

VILLAGE OF UPPER NYACK  
328 NORTH BROADWAY  
UPPER NYACK, NY 10960  
INCORPORATED 1872

RECEIVED

JUN 17 2022

Village of Upper Nyack

Tel. 845-358-0084 FAX. 845-358-0741  
[www.uppernyack-ny.us](http://www.uppernyack-ny.us)

BUILDING PERMIT APPLICATION FOR  
**INTERIOR RENOVATION**

Application is hereby made for a Building Permit in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

Submit the following:

- 2 copies of this application
- 1 copy of deed
- 1 copy of survey in current homeowners' name
- 2 sets of renovation plans, signed and sealed by licensed professional
- Contractor Documentation: Rockland County License, Liability & Workers Compensation

Further information may be required by the office of the Building Inspector, as provided by the Zoning Ordinance of the Incorporated Village of Upper Nyack, if such is considered necessary for approval of this application.

Owner(s) Peter and Jaime Marino

Address: 106 School St. Nyack NY 10960

Phone # (203) 446-6550 or (203) 843-4373

Email Address: PeterMarino00@gmail.com or Jaime.Marino55@gmail.com

Property Address to which permit pertains: 106 School St., Nyack NY 10960

APPROVED  
SUBJECT TO COMPLETE COMPLIANCE WITH:  
NYS Fire Prevention and Building Code  
NYS Energy Conservation Construction Code  
Village of Upper Nyack Zoning and Subdivision Ordinances  
AND SUBJECT TO MAINTAINING RECORDS AS  
AT VARIOUS STAGES OF CONSTRUCTION.

Code Enforcement Official

Date

PLEASE COMPLETE THE FOLLOWING

Proposed Work: Changing back door to a sliding glass door and  
adding a pass thru from the kitchen to dining room.

Valuation of Work: \$25,000

County Tax ID Number: \_\_\_\_\_

Zoning District \_\_\_\_\_

Zoning: Single Family  Two Family \_\_\_\_\_ Other (specify) \_\_\_\_\_

Sewage disposal: Public sewers  Septic system \_\_\_\_\_

Architect / Design Professional:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contractor Information

General Contractor

Name: Freddy's Home Improvement LLC

Address: Po Box 203, Nyack, NY 10960

Phone: 914-882-4107

Mechanical Contractor / Plumber

Name: N/A

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Electrician

Name: N/A

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

OFFICE OF THE BUILDING INSPECTOR  
INCORPORATED VILLAGE OF UPPER NYACK  
**PROPERTY OWNER CERTIFICATION**

Inc. Village of Upper Nyack  
County of Rockland  
State of New York

Property Owner: Peter + Jaime Marino

Certifies that he/she resides at 106 School St. Nyack NY 10960

and that he/she is the owner of all that certain lot, parcel of land and/or building located at

106 School St. Nyack, NY 10960

and proposed construction will be performed in accordance with the New York State Building Code; in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack; and in accordance with plans and specifications submitted herewith.

Signature    
Date 6/16/2022

**STATEMENT BELOW ONLY TO BE FILLED OUT IN THE EVENT THIS APPLICATION  
IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY**

Inc. Village of Upper Nyack  
County of Rockland  
State of New York

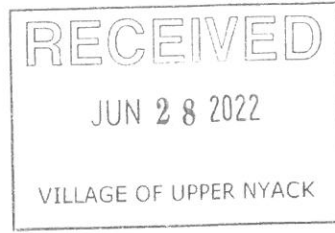
Agent Name: \_\_\_\_\_ being duly sworn deposes and says:

1. That \_\_\_\_\_ is the owner of the land that is the subject of this permit.
2. The deponent is duly authorized to make this application by said owner.
3. That the proposed work is authorized by said owner.

