

COUNTY OF LAKE  
Department of Public Services  
333 Second Street  
Lakeport, CA 95453

CHANGE ORDER NO: 1

DATE: October 1, 2019

PROJECT: Southshore Behavioral Health Re-Roofing Project No. 18-14

CONTRACTOR: Solano County Roofing, Inc.  
4349 Cordelia Road  
Fairfield, Ca. 94534

Note: These changes in no way relieve the Contractor of completing work in accordance with standards established by the Standard Specifications and Special Provisions.

ITEM NO.	DESCRIPTION	TIME EXTENSION	VALUE
1	Raise curbs on 5 condensing units, fabricate new flashing and install	0	\$2,034.00
2	Removed and installed 4 sheets of plywood at areas of dry rot	0	\$556.00

REQUESTED BY: Owner

REASONS: Removal of rotted plywood and install of new plywood was unforeseen circumstance. Raising curbs and new flashing was added to contractor's scope after County staff removed rooftop HVAC equipment.

ORIGINAL CONTRACT WORKING DAYS:	60	Days
TIME EXTENSION ON PREVIOUS CHANGE ORDER(S):	0	Days
TIME EXTENSION FOR THIS CHANGE ORDER:	0	Days
REVISED CONTRACT WORKING DAYS:	60	Days

ORIGINAL CONTRACT AMOUNT:	\$217,700.00
AMOUNT PREVIOUS CHANGE ORDERS: (Additions)	0.00
AMOUNT PREVIOUS CHANGE ORDERS: (Deletions)	0.00
AMOUNT THIS CHANGE ORDER:	2,590.00
REVISED CONTRACT AMOUNT:	\$220,290.00

ACCEPTED: CONTRACTOR

By: Solano County Roofing

R JAY ALMSTROM  
VICE PRESIDENT  
Name and Title

10/2/19  
Date

RECOMMENDED:

By: Department of Public Services

Lars Ewing  
Director  
Name and Title

10/1/19  
Date

APPROVED: OWNER

By: Board of Supervisors

Tina Scott, Chair  
Name and Title

Date



Extra Work X  
Service Order \_\_\_\_\_  
Estimate \_\_\_\_\_  
Warranty Repair \_\_\_\_\_

Date Reported 8-26-19 PO # \_\_\_\_\_ SCR Work Order # \_\_\_\_\_

Job Name BEHAVIORAL HEALTH Owner/Builder COUNTY OF LAKE  
Address CENTRA Contact David Hendrich  
CLALLAKE Phone # 707-45-5121  
Cell # \_\_\_\_\_

Work Needed: RAISE CURBS ON 5 UNITS  
Description of work:  
ADDED 3" OF HEIGHT TO ALL 5 UNITS  
AND NEW FLASHING

Warranty- Yes \_\_\_\_\_ No \_\_\_\_\_  
Charge- Yes X No \_\_\_\_\_

Date of work 8-27-19  
Service Man #1 DAN KIMBER Hours 7 Drive Time \_\_\_\_\_  
Service Man #2 DAVID KIMBER Hours 7 Drive Time \_\_\_\_\_  
Service Man #3 \_\_\_\_\_ Hours \_\_\_\_\_ Drive Time \_\_\_\_\_  
Service Man #4 \_\_\_\_\_ Hours \_\_\_\_\_ Drive Time \_\_\_\_\_

The undersigned hereby authorizes us to perform this work. Hourly Rate is \$117.00 per hour plus materials, overtime extra. Driving time is charged at the same rate.

Approved By (Print): David Hendrich Title: \_\_\_\_\_  
Sign: [Signature] Dated: 8/27/19

Material break down.  
7-16' 2x6 D.F. 112' @ 2.00 \$ 224.00  
4 SHEETS 24 GA GALV. 4 @ 43.00 \$ 172  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Labor 14 Hours @ \$117.00 \$ 1638.00

Total Bill \$ 2034.00



Extra Work X  
Service Order \_\_\_\_\_  
Estimate \_\_\_\_\_  
Warranty Repair \_\_\_\_\_

Date Reported 8-27-19 PO # \_\_\_\_\_ SCR Work Order # \_\_\_\_\_

Job Name BEHAVIORAL HEALTH Owner/Builder COUNTY OF LAKE  
Address CENTER Contact DAVID HENDRICH  
CLEARLAKE CA Phone # 707-245-5121  
Cell # \_\_\_\_\_

Work Needed: REPLACE DRY ROT  
Description of work: REMOVED & INSTALLED 4  
SHEETS 1/2 PLYWOOD

Warranty- Yes \_\_\_\_\_ No \_\_\_\_\_  
Charge- Yes X No \_\_\_\_\_

Date of work 8-27-19  
Service Man #1 DAN KNUDSEN Hours 2 Drive Time \_\_\_\_\_  
Service Man #2 CRIG KNUDSEN Hours 2 Drive Time \_\_\_\_\_  
Service Man #3 \_\_\_\_\_ Hours \_\_\_\_\_ Drive Time \_\_\_\_\_  
Service Man #4 \_\_\_\_\_ Hours \_\_\_\_\_ Drive Time \_\_\_\_\_

The undersigned hereby authorizes us to perform this work. Hourly Rate is \$117.00 per hour plus materials, overtime extra. Driving time is charged at the same rate.

Approved By (Print): David Hendrich Title: \_\_\_\_\_

Sign: [Signature] Dated: 8/27/19

Material break down.

<u>4 SHEETS 1/2 PLYWOOD</u>	<u>4</u>	@	<u>22<sup>00</sup></u>	\$	<u>88<sup>00</sup></u>
_____	_____	@	_____	\$	_____
_____	_____	@	_____	\$	_____
_____	_____	@	_____	\$	_____
_____	_____	@	_____	\$	_____

Labor 4 Hours @ \$117.00 \$ 468<sup>00</sup>

Total Bill \$ 556<sup>00</sup>