



CITY OF MILTON COMMUNITY DEVELOPMENT AUTHORITY

# FAÇADE IMPROVEMENT PROGRAM GRANT APPLICATION

Applicant Information	
Contact Name: Mike JACOBSON	Contact Address: 130 Merchant Row
Business Name: Mike & Lucy LLC	Project Address: <del>130</del> 106 Merchant Row
Day Phone: 608-931-9874	Alt. Phone: 608-931-7874
FAX: —	E-Mail: mikejake54@gmail.com
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other: _____	Federal ID #: 81-2597549

Building Owner Information (if different than applicant)	
Owner Name: Mike Jacobson	Owner Address: 3832 E. Jacobs Dr
Day Phone: 608-931-9874	Alt. Phone:
FAX:	E-Mail:

NOTE: If grant applicant is not the owner of the building, please attach a letter, signed and dated, from the property owner expressing approval of the project application.

General Project Information	
Proposed Start Date: July 6 <sup>th</sup>	Proposed Completion Date: July 25 <sup>th</sup>

<p>Contractor Name, Address &amp; Contact Info:</p> <p>Bonson Construction</p>	<p>Budget Estimates:</p> <p>Total Project Estimate: \$ <u>32,000.00</u></p> <p>Façade Grant Request: \$ <u>10,000.00</u></p> <p>Private Funds: \$ <u>22,000.00</u></p> <p>Private Loans: \$ _____</p> <p>Other Funding: \$ <u>✓</u></p>
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**Project Description**

Describe the overall project and scope of work (attach additional pages if necessary):

New Roof  
 New Soffit & fascia  
 New Windows  
 New Siding  
 Versetta Stone & Azek Siding  
 on front facade |

How does this project meet the goals and objectives as detailed in the Façade Improvement Program Guidelines (attach additional pages if necessary):

I feel it meets all  
 guidelines of the Façade  
 Improvement Program

Please provide the required attachments listed below:

- £ Five (5) copies of drawings / design plans (per Sec. IV.A.1.).
- £ Contractor proposal (s) and Certificate of Liability Insurance (per Sec. IV.A.2.).
- £ Certificate of Insurance (per Sec. IV.A.11.).
- £ Historical photos of property if available.

Bonson  
Construction

5180 Henry Circle  
Milton, WI 53563  
608-289-6204

Quote

Date: June 27, 2016

To Mike & Lori Jacobson  
106/108 Merchant Row  
Milton, WI 53563

Due on receipt

Qty	Description	Unit Price	Line Total
	3 ext doors and labor, 3 door lock sets		1924
	15 Simonton 50 50 series windows and labor		6550
	Soffit and fascia white and labor		3900
	Fan fold and Carve wood series siding 23 sq labor and permit		9875

This doesn't include gutters or the front of commercial building siding

Subtotal 22249  
Sales Tax  
Total 22249

Quotation prepared by: Matt Bonson \_\_\_\_\_

This is a quotation on the goods named, subject to the conditions noted below: [Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.]

To accept this quotation, sign here and return: \_\_\_\_\_

Thank you for your business!

Bonson Construction 5180 Henry Circle, Milton, WI 53563 608-289-6204 mbonson@aol.com

plus  
\$ 3,000<sup>00</sup>  
for front  
facade

Bonson  
Construction

Quote

5180 Henry Circle  
Milton, WI 53563  
608-289-6204

Date: June 27, 2016

To Mike & Lori Jacobson  
106/108 Merchant Row  
Milton, WI 53563

Due on receipt

Qty	Description	Unit Price	Line Total
	Roof replacement, Tear off 3 layers on house, 1 layer commercial		
	23 sq Owens Corning Duration (Dirftwood)		
	4 rolls ice and water, 5 rolls felt		
	3 bundles of cap, and starter		
	14 d edge, 11 gutter apron		
	8 roof vents, 4", 3" and 2" soil pipe boots		
	Roofing nails and staples, 2 tubes rubber roofing tar		
	dumpster		5975
	41 sheets 7/16 Osb and deck replacement		646
		Subtotal	6621
		Sales Tax	
		Total	6621

Quotation prepared by: Matt Bonson \_\_\_\_\_

This is a quotation on the goods named, subject to the conditions noted below: [Describe any conditions pertaining to these prices and any additional terms of the agreement. You may want to include contingencies that will affect the quotation.]

To accept this quotation, sign here and return: \_\_\_\_\_

*Thank you for your business!*



BONSCON-01

DEYERS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Schwartz & Shea Ins Agency - Janesville  
PO Box 1550  
Janesville, WI 53547

**CONTACT NAME:** Diane L. Eyers  
**PHONE (A/C, No, Ext):** (608) 754-3336 12  
**FAX (A/C, No):**  
**E-MAIL ADDRESS:** deyers@schwartzshea.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Owners Insurance Company	32700
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**INSURED**  
**BONSON CONSTRUCTION, LLC**  
5180 HENRY CIR  
MILTON, WI 53563-8531

### 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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			61118391	05/31/2016	05/31/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: <b>General Aggregate</b>							
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

### CERTIFICATE HOLDER

### CANCELLATION

Mike & Lori Jacobson  
3832 E Jacobs Dr  
Milton, WI 53563

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

*Mike Fitzgerald*

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