



**PROPERTY IMPROVEMENT PROGRAM COMMITTEE AGENDA
ADVISORY/ COMMITTEE BOARD MEETING
Village Hall - Council Chambers
226 Cypress Lane
Palm Springs, FL 33461
Tuesday, July 6, 2021
3:00 PM**

Persons who need an accommodation in order to attend or participate in this meeting should contact the Village Clerk at (561) 965-4010 at least three (3) business days prior to the meeting in order to request such assistance.

1. CALL TO ORDER

2. ROLL CALL BOARD MEMBERS

Chairman Johnnie Tieche, Vice Chairman Richard Hughes, Ralph Lashells, James Mandigo, Peter Braun, Kim Gehrman and Larry Saingilus

STAFF

Planning, Zoning and Building Interim Director Iramis Cabrera, Assistant Village Manager Kimberly Glas-Castro, Village Attorney Susan Garrett and Deputy Village Clerk Jane R. Worth

3. PLEDGE OF ALLEGIANCE

4. ADDITIONS, DELETIONS, OR MODIFICATIONS, AND APPROVAL OF AGENDA

5. MINUTES

5.1

Committee recommendation to approve the minutes for January 12, 2021 PIP meeting.

[1. 2021-5-4 PIP Meeting Minutes](#)

6. **PUBLIC HEARING NOTE:** *CLERK TO ASCERTAIN IF THERE ARE ANY EX PARTE COMMUNICATIONS TO BE DISCLOSED DURING QUASI JUDICIAL DISCUSSIONS. CLERK TO SWEAR IN WITNESSES FOR TESTIMONY*

7. **ACTIONS AND REPORTS**

7.1

Committee recommendation to approve Grant application for 331 Springdale Circle - Manrique H Rojas: Remove mansard roof and flat roof and replace them with Davinci Metal Shake and Modified Bitumen roofing.

1. Grant Application & Owner Certification
2. Proof of Ownership
3. Property Insurance
4. Survey
5. Sketch of Improvement
6. Materials List
7. Before Photos
8. Quotes

7.2

Committee recommendation to approve Grant application for 332 Pinehurst Road - Jennifer Brinkman: Remove and replace the slope roof with Dimensional Shingles.

1. Grant Application & Owner Certification
2. Proof of Ownership
3. Property Insurance
4. Survey
5. Sketch of Improvement
6. Before Photos
7. Quotes

7.3

Committee recommendation to approve Grant application for 1853 Bell Lane - Celso and Norma Saenz: Remove and replace the roof with Dimensional Shingles.

1. Grant Application & Owner Certification
2. Proof of Ownership
3. Property Insurance
4. Survey
5. Before Photos
6. Proposed Materials & Colors
7. Quotes

7.4

Committee recommendation to approve Grant application for 3697 Corrigan Court - Carlos O Pineiro: Replace existing concrete driveway and replace it with pavers.

1. Grant Application & Owner Certification
2. Proof of Ownership
3. Property Insurance
4. Survey
5. Before Photos

6. Proposed Materials & Colors

7. Quotes

8. ADJOURNMENT

9. NEXT MEETING

If a person decides to appeal any decision made by this Council with respect to any matter considered at this meeting, he will need a record of the proceeding, and that for such purpose he may need to ensure that verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.



Village of Palm Springs

Executive Brief

AGENDA DATE: July 6, 2021

DEPARTMENT: Planning, Zoning & Building

ITEM 5.1:

Committee recommendation to approve the minutes for January 12, 2021 PIP meeting.

SUMMARY:

FISCAL IMPACT:

There is no direct fiscal impact with proposed improvement.

ATTACHMENTS:

2021-5-4 PIP Meeting Minutes



**PROPERTY IMPROVEMENT (PIP) SELECTION COMMITTEE MINUTES
LAND DEVELOPMENT CONFERENCE ROOM
226 CYPRESS LANE
VILLAGE OF PALM SPRINGS, FLORIDA
TUESDAY, MAY 4, 2021**

PIP Committee Board Members

Present:

- Johnnie Tieche, Chairperson
- Nanciann Cuenot, Vice Chairperson
- Iramis Cabrera, Secretary
- Frank Castro, Committee Member
- Richard DiMaria, Committee Member

1. CALL TO ORDER

The meeting was called to order at 2:45 PM.

2. APPROVAL OF MINUTES

- 2.1 Meeting minutes for Property Improvement Program were introduced for January 12, 2021 meeting.

A motion to approve 2021.1-12 PIP Meeting Minutes was made by Nanciann Cuenot and seconded by Richard DiMaria.

Motion carried 5-0.

3. ORDER OF BUSINESS

- 3.1 Applicant Address: 201 Lake Arbor Drive – Darlene Horta: Replace Mansard Roof with new Cedar Shake – Approved.

The PIP Selection Committee approved this application unanimous.

Motion carried 5-0.

- 3.2 Applicant Address: 444 Inglewood Drive - Norber Alexander Serna: Replace asphalt driveway with new concrete and expand to make double car parking space - Approved.

The PIP Selection Committee approved this application unanimous.

Motion carried 5-0

- 3.3 Applicant Address: 1022 Springdale Court – Miriam Aguilar: Re-roof mansard roof with DaVinci composite roof panels – Conditionally Approved.

The PIP Selection Committee reviewed the application and there was discussion about the amount of funding provided. The application was approved with the following condition:

- Selection of a Company whose scope of work is not to exceed and stays within the amount of funding provided in the Grant Application.

The PIP Selection Committee conditionally approved this application unanimous.

Motion carried 5-0

- 3.4 Applicant Address: 3045 Gulfstream Road – Daniel & Maureen Steere: Re-roof pitch roof and flat roof - replace rotted fascia board – Approved.

The PIP Selection Committee approved this application unanimous.

Motion carried 5-0

Minutes taken by Nanciann Cuenot.

4. ADJOURNMENT

Hearing no further business, the meeting was adjourned at 3:15 PM.



Village of Palm Springs

Executive Brief

AGENDA DATE: July 6, 2021

DEPARTMENT: Planning, Zoning & Building

ITEM 7.1:

Committee recommendation to approve Grant application for 331 Springdale Circle - Manrique H Rojas: Remove mansard roof and flat roof and replace them with Davinci Metal Shake and Modified Bitumen roofing.

SUMMARY:

The owner of the property has submitted a Property Improvement Grant application to replace the mansard roof with Davinci composite roof panels and to replace the flat roof with modified bitumen roofing system.

FISCAL IMPACT:

ATTACHMENTS:

Grant Application & Owner Certification
Proof of Ownership
Property Insurance
Survey
Sketch of Improvement
Materials List
Before Photos
Quotes



Village of Palm Springs

226 Cypress Lane
Palm Springs, FL 33461
Phone (561) 965-4016 Fax (561) 439-4132
www.vpsfl.org

PROPERTY IMPROVEMENT PROGRAM GRANT APPLICATION

FILE # 202100488 FEE RECEIPT # _____ N/A _____

NAME OF PROPERTY OWNER Manrique H Rojas Ramirez

NAME OF APPLICANT* (if different) _____

CONTACT INFORMATION FOR APPLICANT:

MAILING ADDRESS: 331 Springdale Cir, Palm Springs FL 33461

EMAIL: _____ PHONE: _____

DRIVER LICENSE #: _____ DATE OF BIRTH: 05/15/1981

ADDRESS OF BUILDING 331 Springdale Cir, Palm Springs FL 33461

PROPERTY CONTROL NUMBER(S) _____

STREET FRONTAGE(S) OF PROPERTY: _____

DETAILED DESCRIPTION OF FAÇADE IMPROVEMENTS / PROPERTY UPGRADES: (attach if insufficient space)

Mansard roof replacement and flat roof replacement for the unit 331 Springdale Cir.

TOTAL ESTIMATED COSTS OF PROJECT \$ 12500.00

MATCHING GRANT NOT TO EXCEED \$ 5000.00

Note: Owner may only apply for one matching grant in a given fiscal year.

* W9 with Social Security Number or Federal ID Number required of Grant Recipients, Grant Award is taxable.

I have read and fully understand the Property Improvement Program and agree to comply with the requirements of the grant as adopted by the Palm Springs Village Council via Resolutions 2015-16 and 2016-50 and 2018-37, and that I agree to comply with the matching grant guidelines.

[Signature]
Applicant's Signature

Date: 5/28/21

Printed Name: Manrique Rojas



OWNER CERTIFICATION

I hereby authorize the submittal of the attached plans, specifications and samples for the proposed façade improvement project and understand that the Village of Palm Springs must approve them. I understand that no work shall begin until I have received written approval from the Village. I understand that this is a matching grant program, and that money is granted on a reimbursement basis, following completion of work. I further understand that the project must be completed within six months from issuance of a building permit (after grant is awarded), unless otherwise approved or extended. I understand that grant monies will not be paid until the project is completed. I also understand that improvements not formally approved by the Village will not be funded. I agree to maintain the completed project in its approved design and colors for a period of five (5) years from the date of completion. If the property is not maintained for a five-year period, I understand that the grant monies received from the Village are required to be returned. I also understand a W9 form with Social Security or Federal Tax Identification Number must be provided to the Village of Palm Springs for tax purposes.

Signed, sealed and delivered in the presence of:

Owner's Signature

Witness

Manrique Rojas

Owner's Name (printed)

Phone

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 28 day of May, 2021, by Manrique Rojas, who is personally known to me or who has produced FLDL as identification.

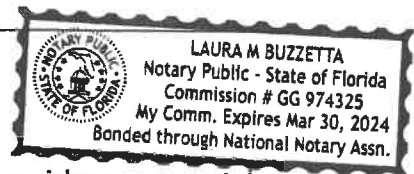
Signature of person taking acknowledgement

Laura Buzzetta

Name of officer taking acknowledgement--typed, printed or stamped

Title or rank

Serial number, if any



Note: If Owner is a corporate entity/partnership/company, evidence must be provided demonstrating that the person executing the application is authorized to represent the corporation/partnership/company.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="text-align: center; font-size: 1.2em; color: blue;">Manrique H Rojas Ramirez</p>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. <p style="text-align: center; font-size: 1.2em; color: blue;">331 Springdale Cir</p>	Requester's name and address (optional)
	6 City, state, and ZIP code <p style="text-align: center; font-size: 1.2em; color: blue;">Palm Springs FL 33461</p>	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
<div style="background-color: black; width: 100%; height: 20px;"></div>
or
Employer identification number
<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;">-</div>

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶ 5/28/21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

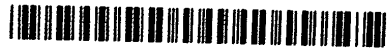
Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later.*



This Warranty Deed

79,900.00

CFN 20090311357
OR BK 23434 PG 1193
RECORDED 09/09/2009 08:28:44
Palm Beach County, Florida
ANT 79,900.00
Doc Stamp 559.30
Sharon R. Bock, CLERK & COMPTROLLER
Pgs 1193 - 1200; (8pgs)

Made this 21st day of August, 2009 by
**FEL CORPORATION, A DELAWARE CORPORATION,
SUCCESSOR BY MERGER TO CROWN TECHNICAL
CORP., A DISSOLVED DELAWARE CORPORATION**

hereinafter called the grantor, to
MANRIQUE H. ROJAS, A SINGLE MAN

whose post office address is:
**331 SPRINGDALE CIRCLE
PALM SPRINGS, FL 33461**

hereinafter called the grantee.
(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **PALM BEACH** County, Florida, viz:

Lot "A", Block 33, of Springdale Homes, according to the Plat thereof as recorded in Plat Book 36, Page(s) 167 and 168, of the Public Records of Palm Beach County, Florida.

Subject to covenants, restrictions, easements of record and taxes for the current year.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the state of Florida in that neither Grantor(s) nor any member of the household of Grantor(s) reside thereon.

Parcel Identification Number: 70-43-44-18-26-000-0331

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2008

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence

[Signature]
Witness for William D. Hurley
Print Name: WILLIAM S. HURLEY, JR.
[Signature]
Witness for William D. Hurley
Print Name: PAULA GROPPE

**FEL CORPORATION, A DELAWARE
CORPORATION, SUCCESSOR BY MERGER
TO CROWN TECHNICAL CORP., A
DISSOLVED DELAWARE CORPORATION**

[Signature]
By: **WILLIAM HURLEY, PRESIDENT**
720 MAIDENSTONE
BRICK, NJ 08724

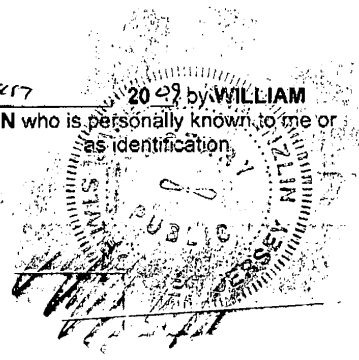
State of NEW JERSEY

County of Ocean

The foregoing instrument was acknowledged before me this 21st day of August, 2009 by **WILLIAM HURLEY, PRESIDENT of FEL CORPORATION, A DELAWARE CORPORATION** who is personally known to me or as identification, who has produced DL.

[Signature]
JANET M. KRAENZLIN
NOTARY PUBLIC (signature)
Print Name:

JANET M. KRAENZLIN
NOTARY PUBLIC STATE OF NEW JERSEY
MY COMMISSION EXPIRES APRIL 2, 2012



Prepared by:
Isa Kramer
Sunland Title, LLC
6528 Hypoluxo Road
Lake Worth, FL 33467
File Number: 586090086

RETURN TO:
Sunbelt Title Agency
809 South Orlando Avenue
Suite K-O
Winter Park, Florida 32789

Incident to the issuance of a title Insurance contract.
WARRANTYDEED.dot
REV. 08/28/06
PL

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF RENEWAL OF "FEL CORPORATION", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2009, AT 8 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.


This is not a certified copy



0822054 8100

090741078

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7477314

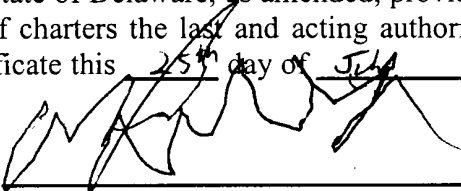
DATE: 08-14-09

**STATE OF DELAWARE
CERTIFICATE FOR RENEWAL
AND REVIVAL OF CHARTER**

The corporation organized under the laws of the State of Delaware, the charter of which was voided for non-payment of taxes and/or for failure to file a complete annual report, now desires to procure a restoration, renewal and revival of its charter, and hereby certifies as follows:

1. The name of the corporation is: FEL Corporation
2. Its registered office in the State of Delaware is located at Corporation Trust Center, 1209 Orange Street, City of Wilmington
Zip Code 19801 County of New Castle the
Name of its registered agent is The Corporation Trust Company
3. The date of filing of the original Certificate of Incorporation in Delaware was March 9, 1976
4. The date when restoration, renewal, and revival of the charter of this company is to commence is the 28th day of February, 2003, same being prior to the date of the expiration of the charter. This renewal and revival of the charter of this corporation is to be perpetual.
5. This corporation was duly organized and carried on the business authorized by its charter until the 1st day of March, 2003, at which time its charter became inoperative and became inoperative and void for non-payment of taxes and/or failure to file a complete annual report and this certificate for renewal and revival if filed by authority of the duly elected directors of the corporation in accordance with the laws of the State of Delaware.

IN TESTIMONY WHEREOF, and in compliance with the provisions of Section 312 of the General Corporation Law of the State of Delaware, as amended, providing for the renewal, extension and restoration of charters the last and acting authorized officer hereunto set his/her hand to this certificate this 25th day of July, 2009.

By: 
Authorized Officer

Name: William Hurley
Print or Type

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CROWN TECHNICAL CORP.

3340496000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Profit Corporation was registered by this office on April 11, 1975.

Said business was Withdrawn By Merger on July 17, 1987.

I further certify that the last registered agent and registered office of record were:

The Corporation Trust Company
820 Bear Tavern Road
West Trenton, NJ 08628



Certification# 114797599

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
8th day of July, 2009

R. David Rousseau
State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "CROWN TECHNICAL CORP." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE TWELFTH DAY OF MARCH, A.D. 1975, AT 10 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE THIRTEENTH DAY OF APRIL, A.D. 1978, AT 10 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE NINETEENTH DAY OF MAY, A.D. 1987, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "CROWN TECHNICAL CORP.".



0810439 8100H

090697583

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7424432

DATE: 07-17-09

8701390033

FILED
MAY 19
MAY 19 1987 10 AM

Mark H. ...
SECRETARY OF STATE

CERTIFICATE OF MERGER

OF

CROWN TECHNICAL CORP.
COM-DATA SYSTEMS, INC.
HURLCO, INC.
REGENCY PLASTICS CORP.
WILSYSTEMS, INC.

INTO

FEL CORPORATION

This is not a Certified Copy

FEL CORPORATION, a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, DOES HEREBY CERTIFY:

FIRST: That the name and state of incorporation of each of the constituent corporations of the merger is as follows:

<u>NAME</u>	<u>STATE OF INCORPORATION</u>
FEL Corporation	Delaware
Crown Technical Corp.	Delaware
Com-Data Systems, Inc.	Delaware
Hurlco, Inc.	Delaware
Regency Plastics Corp.	Delaware
Wilsystems, Inc.	Delaware

SECOND: That an Agreement of Merger among the parties to the merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations in accordance with the requirements of subsection (c) of Section 251 of the General Corporation Law of the State of Delaware.

THIRD: That the name of the surviving corporation of the merger is: FEL CORPORATION

FOURTH: That the Certificate of Incorporation of FEL Corporation, a Delaware corporation, shall be the Certificate of Incorporation of the surviving corporation.

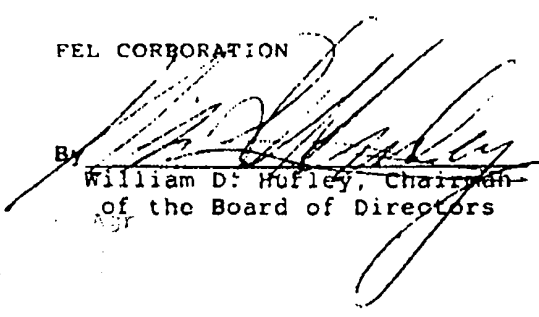
FIFTH: That the executed Agreement of Merger is on file at the principal place of business of the surviving corporation, the address of which is: Central Avenue, Farmingdale, New Jersey 07724

SIXTH: That a copy of the Agreement of Merger will be furnished by the surviving corporation, on request and without cost, to any stockholder of any of the constituent corporations.

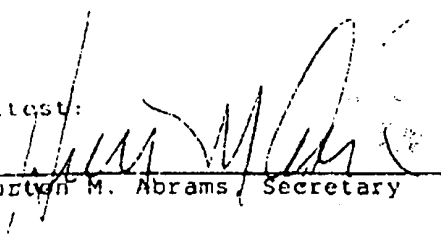
SEVENTH: This Certificate of Merger shall be effective on May 19, 1987.

IN WITNESS WHEREOF, said FEL Corporation has caused this Certificate to be signed by William D. Hurley, its Chairman of the Board of Directors, and attested to by Burton M. Abrams, its Secretary, this 19th day of May, 1987.

FEL CORPORATION

By 
William D. Hurley, Chairman
of the Board of Directors

Attest:


Burton M. Abrams, Secretary

Certificate of Merger of the "COM-DATA SYSTEMS, INC.", "CROWN TECHNICAL CORP.",
"HURON, INC.", "REGENCY PLASTICS CORP." and "WILSYSTEMS, INC.", merging with and
into "FEL CORPORATION", under the name of "FEL CORPORATION", as received and filed
in this office the nineteenth day of May, A.D. 1987, at 10 o'clock A.M.

This is not a certified copy



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/28/2021

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Plastridge Insurance Agency 10337 N. Military Trail Palm Beach Gardens, FL 33410		PHONE (A/C, No, Ext): (561) 630-4955	COMPANY Certain Underwriters at Lloyd's and others Insurers One Lime Street London, EC3M 7HA UNITED KINGDOM	
FAX (A/C, No): (561) 630-4966		E-MAIL ADDRESS: palmbeachdocs@plastridge.com		
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: SPRIHOM-01				
INSURED Springdale Homeowners Association, Inc. 590 Springdale Circle Palm Springs, FL 33461		LOAN NUMBER		POLICY NUMBER AQS-201655
		EFFECTIVE DATE 12/1/2020	EXPIRATION DATE 12/1/2021	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED: 07/30/2020				

PROPERTY INFORMATION

LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
SEE ATTACHED SCHEDULE OF LOCATIONS Palm Springs, FL 33461					

REMARKS (Including Special Conditions)

Special Conditions:
TOTAL TIV: \$70,143,100; REPLACEMENT COST, AGREED VALUE, NO COINSURANCE
\$5,000 - AOP DED; 3% CYHD - \$25,000 MIN HURR DED; \$25,000 AOW DED
ORD/LAW - FULL LIMITS COVERAGE A; B&C COMBINED \$2,500,000
EQUIPMENT BREAKDOWN INCLUDED \$25,000,000 LIMIT - \$5,000 DED

INTERIOR FINISH ITEM INCLUDED: Bath Hardware, Appliances / Kitchen Equipment, Cabinet /Countertops, Floor Covering, Interior Doors and Moldings, Interior Partition Walls, Exterior Doors and Windows, Plumbing Rough-In, Plumbing Finish, Electrical Rough-In, Electrical Finish, Heating / Cooling System
SEE ATTACHED ACORD 101

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.

