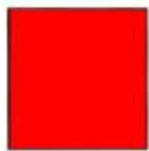


# NCH BEATRICE BRANCH BRIGGS FOUNDERS PARK

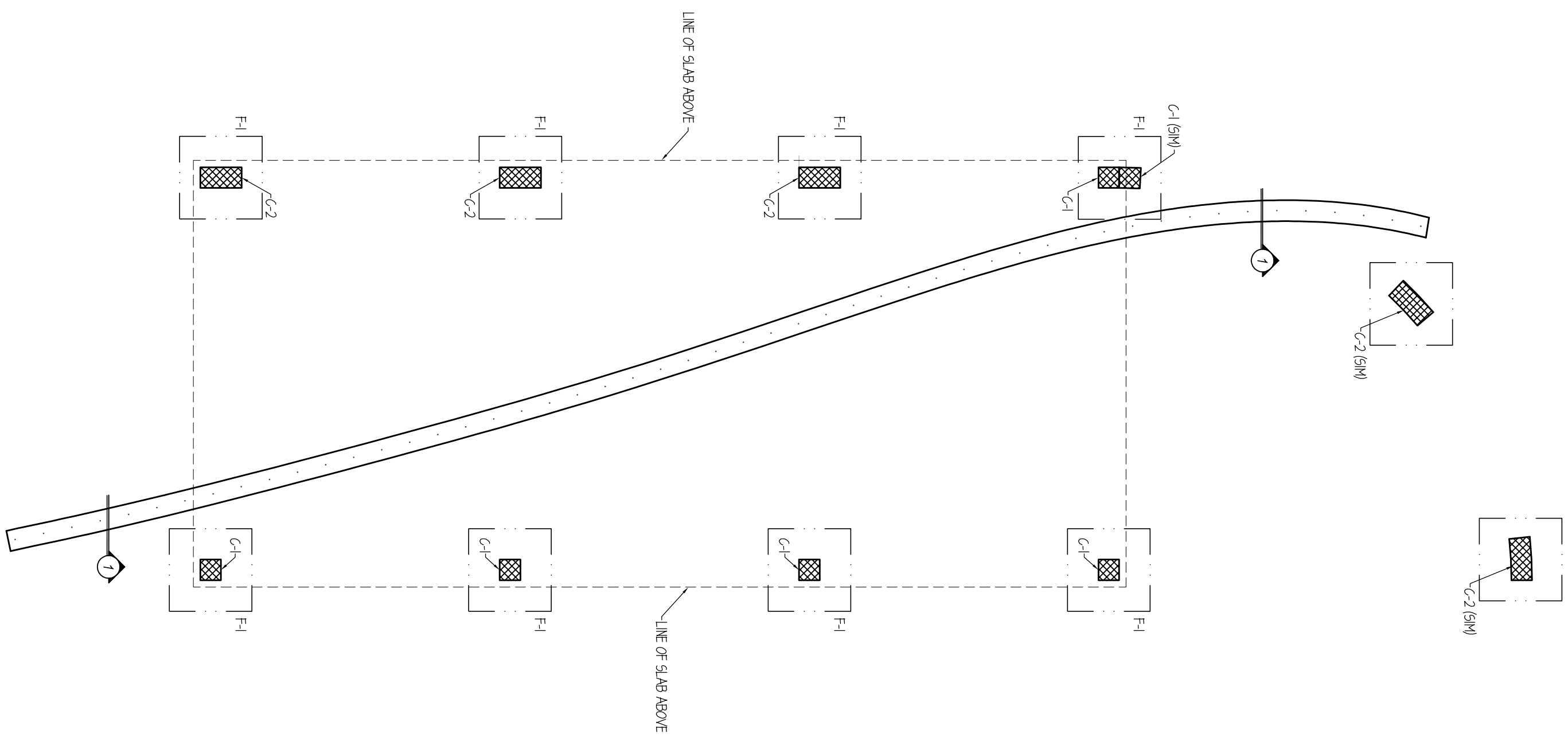
## ADDENDUM #1

- 1) Bid form has been revised and Bid Due Date has been changed to Thursday April 28, 2011 at 12:00 Noon. – **Subs: Please have your bids in by noon on April 27**
- 2) Section 02512 ASPHALTIC CONCRETE PAVING is for patching only, no new Paving is anticipated.
- 3) Provide in your bid a submersible Fountain Pump – ViaAqua Pump Model VA3600/80watts, with Max. Head of 12’-0” and ¾” dia. Output.  
Provide dirty water Pond filtration and 120V electrical service.  
[www.fountainpumpandsupply.com](http://www.fountainpumpandsupply.com) – **supplied and installed by Landscaping sub**
