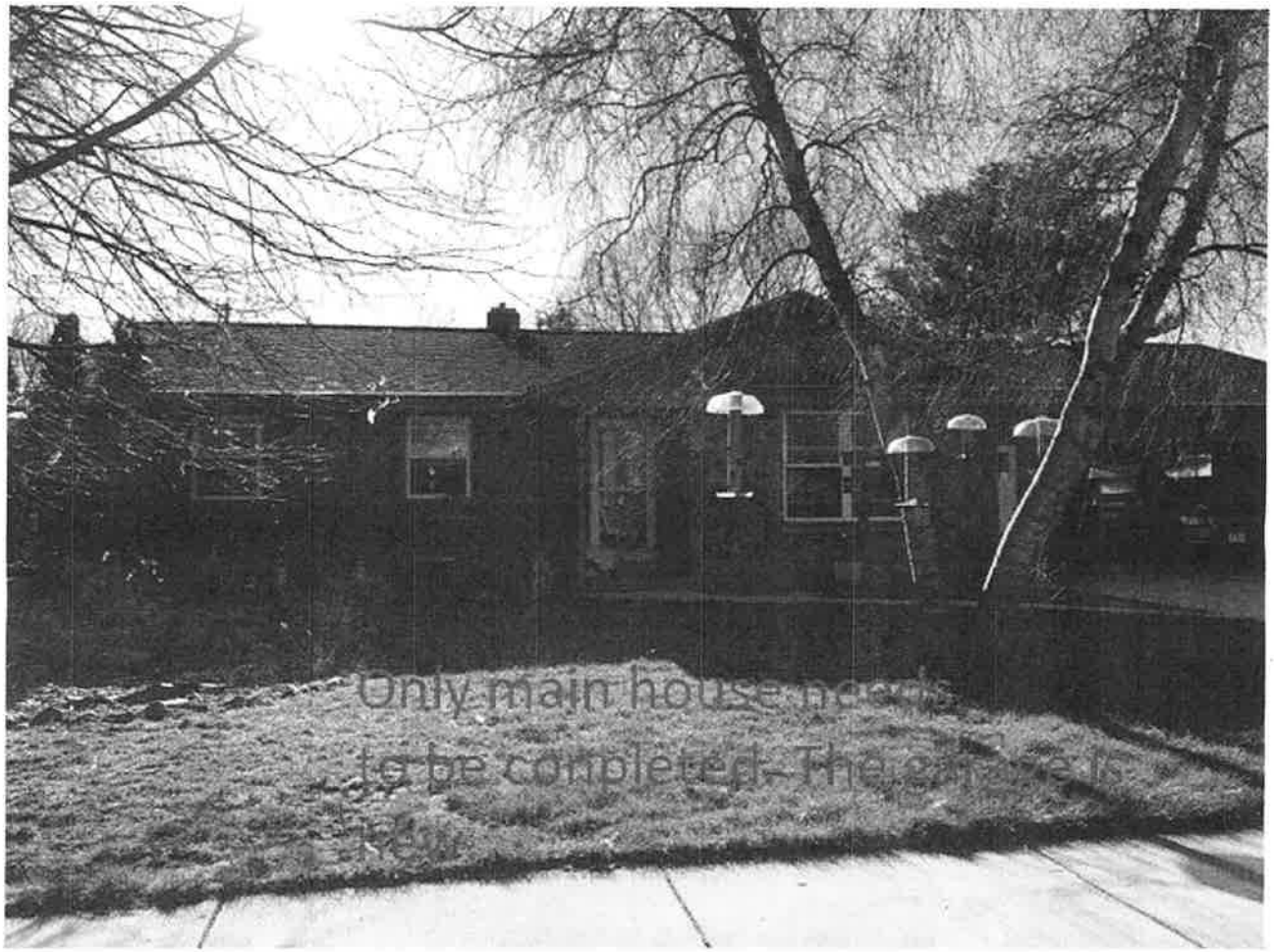
Date of Acceptance: _____

Signature _____



COMING OFF OF ROOF





ONLY HOUSE. GARAGE IS NEW