ADDITIONAL INTEREST

NAME AND ADDRESS PROOF OF INSURANCE TO ADD CERT HOLDER OR MORTGAGEE CLAUSE FAX REQUEST TO 561-819-1660 OR EMAIL PROOFOFINSURANCE@PLASTRIDGE.COM	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	MORTGAGEE	X Proof of Insurance	
LOAN #			
AUTHORIZED REPRESENTATIVE 			

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Plastridge Insurance Agency		NAMED INSURED Springdale Homeowners Association, Inc. 590 Springdale Circle Palm Springs, FL 33461	
POLICY NUMBER AQS-201655			
CARRIER Certain Underwriters at Lloyd's	NAIC CODE 32728	EFFECTIVE DATE: 12/01/2020	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Special Conditions:
Unit Owner: Hellen Yaritza Segura Solorzano
Location: 331 Springdale Cir, Palm Springs, FL 33461

Building Location Addresses:	Units	Bldg Limit	AOP Ded	Wind Ded
11-14 Springdale Circle	4	700,900	\$5,000	3% CYHD
21-24 Springdale Circle	4	700,900	\$5,000	3% CYHD
31-34 Springdale Circle	4	700,900	\$5,000	3% CYHD
41-44 Springdale Circle	4	700,900	\$5,000	3% CYHD
51-54 Springdale Circle	4	700,900	\$5,000	3% CYHD
61-64 Springdale Circle	4	700,900	\$5,000	3% CYHD
71-74 Springdale Circle	4	700,900	\$5,000	3% CYHD
81-84 Springdale Circle	4	700,900	\$5,000	3% CYHD
91-94 Springdale Circle	4	552,600	\$5,000	3% CYHD
101-104 Springdale Circle	4	552,600	\$5,000	3% CYHD
111-114 Springdale Circle	4	700,900	\$5,000	3% CYHD
121-124 Springdale Circle	4	700,900	\$5,000	3% CYHD
131-134 Springdale Circle	4	552,600	\$5,000	3% CYHD
141-144 Springdale Circle	4	552,600	\$5,000	3% CYHD
151-154 Springdale Circle	4	700,900	\$5,000	3% CYHD
161-164 Springdale Circle	4	700,900	\$5,000	3% CYHD
171-174 Springdale Circle	4	476,400	\$5,000	3% CYHD
181-184 Springdale Circle	4	476,400	\$5,000	3% CYHD
191-194 Springdale Circle	4	700,900	\$5,000	3% CYHD
201-204 Springdale Circle	4	700,900	\$5,000	3% CYHD
211-214 Springdale Circle	4	476,400	\$5,000	3% CYHD
221-224 Springdale Circle	4	476,400	\$5,000	3% CYHD
231-234 Springdale Circle	4	700,900	\$5,000	3% CYHD
241-244 Springdale Circle	4	700,900	\$5,000	3% CYHD
251-254 Springdale Circle	4	476,400	\$5,000	3% CYHD
261-264 Springdale Circle	4	476,400	\$5,000	3% CYHD
271-274 Springdale Circle	4	700,900	\$5,000	3% CYHD
281-284 Springdale Circle	4	476,400	\$5,000	3% CYHD
291-294 Springdale Circle	4	476,400	\$5,000	3% CYHD
301-304 Springdale Circle	4	476,400	\$5,000	3% CYHD
311-314 Springdale Circle	4	454,200	\$5,000	3% CYHD
321-324 Springdale Circle	4	454,200	\$5,000	3% CYHD
331-334 Springdale Circle	4	802,700	\$5,000	3% CYHD
341-344 Springdale Circle	4	476,400	\$5,000	3% CYHD
351-354 Springdale Circle	4	476,400	\$5,000	3% CYHD
361-364 Springdale Circle	4	454,200	\$5,000	3% CYHD
371-374 Springdale Circle	4	476,400	\$5,000	3% CYHD
381-384 Springdale Circle	4	476,400	\$5,000	3% CYHD
391-394 Springdale Circle	4	476,400	\$5,000	3% CYHD
401-404 Springdale Circle	4	476,400	\$5,000	3% CYHD
411-414 Springdale Circle	4	476,400	\$5,000	3% CYHD
421-424 Springdale Circle	4	454,200	\$5,000	3% CYHD
431-434 Springdale Circle	4	476,400	\$5,000	3% CYHD
441-444 Springdale Circle	4	454,200	\$5,000	3% CYHD
451-454 Springdale Circle	4	476,400	\$5,000	3% CYHD
461-464 Springdale Circle	4	454,200	\$5,000	3% CYHD

471-474 Springdale Circle	4	476,400	\$5,000	3% CYHD
481-484 Springdale Circle	4	454,200	\$5,000	3% CYHD
491-494 Springdale Circle	4	476,400	\$5,000	3% CYHD
501-504 Springdale Circle	4	454,200	\$5,000	3% CYHD
511-514 Springdale Circle	4	476,400	\$5,000	3% CYHD
521-524 Springdale Circle	4	727,900	\$5,000	3% CYHD
531-534 Springdale Circle	4	476,400	\$5,000	3% CYHD
541-544 Springdale Circle	4	727,900	\$5,000	3% CYHD
551-554 Springdale Circle	4	802,700	\$5,000	3% CYHD
561-564 Springdale Circle	4	727,900	\$5,000	3% CYHD
571-574 Springdale Circle	4	802,700	\$5,000	3% CYHD
581-584 Springdale Circle	4	802,700	\$5,000	3% CYHD
591-594 Springdale Circle	4	802,700	\$5,000	3% CYHD
601-604 Springdale Circle	4	727,900	\$5,000	3% CYHD
611-614 Springdale Circle	4	727,900	\$5,000	3% CYHD
621-624 Springdale Circle	4	802,700	\$5,000	3% CYHD
631-634 Springdale Circle	4	802,700	\$5,000	3% CYHD
641-644 Springdale Circle	4	802,700	\$5,000	3% CYHD
651-654 Springdale Circle	4	802,700	\$5,000	3% CYHD
661-664 Springdale Circle	4	802,700	\$5,000	3% CYHD
671-674 Springdale Circle	4	802,700	\$5,000	3% CYHD
681-684 Springdale Circle	4	802,700	\$5,000	3% CYHD
691-694 Springdale Circle	4	802,700	\$5,000	3% CYHD
701-704 Springdale Circle	4	802,700	\$5,000	3% CYHD
711-714 Springdale Circle	4	802,700	\$5,000	3% CYHD
721-724 Springdale Circle	4	802,700	\$5,000	3% CYHD
731-734 Springdale Circle	4	802,700	\$5,000	3% CYHD
741-744 Springdale Circle	4	802,700	\$5,000	3% CYHD
751-754 Springdale Circle	4	727,900	\$5,000	3% CYHD
761-764 Springdale Circle	4	802,700	\$5,000	3% CYHD
771-774 Springdale Circle	4	802,700	\$5,000	3% CYHD
781-784 Springdale Circle	4	802,700	\$5,000	3% CYHD
791-794 Springdale Circle	4	727,900	\$5,000	3% CYHD
801-804 Springdale Circle	4	802,700	\$5,000	3% CYHD
811-814 Springdale Circle	4	727,900	\$5,000	3% CYHD
821-824 Springdale Circle	4	802,700	\$5,000	3% CYHD
831-834 Springdale Circle	4	727,900	\$5,000	3% CYHD
841-844 Springdale Circle	4	802,700	\$5,000	3% CYHD
851-854 Springdale Circle	4	727,900	\$5,000	3% CYHD
861-864 Springdale Circle	4	802,700	\$5,000	3% CYHD
871-874 Springdale Circle	4	802,700	\$5,000	3% CYHD
881-884 Springdale Circle	4	802,700	\$5,000	3% CYHD
891-894 Springdale Circle	4	802,700	\$5,000	3% CYHD
901-904 Springdale Circle	4	802,700	\$5,000	3% CYHD
911-914 Springdale Circle	4	802,700	\$5,000	3% CYHD
921-924 Springdale Circle	4	802,700	\$5,000	3% CYHD
931-934 Springdale Circle	4	802,700	\$5,000	3% CYHD

941-944 Springdale Circle	4	802,700	\$5,000	3% CYHD
951-954 Springdale Circle	4	802,700	\$5,000	3% CYHD
961-964 Springdale Circle	4	802,700	\$5,000	3% CYHD
971-974 Springdale Circle	4	802,700	\$5,000	3% CYHD
981-984 Springdale Circle	4	802,700	\$5,000	3% CYHD
991-994 Springdale Circle	4	802,700	\$5,000	3% CYHD
1001-1004 Springdale Circle	4	802,700	\$5,000	3% CYHD
1011-1014 Springdale Circle	4	802,700	\$5,000	3% CYHD
1021-1024 Springdale Circle	4	802,700	\$5,000	3% CYHD
1031-1034 Springdale Circle	4	802,700	\$5,000	3% CYHD
590 Springdale Circle - CLUBHOUSE	0	489,600	\$5,000	3% CYHD

BOUNDARY SURVEY

1,558 Sq.ft.±
0.04 ACRES±

TRACT "P-2"

CONCRETE
PARKING

FND 1/2"IP

N89°58'59"E 44.50'

71.39'

TRACT "P-2"

WEST R/W OF SPRINGDALE CIRCLE

BACK OF WALK

50' R/W
SPRINGDALE CIRCLE

20' ASPHALT PAVING

P.C.
FND 1/2"IP

140.30'

FND 1/2"IP

N00°01'01"W 35.00'

6.8'

CONCRETE SIDEWALK

CONCRETE WALK

CONCRETE

LOT "A"
BLOCK 33

29.3'

TWO STORY
RESIDENCE

PARTYWALL

N89°58'59"E 44.50'

14.5'

2.7'

41.8'

ADJOINING
RESIDENCE

LOT "C"
BLOCK 33

12.5'

28.2'

PARTYWALL

LOT "B"
BLOCK 33

ADJOINING
RESIDENCE

ADJOINING
RESIDENCE

LOT "D"
BLOCK 33

TRACT "P-2"

FND 1/2"IP

N00°01'01"W 35.00'

TRACT "R"

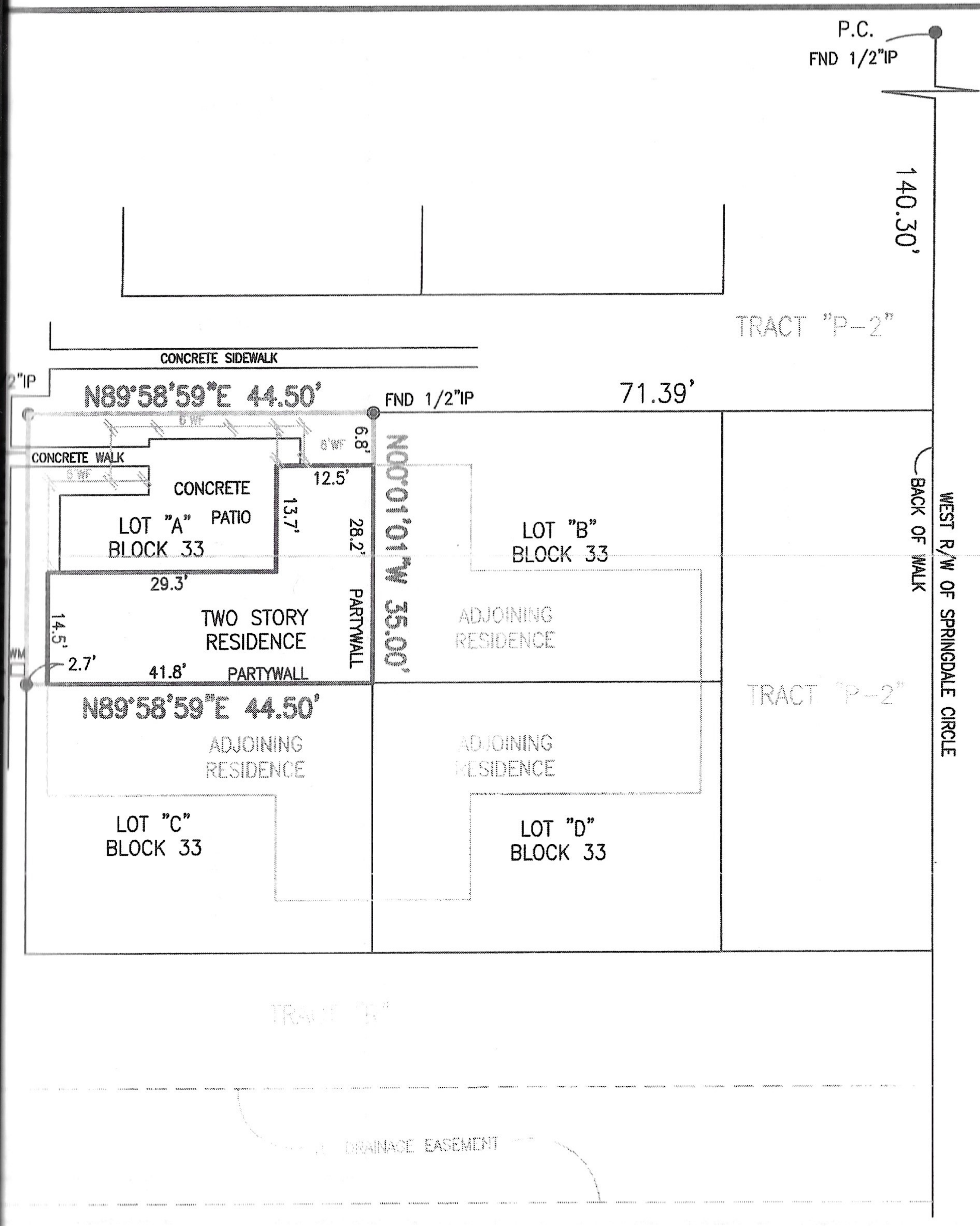
LEGEND


- FOUND
- R/W RIGHT-OF-WAY
- IR IRON ROD
- Sq.ft. SQUARE FEET
- ☉ CENTERLINE
- WM WATER METER
- WF WOOD FENCE
- P.C. POINT OF CURVATURE

- FND
- R/W
- IR
- Sq.ft.
- ☉
- WM
- WF
- P.C.

TRAFFIC DRAINAGE EASEMENT





SURVEY INVALID WITHOUT
 EMBOSSED SURVEYOR'S SEAL

William T. Boyd
 William T. Boyd
 P.S.M.# 6334
 PROFESSIONAL SURVEYOR AND MAPPER

FEMA FLOOD ZONE INFORMATION

SCALE: 1' = 20'

COMMUNITY PANEL NUMBER: 120223 0001 D
 FIRM DATE: 12/22/1998
 FLOOD ZONE: AH
 BASE FLOOD ELEVATION 13.0

CERTIFICATION: THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH
 BY THE STATE OF FLORIDA.

JOB NUMBER: 09-07-004	DRAWN BY: WTB	CHECKED BY: WTB	SHEET 2 OF 2
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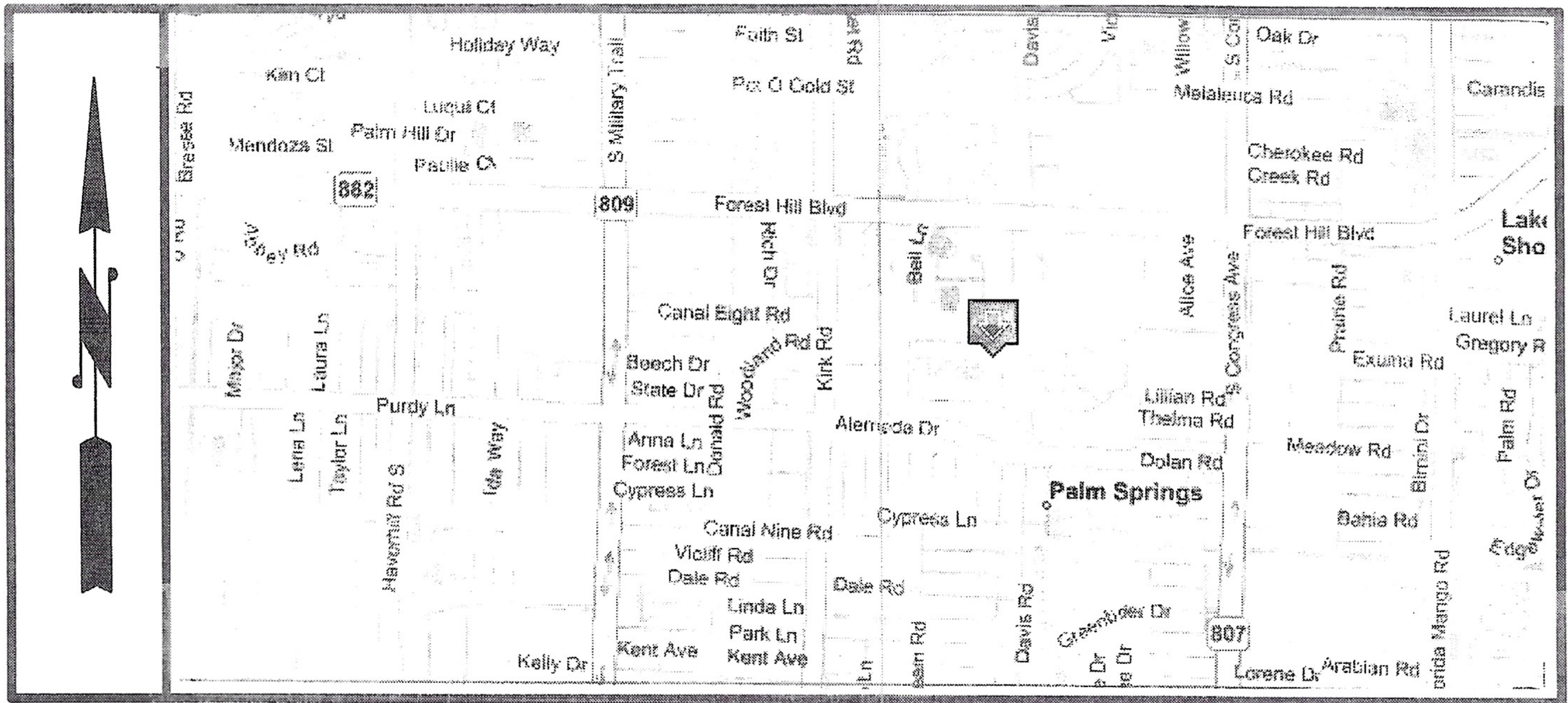
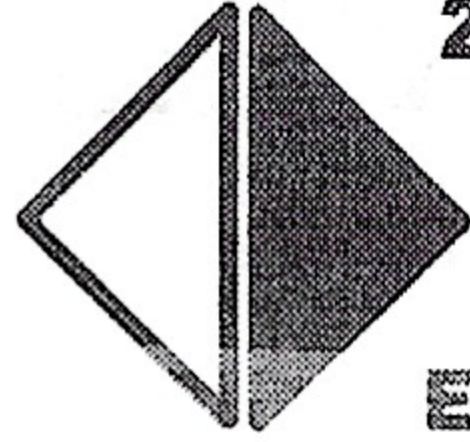
William T. Boyd Land Surveying

2051 Laura Lane, West Palm Beach, FL 33415

Office (561) 434- 9671 Fax (561) 434-0722

Toll Free 1-877-288-9933

E-Mail wtbls@hotmail.com



Location Map Not To Scale

Job Number: 09-07-004

Field Date: 07/10/09

Client: Manrique H. Rojas

Address: 331 Springdale Circle
Palm Springs, FL 33461

Legal Description:

Lot A, in Block 33, of SPRINGDALE HOMES, according to the Plat thereof recorded in Plat Book 36, Pages 167 and 168, of the Public Records of Palm Beach County, Florida.

Certified To:

Manrique H. Rojas
Coldwell Banker Home Loans
Sunland Title, LLC
Title Resources Guaranty Company

Surveyor's Notes:

- 1) Bearings shown hereon are based on the Plat of SPRINGDALE HOMES, as recorded in Plat Book 36, Page 167, of the Public Records of Palm Beach County, Florida.
- 2) Distances shown hereon represent field measurements and when applicable, coincide with the legal description, unless otherwise noted. Distances shown hereon are in feet and decimal parts thereof.



