

PROPOSAL

B COPA 6 - NO TEAR OFF - LLBA

BLUESTONE, INC.

P.O. Box 304
NEW BOSTON, NEW HAMPSHIRE 03070
(603) 487-5419
(800) 639-4016 - Same phone # since 1984
<http://bsprs.com>

Mr. Giao

PROPOSAL SUBMITTED TO Days Inn		PHONE 603-536-3520	DATE June 29, 2015
STREET 1513 US Route 3		JOB NAME NEW ROOF WITH 250 mil BLUESTONE COPA (Co Polymer Alloy) 6	
CITY, STATE and ZIP CODE Campton, NH 03223		JOB LOCATION US Route 3, Campton, NH - <u>Pool House roof</u>	
ARCHITECT	DATE OF PLANS	JOB PHONE	
		LOOSE LAID AND BALLASTED	

We hereby submit specifications and estimates for:

6,360 SQ. FT OF NEW ROOF WITH 250 mil BLUESTONE COPA 6

The stone ballast will be removed and set aside. 1 ply of 200 mil BLUESTONE COPA (Co Polymer Alloy) 5 will be loose laid over the failed thin rubber membrane roofing system. Starting at the low point and working up with 8 inch HEAT WELDED side laps and 10 inch HEAT WELDED end laps. All joints will be staggered to maximize lap integrity and the strength of the roof.

Once the membrane is installed, new, HEAVY DUTY ALUMINUM (.050) gravel stop will be installed on all perimeters and the roof will be ballasted with the old stone ballast at a rate of 10 lbs. per sq. ft.

TOTAL WITH 1 PLY 250 mil BLUESTONE COPA 6 FOR ONLY \$5.50 per sq. ft. ---= \$34,980.00

Roof deck repairs will be extra at \$65.00 per man hour plus materials.

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: THIRTY FOUR THOUSAND THREE HINDRED EIGHTY AND 00/100

Payment to be made as follows:

50% down with progressive payments equal to the work completed

If material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature _____ Note: This proposal may be withdrawn by us if not accepted within _____ days

Acceptance - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature: _____ Date of Acceptance _____

Signature: _____ Date of Acceptance _____