- 4) Stucco exposed retaining walls, and paint.
- 5) The Aluminum sizes specified for the roof structure can be changed to the following sizes:  
10x6x3/16 in place of 6x9x1/4  
10x6x3/16 in place of 10x6x1/4  
10x2x1/8 in place of 10x2x1/4
- 6) Attached please find up-to-date PDF’s of landscape drawings. Some have indicated they may not have the most recent drawings.
- 7) Attached please find Typical Column Connection Detail.
- 8) Omit all piling and provide Foundation as noted on attached S-1
- 9) Provide one additional duplex outlet in Main Pavilion and rough-in for one Ceiling Fan.

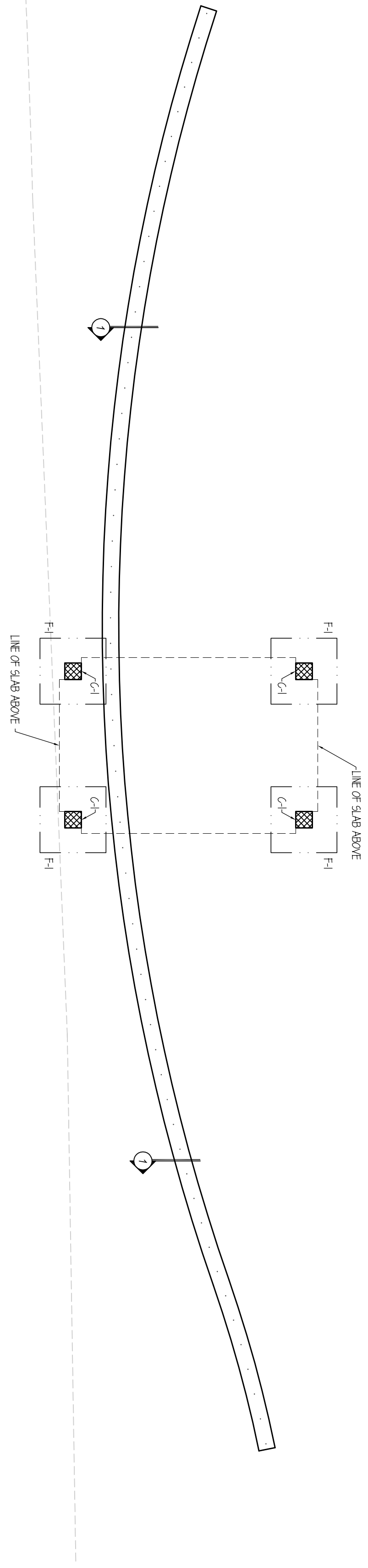
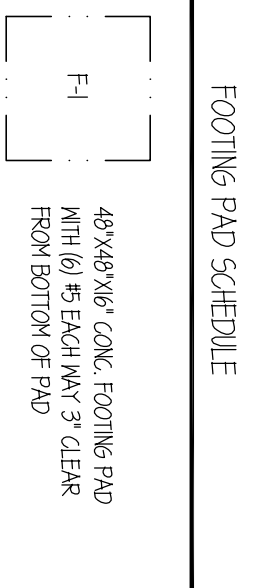