SKETCH REPORT

Manrique

Property address

Manrique Rojas
331 Springdale Circle
Palm Springs, FL 33461

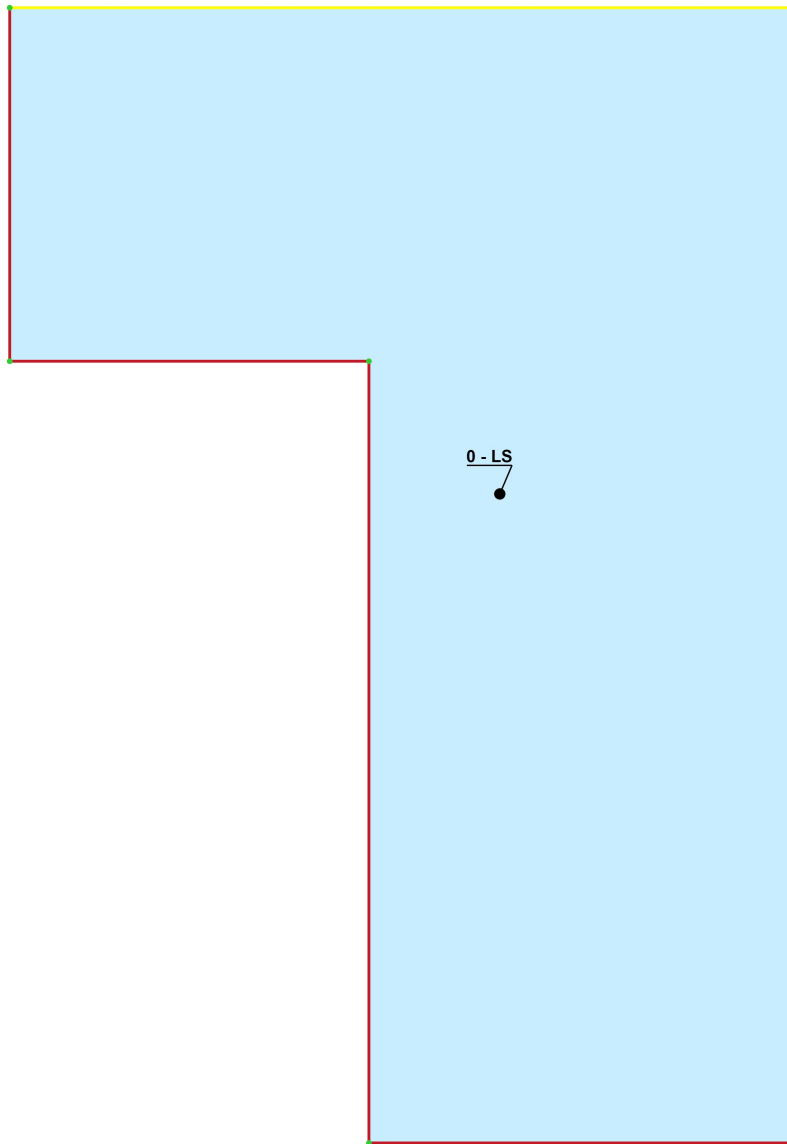
Prepared by

Miguel Zupo
6494 Nikki Way, Lake Worth, FL 33467

561-715-4425
miguelzupo@gmail.com



SKETCH REPORT | PITCH DIAGRAM



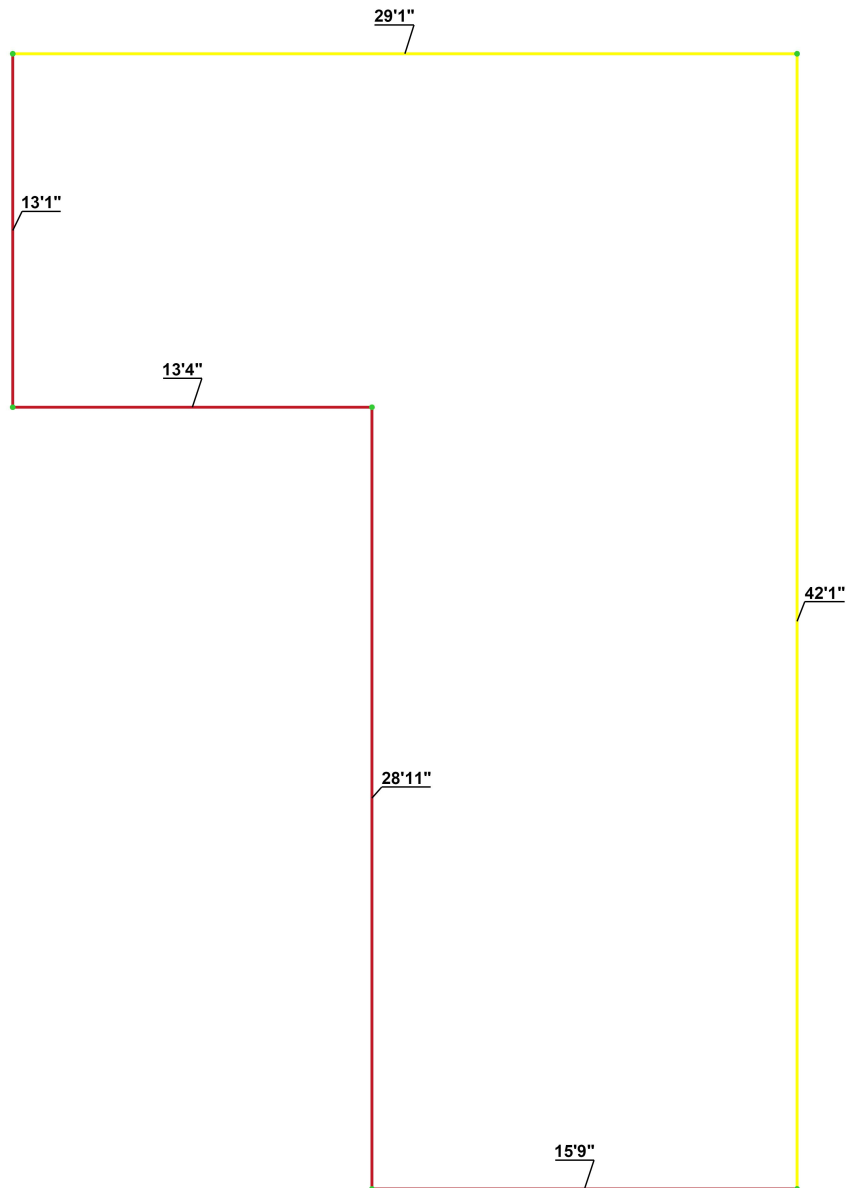
Manrique
May 7, 2021

Property address
Manrique Rojas
331 Springdale Circle
Palm Springs, FL 33461

Prepared by
Miguel Zupo
6494 Nikki Way, Lake Worth, FL
33467

561-715-4425
miguelzupo@gmail.com

SKETCH REPORT | MEASUREMENTS DIAGRAM



Manrique
May 7, 2021

Property address
Manrique Rojas
331 Springdale Circle
Palm Springs, FL 33461

Prepared by
Miguel Zupo
6494 Nikki Way, Lake Worth, FL
33467

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miguelzupo@gmail.com

SKETCH REPORT | MEASUREMENTS

Waste calculation

	Actual	+5%	+10%	+15%	+20%	+25%
Squares **	0	0	0	0	0	0
Area **	0 ft. ²	0 ft. ²	0 ft. ²	0 ft. ²	0 ft. ²	0 ft. ²

**Squares and area exclude low slope.

Line measurements

Eaves	71 ft.
Rakes	0 ft.
Ridges	0 ft.
Hips	0 ft.
Valleys	0 ft.
Step	0 ft.
Wall	0 ft.
Pitch change	0 ft.

Category measurements

Ice & water shield	0 ft.
Ridge vent	0 ft.
Rake edge	0 ft.
Eave edge	71 ft.
Step flashing	0 ft.
Apron flashing	0 ft.
Gutters	0 ft.
Gutter toppers	0 ft.
Down spouts	0 ft.

Pitch measurements

0/12	8.38 sqs.
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Area measurements

Low slope **	8.38 sqs.
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**Squares and area exclude low slope.

Manrique

May 7, 2021

Property address

Manrique Rojas
331 Springdale Circle
Palm Springs, FL 33461

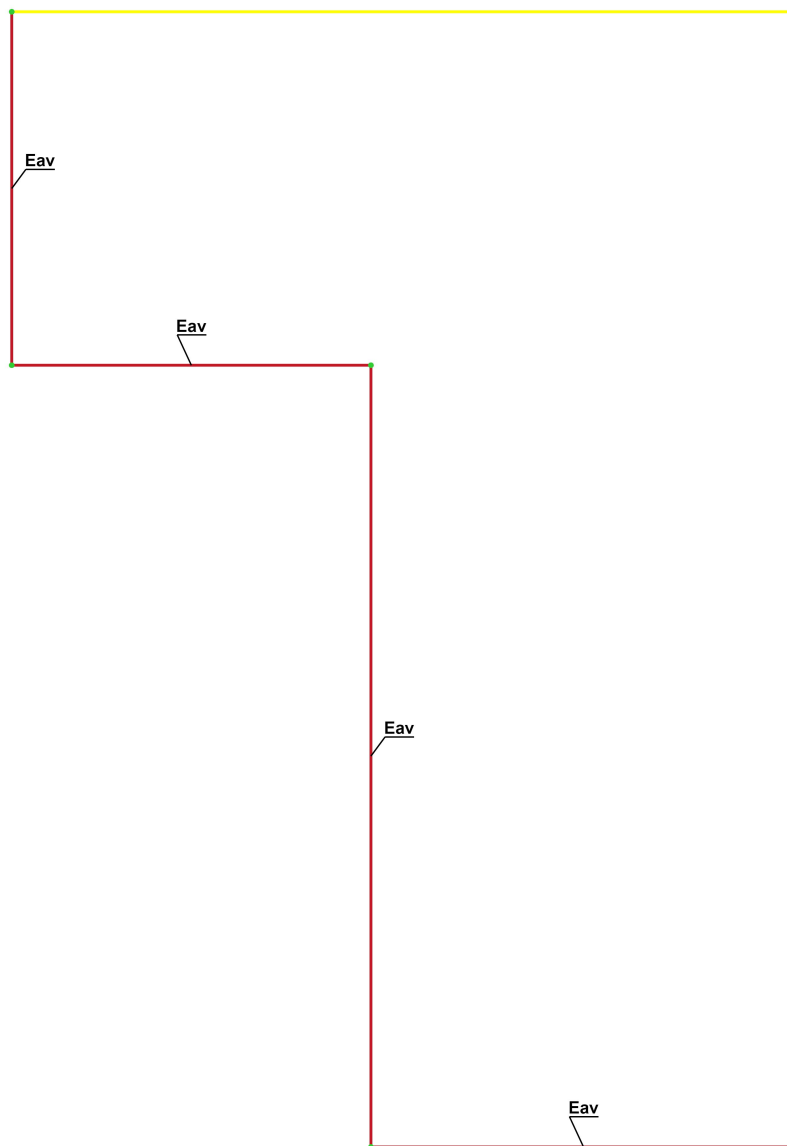
Prepared by

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SKETCH REPORT | EDGE LABEL DIAGRAM



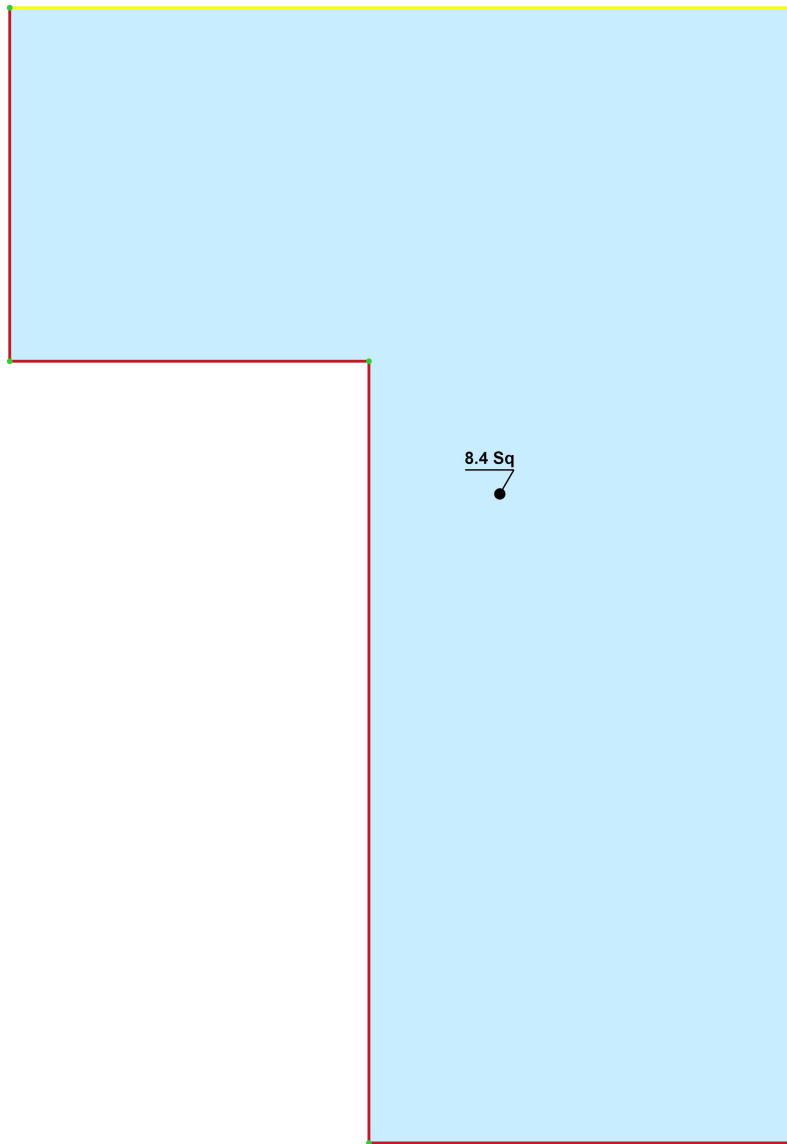
Manrique
May 7, 2021

Property address
Manrique Rojas
331 Springdale Circle
Palm Springs, FL 33461

Prepared by
Miguel Zupo
6494 Nikki Way, Lake Worth, FL
33467

561-715-4425
miguelzupo@gmail.com

SKETCH REPORT | AREA DIAGRAM



Manrique
May 7, 2021

Property address
Manrique Rojas
331 Springdale Circle
Palm Springs, FL 33461

Prepared by
Miguel Zupo
6494 Nikki Way, Lake Worth, FL
33467

561-715-4425
miguelzupo@gmail.com

Bellaforte Shake by DaVinci Roofscapes, Autumn Variblend Color





















ROOFING ESTIMATE



6494 NIKKI WAY, LAKE WORTH, FL. 33467 Phone: 561-715-4425 Email: miguelzupo@gmail.com

Prepared By: Miguel Zupo

Estimate # PB0064

Customer:

Date: May 25, 2021

Manrique Rojas and Hellen Segura 561-502-6254

Roofing License:

331 Springdale Circle, Palm Springs, FL 33461

CCC1332866

Mrojas8115@hotmail.com

Project Description

Total

FLAT ROOF

\$12,500.00

PROJECT: INSTALL NEW TAPERED INSULATION PITCHED FLAT ROOF 9 SQS

1. Remove all damaged roof and section all the roof.
2. Remove all existing roofing material and underlayment.
3. Remove existing rotted wood.
4. Replace damaged plywood up to 5/8" thick once we take off the old roof.
5. Install two layers of #30 paper with tin tags on flat roofs.
6. Install ISO tapered insulation with hot asphalt to properly pitch the roof to drain the water correctly off the flat roof.
7. Install a layer of GAFGLAS STRATAVENT base sheet overtop of all ISO insulation.
8. Install a layer of GAFGLAS PLY 4 fiberglass with hot asphalt.
9. Install New Galvanized 26-gauge eave drip primed w/ asphalt primer to all open eaves.
10. Install a layer of GAF-GLAS Mineral-Surfaced cap sheet.
11. Clean up garbage generated by demolition and installation of new roof.
12. Warranty is 10 years on the labor.

ROOFING ESTIMATE

MANSARD ROOF

PROJECT: INSTALL NEW DAVINCI BELLAFORTE SHAKE 8 SQS

Scope of work: Labor, Materials, and Permitting

1. Remove all existing wood shakes.
2. Remove all existing underlayments.
3. Remove all damaged Plywood sheathing and fascia board.
4. Install plywood up to 5/8" thick and fascia board if there are necessary pieces to change.
5. Install 1 layer of #30 felt ASTM D-226-II.
6. Install 1 layer of synthetic felt ASTM D226-II. (GAF)
7. Install New Galvanized 26-gauge eave drip primed w/ asphalt primer to all open eaves.
8. Install new Davinci Bellaforte Shakes.
9. Clean up garbage generated by demolition and installation of new roof.
10. Warranty is 10 years on the labor.

TOTAL PRICE: \$12,500.00

PAYMENT SCHEDULE:

\$2,000.00 at signing of contract

\$4,500.00 after permit approval

\$4,000.00 after first inspection

\$2,000.00 after final inspection

- Superior Roofing of Florida Inc. will supply: **the first two (2) sheets** of plywood, **the first 30 linear feet** of fascia board and the labor to install them for free.
 - Any additional wood in poor condition that requires changing will cost \$125 dollars per sheet of plywood, and \$5 per linear foot of fascia board which includes labor and material.
 - If there is any additional damage to the roof besides the fascia board and sheathing there will be additional charges to do those repairs.
 - This estimate is based on 17 Squares of roofing area.
 - The work execution time is 8 working days according to weather conditions.
 - This estimate is good for 15 calendar days.
-

ROOFING ESTIMATE

Total Project Cost: \$12,500.00

If you accept this proposal, please sign below and this will be our contract.

X

Manrique Rojas

X

Date

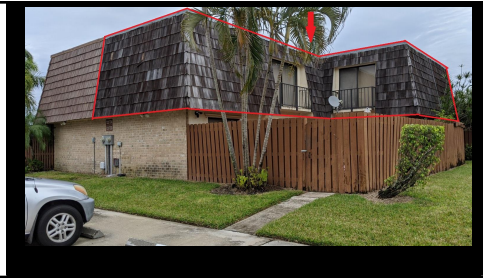


Roofing Contractor CCC1331108
 4447 Onega Cir, West Palm Beach, FL 33409
 Phone (561) 282-6128 - www.AceProRoof.com
 Tony Tomaino, Project Manager/Estimator
 Cell: (561) 880-4835 - tony@aceprorroof.com

May 27, 2021

NEW ROOF CONTRACT

NAME(S): Manrique Rojas
JOB ADDRESS: 331 Springdale Circle
CITY: Palm Springs **ST:** FL **ZIP:** 33461
PHONE: 561-502-6254
EMAIL: mrojas8115@hotmail.com
NOTES: *picture is not the actual unit, included to show what portion of the house is the mansard.*



(I) SCOPE OF WORK:

MANSARD RE-ROOF - Cedar Shingle to Bellaforte DaVinci Metal Shake, Approx 900 sq ft

- **REMOVE EXISTING CEDAR WOOD SHAKE SHINGLES** roof coverings and all underlayment down to 1x batten decking.
- **RE-NAIL DECKING** to trusses per current building codes with 2 ½” 8D ring shank nails (add \$1,800.00 if there is not a decking behind the cedar shingles)..
- Install new Brown drip edge around the perimeter of the roof if applicable.
- Install new 4’ x 5’ metal flashing along the roof to wall connection if applicable.
- Replace all plumbing lead stack flashings and profile vents if applicable.
- Install **PRIMARY LAYER of ASTM 30 Ib** underlayment, with code approved tin tag fasteners.
- Install **SECONDARY WATER BARRIER**, self-adhered (SA) fiber reinforced rubberized underlayment.
- Install Metal Bellaforte Shake and Rake Shingles (Color: Autumn) by DaVinci Roofscapes to manufacturer and building code specifications.

FLAT RE-ROOF - Modified Bitumen Roofing , Approx 850 sq feet

- **REMOVE EXISTING ROOF COVERING** and all metals & underlayments down to wood decking.
- **RE-NAIL DECKING** to trusses per current building codes with 2 ½” 8D ring shank nails.
- **DRIP EDGE** - Install coated galvalume drip edge flashing around the perimeter of the roof.
- **TRANSITION METAL** - Install transition flashing along all sloped to flat roof transitions (if applicable).
- Install nailable **BASE LAYER (ASTM D 6163)** mechanically fastened with nails and tin-tags.
- Install **MID PLY LAYER (ASTM 6163)** self-adhering modified inter ply membrane.
- Install **TOP CAP LAYER** self adhering modified bitumen cap sheet with a granular finish.
- Option: **Per 2” POLY ISO** or **TAPERED INSULATION** fastened with screws & plates add: \$1,530.00
(ideal for insulating room below, creating slight pitch and positive drainage, reducing ponding water)



Roofing Contractor CCC1331108
4447 Onega Cir, West Palm Beach, FL 33409
Phone (561) 282-6128 - www.AceProRoof.com
Tony Tomaino, Project Manager/Estimator
Cell: (561) 880-4835 - tony@aceproroo.com

Also Included in the project price is...

- **PERMIT** - Management and payment of Building Permit Package. Assistance with HOA, ARB, etc.
- **INSPECTIONS** - All dealings with the Building Department. Arrangement of inspections, photos, affidavits.
- **INSURANCE** - Liability and Worker's Compensation insurance, full coverage of all workers onsite.
- **WASTE REMOVAL** - Dump trucks and/or dump trailers to be used only. No stationary dumpsters.
- **FLASHINGS** - Install metal flashing at roof to wall connection if rusted, not if okay intact behind stucco.
- **GALVALUME ACCESSORIES** - A hybrid of aluminum and galvanized, doesn't oxidize or rust as easily as galvanized. Installation of drip edge around the perimeter of the roofing system at all eaves/rakes, protects your home by helping divert water away from fascia and structure. White is the default drip-edge color used. If you would like brown or a plain metal finish, simply let us know. Installation of galvalume valley metal mechanically fastened and sealed with modified roofing cement and membrane.

- **VENTS AND PIPE BOOTS** - Replace all plumbing lead stack flashings and gooseneck profile vents.
- **SUPERVISION & QUALITY CONTROL** - Crew chief supervision onsite and sometimes owner of company too.

- **FREE POST INSPECTIONS** - We're happy to do free inspections whenever you'd like. Whether it's a routine checkup or an act of nature occurs, just call us! We'll take photos and document any damage.

- **CODE PLUS STANDARDS** - We exceed the Florida Building Code...examples include putting a layer of rubberized membrane in the valleys and transitions (in addition to valley metal). And when re-nailing the deck and tin-tagging the underlayment, we do closer nail patterns for better wind uplift resistance.

