

Desoto County
Housing Department Owner Occupied Rehabilitation Program
Work Write-Up/Bid Form

Owner: Price, Charmian

Address: 715 South Orange Ave.

Phone

Codes and Standards: All work to be performed shall be in accordance with all applicable codes, laws, regulations, and rules such as: The 2023 Florida Building Code- Residential, Federal, State, and Local Codes, Manufacturer's Specifications for Installation, Title X Standards for Lead Base Paint and Statute 469 Regarding Asbestos.

This is a home that will be rehabbed

Item # 001 Interior: Repair and reinstall cabinet doors, replace damaged base and trim, paint to match existing. Install smoke detectors in all required locations

Bid price for item #001. \$ 2250

Item #002 Exterior: Remove rear door and jamb, replace with fiberglass door with composite jamb. Replace any trim needed. Paint door and trim inside and out to match existing as close as possible. Replace seals at front door, make any adjustments necessary for door to function properly. Paint jamb to match as close as possible. Tent the home for termites.

Bid Price for item #002 \$ 8,800

Item #003: Electrical: Install smoke detectors per code. Make sure GFCIs are installed and functioning in all required locations.

Bid Price for item #003 \$ 2250 **Job Total - \$13,300**

Home Owner's signature. _____

Contractor's signature. *[Signature]*

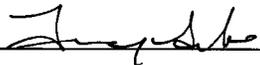
All work must be performed in a workmanlike manner, in accordance with the Housing Program Specifications, State/local codes, and manufacturer's specification. The contractor shall be responsible for the repairs and/or reinstallation of materials/equipment/fixtures damaged or removed due to any work item contained herein. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein.

All items are to be cost itemized and signed by contractor in the space provided on each page or the bid will be rejected.

Work must be completed and approved ("approved" means obtaining a certificate of completion from the building dept., having the housing dept approval and the homeowner's approval within 120 days of the issuance of the contract. This house will be occupied while construction is completed.

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulations, and that I am eligible to participate in the Desoto County Housing Program. I also agree that change orders above the original contract amount shall only be paid for with Housing Program funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his/her representative, the contractor, and local government prior to any initiation of work based on that change order.

Contractor Name (Print Name): Jimmy Seib

Contractor Signature: 

Contractor Address: 1735 SE Apple De Arcadia Fl 34266

Contractor Phone Number: 863-303-6649

Official use only

Date submitted: _____ Date accepted: _____

Bid opened by: _____ Witnessed by: _____

Date opened: _____ Time: _____ Work

write-up prepared by: _____ Date: _____