Agent Signature:

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(Notary Public)



VILLAGE OF UPPER NYACK  
ARCHITECTURAL REVIEW BOARD

PLANNING BOARD RECOMMENDATION FORM

[ONLY REQUIRED FOR APPLICATIONS REFERRED BY THE PLANNING BOARD]

**PART 1: TO BE COMPLETED BY THE APPLICANT**

Applicant Name: Peter & Jaime Marino

Property Address: 106 School Street, Nyack, NY 10966

**Description of the Proposed Action:**

- Installation of a sliding glass door, replacing old door
- Cut out portion of wall separating kitchen and dining area

**Architectural Plans:**

| Plan Title and Number                             | Prepared By                | Dated          | Last Revised   |
|---|----------------------------|----------------|----------------|
| <u>106 School St. Kitchen 1118<br/>Door Reno.</u> | <u>HL Design Solutions</u> | <u>6/14/22</u> | <u>6/14/22</u> |
|   |                            |                |                |
|   |                            |                |                |

Please add additional pages if more space is necessary to list plans.

**PART 2: TO BE COMPLETED BY THE BOARD**

Public Hearing Date: \_\_\_\_\_

ARB Recommendation to the Planning Board [Check One]:

     Recommend Approval of the Application with the Following Conditions:

1. Compliance with the Architectural Plans Listed Above.
2. Compliance with the finish schedule attached hereto.
3. Additional Conditions:

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\_\_\_\_\_ Deny the Application for the following reasons (See LL 7 of 2021, § 3.6.1):

\_\_\_\_\_ Does not meet the planning goals outlined in the Village Comprehensive Plan or fails to preserve and enhance the distinctive character of the Village.

\_\_\_\_\_ Is not compatible with the size, height, mass or style of buildings located on contiguous properties.

\_\_\_\_\_ Conflicts with the intent and purpose of Local Law 7 of 2021.

\_\_\_\_\_ The proposed structure or building is excessively similar to other structures or buildings existing or for which a permit has been issued on the Property or on any Property within 200 feet of the subject Property.

\_\_\_\_\_ The proposed structure or building is excessively dissimilar or inappropriate in appearance or design when compared with other structures or buildings existing or for which a permit has been issued on the Property or on any Property within 200 feet of the subject Property.

ARB Vote: \_\_\_\_\_

Dated: \_\_\_\_\_

Very Truly Yours.

\_\_\_\_\_  
Michael Williams, Chairman

Attachment

cc: ARB File  
Code Enforcement Official

RECEIVED

JUN 28 2022

VILLAGE OF UPPER NYACK

ARCHITECTURAL REVIEW BOARD  
EXTERIOR FINISH SCHEDULE<sup>1</sup>

PROJECT NAME: 106 School Street Kitchen Door Reno. 1118

DATE: 6/28/2022

| Element         | Materials                      | Finish | Manufacturer (Mfg) | Mfg Style Name/# | Mfg Color Name/# |
|-----------------|--------------------------------|--------|--------------------|------------------|------------------|
| Foundation      |                                |        |                    |                  |                  |
| Front Porch     |                                |        |                    |                  |                  |
| Railings        |                                |        |                    |                  |                  |
| * Siding        | Siding removed will be reused. |        |                    |                  |                  |
| Window Shutters |                                |        |                    |                  |                  |
| Trim            |                                |        |                    |                  |                  |
| Decking         |                                |        |                    |                  |                  |
| Garage Doors    |                                |        |                    |                  |                  |
| Fascia          |                                |        |                    |                  |                  |
| Gutters         |                                |        |                    |                  |                  |
| Louvers         |                                |        |                    |                  |                  |
| Roofing         |                                |        |                    |                  |                  |
| Chimney         |                                |        |                    |                  |                  |
| Stack Vents     |                                |        |                    |                  |                  |
| Retaining Walls |                                |        |                    |                  |                  |

<sup>1</sup> FENCE AND SIGN PERMIT APPLICATIONS DO NOT REQUIRE A FINISH SCHEDULE, BUT INFORMATION ABOUT ALL MATERIALS, COLORS, AND, FOR SIGNS, MANNER OF ILLUMINATION, IF ANY, SHOULD BE PROVIDED IN THE FORM OF MANUFACTURER SPECIFICATIONS OR EQUIVALENT DOCUMENTS.