- **MANUFACTURER and ACE PRO ROOFING WARRANTIES**
 - Shingles - 25 Year Manufacturer Warranty (Certaineed, GAF, Tamko, Owens Corning)
 - Tile and Membrane Underlayment - 30 Year Manufacturer Warranty (Boral, Eagle, Polyglass)
 - Metal – 30 Year Manufacturer Warranty mill finish, 40 year for painted/coated (Various Brands)
 - Flat – 10 to 20 Year Manufacturer Warranty (Tarco, Polyglass, Certaineed, MuleHide)
 - Ace Pro Roofing Installation Warranty 10 years on shingle, tile, metal & 5 years on flat roof

- ❖ **WOOD DECKING** - Replace rotted decking as needed, up to 4 sheets of 4'x 8' (5/8") plywood included. Not all bad wood is noticeable upon initial inspection. If additional material is needed, it will be installed and billed at the rates shown in section 2 of the contract.

- ❖ **FASCIA BOARD** - 40 linear feet of fascia replacement included in estimate (if applicable).

- ❖ **VENTILATION** - Gooseneck vents are the standard vents installed, 6" or 10". Turbines (Whirlybirds) are also replaced if that is what's currently on your roof. Other upgrade options include Electric Attic fans, Solar Attic Fans, and Ridge Vents for Shingle Roofs.



Roofing Contractor CCC1331108
 4447 Onega Cir, West Palm Beach, FL 33409
 Phone (561) 282-6128 - www.AceProRoof.com
 Tony Tomaino, Project Manager/Estimator
 Cell: (561) 880-4835 - tony@aceprorroof.com

(II) ADDITIONAL WOOD REPLACEMENT – Including Removal and Installation

DECKING			
5/8 and 3/4 Plywood	\$105.00 per sheet	1x Tongue & Groove	\$10.00 per linear foot

FASCIA & TRUSSES & FLASHING REPLACEMENT			
CEDAR WOOD	Per Linear foot	Spruce/Pine Wood	Per Linear foot
Any 1x	\$11.00	Any 1x	\$9.00
Any 2x	\$13.00	Any 2x	\$10.00

(III) SIGNATURE PAGE & PAYMENT PROVISIONS

Contractor shall furnish all of the labor and materials and shall perform all of the work identified in Section I Scope of Work, for the total lump-sum amount stated in Section II. All Labor, Material, Supervision and taxes are included in the total amount below:

In the event that the Owner shall fail to make any payment that is due, the Contractor may elect to stop work without any penalty, and may declare the entire balance due and payable. The Owner agrees to pay any and all costs of collections, including reasonable attorney's fees and costs, in the event the Owner defaults in the payment provisions set forth. Should Owner terminate the contract prior to commencement of the work, Owner's deposit shall be wholly retained by Contractor in satisfaction of Contractor's preliminary out-of-pocket costs.

Total Contract Amount:	\$17,900.00
10% Deposit Upon Signing	\$1,790.00
40% Due at Material Delivery	\$7,160.00
40% Due at Dry In Stage	\$7,160.00
10% Due at Job Completion	\$1,790.00

Owner acknowledges and agrees that any change to scope of work will be presented in writing to the owner and approved by both the owner and Ace Pro Roofing (except for wood replacement, extra roof layers or building code requirements). Estimate pricing good for 30 days and after the contract is signed if suppliers raise materials pricing before the job start date the customer agrees to pay the price difference.



Roofing Contractor CCC1331108
4447 Onega Cir, West Palm Beach, FL 33409
Phone (561) 282-6128 - www.AceProRoof.com
Tony Tomaino, Project Manager/Estimator
Cell: (561) 880-4835 - tony@aceprorroof.com

WARRANTY & EXCLUSIONS - Ace Pro Roofing will provide a ten (10) year “labor and craftsmanship” “leak free” warranty on our installation of the sloped roof, and (5) years on the flat roof. Damage from the following are exclusions to the warranty: Tropical Storm or Hurricane wind speeds. Ponding Water areas and Bad Drainage on flat roofs. Vegetation. Acts of nature (fallen trees, animals, lightning, etc). Damage from foot traffic, pressure cleaning, chemical damage, other persons. Change of owner. All other exclusions and job processes are included and explained on the Roof Contract Addendum.

“I have read through and understand and I am in agreement with the terms and conditions in this document and on the Roof Contract Addendum”

I / we, the Owner(s) of the address below, engage and hire ACE PRO ROOFING (“Contractor”), to furnish and install all necessary materials and labor, for improvements, repair, or alterations to the property located at the address below, which we warrant and represent that we have good record title to as owners, in our own name(s).

Signed and dated this _____ day of _____, 2021.

OWNER(S)

Sign: _____

Sign: _____

Print: _____

Print: _____

ACE PRO ROOFING

By: _____

Print: _____

ALL PHASE ROOFING AND CONSTRUCTION

223 South H Street, Lake Worth, Florida 33460

Phone: (561) 588 – 8782 | Fax: (561) 964-5025

email@cindycartwright.com | License #CCC1327393 & CGC1516879

PROPOSAL/CONTRACT

Customer Name: Manrique Rojas	Phone: 561-502-6254 Email: mrojas8115@hotmail.com	Date: 02/05/2021
Street: 331 Springdale Cir,	Job name: Davinci Bellaforte Shake	
City/State/Zip: Palm Springs 33461	Job location: Springdale	

Contractor hereby proposes to furnish materials and labor necessary for the completion of:

SCOPE OF WORK: *Davinci Bellaforte Shake*

1. Completely tear off and dispose of existing roof system
2. Install decking and re-nail entire per Miami- Dade County codes
\$65 per sheet of plywood. If there is no plywood on your unit, it will take approximately 22 sheets.
3. Mechanically fasten 1-ply of ASTM #30 felt to deck.
4. Install Boral Tile Seal underlayment to entire deck. This gives you a second underlayment that should get you a deeper discount on insurance.
5. Install 26-gauge galvanized drip edge.
6. Install DaVinci Bellatore Shake

The labor, material, and equipment required for this job will be furnished for a total of: <p style="text-align: right;">(\$ 13,000 & 00 /100 dollars) Not including Plywood</p>
Payment to be made as follows: <i>No deposit required: 1/3 due upon dry-in, 1/3 due upon 2nd underlayment and 1/3 due upon completion.</i>

All work is to be completed in a workmanlike manner according to standard practices. **Any change or deviation from the scope of work identified herein that results in additional cost to Contractor will be charged to the Customer as a cost that is separate from and in addition to the quoted price.** Contractor's employees will be covered by Worker's Compensation Insurance. If there are any persons or materials, other than Contractor's employee(s) or the materials supplied by Contractor to perform Contractor's scope of work, on the roof during the project or after the Contractor has completed its work, then any warranty issued by Contractor to Customer for the project will immediately become null and void without exception. The Contract Documents consist of this Proposal/Contract, Terms and Conditions and all documents referenced therein, Statutory Warnings, Work Authorization Agreement (if applicable), and limited workmanship warranty (if any), which are all incorporated herein by reference. Customer agrees that his or her signature to any one of the Contract Documents constitutes his or her receipt and acceptance of all of the Contract Documents and agrees to be bound by the terms of same. Customer may request from Contractor at any time a copy of any document a part of the Contract Documents.

I HAVE READ AND UNDERSTAND THIS PROPOSAL, THE TERMS AND CONDITIONS, AND ALL APPLICABLE CONTRACT DOCUMENTS AND AGREE TO BE BOUND BY THEIR TERMS.

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions are satisfactory and are hereby accepted. Contractor is authorized to do the work as specified. By signing below, Customer acknowledges that Customer is the owner (or authorized agent of the owner) of the property where the work is to be performed.

All Phase Roofing & Construction

Authorized Signature: *Kendyl Cartwright*

By: _____ Kendyl Cartwright _____

Its: _____ Office Manager _____

Customer Signature: _____

Date: _____

CUSTOMER'S RIGHT TO CANCEL: If for whatever reason you do not want the goods or services, you may cancel this agreement by providing written notice to Contractor in person, by telegram, or by mail. This notice must indicate that you do not want the goods or services and must be delivered or postmarked before midnight of the third (3) business day after you sign this agreement. If you cancel this agreement, Contractor may not keep all or part of any cash down payment.



3575 23rd Ave. S. Suite 101 | Lake Worth, FL 33461
Tel: 561.337.6798 | Fax: 561.585.0051 | www.garabar.com

Quote valid for 30 days from 5/26/2021

CONTRACT

Name: Marique Rojas Phone: 561-502-6254 Email: Mrojas815@hotmail.com
Address: 331 Springdale Circle, Palm Springs, Florida 33461

SPECIFICATIONS

Home is 1/4 of multi family unit. Roof replacment estimate is specific to the 1/4 portion of the roof specific to this address. Replacement roof will be standard 3 layer modified bitumen flat roof system. 1st layer 30# felt, 2nd layer fiberglass reinforcement, 3rd layer granulated cap sheet. Replacement will include a tapered pitch package to prevent areas of ponding water. Price also includes replacement of mansard with Davinci Bellaforte synthetic shake. Unforeseen items billed as needed include Plywood deck at a rate of \$95.00 per sheet, Fascia board at a rate of \$10.00/ft single and \$15.00/ft double. Cutting Stucco to remove & replace wall flashing with new 26 gauge L Flashing and/or replacement of soffit substrate including Stucco textured to match including any necessary caulking and painting at a rate of \$35.00 per foot. Custom roof vent and/or drain pipe repair/replacement will be billed as needed. AC unit on roof will need to be lifted and put on code compliant rack in accordance with current Florida building code. Garabar subcontracted services can provide this standard service for an additional cost of \$2,500 to total below, including all material costs and labor. Unforeseen items billed seperately. 5 year Garabar warranty in addition to materials manufacturers warranties.

Contract Amount and Draw Schedule \$ 22,485. 50% due at time of signing / 50% due upon completion and passed final inspection.

add \$2,500 to total of \$22,485.00 if including mounting of AC on code complaint rack.

All materials are guaranteed to be as specified. All work to be completed in a workmanlike manner according to required building codes and standard practices. Any alteration or deviation from above specifications will be executed only upon written and signed change order, and if involving extra cost, will become an extra charge over and above the contract price and will be paid in advance. This contract constitutes the entire agreement between the parties and there are no oral promises outside of this contract. Any prior contracts, representations, statements, understandings or other communications not written into this contract are agreed to be immaterial, and not relied upon by any party, and do not survive the execution of this contract.

Garabar, Inc. shall not be liable for failure of performance due to labor controversies, strikes, fires, weather, an inability to obtain materials from usual sources, or any other circumstances beyond the control of Garabar, Inc. Owner shall purchase and maintain Homeowner's Insurance sufficient to cover the value of the structure and work at all stages of completion.

Owner and Garabar, Inc. have the right to cancel this contract within three business days without penalty. Beyond this time the contract is considered to have commenced and cannot be canceled except by mutual written agreement of the parties . If this contract is canceled by Owner after 3 days, Owner shall pay to Garabar, Inc. fifteen (15) percent of the contract price. Both parties agree that under such circumstances damages would be difficult to calculate, that said amount constitutes liquidated damages, not a penalty, and that Garabar, Inc. agrees to accept such as a reasonable and just compensation for the value of investigations, consulting services, pre-construction services, lost opportunity, lost profit, and other damages. Failure to make payment pursuant to this contract shall be considered a breach of this contract and shall terminate all warranties and relieve Garabar, Inc. of any contractual obligations and liabilities. Interest shall accrue from the date payment is due at the maximum rate permitted under Florida law. Owner shall be liable for all costs, expenses, and reasonable attorney fees connected with enforcement of the contract and collection of any monies owed. If any provision of this contract should be held to be invalid or unenforceable, such provision shall be deemed stricken and the entire remainder of this contract shall remain in full force and effect.

Home owner responsible for clearing all non roof/HVAC related equipment off the roof prior to job commencement.

ACCEPTANCE OF CONTRACT:

The prices, specifications, and conditions of this contract are hereby accepted. I acknowledge that I have read the contract provisions on the reverse side of this document.

ACCEPTED:

Owner's Signature

Date

Garabar, Inc.

Date

FLORIDA REQUIRED CONSTRUCTION CONTRACT PROVISIONS

The following provisions are required by Florida law to be included in home improvement and construction contracts. They are specified in detail by Florida Statutes as to the words, size of type, and use of capital letters, therefore we can not in any way remove or change these provisions.

CHAPTER 713 LIENS

ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.

CHAPTER 558 NOTICE OF CLAIM

CHAPTER 558, FLORIDA STATUTES, CONTAINS IMPORTANT REQUIREMENTS YOU MUST FOLLOW BEFORE YOU MAY BRING ANY LEGAL ACTION FOR AN ALLEGED CONSTRUCTION DEFECT. SIXTY DAYS BEFORE YOU BRING ANY LEGAL ACTION, YOU MUST DELIVER TO THE OTHER PARTY TO THIS CONTRACT A WRITTEN NOTICE, REFERRING TO CHAPTER 558, OF ANY CONSTRUCTION CONDITIONS YOU ALLEGE ARE DEFECTIVE AND PROVIDE SUCH PERSON THE OPPORTUNITY TO INSPECT THE ALLEGED CONSTRUCTION DEFECTS AND TO CONSIDER MAKING AN OFFER TO REPAIR OR PAY FOR THE ALLEGED CONSTRUCTION DEFECTS. YOU ARE NOT OBLIGATED TO ACCEPT ANY OFFER WHICH MAY BE MADE. THERE ARE STRICT DEADLINES AND PROCEDURES UNDER THIS FLORIDA LAW WHICH MUST BE MET AND FOLLOWED TO PROTECT YOUR INTERESTS.

FLORIDA HOMEOWNERS' CONSTRUCTION RECOVERY FUND

PAYMENT MAY BE AVAILABLE FROM THE FLORIDA HOMEOWNERS' CONSTRUCTION RECOVERY FUND IF YOU LOSE MONEY ON A PROJECT PERFORMED UNDER CONTRACT, WHERE THE LOSS RESULTS FROM SPECIFIED VIOLATIONS OF FLORIDA LAW BY A LICENSED CONTRACTOR. FOR INFORMATION ABOUT THE RECOVERY FUND AND FILING A CLAIM, CONTACT THE FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD AT THE FOLLOWING TELEPHONE NUMBER AND ADDRESS:

DIVISION OF PROFESSIONS
CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE, FL 32399

BUYER'S RIGHT TO CANCEL

This is a home solicitation sale, and if you do not want the goods or services, you may cancel this agreement by providing written notice to the seller in person, by telegram, or by mail. This notice must indicate that you do not want the goods or services and must be delivered or postmarked before midnight of the third business day after you sign this agreement. If you cancel this agreement, the seller may not keep all or part of any cash down payment.

Signed and Accepted By (Homeowner): _____ Date: _____



Village of Palm Springs

Executive Brief

AGENDA DATE: July 6, 2021

DEPARTMENT: Planning, Zoning & Building

ITEM 7.2:

Committee recommendation to approve Grant application for 332 Pinehurst Road - Jennifer Brinkman: Remove and replace the slope roof with Dimensional Shingles.

SUMMARY:

The owner of the property has submitted a Property Improvement Grant application to replace the slope roof with Dimensional Shingles.

FISCAL IMPACT:

ATTACHMENTS:

Grant Application & Owner Certification
Proof of Ownership
Property Insurance
Survey
Sketch of Improvement
Before Photos
Quotes



Village of Palm Springs

226 Cypress Lane
Palm Springs, FL 33461
Phone (561) 965-4016 Fax (561) 439-4132
www.vpsfl.org

PROPERTY IMPROVEMENT PROGRAM GRANT APPLICATION

FILE # 202100486 FEE RECEIPT # N/A

NAME OF PROPERTY OWNER Jennifer Brinkman formerly Jennifer Knopf

NAME OF APPLICANT* (if different) _____

CONTACT INFORMATION FOR APPLICANT:

MAILING ADDRESS: 428 Davis Rd, Palm Springs, FL 33461

EMAIL: [REDACTED] PHONE: [REDACTED]

DRIVER LICENSE #: [REDACTED] DATE OF BIRTH: 5/10/78

ADDRESS OF BUILDING 332 Pinehurst Rd, Palm Springs, FL 33461

PROPERTY CONTROL NUMBER(S) 70-43-44-18-07-016-0070

STREET FRONTAGE(S) OF PROPERTY: Pinehurst Drive

DETAILED DESCRIPTION OF FAÇADE IMPROVEMENTS / PROPERTY UPGRADES: (attach if insufficient space)

re-roof
Removal of ~~clim shell~~

TOTAL ESTIMATED COSTS OF PROJECT \$ \$ 10,000

MATCHING GRANT NOT TO EXCEED \$ \$ 5,000

Note: Owner may only apply for one matching grant in a given fiscal year.

* W9 with Social Security Number or Federal ID Number required of Grant Recipients, Grant Award is taxable.

I have read and fully understand the Property Improvement Program and agree to comply with the requirements of the grant as adopted by the Palm Springs Village Council via Resolutions 2015-16 and 2016-50 and 2018-37, and that I agree to comply with the matching grant guidelines.

[Signature]
Applicant's Signature

Date: 5/20/21

Printed Name: Jennifer Brinkman



OWNER CERTIFICATION

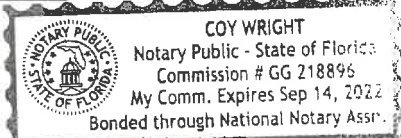
I hereby authorize the submittal of the attached plans, specifications and samples for the proposed façade improvement project and understand that the Village of Palm Springs must approve them. I understand that no work shall begin until I have received written approval from the Village. I understand that this is a matching grant program, and that money is granted on a reimbursement basis, following completion of work. I further understand that the project must be completed within six months from issuance of a building permit (after grant is awarded), unless otherwise approved or extended. I understand that grant monies will not be paid until the project is completed. I also understand that improvements not formally approved by the Village will not be funded. I agree to maintain the completed project in its approved design and colors for a period of five (5) years from the date of completion. If the property is not maintained for a five-year period, I understand that the grant monies received from the Village are required to be returned. I also understand a W9 form with Social Security or Federal Tax Identification Number must be provided to the Village of Palm Springs for tax purposes.

Signed, sealed and delivered in the presence of:

Owner's Signature _____ Witness _____
Jennifer Brinkman _____
Owner's Name (printed) _____ Phone _____

STATE OF FLORIDA, COUNTY OF PALM BEACH
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 21st day of May 2021, by Jennifer Brinkman who is personally known to me or who has produced _____ as identification.

Signature of person taking acknowledgement _____
Name of officer taking acknowledgement--typed, printed or stamped COY WRIGHT
Title or rank _____ Serial number, if any _____



Note: If Owner is a corporate entity/partnership/company, evidence must be provided demonstrating that the person executing the application is authorized to represent the corporation/partnership/company.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank:
Jennifer Brinkman

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
428 Davis Rd

6 City, state, and ZIP code
Palm Springs, FL 33461

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ **Jennifer Brinkman** Date ▶ **5/20/21**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

CFN 20150166305
OR BK 27516 PG 0156
RECORDED 05/06/2015 12:36:40
Palm Beach County, Florida
ANT 133,000.00
Doc Stamp 931.00
Sharon R. Bock, CLERK & COMPTROLLER
Pgs 0156 - 157; (2pgs)

Prepared by and return to:
David C. Tassell
Counselors Title Company, LLC
941 North Highway A1A
Jupiter, FL 33477
File Number: 6995.700

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 30th day of April, 2015 between Jason Hulbert, a married man whose post office address is 4272 D Este Court, #208, Lake Worth, FL 33467, grantor, and Jennifer A. Knopf, a single woman whose post office address is 332 Pinehurst Road, Lake Worth, FL 33461, grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Palm Beach County, Florida to-wit:

Lot 7, Block 16, VILLAGE OF PALM SPRINGS PLAT NO.2, according to the Plat thereof as recorded in Plat Book 25, Page 46 Public Records of Palm Beach County, Florida.

Parcel Identification Number: 70-43-44-18-07-016-0070

Grantor warrants that at the time of this conveyance, the subject property is not the Grantor's homestead within the meaning set forth in the constitution of the state of Florida, nor is it contiguous to or a part of homestead property. Grantor's residence and homestead address is: 4272 D Este Court #208, Lake Worth, FL 33467.

Subject to taxes for 2015, and all subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2014.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

DoubleTime

Signed, sealed and delivered in our presence:

David C. Tassell
Witness Name: David C. Tassell
Katherine M. Fischer
Witness Name: Katherine M. Fischer

Jason Hulbert (Seal)
Jason Hulbert

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 30th day of April, 2015 by Jason Hulbert, who is personally known or has produced a driver's license as identification

[Notary Seal]



David C. Tassell
Notary Public

Printed Name: _____

My Commission Expires: _____

is a
certified copy

CFN 20150166305
OR BK 27516 PG 0156
RECORDED 05/06/2015 12:36:40
Palm Beach County, Florida
ANT 133,000.00
Doc Stamp 931.00
Sharon R. Bock, CLERK & COMPTROLLER
Pgs 0156 - 157; (2pgs)

Prepared by and return to:
David C. Tassell
Counselors Title Company, LLC
941 North Highway A1A
Jupiter, FL 33477
File Number: 6995.700

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(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Palm Beach County, Florida to-wit:

Lot 7, Block 16, VILLAGE OF PALM SPRINGS PLAT NO.2, according to the Plat thereof as recorded in Plat Book 25, Page 46 Public Records of Palm Beach County, Florida.