John K. Dyehouse III  
DYEHOUSE  
COMERIATO  
ARCHITECT

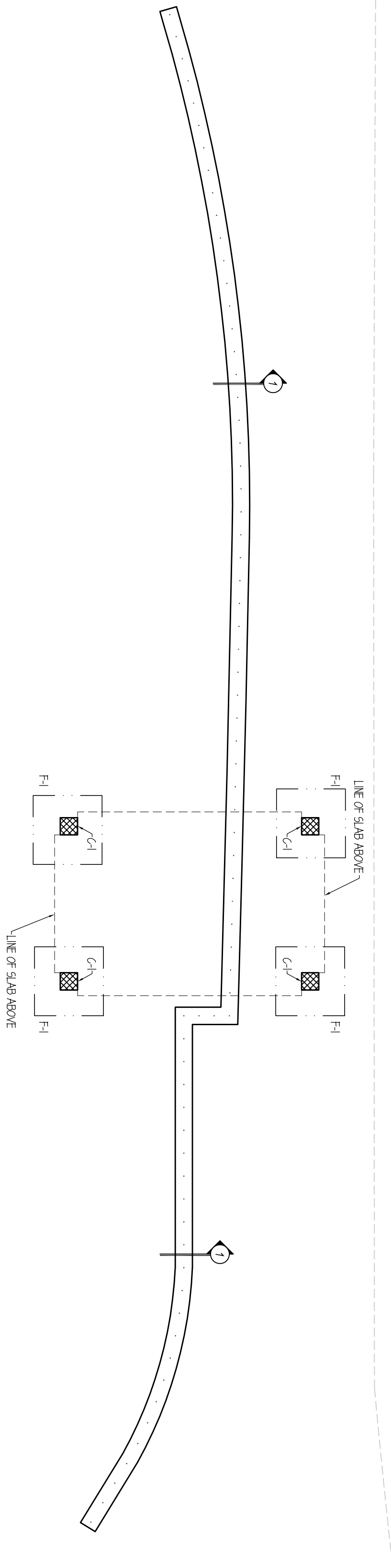
9 9 9 F I F T H A V E . P A R K W A Y  
N A P L E S , F L O R I D A 3 4 1 0 2  
2 3 9 - 4 3 4 - 5 4 5 5 e-mail: jkd@dcarc.com  
w e b : W W W . D C A R C . C O M AA3641



MAIN PAVILION



SATELLITE PAVILION (EAST)



SATELLITE PAVILION (WEST)

OF  
S-1

NCH BRIGGS  
FOUNDERS PARK  
DYEHOUSE COMERIATO  
ARCHITECT

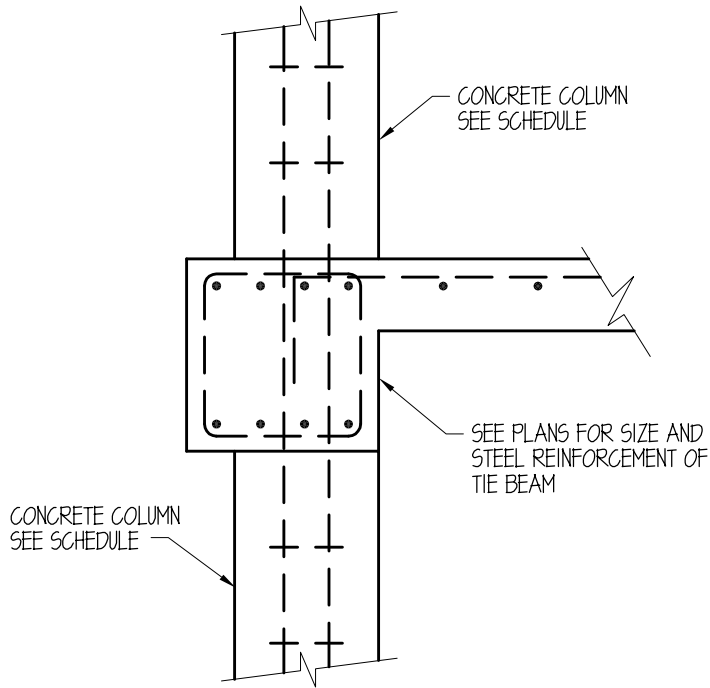
**CRONIN ENGINEERING, INC.**  
CERTIFICATE OF AUTHORIZATION NUMBER: 8597  
6627 WILLOW PARK DRIVE  
NAPLES, FL 34109  
PHONE: 593-2157 FAX: 593-8820

I CERTIFY THAT THESE PLANS AND SPECIFICATIONS CONFORM TO LOCAL BUILDING CODE REQUIREMENTS  
DEREK P. CRONIN  
FLORIDA PE # 5582

**PAVILION AND RETAINING  
WALL FOUNDATION  
PLAN**

DATE: 4-7-11 PROJECT #: 1015-57-01 DRAWN BY: GAL SCALE: 3/16" = 1'-0"

#	REVISIONS	DATE



TYP. COLUMN CONNECTION

DRAWN BY: CAL

DATE: 4-13-11

PROJECT #: 1015-57-01

SCALE: 3/4" = 1'-0"