ACCOUNT CODE 2115

RECEIPT # No. 13390

Village of Upper Nyack  
328 North Broadway  
Upper Nyack, NY 10960  
845 358-0084



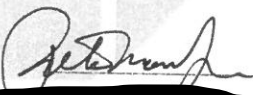
DATE 6/28/22

\$ 150 —

RECEIVED FROM Peter Marino.

FOR ARB fee # 2015.

CASH  CHECK # 1023 BY Jynera

|  |   |  |
|--|---|--|
| <b>PETER J. MARINO, JR.</b><br>106 SCHOOL STREET<br>NYACK, NY 10960  | 1-2/210   | 623  |
|  | DATE <u>6/28/2022</u>   |  |
| PAY TO THE ORDER OF <u>Village of Upper Nyack</u>  |   | \$ <u>150.00</u>   |
| <u>one hundred fifty and <del>100</del> <sup>00</sup> / 100</u>  |   | DOLLARS  Security Features Included. Details on Back. |
| <b>CHASE</b> <br>JPMorgan Chase Bank, N.A.<br>www.Chase.com |   |  |
| MEMO <u>kitchen Reno</u>   |  | MP   |



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Form with fields for: 1a. Legal Name & Address of Insured, 1b. Business Telephone Number of Insured, 1c. NYS Unemployment Insurance Employer Registration Number of Insured, 1d. Federal Employer Identification Number of Insured or Social Security Number, 2. Name and Address of Entity Requesting Proof of Coverage, 3a. Name of Insurance Carrier, 3b. Policy Number of Entity Listed in Box "1a", 3c. Policy effective period, 3d. The Proprietor, Partners or Executive Officers are

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Thomas Letizia (Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Thomas R Letizia (Signature) 6/16/2022 (Date)

Title: AGENT

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-738-8801

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.





CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only)
FREDDY'S HOME IMPROVEMENT LLC
PO BOX 203
NYACK, NY 10960
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
833353695
2. Name and Address of Entity Requesting Proof of Coverage
Village of Upper Nyack
328 N. Broadway
Upper Nyack, NY 10960
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL572022
3c. Policy effective period
01/01/2022 to 12/31/2022

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[ ] B. Disability benefits only.
[ ] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[ ] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 6/16/2022 By [Signature]
Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law(Article 9 of the Workers' Compensation Law) with respect to all of their employees.
Date Signed By
Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2022

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |                                    |
|---|--|------------------------------------|
| <b>PRODUCER</b><br>THOMAS R LETIZIA<br>500 ROUTE 32<br>PO BOX 1014<br>HIGHLAND MILLS NY 10930 | <b>CONTACT NAME:</b> THOMAS R LETIZIA<br><b>PHONE (A/C, No. Ext):</b> 845-738-8801<br><b>E-MAIL ADDRESS:</b> Highlandmillsoffice@american-national.com | <b>FAX (A/C, No):</b> 845-395-0011 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                    |
| <b>INSURED</b><br>FREDDY'S HOME IMPROVEMENT LLC.<br>PO Box 203<br>NYACK, NY 10960             | <b>INSURER A:</b> FARM FAMILY CASUALTY INSURANCE CO NAIC # 13803   |                                    |
|   | <b>INSURER B:</b> UNITED FARM FAMILY INSURANCE CO 29963  |                                    |
|   | <b>INSURER C:</b>  |                                    |
|   | <b>INSURER D:</b>  |                                    |
|   | <b>INSURER E:</b>  |                                    |
|   | <b>INSURER F:</b>  |                                    |

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |              |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 3103L6756     | 6/01/22                 | 6/01/23                 | EACH OCCURRENCE   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 100,000   |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)  | \$ 5,000     |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE   | \$ 2,000,000 |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000 |
|          |  |           |          |               |                         |                         |   | \$           |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | 3101C6235     | 6/01/22                 | 6/01/23                 | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person)  | \$           |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)  | \$           |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)  | \$           |
|          |  |           |          |               |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | 3101E4179     | 6/01/22                 | 6/01/23                 | EACH OCCURRENCE   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | AGGREGATE   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         |   | \$           |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A                            |           |          | 3103W8589     | 7/30/21                 | 7/30/22                 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          |  |           |          |               |                         |                         | E.L. EACH ACCIDENT  | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000 |