Parcel Identification Number: 70-43-44-18-07-016-0070

Grantor warrants that at the time of this conveyance, the subject property is not the Grantor's homestead within the meaning set forth in the constitution of the state of Florida, nor is it contiguous to or a part of homestead property. Grantor's residence and homestead address is: 4272 D Este Court #208, Lake Worth, FL 33467.

Subject to taxes for 2015, and all subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2014.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

DoubleTime

Signed, sealed and delivered in our presence:

David C. Tassell
Witness Name: David C. Tassell
Katherine M. Fischer
Witness Name: Katherine M. Fischer

Jason Hulbert (Seal)
Jason Hulbert

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 30th day of April, 2015 by Jason Hulbert, who is personally known or has produced a driver's license as identification

[Notary Seal]



David C. Tassell
Notary Public

Printed Name: _____

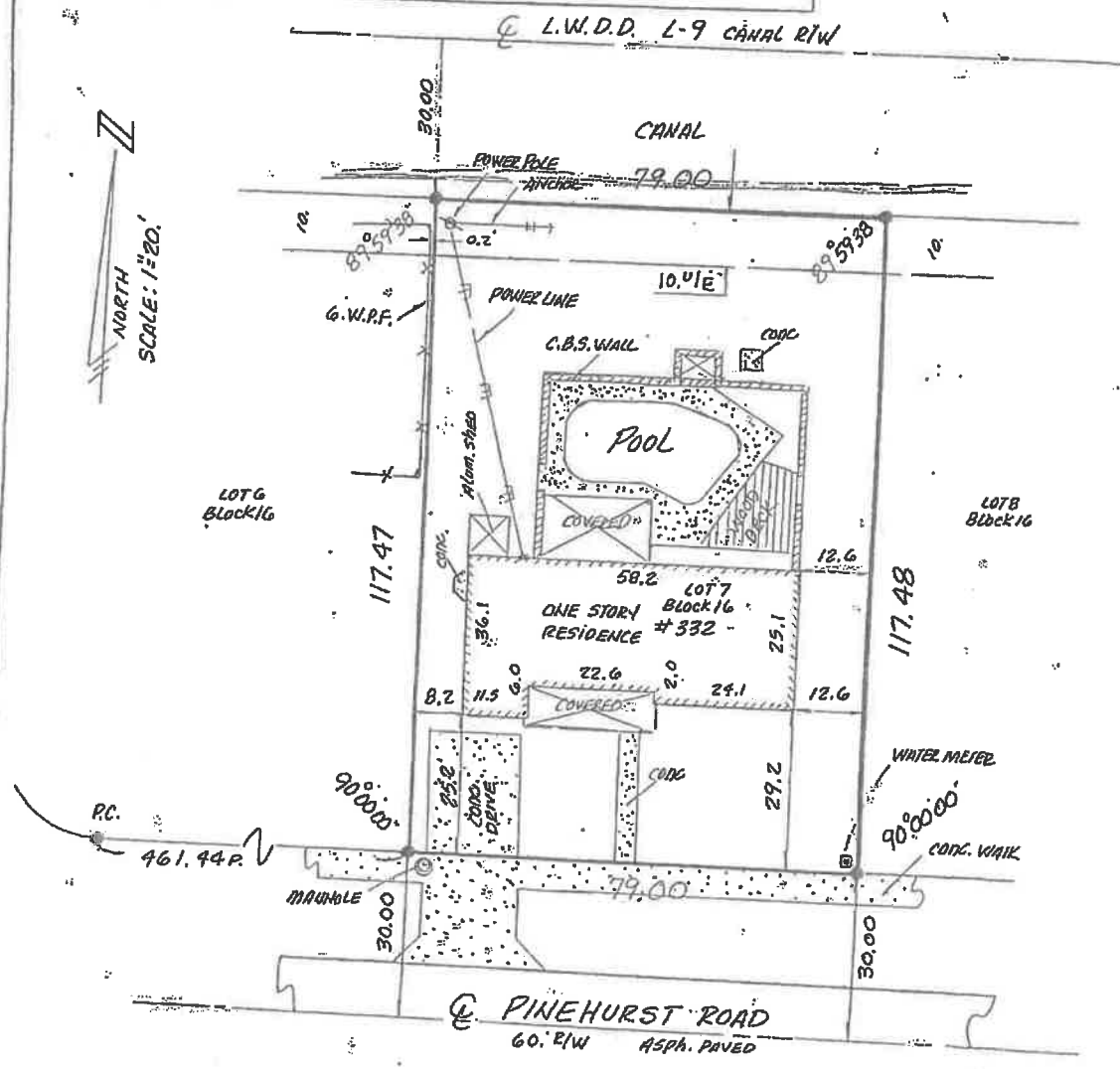
My Commission Expires: _____

is a
certified copy

LEGEND ○ = FOUND 1/2 IR (NO. ID #)

- | | | | | |
|-----------------------------------|---------------------------------|---------------------------------------|---------------------------|-------------------|
| D.R.B. = official record book | Tran. = transformer pad | P.B. = plat book | P = plat | EQ. = page |
| C.B.S. = concrete block structure | F.P.&L. = Florida Power & Light | T.P. = typical | Q = power pole | IR = iron rod |
| P.C.C. = point of compound curve | CM = concrete monument | R/W = right-of-way | M = measured | A = rebar |
| P.C.P. = permanent control point | P.R.C. = point of reverts curve | Δ = central angle | LP = iron pipe | D = dead |
| P.O.C. = point of commencement | P.I. = point of intersection | ⊙ = bearing basis line | RP = radius point | DB = adobe |
| P.O.B. = point of beginning | P.T. = point of tangency | Asph = asphalt | L = arc length | Conc = concrete |
| OE = drainage easement | = red field tape used | Mch. = machine | CL = center line | Elev = elevation |
| C.M.P. = computed metal pipe | W.P.F. = wood pathway fence | U/E = utility easement | ALUM. = aluminum | Calc = calculated |
| R.L.S. = registered land surveyor | Chk = chain | CLP = chain link fence | P.C. = point of curvature | |
| L.B. = licensed business | ELEV = elevation | P.R.M. = permanent reference monument | | |

PROPERTY ADDRESS:
332 PINEHURST ROAD
PALM SPRINGS, FL. 33461



SURVEYORS REPORT:

1. Legal description provided by client.
2. The lands shown hereon were not abstracted for easements or other recorded encumbrances not shown on plat.
3. Bearings shown hereon are relative to plat and are assumed.
4. Elevations shown hereon are based on national geodetic vertical datum of 1928, unless otherwise noted.
5. No below ground improvements, footers, foundations or utilities have been located or shown on survey.
6. In some instances, graphic representations have been exaggerated to more clearly illustrate relationships between physical improvements and/or lot lines. In all cases dimensions shown shall control the location of the improvements over scaled positions.

DESCRIPTION:
LOT 7, BLOCK 16, VILLAGE OF PALM SPRINGS, PLAT NO. 2,
According to the plat thereof, as recorded in Plat Book 25,
Page 48, of the public records of Palm Beach County, Florida.

CERTIFIED TO:
JASON HULBERT
PHH HOME LOANS, LLC, d/b/a COLDWELL BANKER HOME LOAN,
IT'S SUCCESSORS AND/OR ASSIGNS, ATIMA
UNITED TITLE AGENCIES I, INC.
WESTCOR LAND TITLE INSURANCE COMPANY

SURVEYOR'S CERTIFICATE

I hereby certify that the Sketch of Boundary Survey shown hereon meets the minimum technical standards set forth in Chapter 61G17-8, Florida Administrative Code pursuant to Section 472.027, Florida Statutes.

DAVID G. CUTLER
LAND SURVEYOR

Flood Zone: "AH" E1-13.
Map No: 120223-0001D

Construction Schedule

332 Pinhurst Rd

- * May 24th - apply for grant
- * After grant is approved. Apply for permit.
- * Once permit is received. Begin re-roof
- * Re-roof should take about 2 weeks

Would like to proceed as quickly as possible
Roof is in need immediate repair.

Jeff Be



OWNER CERTIFICATION

I hereby authorize the submittal of the attached plans, specifications and samples for the proposed façade improvement project and understand that the Village of Palm Springs must approve them. I understand that no work shall begin until I have received written approval from the Village. I understand that this is a matching grant program, and that money is granted on a reimbursement basis, following completion of work. I further understand that the project must be completed within six months from issuance of a building permit (after grant is awarded), unless otherwise approved or extended. I understand that grant monies will not be paid until the project is completed. I also understand that improvements not formally approved by the Village will not be funded. I agree to maintain the completed project in its approved design and colors for a period of five (5) years from the date of completion. If the property is not maintained for a five-year period, I understand that the grant monies received from the Village are required to be returned. I also understand a W9 form with Social Security or Federal Tax Identification Number must be provided to the Village of Palm Springs for tax purposes.

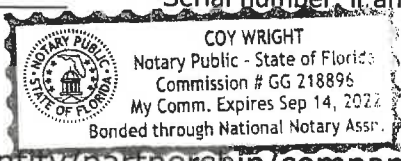
Signed, sealed and delivered in the presence of: _____

Owner's Signature _____ Witness _____
Jennifer Brinkman _____
Owner's Name (printed) _____ Phone _____
561 644 7943

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 21st day of May 2021, by Jennifer Brinkman who is personally known to me or who has produced _____ as identification.

Signature of person taking acknowledgement _____
Name of officer taking acknowledgement--typed, printed or stamped COY WRIGHT
Title or rank _____ Serial number, if any _____



Note: If Owner is a corporate entity/partnership/company, evidence must be provided demonstrating that the person executing the application is authorized to represent the corporation/partnership/company.

Construction Schedule

332 Pinchurst Rd

- * May 24th - apply for grant
- * After grant is approved. Apply for permit.
- * Once permit is received. Begin re-roof
- * Re-roof should take about 2 weeks

Would like to proceed as quickly as possible
Roof is in need immediate repair.

Jeff Be





3575 23rd Ave. S. Suite 101 | Lake Worth, FL 33461
Tel: 561.337.6798 | Fax: 561.585.0051 | www.garabar.com
20sq

SHINGLE REPLACEMENT

NAME: Mark Brinkin	PHONE: 561-644-7943	DATE: 4/23/2021
MAILING ADDRESS: 332 Pinehurst Rd.	E-MAIL: Jennie2751@aol.com	
CITY, STATE, ZIP: Palm Springs, Fl.	JOB LOCATION: Same	

1. Protect driveway with plywood and plastic tarps. Protect landscaping with plastic tarps. Protect windows, passage/garage doors, walkways, patios and air conditioning/pool equipment.
2. Using dump trucks, not dumpsters, remove existing roof and haul away to a recycling facility.
3. Remove and replace all water damaged plywood as needed.
4. Carefully remove and replace any water damaged fascia as needed.
5. Re nail entire roof deck to current Florida Building Code.
6. Install 1 layer(s) of #30 roof tar paper to entire pitched area with nails and tin caps.
7. Install new lead stacks, vent pipes, roof vents, exhaust vents, and valley metal.
8. Install a 2x2 inch, TBD color drip edge.
9. Install GAF Timberline® 130 MPH-Category 3 Hurricane rated Architectural Shingle roofing system including GAF-Elk Seal-A-Ridge ridge caps and GAF-Elk Pro-Start perimeter starters. Shingle Color: TBD

Charcoal Grey

Ventilation Section

We will replace any stationary exhaust vents or turbines with a GAF-Elk Cobra Ridge Vent system spanning along the main roof ridge and allowing hot attic air to escape at the highest point. Proper ventilation will allow your roof to last as long as it should.

Optional Golden Pledge Warranty Covered by GAF Material Corp.

- Install Storm Guard self adhering "Leak Barrier" to valley areas & around roof top penetrations including pipe boots & vents.
- 25 years 100% coverage by GAF including all leaks, NO Limitations.
- 20 years of 100% coverage on material defects, including all labor, material, removal and waste. Years 21 to 50 of full material defect coverage including labor, material, removal and disposal are prorated.
- 130mph / Category 3 Hurricane coverage for a total of 15 years.
- 40 point inspection of workmanship and materials installed performed by a GAF field technician inspector.
- Transferable Warranty to next property owner at no extra cost. The roof is the #1 concern of a potential home buyer.

We believe your investment now will give you peace of mind coming from the supervision and warranty issued by the largest shingle manufacturer in North America. **GAF has been in business since 1886. We are one of a few GAF Master Elite Certified Contractors who can offer the Golden Pledge Warranty** in the southeastern Florida region. GAF will perform necessary inspections and require us to use their highest quality materials as they will be standing behind the roofing system for 25 years.

Unforeseen Items as needed

- Replacement of any rotten plywood subfascia, roof trusses, and/or at a rate of ~~\$30.00~~ **\$90.00** per sheet. ~~Roof trusses \$22.00 per square foot~~
- Replacement of T&G decking at a rate of \$4.00 per foot.
- Replacement of any rotten fascia board at a rate of ~~\$10.00~~ **\$15.00** per foot. Fascia board will be primed, installed with mitered seams, caulked and painted to best match existing.
- Replacement of wall flashing and/or replacement of soffit substrate including Stucco textured to match including any necessary caulking and painting at a rate of \$25 per foot.

Pricing/Contract Amount

7 Year Warranty

Shingle Roof as described above including all permit, labor, material, disposal and insurances: **\$ 10,800.00**
Optional 25 Year Labor Warranty covered by GAF at the additional cost of: **\$ Included**

Flat Roof, Skylights, Sola Tubes, Attic Fans, Attic Insulation, SWR and/or Accessories

Remove needed plywood and apply second 3 nail strap to front and rear trusses \$3000.00

Draw Schedule and Warranties

- 25% on acceptance
- 50% due upon completion of step 8 listed above
- 25% or final balance due at final inspection by Building Department

Total: **\$13,800.00**

Acceptance of Contract: The prices, specification and conditions of this contract are hereby accepted. I acknowledge that I have read and am in receipt of the back side of this document PROPOSAL/CONTRACT CONDITIONS, FLORIDA REQUIRED CONSTRUCTION CONTRACT PROVISIONS and accompanying pages HOW TO PREPARE FOR A ROOFING JOB & WHAT TO EXPECT:

Customer: _____ Date: _____

(Sign/Print)

Garabar: *Larry Zimmerman*

Larry Zimmerman 561-805-3959

Date: **4/23/2021**

(Sign/Print)

PROPOSAL

STORM ROOFING INC. LIC # CCC 1330210 1340 53rd Street West Palm Beach, FL 33407 (561) 689-0268 Phone (561) 845-9182 Fax		Date 5/4/2021
Proposal Submitted To	Work to be Performed at	
Name Mark Brinkman	Street 332 Pinehurst Drive	
	City Palm Springs	
	State FL, 33461	
Phone 561-644-7943	Email: mark@budschicken.com	

SLOPE ROOF:

Tear off existing roof down to smooth, workable surface. Haul off all debris.
 Re-nail sheathing to Florida Building Code with 8D ring shank nails.
 Install 2 plys of 30# felt with 1 1/4" ring shank coil nails, tin tagged to code.
 Install 2" x 2" colored drip edge. **CIRCLE ONE: WHITE BROWN**
 Install new leads stacks and vents, where existing.
 Install 16" galvanized valley metal. Flash both side with 4" membrane, set in flashing cement as per code.
 Install starter shingles around bottom perimeter. *Orange Grey*
 Install CertainTeed/Owens Corning/GAF/Tamko dimensional shingles, choice of color.
 Install universal hip and ridge caps.
 Clean up and haul off all roofing debris.

NOTE(S): Price includes 2 sheets of plywood. All additional plywood will be charged at time and material.
 This quote meets new 2021 Florida Building Code requirements.

OPTION: Strap trusses **ADD \$1,500.00 INITIAL**

Please write in the following space the color you are selecting _____

All woodwork over and above contract price is \$35.00 per man hour plus cost of material.
 Homeowner is responsible for removal and replacement of gutters and is not included in this contract.
 5 Year Workmanship Only Warranty

All material is guaranteed to be as specified and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of

with payments to be made as follows: *****WE OFFER FINANCING...ASK US HOW*****
 50% due upon signing/balance due upon completion.

EIGHT THOUSAND DOLLARS *** (WITHOUT OPTION) ***** \$8,000.00**

Contract price is subject to change at any time through final payment for the following: Unforeseen conditions, increase in material, increase in labor, increase in fuel over 5%, additional labor/materials required by changes in building codes, OSHA requirements, EPA restrictions or manufacturer specifications, including but not limited to increased freight charges & special engineering if required.

Respectfully Submitted
 Storm Roofing Inc By Mark Lamb, President
 Per ML / BR

Any account 30 days or more past due will incur reasonable collection & attorneys fees & will also be charged 1.5% per month on the outstanding balance from the Date of service. If a contract is cancelled, a 10% fee will be applied.

*Note - This proposal may be withdrawn by us if not accepted within 14 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 _____ Signature _____



3575 23rd Ave. S. Suite 101 | Lake Worth, FL 33461
 Tel: 561.337.6798 | Fax: 561.585.0051 | www.garabar.com
 20sq

SHINGLE REPLACEMENT

NAME: Mark Brinkin	PHONE: 561-644-7943	DATE: 4/23/2021
MAILING ADDRESS: 332 Pinehurst Rd.	E-MAIL: Jennie2751@aol.com	
CITY, STATE, ZIP: Palm Springs, Fl.	JOB LOCATION: Same	

1. Protect driveway with plywood and plastic tarps. Protect landscaping with plastic tarps. Protect windows, passage/garage doors, walkways, patios and air conditioning/pool equipment.
2. Using dump trucks, not dumpsters, remove existing roof and haul away to a recycling facility.
3. Remove and replace all water damaged plywood as needed.
4. Carefully remove and replace any water damaged fascia as needed.
5. Re nail entire roof deck to current Florida Building Code.
6. Install 1 layer(s) of #30 roof tar paper to entire pitched area with nails and tin caps.
7. Install new lead stacks, vent pipes, roof vents, exhaust vents, and valley metal.
8. Install a 2x2 inch, TBD color drip edge.
9. Install GAF Timberline® 130 MPH-Category 3 Hurricane rated Architectural Shingle roofing system including GAF-Elk Seal-A-Ridge ridge caps and GAF-Elk Pro-Start perimeter starters. Shingle Color: TBD

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We will replace any stationary exhaust vents or turbines with a GAF-Elk Cobra Ridge Vent system spanning along the main roof ridge and allowing hot attic air to escape at the highest point. Proper ventilation will allow your roof to last as long as it should.

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- Install Storm Guard self adhering "Leak Barrier" to valley areas & around roof top penetrations including pipe boots & vents.
- 25 years 100% coverage by GAF including all leaks, NO Limitations.
- 20 years of 100% coverage on material defects, including all labor, material, removal and waste. Years 21 to 50 of full material defect coverage including labor, material, removal and disposal are prorated.
- 130mph / Category 3 Hurricane coverage for a total of 15 years.
- 40 point inspection of workmanship and materials installed performed by a GAF field technician inspector.
- Transferable Warranty to next property owner at no extra cost. The roof is the #1 concern of a potential home buyer.

We believe your investment now will give you peace of mind coming from the supervision and warranty issued by the largest shingle manufacturer in North America. **GAF has been in business since 1886. We are one of a few GAF Master Elite Certified Contractors who can offer the Golden Pledge Warranty** in the southeastern Florida region. GAF will perform necessary inspections and require us to use their highest quality materials as they will be standing behind the roofing system for 25 years.

Unforeseen Items as needed

- Replacement of any rotten plywood subfascia, roof trusses, and/or at a rate of ~~\$30.00~~ **\$90.00** per sheet. ~~Roof trusses \$22.00 per square foot~~
- Replacement of T&G decking at a rate of \$4.00 per foot.
- Replacement of any rotten fascia board at a rate of ~~\$10.00~~ **\$15.00** per foot. Fascia board will be primed, installed with mitered seams, caulked and painted to best match existing.
- Replacement of wall flashing and/or replacement of soffit substrate including Stucco textured to match including any necessary caulking and painting at a rate of \$25 per foot.

Pricing/Contract Amount

7 Year Warranty

Shingle Roof as described above including all permit, labor, material, disposal and insurances: **\$ 10,800.00**
 Optional 25 Year Labor Warranty covered by GAF at the additional cost of: **\$ Included**

Flat Roof, Skylights, Sola Tubes, Attic Fans, Attic Insulation, SWR and/or Accessories

Remove needed plywood and apply second 3 nail strap to front and rear trusses \$3000.00

Draw Schedule and Warranties

- 25% on acceptance
- 50% due upon completion of step 8 listed above
- 25% or final balance due at final inspection by Building Department

Total: \$13,800.00

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Customer: _____ Date: _____

(Sign/Print)

Garabar: *Larry Zimmerman*

Larry Zimmerman 561-805-3959

Date: **4/23/2021**

(Sign/Print)

Oaks Roofing, Inc.
4208 N Landar Dr.
Lake Worth Fl. 33463
lic. CCC1326845
561-722-7248

Date: 5-27-2021

Job name: Jennifer Brinkman

Address: 332 pinehurst

Phone:

Email-

Scope of work: Remove all the roofing material down to the plywood. Re-nail plywood according to Florida building code. Install RhinoRoof U20 synthetic underlayment, valley flashing, All new drip edge, and any necessary plywood included—additional wood work (exterior trim) will billed at \$35 per man hour plus the cost of lumber/materials.