DETAIL

I CERTIFY THAT THESE PLANS AND  
SPECIFICATIONS CONFORM TO LOCAL  
BUILDING CODE REQUIREMENTS

HCH FOUNDERS PARK

**CRONIN ENGINEERING, INC.**  
CERTIFICATE OF AUTHORIZATION NUMBER: 8597

6627 WILLOW PARK DRIVE  
NAPLES, FLORIDA 34109  
PHONE: 239-593-2157 FAX: 239-593-8820

DEREK P. CRONIN  
FLORIDA P.E. # 55382

1  
OF  
1

BID FORM  
SECTION 00300

DATE:

TO: **Naples Community Hospital, Inc.**  
350 Seventh Street North  
Naples, Florida 34102

PROJECT: **Park Improvement:**  
**Beatrice Branch Briggs Founders Park**  
Corner US 41 and 2<sup>nd</sup> Avenue North  
Naples, Florida 34102

Including Addenda No. \_\_\_\_\_

1. The undersigned, having become thoroughly familiar with the terms and conditions of the Proposed Contract Documents and with local conditions affecting the performance and costs of the work at the place where the work is to be completed, and having fully inspected the site in all particulars, hereby proposes and agrees to fully perform the work within the time stated and in strict accordance with the Contract Documents, including furnishing any and all labor and materials and to do all of the work required to construct and complete said work in accordance with the Contract Documents for the following lump sum of money:

LUMP SUM: All labor, material, services and equipment necessary for completion of the work shown on the drawings, in the specifications, and as part of any written Addendum, except for any items which may be designated as;

"LUMP SUM" of: \_\_\_\_\_ Dollars: [\$ \_\_\_\_\_]

ALTERNATE :( If required)

Add / Deduct: \_\_\_\_\_ Dollars: [\$ \_\_\_\_\_]

2. The Budgeted Cost is broken down as follows:

**GENERAL CONTRACT**

Impact Fees	\$ _____
Permit Fees	\$ _____
General Conditions	\$ _____
Fee	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**BUILDING**

Piling	\$ _____
Concrete Work	\$ _____
Stucco	\$ _____
Painting	\$ _____
Aluminum Trusses	\$ _____
Roofing	\$ _____
Pavers	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**HARDSCAPE**

Site Work	\$ _____
Site Drainage	\$ _____
Retaining Walls	\$ _____
Sidewalks	\$ _____
Railings	\$ _____
TOTAL	\$ _____

**ELECTRICAL**

Buildings	\$ _____
Landscaping	\$ _____
TOTAL	\$ _____

**LANDSCAPING**

Shell Path	\$ _____
Sod	\$ _____
Shrubs	\$ _____
Trees	\$ _____
Irrigation	\$ _____
TOTAL	\$ _____

3. TIME:  
 Work will start upon Issuance Date of the Building Permit and will be completed \_\_\_\_calendar days from the Date of the Permit. The completion date is the Date of Issuance of The Certificate of Occupancy.

**Note:** Contractors time of completion shall anticipate normal amounts of adverse weather conditions normal to the site of work for the season or seasons involved, [certain time periods in which thunderstorms occur each day will be considered normal for Southwest Florida].

4. I understand that the Owner reserves the right to Reject the Bid, but that these lump sum costs shall remain open and not be withdrawn for a period of **forty-five [45] days** from the date prescribed for its opening.

5. If written Notice of the Acceptance of The Budgeted Costs is mailed or delivered to the undersigned within **forty-five [45] days** after the date set for the opening of the budgeted costs or at any other time thereafter, before it is withdrawn, the undersigned will execute and deliver to the Owner the Contract Documents in accordance with this Bid as accepted and will furnish and deliver all proof of insurance coverage and Insurance Certificates, all within **ten [10] days** of Notification of this Bid.

6. The undersigned acknowledges receipt of the following Addenda:

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

7. Attached are the following:

- A. List of Subcontractors proposed to be used on the Project [Form 00430].
- B. Completed Substitution Sheet [Form 00440] for the Owner's consideration. None of the itemized proposed substitutions have been used in the Base Bid contained in this Proposal. Should the Owner decide to accept any such proposed substitutions, it is understood there will be an adjustment made to the Base Bid figure as proposed herein.

C. Allowances [Form 01033]

**CONTRACTOR:** [Name, Address]

**License Number:**

**License Type:**

By: \_\_\_\_\_ Title : \_\_\_\_\_ Date:

**NOTE:** If Bidder is a corporation, set forth legal name, state where incorporated, and names of officer or officers authorized to sign contracts on behalf of the corporation. If Bidder is a partnership, give name of the firm and names of all individual co-partners authorized to sign contracts. If Bidder is an individual, give first and last names in full.

END OF SECTION