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

**CERTIFICATE HOLDER**

Village of Upper Nyack  
 328 N. Broadway  
 Upper Nyack, NY 10960

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

















# Freddy's Home Improvement LLC

P O BOX 203

Nyack, NY 10960

(914) 882-4187

Rockland License #H-11398-A5-B5-00

Westchester License #23792 H-11

## CONTRACT OF WORK TO BE COMPLETED

|                  |                   |
|------------------|-------------------|
| Peter Marino Jr. | 106 School Street |
| Jaime Marino     | Nyack, 10994      |

Location

The "Date of Commencement" shall be the later of the following two dates:

a. 7 days following the issuance of a building permit for the Work of this Contract from all applicable municipal agencies with oversight authority;

Estimated Beginning Date

b. **or, the following date, pursuant to the signing of this agreement,**

The Contractor expects to achieve Substantial Completion of the entire work within calendar days following the Date of Commencement. The term "Substantial Completion" means that the Work has been substantially completed and, if required, a request for the final certificate of occupancy has been made to the relevant local governing body.

Estimated Substantial Completion Date

It is assumed time is not of the essence and any requests for an alternate Date of Commencement by Contractor or Owner shall not be unreasonably denied; except, if the request is for a delay greater than 15 days then the request may be denied and this agreement may be cancelled, subject to the terms of termination contain herein.

Changing Dates

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Description of Work

CHANGES IN THE WORK

Change  
Orders

The Owner may order changes in the Work consisting of additions, deletions, or modifications. The Contract Sum and Date of Completion shall be adjusted accordingly. The Contract Sum, including the cost or credit to the Owner, and the Time of Completion shall be changed only by Change Order.

Contract  
Sum

CONTRACT SUM: The owner shall pay the contractor in current funds sum of Base Price 25,000 Dollars

**\*\*\*Does not include material, (see below for material contractor is responsible for) plumbing and electrical\*\*\***

This amount shall be known as the "Contract Sum". Payments due and unpaid under the Contract shall bear interest from the date payment is due at the rate of 10% APR.

**Payment as scheduled: (check or cash)  
First payment: 1/2 of deposit of total beginning of job  
Second payment: 1/3 of outstanding balance  
Final payment due upon completion of job**

**\*\*\*\*\*Price quoted covers labor and materials\*\*\*\*\***

Termination

**TERMINATION**

The Contractor may terminate this Agreement if the Owner fails to make payment when due and more than seven days has passed following written notice to the Owner informing the Owner of the default. In such case, the Contractor may recover from the

Owner  
Breach or  
Termination

Owner payment for all Work actually completed and for proven loss with respect to materials, equipment, tools, and construction equipment and machinery, including reasonable overhead, profit and damages applicable to the Project.

Contractor  
Breach or  
Termination

If the Contractor defaults or persistently fails or neglects to carry out the Work in accordance with this Agreement, the Owner, after seven days written notice to the Contractor, may make good such deficiencies and may deduct the cost thereof from the payment then or thereafter due to the Contractor. This remedy is without prejudice to any other remedy that the Owner may have under the law.

IN WITNESS WHEREOF, the parties hereto agree to the above terms and have caused this Agreement to be executed in their names by their duly authorized officers.

Signatures

CONTRACTOR: \_\_\_\_\_  
(signature)

Federick Bernard

Date:

OWNER: \_\_\_\_\_  


7/1/2022

(signature)

Date:

### **Scope of Work**

- **Demolish existing 2'-6' door.**
- **Modify opening to accept new sliding door.**
- **Install new sliding door 5'-0" x 6'-8" .**
- **Cut new trimmed window opening in kitchen/Dinning wall.**
- **Add New Cabinets.**
  
- **Work will be completed according to approved plan.**