Modified bull on all drip edge, flashings and vents (entire perimeter). Install new dimensional shingles,

All clean-up, disposal and permitting will be included

5year no leak warranty color _____

1848x4.5=\$8316

Total -----	\$8,316
Permit deposit-----	\$500
Deposit(prior to job start)-----	\$3,000
Material deposit after tear off-----	\$3,500
Balance due upon completion-----	\$1,326

Acceptance _____ Date _____

Oaks Roofing, Inc.
4208 N Landar Dr.
Lake Worth Fl. 33463
lic. CCC1326845
561-722-7248

Date: 5-27-2021

Job name: Jennifer Brinkman

Address: 332 pinehurst

Phone:

Email- jennifer@budschicken.com

Metal roof

Scope of work involved in replacement: Remove all the roofing material down to the plywood, Re-nail plywood according to Florida building code. Install RhinoRoof U20 synthetic underlayment. All new drip edge, valley metal, any necessary plywood included, additional wood work will billed at \$35 per man hour plus the cost of lumber/materials. Install 5v crimp metal roof (mill finish/silver)—

All clean-up, disposal and permitting will be included

10 year warranty —Metal—(additional cost for black drip edge)

1848x5.5=\$10,164

total -----	\$10,164
Permit deposit-----	\$500
Deposit(prior to job start)-----	\$4,000
Material deposit after tear off-----	\$4,500
Balance due upon completion-----	\$1,164

Acceptance _____ Date _____

PROPOSAL

STORM ROOFING INC. LIC # CCC 1330210 1340 53rd Street West Palm Beach, FL 33407 (561) 689-0268 Phone (561) 845-9182 Fax		Date 5/4/2021
Proposal Submitted To	Work to be Performed at	
Name Mark Brinkman	Street 332 Pinehurst Drive	
	City Palm Springs	
	State FL, 33461	
Phone 561-644-7943	Email: mark@budschicken.com	

SLOPE ROOF:

Tear off existing roof down to smooth, workable surface. Haul off all debris.
 Re-nail sheathing to Florida Building Code with 8D ring shank nails.
 Install 2 plies of 30# felt with 1 1/4" ring shank coil nails, tin tagged to code.
 Install 2" x 2" colored drip edge. **CIRCLE ONE: WHITE BROWN**
 Install new leads stacks and vents, where existing.
 Install 16" galvanized valley metal. Flash both side with 4" membrane, set in flashing cement as per code.
 Install starter shingles around bottom perimeter. *Orange Gray*
 Install CertainTeed/Owens Corning/GAF/Tamko dimensional shingles, choice of color.
 Install universal hip and ridge caps.
 Clean up and haul off all roofing debris.

NOTE(S): Price includes 2 sheets of plywood. All additional plywood will be charged at time and material.
 This quote meets new 2021 Florida Building Code requirements.

OPTION: Strap trusses **ADD \$1,500.00 INITIAL**

Please write in the following space the color you are selecting _____

All woodwork over and above contract price is \$35.00 per man hour plus cost of material.
 Homeowner is responsible for removal and replacement of gutters and is not included in this contract.
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with payments to be made as follows: *****WE OFFER FINANCING...ASK US HOW*****
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EIGHT THOUSAND DOLLARS *** (WITHOUT OPTION) ***** \$8,000.00**

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Respectfully Submitted
 Storm Roofing Inc By Mark Lamb, President
 Per ML / BR

Any account 30 days or more past due will incur reasonable collection & attorneys fees & will also be charged 1.5% per month on the outstanding balance from the Date of service. If a contract is cancelled, a 10% fee will be applied.

*Note - This proposal may be withdrawn by us if not accepted within 14 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 _____ Signature _____



Village of Palm Springs

Executive Brief

AGENDA DATE: July 6, 2021

DEPARTMENT: Planning, Zoning & Building

ITEM 7.3:

Committee recommendation to approve Grant application for 1853 Bell Lane - Celso and Norma Saenz: Remove and replace the roof with Dimensional Shingles.

SUMMARY:

The owner of the property has submitted a Property Improvement Grant application to replace the slope roof with Dimensional Shingles.

FISCAL IMPACT:

ATTACHMENTS:

Grant Application & Owner Certification
Proof of Ownership
Property Insurance
Survey
Before Photos
Proposed Materials & Colors
Quotes



Village of Palm Springs

226 Cypress Lane
Palm Springs, FL 33461
Phone (561) 965-4016 Fax (561) 439-4132
www.vpsfl.org

PROPERTY IMPROVEMENT PROGRAM GRANT APPLICATION

FILE # 202100685 FEE RECEIPT # N/A

NAME OF PROPERTY OWNER Celso and Norma Saenz

NAME OF APPLICANT* (if different) _____

CONTACT INFORMATION FOR APPLICANT:

MAILING ADDRESS: 1853 Bell Lane West Palm Beach, FL 33406

EMAIL: [REDACTED] PHONE: [REDACTED]

DRIVER LICENSE #: [REDACTED] DATE OF BIRTH: [REDACTED]

ADDRESS OF BUILDING 1853 Bell Lane Palm Springs FL 33406

PROPERTY CONTROL NUMBER(S) 70-43-44-07-15-000-0060

STREET FRONTAGE(S) OF PROPERTY: Bell Lane

DETAILED DESCRIPTION OF FAÇADE IMPROVEMENTS / PROPERTY UPGRADES: (attach if insufficient space)

Replace existing roof with new 3 dimensional shingle roof.

TOTAL ESTIMATED COSTS OF PROJECT \$ 23,240.00

MATCHING GRANT NOT TO EXCEED \$ 5,000.00

Note: Owner may only apply for one matching grant in a given fiscal year.

* W9 with Social Security Number or Federal ID Number required of Grant Recipients, Grant Award is taxable.

I have read and fully understand the Property Improvement Program and agree to comply with the requirements of the grant as adopted by the Palm Springs Village Council via Resolutions 2015-16 and 2016-50 and 2018-37, and that I agree to comply with the matching grant guidelines.

[Signature]
Applicant's Signature

Date: 5-18-2021

Printed Name: Norma Saenz



OWNER CERTIFICATION

I hereby authorize the submittal of the attached plans, specifications and samples for the proposed façade improvement project and understand that the Village of Palm Springs must approve them. I understand that no work shall begin until I have received written approval from the Village. I understand that this is a matching grant program, and that money is granted on a reimbursement basis, following completion of work. I further understand that the project must be completed within six months from issuance of a building permit (after grant is awarded), unless otherwise approved or extended. I understand that grant monies will not be paid until the project is completed. I also understand that improvements not formally approved by the Village will not be funded. I agree to maintain the completed project in its approved design and colors for a period of five (5) years from the date of completion. If the property is not maintained for a five-year period, I understand that the grant monies received from the Village are required to be returned. I also understand a W9 form with Social Security or Federal Tax Identification Number must be provided to the Village of Palm Springs for tax purposes.

Signed, sealed and delivered in the presence of:

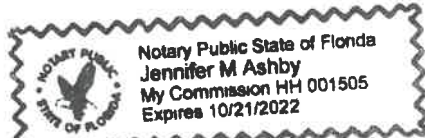
Norma Saenz
Owner's Signature
Norma Saenz
Owner's Name (printed)

[Signature]
Witness
[Redacted]
Phone

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 19 day of May, 2021, by Norma Saenz who is personally known to me or who has produced _____ as identification.

Signature of person taking acknowledgement *Jennifer M. Ashby*
Name of officer taking acknowledgement--typed, printed or stamped Jennifer M. Ashby
Title or rank _____ Serial number, if any _____



Note: If Owner is a corporate entity/partnership/company, evidence must be provided demonstrating that the person executing the application is authorized to represent the corporation/partnership/company.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Norma Saenz

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1853 Bell Lane

6 City, state, and ZIP code
West Palm Beach, FL 33406

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[REDACTED]
or
Employer identification number
[REDACTED]

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <u>[Signature]</u>	Date ▶ <u>5/18/2021</u>
------------------	---	-------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Georgiana F. Dambra ESQUIRE
Alexander & Dambra P.A.
5737 Okeechobee Boulevard, Suite 201
West Palm Beach, Florida 33417

PROPERTY CONTROL NUMBER: 70 43 44 07 15 000 0060

[Space above this line for recording data]

THIS TRUST DEED, executed this 21 day of May, 2018 by CELSO SAENZ AND NORMA M. SAENZ, husband and wife whose post office address is 1853 Bell Lane, West Palm Beach, FL 33406, First Party, to CELSO SAENZ AND NORMA M. SAENZ, Trustee of the CELSO SAENZ AND NORMA M. SAENZ Revocable Living Trust U/A dated May 21, 2018 whose post office address is 1853 Bell Lane, West Palm Beach, FL 33406, Second Party:

WITNESSETH, That the said First Party, for and in consideration of the sum of \$10.00 in hand paid by the Second Party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said Second Party forever, all the right, title, interest, claim and demand which the said First Party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Palm Beach, State of Florida, to wit:

SEE ATTACHED EXHIBIT A

IT IS HEREBY CERTIFIED THAT CELSO SAENZ AND NORMA M. SAENZ is entitled to the use and occupancy as to an equitable life estate in Real Property under the terms of the CELSO SAENZ AND NORMA M. SAENZ Revocable Living Trust dated May 21, 2018; therefore, having sufficient title to claim Homestead exemption in compliance with Rules of the State of Florida, Department of Revenue, Division of Ad valorem Tax, Chapter 12d-711 (AGO 94-95 and AGO 90-70).

Said Grantor does hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever. Where used herein the terms, Grantor, Grantee and Trustee shall be construed as singular or plural as the context requires.

CELSO SAENZ AND NORMA M. SAENZ shall have the independent power and authority to protect, conserve and to sell or to lease, or to encumber, or otherwise to manage and dispose of the real property conveyed by this deed.

In the event that CELSO SAENZ AND NORMA M. SAENZ cannot continue to serve as Trustee the Successor Trustee shall be JESSICA SAENZ.

All Successor Trustees are hereby granted the power to protect, conserve and to sell, or to lease or to encumber, or otherwise to manage and dispose of the real property conveyed by this deed.

The powers of the Trustee and all Successor Trustees shall extend to any and all rights which the Grantor possesses in the above described real property; any deed, mortgage or other instrument executed by the Trustee shall convey all rights or interests of the Grantor including homestead; and the Trustee is appointed as the attorney-in-fact to carry out this intent, which appointment shall be durable and shall not be affected by the incapacity of the Grantor.

Any person dealing with the Trustee shall deal with said Trustee in the order as set forth above. However, no persons shall deal with a Successor Trustee until one or more of the following have been received by said persons or placed or record in the aforementioned county:

- A. The written resignation of the prior Trustee sworn to and acknowledged before a notary public;
- B. A certified death certificate of the prior Trustee;
- C. The order of a court of competent jurisdiction adjudicating the prior Trustee incompetent or removing said Trustee for any reason;
- D. The written certification of two physicians currently practicing medicine that the Trustee is physically or mentally incapable of handling the duties of Trustee;

E. The written removal of a Successor Trustee and/or the appointment of any additional Successor Trustee by the Grantor, sworn to and acknowledged before a notary public, this right being reserved to Grantor;

This conveyance is subject to restrictions, reservations, limitations, and easement of record taxes for the year 2018 and subsequent years, and all mortgages of record which the Grantees herein assume and agree to pay.

IN WITNESS WHEREOF, the said First Party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

(1)

signature of witness

Georgiana F. Dambra
Georgiana F. Dambra

printed name of witness

Celso Saenz
CELSO SAENZ

(2)

signature of witness

Veronica M. Olivera
Veronica M. Olivera

printed name of witness

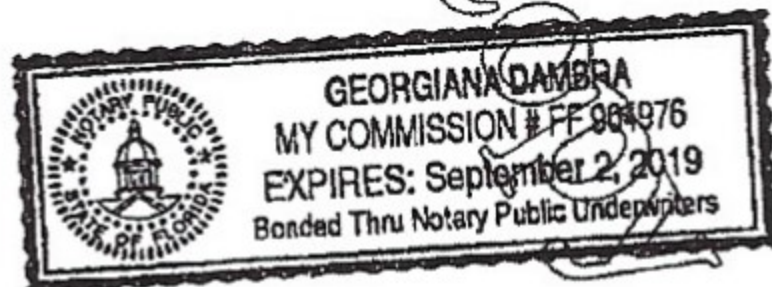
Norma M. Saenz
NORMA M. SAENZ

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by CELSO SAENZ AND NORMA M. SAENZ who are personally known to me or who has produced _____ as identification acknowledged the foregoing instrument before me this 21 day of May, 2018.

[Signature]
Notary Public, State of Florida
My Commission Expires:

(Notary Seal)



Print Name of Notary Public
Georgiana F. Dambra

EXHIBIT "A"

Commencing at the Northwest corner of the East Half of Lot 6, Block 3, MODEL LAND COMPANY'S SUBDIVISION of Section 7, Township 44 South, Range 43 East, known as Palm Beach Plantations, according to the Plat thereof recorded in Plat Book 10, Page 20, and for the public records of Palm Beach County, Florida; thence East, along the North line of said Lot 6 and the Easterly extension thereof, (the North line of said Lot 6 is assumed to bear East-West and all other bearing are related thereto), a distance of 275.70 feet to a point; thence South $1^{\circ} 35' 32''$ East, a distance of 145.81 feet to the beginning of a curve, concave to the West, having a radius of 115.00 feet, and a central angle of $48^{\circ} 01' 20''$; thence Southerly and Southwesterly along the arc of the said curve, a distance of 96.39 feet to a point of reverse curvature; thence Southwesterly and Southerly along the arc of a curve concave to the East, having a radius of 240.48 feet a central angle of $36^{\circ} 14' 37''$, a distance of 152.12 feet to a point of compound curvature; thence Southwesterly and Southerly along the arc of a curve concave to the East having a radius of 449.87 feet and a partial central angle of $13^{\circ} 25' 24''$, a distance of 105.40 feet to the end of said curve, thence South $3^{\circ} 14' 13''$ East, a distance of 35.47 feet to the point of the beginning; thence continue South $3^{\circ} 14' 13''$ East, a distance of 120.00 feet to a point; thence South $86^{\circ} 45' 47''$ West, a distance of 140.00 feet to a point; thence North $3^{\circ} 14' 13''$ West, a distance of 120.00 feet to a point; thence North $86^{\circ} 45' 47''$ East, a distance of 140.00 feet to the point of beginning.

SUBJECT TO an easement over the East 30.00 feet thereof for road and utility purposes,

ALSO SUBJECT TO an easement over the West 6.00 feet thereof for utility purposes,

ALSO SUBJECT TO an easement over the South 6.00 feet thereof for utility purposes.

Together with a non-exclusive easement for road purposes over and across the properties described in Exhibit "A" attached to a deed dated April 13, 1965, filed April 22, 1965, in Official Record Book 1192, page 540, and incorporated hereto by reference and made a part hereof, reserving, however, unto the Emil-Lou, Inc., its successors and assigns, the right to use and grant to others a non-exclusive easement for road purposes across the said properties described in Exhibit "A" referred to herein, and further reserving unto the Emil-Lou, Inc., its successors and assigns, the right to grant to others easements for utility and drainage purposes over, under and across the said properties described in Exhibit "A". The rights herein granted being subordinate and inferior to said reserved rights.

Also known as Lot 6, ALBERT LAKES GARDENS, an unrecorded subdivision in Palm Beach County, Florida.

Universal Property & Casualty Insurance Company,
A Stock Company
c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

Homeowners
Declaration Effective
01/27/2021



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

Renewal Policy

THIS IS NOT A BILL

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[MORTGAGEE BILLED]	Agent Code
[REDACTED]	01/27/2021		01/27/2022	12:01 AM Standard Time	FL21167

Named Insured and Address

NORMA and CELSO SAENZ
1853 BELL LN
Palm Springs, FL 33406
[REDACTED]

Agent Name and Address

Florida's Preferred Insurance Inc.
3046 Jog Rd
Greenacres, FL 33467
(561) 530-3475

Insured Location

1853 BELL LN PALM SPRINGS, FL 33406 PALM BEACH COUNTY

Premium Summary

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$8,662.52	(\$5,699.52)	\$299.00	\$27.00	\$3,289.00

Rating Information

Form	Construction	Year	Townhouse/Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO3	Masonry	2000	N	1	Y	2	38	4

County	Dwelling Replacement Cost	Personal Property Replacement Cost	Burglar	Fire	Sprinkler
Palm Beach	Y	N	Y	Y	N

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$338,083	\$8,662.52	Coverage E - Personal Liability	\$300,000	\$18.00
Coverage B - Other Structure	\$33,814		Coverage F - Medical Payments	\$1,000	\$0.00
Coverage C - Personal Property	\$84,521				
Coverage D - Loss of Use	\$67,617				

NOTE: The portion of your premium for hurricane coverage is: \$1,778.77
The portion of your premium for all other coverages is: \$1,510.23

Section I Coverages Subject to a 2.0% of Coverage A - \$6,762 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$2,500 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.

The Ordinance or Law Coverage amount is 25% of Coverage A - \$84,521

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

Florida's Preferred Insurance Inc.

Countersignature

Date

Chief Executive Officer

Universal Property & Casualty Insurance Company,
A Stock Company
c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

Declaration Effective
01/27/2021



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

Renewal Policy

THIS IS NOT A BILL

Policy Number	FROM	Policy Period	TO	[MORTGAGEE BILLED]	Agent Code
██████████	01/27/2021		01/27/2022	12:01 AM Standard Time	FL21167

Mortgagee/Additional Interest 01

Additional Interest
Mortgagee/Additional Interest 02

Mortgagee/Additional Interest 03

LoanDepot
PO Box 202028
Florence, SC 29502
0146427620
Mortgagee

Policy Forms & Endorsements Applicable to This Policy

NUMBER EDITION	DESCRIPTION	LIMITS	PREMIUMS
UPCIC HO3 15 05 18	Homeowners 3 Special Form		\$8,662.52
UPCIC 905 15 03 18	Outline of Your Homeowner Policy		
UPCIC 801 15 12 17	Windstorm Protective Devices		(\$5,474.00)
HO 23 70 05 13	Windstorm Exterior Paint or Waterproofing Endorsement		(\$159.00)
UPCIC 802 15 12 17	Premises Alarm or Fire Protection System		
UPCIC 201 15 02 18	Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida		
UPCIC 601 15 12 17	No Coverage for Home Day Care Business		
	Personal Property Increase/Decrease	\$84,521	(\$84.52)
	Year Built Surcharge		\$299.00
	Personal Liability Increase Endorsement	\$300,000	\$18.00
	Emergency Management Preparedness Assistance Trust Fund		\$2.00
	MGA Fee		\$25.00

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Universal Property & Casualty Insurance Company,
A Stock Company
c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

Declaration Effective
01/27/2021



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

Renewal Policy

THIS IS NOT A BILL

Policy Number	FROM	Policy Period	TO	[MORTGAGEE BILLED]	Agent Code
15011000115	01/27/2021		01/27/2022	12:01 AM Standard Time	FL21167

PLEASE VISIT UNIVERSALPROPERTY.COM TO VIEW YOUR APPLICABLE POLICY FORMS AND ENDORSEMENTS. LOG IN AND CLICK MY POLICIES/POLICY DETAILS OR TYPE THIS URL INTO YOUR INTERNET BROWSER:

[HTTPS://UNIVERSALPROPERTY.COM/ACCOUNT/LOGIN](https://UNIVERSALPROPERTY.COM/ACCOUNT/LOGIN). YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY AND ENDORSEMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SERVICE AT 1-800-425-9113.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

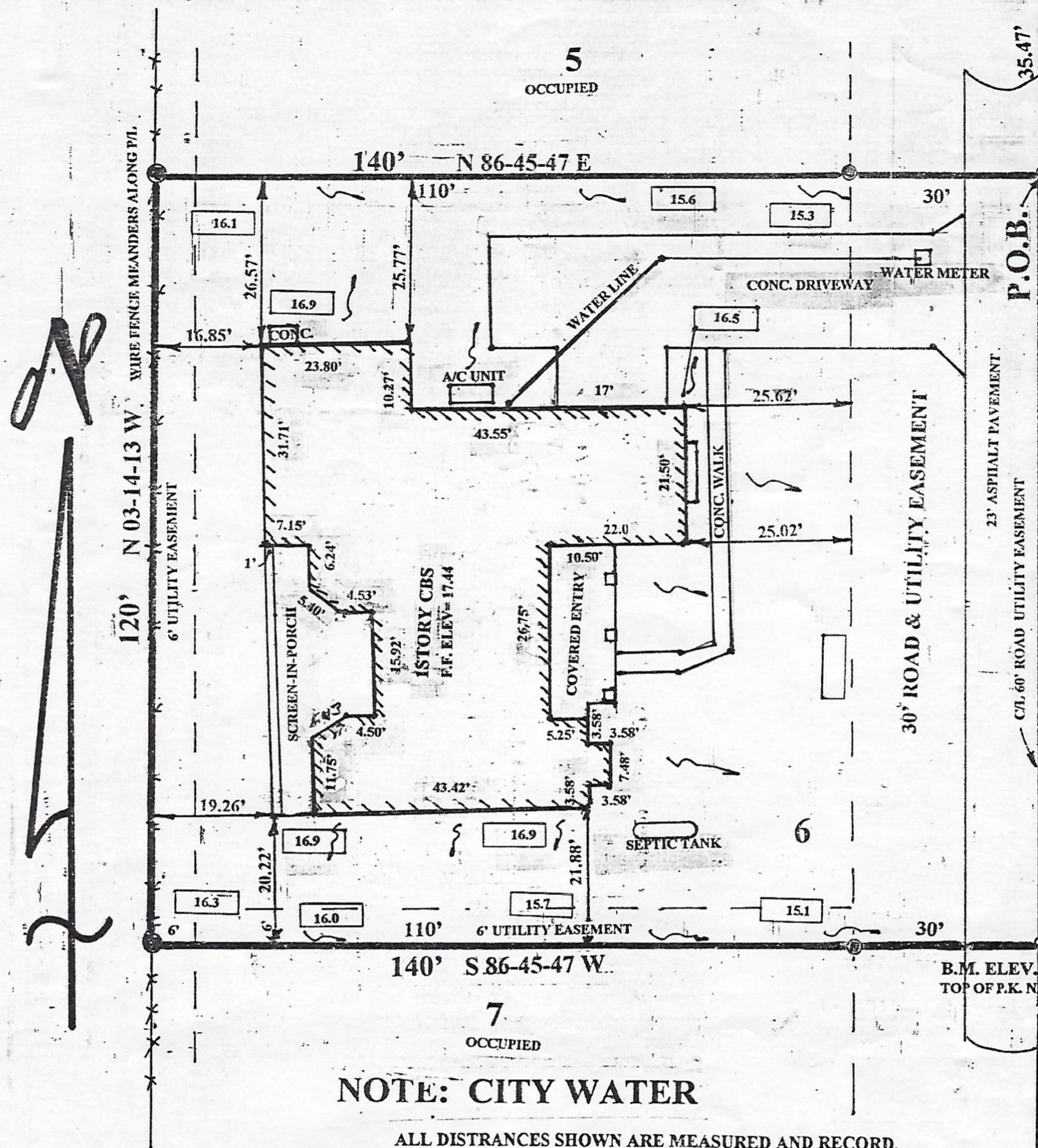
FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

COINSURANCE CONTRACT: THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

FLOOD ZONE

ADDRESS: 1853 BELL LANE
WEST PALM BEACH, FL. 33406

NOTE: THE SURVEY CONDUCTED HERE IS
NOT COVERED BY PROFESSIONAL
LIABILITY INSURANCE



NOTE: CITY WATER

ALL DISTANCES SHOWN ARE MEASURED AND RECORD.
● = FD. # 4 IRON ROD W/CAP (# 5812)



1853

1853













LANDMARK® COLOR PALETTE



Atlantic Blue



Burnt Sienna



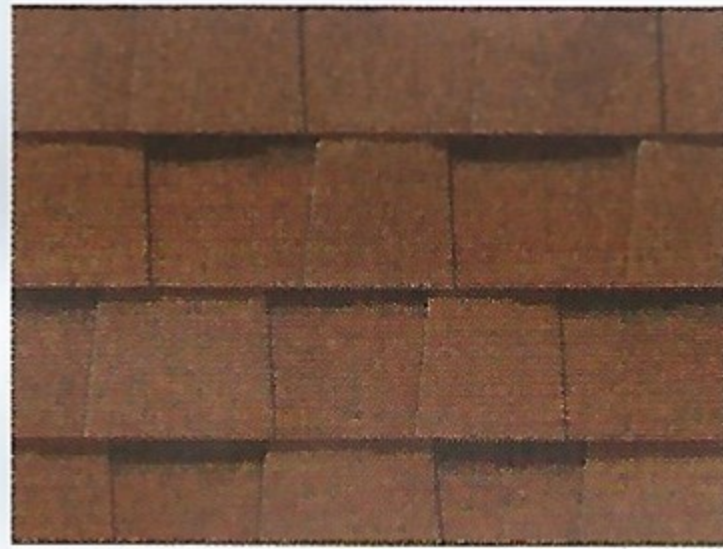
Charcoal Black



Cobblestone Gray



Colonial Slate



Cottage Red



Driftwood



Georgetown Gray



Heather Blend



Hunter Green



Moire Black



Mojave Tan



Pewter



Resawn Shake



Silver Birch



Sunrise Cedar



Weathered Wood

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available in areas shown**



CertainTeed
SAINT-GOBAIN

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#1

Roofing Contractor CCC1331108
4447 Onega Cir, West Palm Beach, FL 33409
Phone (561) 282-6128 - www.AceProRoof.com
Tony Tomaino, Project Manager/Estimator
Cell: (561) 880-4835 - tony@aceproroo.com

April 25, 2021

NEW ROOF CONTRACT

NAME(S): Norma Saenz
JOB ADDRESS: 1853 Bell Lane
CITY: West Palm Beach ST: FL ZIP: 33406
CONTACT/PHONE: Jessica Saenz (Daughter) 561-236-9860
CONTACT EMAIL: saenzrealty@hotmail.com

NOTES: Price Includes Skylight Replacement



(I) SCOPE OF WORK:

SLOPED RE-ROOF - SHINGLE to SHINGLE, Dimensional Shingles, Approx 4,900 square feet

- ✓ REMOVE EXISTING ROOF COVERING and all metals & underlaments down to wood decking.
- ✓ RE-NAIL DECKING to trusses per current building codes with 2 1/2" 8D ring shank nails.
- ✓ INSTALL 30 LB FELT UNDERLAYMENT ASTM D226 type II w/ 1 1/4" ring shank nails and 1 5/8" tin tabs
As required per Building Code includes a DOUBLE layer of 30 lb felt
- ✓ DRIP EDGE - Install coated galvalume drip edge flashing around perimeter of roof.
- ✓ VALLEY METAL - Install 16" galvalume valley metal in all valleys (if applicable).
- ✓ REPLACE SKYLIGHT - Install Code Approved Standard 4' x 2' Skylight with Flashing Package (Clear or Tinted).
- ✓ SECONDARY BARRIER - Install rubberized modified membrane in valleys for extra protection.
- ✓ INSTALL SHINGLES - Architectural / Dimensional Shingles to manufacturer & bldg. code specifications.
- ✓ INSTALL HIP & RIDGE SHINGLES - along hip and ridge lines.

Manufacturer: _____ Color: _____

Also Included in the project price is...

- **PERMIT** - Management and payment of Building Permit Package. Assistance with HOA, ARB, etc.
- **INSPECTIONS** - All dealings with the Building Department. Arrangement of inspections, photos, affidavits.
- **INSURANCE** - Liability and Worker's Compensation insurance, full coverage of all workers onsite.
- **WASTE REMOVAL** - Dump trucks and/or dump trailers to be used only. No stationary dumpsters.
- **FLASHINGS** - Install metal flashing at roof to wall connection if rusted, not if okay intact behind stucco.
- **GALVALUME ACCESSORIES** - A hybrid of aluminum and galvanized, doesn't oxidize or rust as easy as galvanized. Installation of drip edge around the perimeter of the roofing system at all eaves/rakes, protects your home by helping divert water away from fascia and structure. White is the default drip-edge color used. If you would like brown or a plain metal finish, simply let us know. Installation of galvalume valley metal mechanically fastened and sealed with modified roofing cement and membrane.

Owner's Initials:

Ace Pro Initials: _____



Roofing Contractor CCC1331108
 4447 Omega Cir, West Palm Beach, FL 33409
 Phone (561) 282-6128 - www.AceProRoof.com
 Tony Tomaino, Project Manager/Estimator
 Cell: (561) 880-4835 - tony@aceprorooft.com

- **VENTS AND PIPE BOOTS** - Replace all plumbing lead stack flashings and gooseneck profile vents.
- **SUPERVISION & QUALITY CONTROL** - Crew chief supervision onsite and sometimes owner of company too.
- **FREE POST INSPECTIONS** - We're happy to do free inspections whenever you'd like. Whether it's a routine checkup or an act of nature occurs, just call us! We'll take photos and document any damage.
- **CODE PLUS STANDARDS** - We exceed the Florida Building Code...examples include putting a layer of rubberized membrane in the valleys and transitions (in addition to valley metal). And when re-nailing the deck and tin-tagging the underlayment, we do closer nail patterns for better wind uplift resistance.
- **MANUFACTURER and ACE PRO ROOFING WARRANTIES**
 - Shingles - 25 Year Manufacturer Warranty (Certaineed, GAF, Tamko, Owens Corning)
 - Tile and Membrane Underlayment - 30 Year Manufacturer Warranty (Boral, Eagle, Polyglass)
 - Metal - 30 Year Manufacturer Warranty mill finish, 40 year for painted/coated (Various Brands)
 - Flat - 10 to 20 Year Manufacturer Warranty (Tarco, Polyglass, Certaineed, MuleHide)
 - Ace Pro Roofing Installation Warranty 10 years on shingle, tile, metal & 5 years on flat roof
- ❖ **WOOD DECKING** - Replace rotted decking as needed, up to 6 sheets of 4'x 8' (5/8") plywood included. Not all bad wood is noticeable upon initial inspection. If additional material is needed, it will be installed and billed at the rates shown in section 2 of the contract.
- ❖ **FASCIA BOARD** - 60 linear feet of fascia replacement included in estimate
- ❖ **VENTILATION** - Gooseneck vents are the standard vents installed, 6" or 10". Turbines (Whirlybirds) are also replaced if that is what's currently on your roof. Other upgrade options include Electric Attic fans, Solar Attic Fans, and Ridge Vents for Shingle Roofs.

(II) ADDITIONAL WOOD REPLACEMENT – Including Removal and Installation

DECKING			
5/8 and 3/4 Plywood	\$105.00 per sheet	1x Tongue & Groove	\$10.00 per linear foot

FASCIA & TRUSSES & FLASHING REPLACEMENT			
CEDAR WOOD	Per Linear foot	Spruce/Pine Wood	Per Linear foot
Any 1x	\$11.00	Any 1x	\$9.00
Any 2x	\$13.00	Any 2x	\$10.00

Owner's Initials:

Ace Pro Initials: _____



Roofing Contractor CCC1331108
 4447 Omega Cir, West Palm Beach, FL 33409
 Phone (561) 282-6128 - www.AceProRoof.com
 Tony Tomaino, Project Manager/Estimator
 Cell: (561) 880-4835 - tony@aceprorooft.com

(III) SIGNATURE PAGE & PAYMENT PROVISIONS

Contractor shall furnish all of the labor and materials and shall perform all of the work identified in Section I Scope of Work, for the total lump-sum amount stated in Section II. All Labor, Material, Supervision and taxes are included in the total amount below:

In the event that the Owner shall fail to make any payment that is due, the Contractor may elect to stop work without any penalty, and may declare the entire balance due and payable. The Owner agrees to pay any and all costs of collections, including reasonable attorney's fees and costs, in the event the Owner defaults in the payment provisions set forth. Should Owner terminate the contract prior to commencement of the work, Owner's deposit shall be wholly retained by Contractor in satisfaction of Contractor's preliminary out-of-pocket costs.

Total Contract Amount:	\$23,240.00
10% Deposit Upon Signing	\$2,324.00
40% Due at Job Start	\$9,296.00
40% Due at Dry In stage	\$9,296.00
10% Due at Job Completion	\$2,324.00

Owner acknowledges and agrees that any change to scope of work will be presented in writing to the owner and approved by both the owner and Ace Pro Roofing (except for wood replacement, extra roof layers or building code requirements).

WARRANTY & EXCLUSIONS - Ace Pro Roofing will provide a ten (10) year "labor and craftsmanship" "leak free" warranty on our installation of the sloped roof, and (5) years on the flat roof. Damage from the following are exclusions to the warranty: Tropical Storm / Hurricane wind speeds. Ponding Water areas and Bad Drainage on flat roofs. Vegetation. Acts of nature (fallen trees, animals, lightning, etc). Damage from foot traffic, pressure cleaning, chemical damage, other persons. Change of owner.

"I have read through and understand the terms and conditions in this document"

I / we, the Owner(s) of the address below, engage and hire ACE PRO ROOFING ("Contractor"), to furnish and install all necessary materials and labor, for improvements, repair, or alterations to the property located at the address below, which

Owner's Initials:

Ace Pro Initials: _____



Roofing Contractor CCC1331108
4447 Omega Cir, West Palm Beach, FL 33409
Phone (561) 282-6128 - www.AceProRoof.com
Tony Tomaino, Project Manager/Estimator
Cell: (561) 880-4835 - tony@aceproroo.com

Signed and dated this _____ day of _____, 2021.

OWNER(S)

Sign: _____

Sign: _____

Print: _____

Print: _____

ACE PRO ROOFING

By: _____

Print: _____

Owner's Initials:

Ace Pro Initials: _____

#2

RANGER ROOFING CORPORATION
1508 53RD STREET
MANGONIA PARK, FLORIDA 33407
(561) 842-6943 Office / 842-6969 Fax
E-mail: info@rangerroofingcorp.com
Web site: www.ranger-roofing.com

County License U-14154 Established 1986
State License # CCC1326153

Celso Saenz
1853 Bel Lane
West Palm Beach, Florida 33406
561-236-9860 Jessica
E-mail: jsaenz6@hotmail.com

SHINGLE ROOF PROPOSAL/CONTRACT

1. Remove existing shingle roof to roof deck.
2. Re-nail decking to 4"-6" nail pattern using #8D ring shank nails per code and related specifications.
1. Damaged wood to be replaced (labor and material, installed) at \$4.00 per square foot for standard plywood decking after allowance of three (3) sheets of standard plywood \$ 2.50 per L/F for 1x2 trim, \$8.00-\$10.00 per L/F for standard fascia. \$12.00-\$16.00 per L/F for non- standard fascia and sub-fascia. \$4.00-\$5.00 per sq.ft. for fire rated plywood. Soffit and/or truss repair and all custom and/or special order wood @ market price. . Ranger Roofing does not re-attach any aluminum or vinyl siding if removed in order to replace damaged/decayed fascia. Wood replacement price (s) is for damaged wood only. If a customer wants replacement of good condition wood it will be at a higher rate per square foot and/or linier foot. Ranger Roofing does not paint or caulk any exposed fascia that was replaced due to damage or decay. Loose or displaced stucco or soffit due to fascia replacement, Ranger Roofing not responsible.

Special Conditions/Exclusions: Areas without over head ceilings are especially susceptible to falling dust, dirt and exposure of roofing fasteners. IT IS THE OWNERS RESPONSIBILITY TO ALERT CONTRACTOR OF "OPEN CEILINGS, EXPOSED BEAM CEILINGS AND ATTICE AREAS" PRIOR TO PROJECT COMMENCEMENT and to protect personal property in these areas.

3. Install two (2) plies of #30 ASTM asphalt paper 12" staggered in the field, 6" on side laps and head laps using 1 1/4" ring shank nails and 1 5/8" tin tags, per code and related specifications _____ (initial)
OR Install one (1) ply of Self-Adhering Modified directly to plywood deck, this product is considered a secondary water barrier _____(initial)
4. Install new 26 gauge galvanized 16" valley metal, mill finish.
5. Install new 26 gauge galvanized 2x2 enamel coated **white or brown** drip edge.
6. Install new lead plumbing stack flashings.
7. Install new standard thru-roof goose neck vent caps.

8. Install one (1) new 2x4 self- flashing metro Dade county approved skylights; bronze over clear lens with a bronze or mill finish frame. (Note: Ranger Roofing Corporation is not responsible for any necessary interior modifications. Owner should take precautions from possible falling dirt and/or dust in this area).
9. Clean asphalt prime and utilize the base of the existing wall flashings. If wall flashing needs to be replaced there will be an additional charge. *Cutting out stucco walls to replace damaged flashings will be additional.
10. All roof penetrations will be sealed per standard roofing practices.
11. Install a Certainteed Landmark _____ (initial)
OR Tamko Heritage _____ (initial)
Dimensional Fiberglass Fungus resistant shingle. Installed with 130 MPG wind warranty and a 10 year fungus guard warranty installed with 6 1/4" ring shanks nails per shingle. Color to be _____.
12. All workmanship to be warranted for a period of ten (10) years from time of completion.
13. All debris to be removed and/or contained on a daily basis.
14. All licenses and permits to be secured by Ranger Roofing Corporation.

***Screen Enclosure: If Applicable:** Detach screen in order to replace damaged fascia and re-attach. Price of this scope of work to be determined. Not included in Contract. Referral: Eddy the Professional @ 561-602-9685.

***Gutters: If Applicable:** Gutters will need to be removed due to replacing damaged fascia board or if gutters are attached to or through the existing drip edge. If Ranger Roofing Corporation removes the gutters it is damaged in the process and not suitable to be replaced and treated as debris. Ranger Roofing Corporation will not be responsible for any damage whatsoever if gutter is attached below the drip edge and left in place. Caulking and sealing of gutter holes after removal is not Ranger Roofing's responsibility. Referral: My Gutter 561-585-3489. Replacement of existing gutter or installment of new gutter is not part of this contract.

***Solar Unit: If Applicable:** Solar Unit Panels to be disconnected and reconnected, by others, price not included in this contract. Referral: Red Hot Solar: 561-790-6685.

***Solar Water Heater:** Solar Water Heater to be disconnected and reconnected, by others, price not included in this contract.

***Satellite Dish: If Applicable:** To be removed and re-located off the roof system, by others, price not included.

Shingle Roof:	\$ 22,400.00
Skylight:	500.00
Total:	\$ 22,900.00

OPTIONAL: Install Eighty (80) Feet of Ridge Vent at an Additional Charge of \$ 640.00.

Draw Schedule: 10% Upon Signing Contract, 30% Upon Commencement of Tear Off, 25% Upon Boal Tile Seal Completion, 25% Upon Tile Roof Load Delivery and 10% Upon Completion of Work

**Any additional wood replacement to be paid at time invoice*

All material is warranted to be as specified. All work to be completed in a workmanlike manner according to the standard practices. Any alterations or deviation from above specifications involving extra costs will be executed with the agreement of both Ranger Roofing Corporation and owner and will become an extra charge over and above the original estimate. This does not apply to item #3. Any attempt at altering this document prior to its return to Ranger Roofing Corporation will immediately render this document invalid. This agreement is contingent upon strikes, accidents or delays beyond our control; i.e. acts of nature, tropical storms, lighting strikes, including but not limited to tornadoes/hurricanes. Ranger Roofing Corporation will not be responsible for existing mold or mold due to water intrusion or arising because of any other reason whatsoever. Ranger Roofing is not liable for consequential damages to the building or contents resulting from any defects in workmanship and/or in said materials. Ranger Roofing Corporation will not be responsible for improperly poured driveways. Accordingly, due to our lack of complete knowledge as to the strength and condition of your driveway, we cannot guarantee there won't be damage and, therefore, cannot accept any responsibility. This proposal is subject to acceptance within ten (10) days and is void thereafter at the option of the undersigned. In the event of any dispute between the parties, the prevailing party shall be entitled to all of its costs, including attorney's fees, incurred at the pre-suit, pre-trial, trial, and appellate levels of said dispute.

Date: April 26, 2021 Authorized Signature: _____
Lawrence M. Loftus, President

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

Date: _____ Authorized Signature: _____
Celso Saenz
1853 Bel Lane
West Palm Beach, Florida 33406



#3

6555 Garden Rd #18
 Riviera Beach, FL 33404
 (561)249-0247

Roofing Contractor CCC1330094
 General Contractor CGC 1521030

RoofPro411.com

Attn: Celso Saenz
 1853 Bell Lane
 West Palm Beach, FL 33406
 561-236-9860

PROPOSAL	
Date	
4/15/2021	

PROJECT: Shingle Reroof

We hereby propose to supply all labor, material and equipment necessary to complete the following scope of work on the above-referenced project.

Item	Description	Total
1	Completely tear off and dispose of existing roof system down to the plywood deck.	
2	Replace rotten plywood. Includes up to 5 sheets of plywood at no additional charge. Note: Additional plywood above allowance is \$65 per sheet.	
3	Replace rotten fascia up to 20 LF at no additional cost. Note: Fascia above allowance is \$11 per LF for up to 1x8, and \$12 per LF up to 2x8.	
4	Renail entire roof deck to High Velocity Wind Zone Code.	
5	Install 26-gauge galvanized metals to include: Drip Edge, Valley, Goosenecks.	
6	Install (1) 2x4 Impact Rated Skylight and seal watertight.	
7	Install Polyglass IRX Shingle underlayment and seal watertight.	
8	Install lead pipe boots to all VTR's and seal watertight.	
9	Install Architectural Shingles Wind Rated at 130 MPH with matching Hip & Ridge Cap.	

Provide 10 Year Workmanship Warranty.

Proposal is valid for 30 days for current pricing.

License, Permit, Taxes, Insurance, Delivery, Clean Up and Disposal are included.

Payment Terms: 10% upon signing, 40% upon dry in, 40% upon shingle delivery, 10% due upon completion.

Total
\$25,000

*Thank You for the opportunity to earn your business.
 We look forward to working with you!*



Village of Palm Springs

Executive Brief

AGENDA DATE: July 6, 2021

DEPARTMENT: Planning, Zoning & Building

ITEM 7.4:

Committee recommendation to approve Grant application for 3697 Corrigan Court - Carlos O Pineiro: Replace existing concrete driveway and replace it with pavers.

SUMMARY:

The owner of the property has submitted a Property Improvement Grant application to replace the slope roof with Dimensional Shingles.

FISCAL IMPACT:

ATTACHMENTS:

Grant Application & Owner Certification
Proof of Ownership
Property Insurance
Survey
Before Photos
Proposed Materials & Colors
Quotes



Village of Palm Springs

226 Cypress Lane
Palm Springs, FL 33461
Phone (561) 965-4016 Fax (561) 439-4132
www.vpsfl.org

PROPERTY IMPROVEMENT PROGRAM GRANT APPLICATION

FILE # 202100084 FEE RECEIPT # _____ N/A

NAME OF PROPERTY OWNER Carlos O Pineiro

NAME OF APPLICANT* (if different) _____

CONTACT INFORMATION FOR APPLICANT:

MAILING ADDRESS: 3697 Corrigan CT, Palm Springs FL-33461

EMAIL: _____ PHONE: [REDACTED]

DRIVER LICENSE #: _____ DATE OF BIRTH: _____

ADDRESS OF BUILDING 3697 Corrigan Ct, Palm Springs, FL 33461

PROPERTY CONTROL NUMBER(S) 30-43-44-19-11-003-0022

STREET FRONTAGE(S) OF PROPERTY: Corrigan ct

DETAILED DESCRIPTION OF FAÇADE IMPROVEMENTS / PROPERTY UPGRADES: (attach if insufficient space)

removed existing damaged concrete driveway (33'x16'), install new pavers driveway (21'x33').

TOTAL ESTIMATED COSTS OF PROJECT \$ 17200.00

MATCHING GRANT NOT TO EXCEED \$ 5000.00

Note: Owner may only apply for one matching grant in a given fiscal year.

* W9 with Social Security Number or Federal ID Number required of Grant Recipients, Grant Award is taxable.

I have read and fully understand the Property Improvement Program and agree to comply with the requirements of the grant as adopted by the Palm Springs Village Council via Resolutions 2015-16 and 2016-50 and 2018-37, and that I agree to comply with the matching grant guidelines.

[Signature]
Applicant's Signature

Date: 05/25/2021

Printed Name: Carlos Oscar Pineiro



OWNER CERTIFICATION

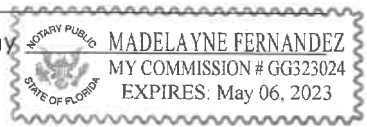
I hereby authorize the submittal of the attached plans, specifications and samples for the proposed façade improvement project and understand that the Village of Palm Springs must approve them. I understand that no work shall begin until I have received written approval from the Village. I understand that this is a matching grant program, and that money is granted on a reimbursement basis, following completion of work. I further understand that the project must be completed within six months from issuance of a building permit (after grant is awarded), unless otherwise approved or extended. I understand that grant monies will not be paid until the project is completed. I also understand that improvements not formally approved by the Village will not be funded. I agree to maintain the completed project in its approved design and colors for a period of five (5) years from the date of completion. If the property is not maintained for a five-year period, I understand that the grant monies received from the Village are required to be returned. I also understand a W9 form with Social Security or Federal Tax Identification Number must be provided to the Village of Palm Springs for tax purposes.

Signed, sealed and delivered in the presence of: _____

Owner's Signature _____ Witness _____
Carlos O Pineiro
Owner's Name (printed) _____ Phone _____

STATE OF FLORIDA, COUNTY OF PALM BEACH
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 25 day of May, 2021, by Carlos O Pineiro, who is personally known to me or who has produced _____ as identification.

Signature of person taking acknowledgement _____
Name of officer taking acknowledgement--typed, printed or stamped _____
Title or rank Notary Public Serial number, if any _____



Note: If Owner is a corporate entity/partnership/company, evidence must be provided demonstrating that the person executing the application is authorized to represent the corporation/partnership/company.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Carlos O Pineiro</u>	
	2 Business name/disregarded entity name, if different from above <u>3697 Corrigan CT Palm Springs FL-33461</u>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3); Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
<div style="background-color: black; width: 100%; height: 20px;"></div>
or
Employer identification number
<div style="background-color: black; width: 100%; height: 20px;"></div>

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *CPineiro*

Date ▶ 05/25/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

2010000000



This Warranty Deed

CFN 20100347991
OR BK 24080 PG 1011
RECORDED 09/16/2010 15:19:24
Palm Beach County, Florida
AMT 90,000.00
Doc Stamp 630.00
Sharon R. Bock, CLERK & COMPTROLLER
Pg 1011; (1pg)

Made this 27th day of August, 2010 by
Dale R. Dye and Hsiu C. Chiu a/k/a Nancy Chiu Dye,
Husband And Wife

hereinafter called the grantor, to
Carlos O. Pineiro, A Married Man

whose post office address is:
3697 Corrigan Court
LAKE WORTH, FL 33461

hereinafter called the grantee:
(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)
Witnesseth, that the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Palm Beach County, Florida, viz:

The North 54 feet of the South 285 feet of Tract 2, Block 3, Lakewood Gardens Subdivision, Plat No. 1 according to the Plat thereof on file in the Office of the Clerk of the Circuit Court in and for Palm Beach County, Florida, recorded in Plat Book 18, Page 38, less the East 20 feet for road right-of-way.

Subject to covenants, restrictions, easements of record and taxes for the current year.

Parcel Identification Number: 00-43-44-19-11-003-0022
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.
To Have and to Hold, the same in fee simple forever.
And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2009
In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Maria Elena del Val
Witness: (Signature)
Print Name: MARIA ELENA DEL VAL

[Signature]
Witness: (Signature)
Print Name: [Signature]

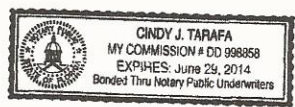
Dale R. Dye
Dale R. Dye
5515 West Scarington Court
ORLANDO, FL 32821

Hsiu Chiu Chiu aka Nancy Chiu Dye
Hsiu C. Chiu a/k/a Nancy Chiu Dye
5515 West Scarington Court
ORLANDO, FL 32821

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 27th day of August, 2010, by Dale R. Dye and Hsiu C. Chiu a/k/a Nancy Chiu Dye, Husband And Wife, who is personally known to me or who has produced ~~type of ID~~ as identification.

[Signature]
NOTARY PUBLIC (signature)
Print Name: Cindy Tarafa
My Commission Expires:
Stamp/Seal:



Prepared by:
Cindy Tarafa
Sunland Title, LLC
6528 Hypoluxo Road
Lake Worth, FL 33467
File Number: 586100141

Incident to the issuance of a title insurance contract.
WARRANTYDEED.dot
REV. 11/05/09
AC



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Homeowners HO-3 Special Form Policy - Declarations

POLICY NUMBER [REDACTED] POLICY PERIOD: FROM 08/27/2020 TO 08/27/2021
at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Transaction: RENEWAL

Named Insured and Mailing Address: Carlos Pineiro
3697 CORRIGAN CT
PALM SPRINGS, FL 33461-3517
Phone Number: 561-779-6845

Location Of Residence Premises: 3697 CORRIGAN CT
PALM SPRINGS FL 33461-3517
County: PALM BEACH

Agent: Fl. Agent Lic. #: D031602
INSURANCE LEADERS INC
DANIELA SAR
3273 LAKE WORTH RD SUITE H
PALM SPRINGS, FL 33461
Phone Number: 561-969-9061
Citizens Agency ID#: 26974

Primary Email Address:
cubahia@yahoo.es

Additional Named Insured: Please refer to "ADDITIONAL NAMED INSURED(S)" section for details

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500
Sinkhole Loss Deductible: \$18,680 (10%)

Hurricane Deductible: \$3,736 (2%)

	LIMIT OF LIABILITY	ANNUAL PREMIUM
SECTION I - PROPERTY COVERAGES		\$2,236
A. Dwelling :	\$186,800	
B. Other Structures:	\$0	
C. Personal Property:	\$46,700	
D. Loss of Use:	\$18,680	
SECTION II - LIABILITY COVERAGES		
E. Personal Liability:	\$100,000	\$10
F. Medical Payments:	\$2,000	INCLUDED
OTHER COVERAGES		
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included
Sinkhole Loss Coverage	(See Policy)	\$16

SUBTOTAL: \$2,262

Florida Hurricane Catastrophe Fund Build-Up Premium: \$79

Premium Adjustment Due To Allowable Rate Change: \$0

MANDATORY ADDITIONAL CHARGES:

Emergency Management Preparedness and Assistance Trust Fund (EMPA) \$2
Tax-Exempt Surcharge \$41

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: \$2,384

The portion of your premium for:

Hurricane Coverage is \$1,144

Non-Hurricane Coverage is \$1,197

Authorized By: DANIELA SAR

Processed Date: 07/07/2020

DEC HO3 12 19	Mortgageholder	Page 1 of 4
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CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

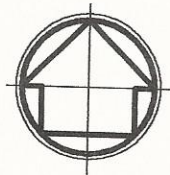


DESCRIPTION

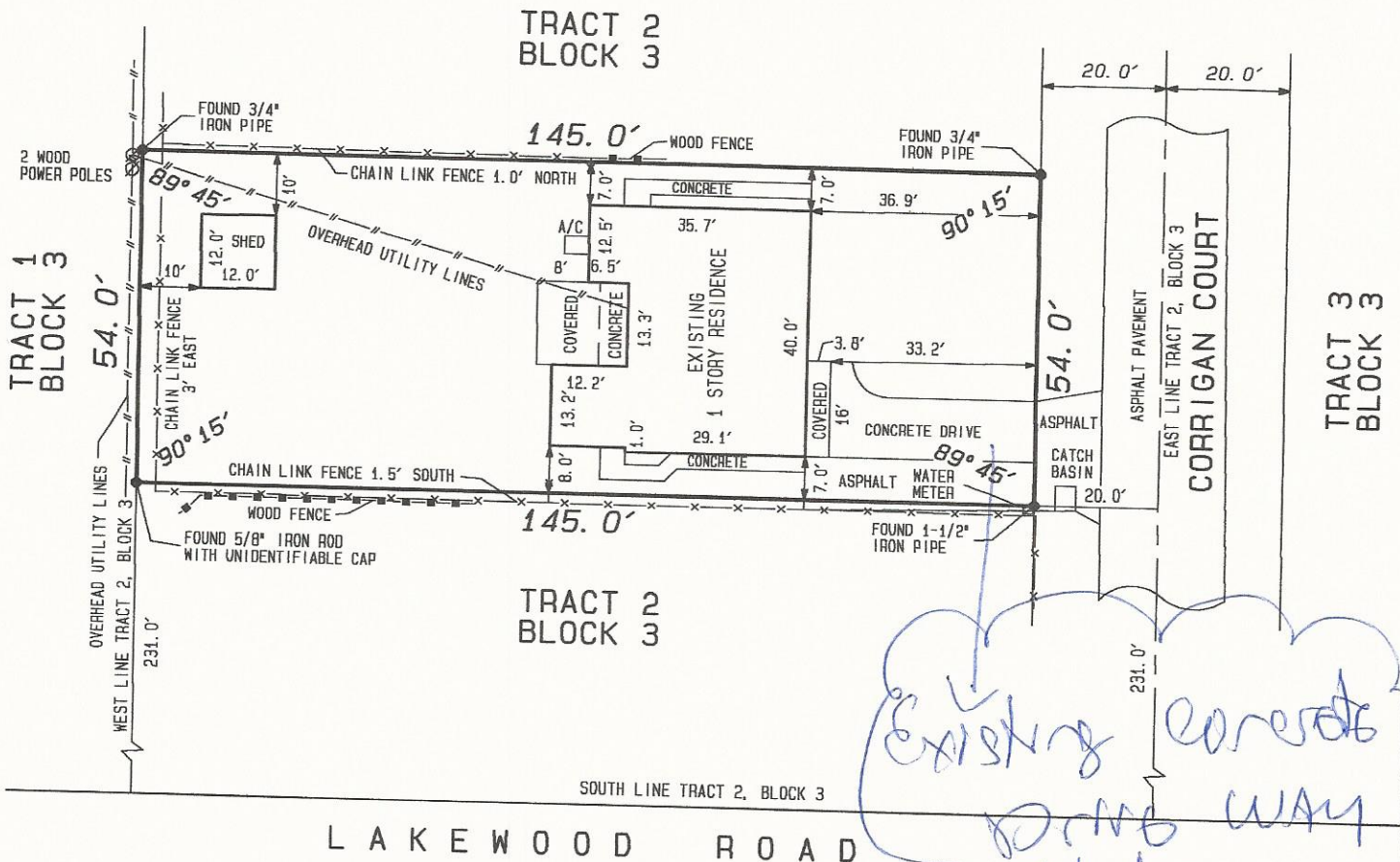
THE NORTH 54 FEET OF THE SOUTH 285 FEET OF TRACT 2, BLOCK 3, LAKEWOOD GARDENS PLAT NO. 1, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 18, PAGE 38 OF THE PUBLIC RECORDS OF PALM BEACH COUNTY, FLORIDA.

LESS THE EAST 20 FEET THEREOF.

LYING IN PALM BEACH COUNTY, FLORIDA.
CONTAINING 7830 SQUARE FEET, MORE OR LESS.



SCALE: 1" = 30'



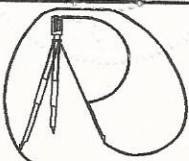
NOTES

1. REPRODUCTIONS OF THIS MAP ARE NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.
2. THIS MAP WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT AND NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THE SURVEYOR.
3. ENCROACHMENTS:
PORTION OF ASPHALT DRIVE CROSSES SOUTH PROPERTY LINE.
FENCE ON NORTH PROPERTY LINE LIES 1.0 FEET NORTH.
FENCE ON SOUTH PROPERTY LINE LIES 1.5 FEET SOUTH.

CERTIFIED TO:
CARLOS OMAR PINEIRO
SUNLAND TITLE, LLC
TITLE RESOURCES GUARANTY COMPANY
FIRST EQUITY MORTGAGE BANKERS, INC.

I HEREBY CERTIFY THAT THIS SURVEY IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES. THERE ARE NO VISIBLE ABOVE GROUND ENCROACHMENTS OTHER THAN THOSE SHOWN HEREON, SUBJECT TO THE QUALIFICATIONS NOTED HEREON.

RICHARD H. SMITH, PROFESSIONAL SURVEYOR AND MAPPER, FLORIDA LICENSE NUMBER 5239



RICHARD H. SMITH, INC.
SURVEYING AND MAPPING
FLORIDA LICENSE NUMBER LB 7667
6748 LAS COLINAS STREET
LAKE WORTH, FL 33463
(561) 536-8191

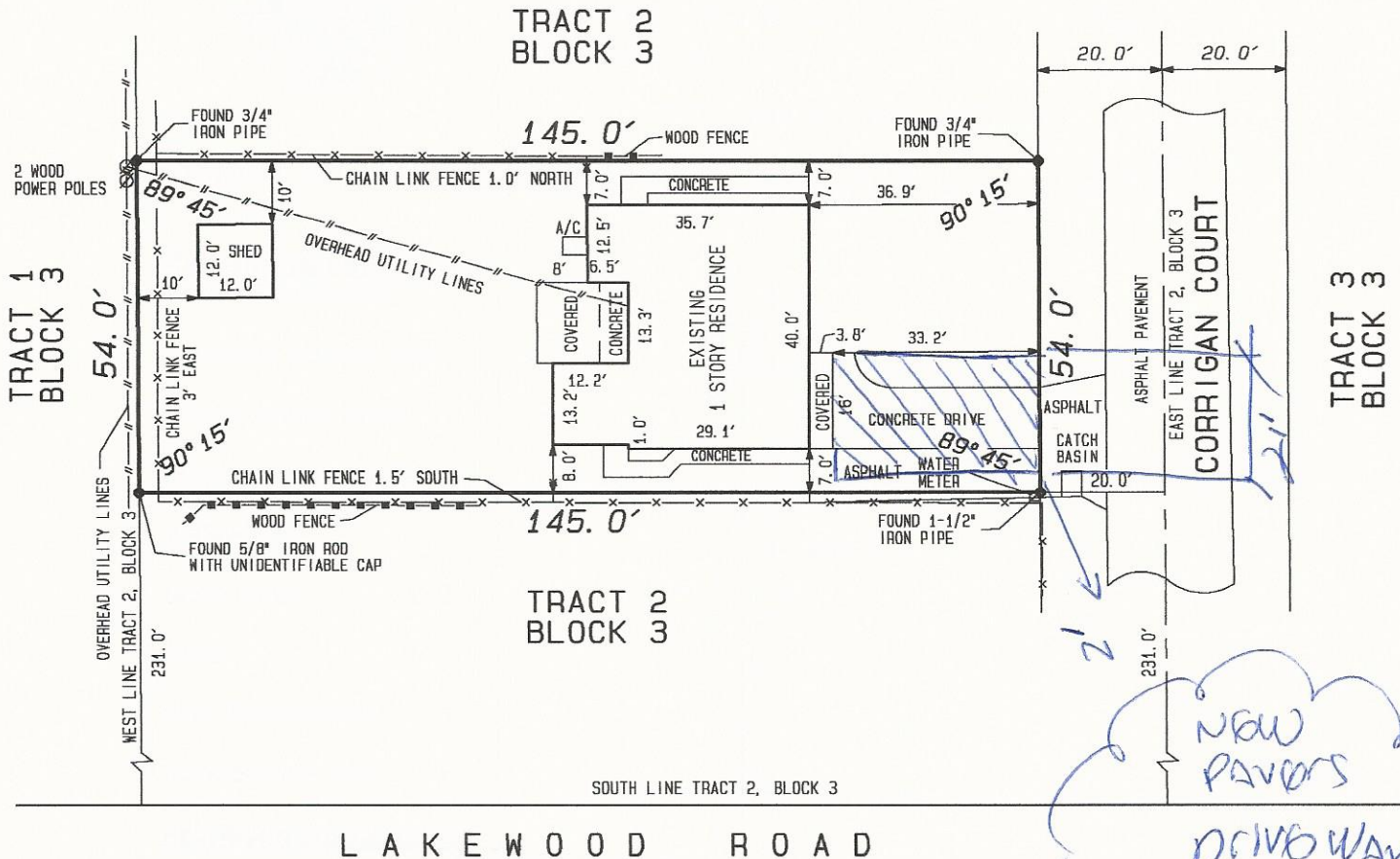
BOUNDARY SURVEY	RHS	08/27/10	3/68	RHS
REVISION	BY	DATE	FB/PG	CKD
BOUNDARY SURVEY PORTION OF TRACT 2, BLOCK 3 LAKEWOOD GARDENS PLAT NO. 1				
PROJECT NUMBER: 10-036				
CAD 036			SHEET 1 OF 1	

DESCRIPTION

THE NORTH 54 FEET OF THE SOUTH 285 FEET OF TRACT 2, BLOCK 3, LAKEWOOD GARDENS PLAT NO. 1, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 18, PAGE 38 OF THE PUBLIC RECORDS OF PALM BEACH COUNTY, FLORIDA.
 LESS THE EAST 20 FEET THEREOF.
 LYING IN PALM BEACH COUNTY, FLORIDA.
 CONTAINING 7830 SQUARE FEET, MORE OR LESS.



SCALE: 1" = 30'



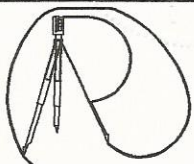
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 FENCE ON SOUTH PROPERTY LINE LIES 1.5 FEET SOUTH.

CERTIFIED TO:
 CARLOS OMAR PINEIRO
 SUNLAND TITLE, LLC
 TITLE RESOURCES GUARANTY COMPANY
 FIRST EQUITY MORTGAGE BANKERS, INC.

I HEREBY CERTIFY THAT THIS SURVEY IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES. THERE ARE NO VISIBLE ABOVE GROUND ENCROACHMENTS OTHER THAN THOSE SHOWN HEREON, SUBJECT TO THE QUALIFICATIONS NOTED HEREON.

RICHARD H. SMITH, PROFESSIONAL SURVEYOR AND MAPPER, FLORIDA LICENSE NUMBER 5239



RICHARD H. SMITH, INC.
SURVEYING AND MAPPING
 FLORIDA LICENSE NUMBER LB 7867
 6748 LAS COLINAS STREET
 LAKE WORTH, FL 33463
 (561) 536-8191

BOUNDARY SURVEY	RHS	08/27/10	3/68	RHS
REVISION	BY	DATE	FB/PG	CKD
BOUNDARY SURVEY PORTION OF TRACT 2, BLOCK 3 LAKEWOOD GARDENS PLAT NO. 1				
PROJECT NUMBER: 10-036				
CAD 036			SHEET 1 OF 1	











Paver with sealing





Atlantida Construction Corp

Estimate 1137

5613138126

renebarzaga@gmail.com

www.atlantidaconstruction.com

ADDRESS	SHIP TO	DATE	TOTAL	EXPIRATION DATE
Carlos Pineiro	5606 Coconut RD.	05/26/2021	\$7,881.00	07/26/2021

ACTIVITY	QTY	RATE	AMOUNT
Services Removed all exiting Damage concrete driveway and dump	528	2.00	1,056.00
Services Level and fill as need with base rock and add to the new area well compact	200	1.75	350.00
Services Level with sand pavers all area well compact	700	1.75	1,225.00
Services Install Pavers 4x8 harvest blend or similar	700	5.00	3,500.00
Services finish joint with polymer sand weed growth control	700	1.25	875.00
Services seal the pavers	700	1.25	875.00

TOTAL	\$7,881.00
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THANK YOU.

Accepted By

Accepted Date

PROPOSAL

ACC

O&D Total Home Repair Corp CGC 1512057,
216 Date Palm Dr, WPB, 33403
561-969-3121
odtotalhomerepaircorp@gmail.com

DATE: MAY 26, 2021

TO **Carlos Pineiro**

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Contract	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	All Jobs will meet Palm Beach County, City of palm springs and FBC		
528 sf	Removed concrete	\$1.95	1029.60
33 lf	Removed root	\$10	330.00
700sf	Prepared area and compact , materials and labors	\$3	2100.00
700 sf	Install Pavers , Allowance \$3/sf materials (Materials and Labors)	\$7	4900.00
700 sf	Seal all pavers area	\$2	1400.00
		TOTAL	9759.00
		SALES TAX	9759.00

