

(Form DPW 28)
(Nov., 1977)

DETAILED ESTIMATE

City of Racine
Public Works ContractTo: Commissioner of Public Works
730 Washington Avenue
Racine, Wisconsin 53403Partial Payment No. 6 Period from 09/08/2020 to 12/31/2020
Contract No. & Name 20200024 Parking Ramp Improvements
6826823

Description of Work and/or Materials Stored on Site	CONTRACT			Cost per Unit	COMPLETE TO DATE		
	Quantity		Total Cost		Quantity	% Complete	Total Cost
1 JOINT SEALANT AT CIVIC CENTER RAMP	9900	LIN FT	\$ 89,100.00	\$ 9.00	9,900	100%	89,100.00
2 EPOXY INJECT CRACK AT CIVIC CENTER RAMP	85	LIN FT	\$ 6,800.00	\$ 80.00	85	100%	6,800.00
3 POUR STRIP RESTORATION AT CIVIC CENTER RAMP	14	SQ FT	\$ 2,100.00	\$ 150.00	66.57	476%	9,985.50
4 REPLACE EXPANSION JOINT AT MCMYNN RAMP	180	LIN FT	\$ 16,200.00	\$ 90.00	180	100%	16,200.00
5 UNDERSIDE OF SLAB REPAIR AT MCMYNN RAMP	50	SQ FT	\$ 5,000.00	\$ 100.00	5	10%	500.00
6 TEE JOINT RESTORATION AT CIVIC CENTER RAMP	75	LIN FT	\$ 3,750.00	\$ 50.00			
7 WALL REPAIR UNDER STAIR - S. MEMORIAL DRIVE	110	SQ FT	\$ 11,000.00	\$ 100.00	110	100%	11,000.00
8 WALL REPAIR AT JOINT - S. MEMORIAL DRIVE	35	SQ FT	\$ 5,250.00	\$ 150.00	35	100%	5,250.00
9 COMPRESSION SEAL - S. MEMORIAL DRIVE	20	LIN FT	\$ 1,700.00	\$ 85.00			800.00
10 SIDEWALK WORK AT TOP OF STAIRS - S. MEMORIAL DRIVE	1	LUMP SUM	\$ 5,000.00	\$ 5,000.00	1	100%	5,000.00
11 GENERAL CONDITIONS AT CIVIC CENTER RAMP	1	LUMP SUM	\$ 13,780.00	\$13,780.00	1	100%	13,780.00
Additional Work:			ORIGINAL CONTRACT AMOUNT	\$ 159,680.00			
12 Repairing Welds at Tee to Tee Connections	100	EACH	\$ 10,000.00	\$ 100.00	173	173%	17,300.00
13 Additional Epoxy Injection	26	LIN FT	\$ 2,080.00	\$ 80.00	26	100%	2,080.00
14 Top Coat Over Existing Traffic Coating	434	SQ FT	\$ 3,038.00	\$ 7.00	370	85%	2,590.00
15 New Traffic Coating	57	SQ FT	\$ 1,368.00	\$ 24.00			
16 Tee Repair at Tee to Tee Connections	27	EACH	\$ 4,050.00	\$ 150.00	15	55%	2,250.00
17 Repair of Grout Pocket at Base of Stair Columns	6	EACH	\$ 3,000.00	\$ 500.00	6	100%	3,000.00
18 Repair of Tee to Wall Panel Connection	20	EACH	\$ 3,000.00	\$ 150.00			
A1 Additional Joint Sealant	3620	LIN FT	\$ 30,770.00	\$ 8.50	2,005.26	55%	17,044.72

Total Completed To Date **\$202,680.22**
 Less Previous Payments **-197,219.82**
 Total Retainage Due **\$5,460.40**

According to the best of my knowledge and belief, I certify that the work covered by this Detailed Estimate has been completed in accordance with the Contract Documents, and that the current payment shown herein is due. I further certify that all claims outstanding as of this date against the undersigned as Contractor for labor, materials, and expendable equipment employed in the performance of said contract up to this date have been paid in full in accordance with the requirements of said contract.

Contractor Structurewerks, Inc.Date 12/31/2020By Title VP Sales

(Signature of Office Partner, or Owner)

TO: Commissioner of Public Works
Racine, Wisconsin

Lien Waiver (in full)

WAIVER OF CONSTRUCTION LIEN

For value received, the undersigned hereby waives all rights to or claims for a lien on the land hereafter described, for any and all work, materials, plans and specifications made or furnished or to be made or furnished for the improvement of said lands, said improvements being done for the City of Racine by

STRUCTUREWERKS, INC.

(prime contractor's name)

said lands being situated in Racine County, State of Wisconsin, and described as follows (contract number and name of contract):

20200024 Parking Ramp Improvements

The work done and/or materials furnished by the undersigned for said job is as follows:

Joint Sealant, Pour Strip Restoration and General Conditions

(describe).

Signature

Title

Structurewerks, Inc.

Firm Name

Date of this Waiver:

December 31, 2020

Prime Contractor Affidavit of Compliance With Prevailing Wage Rate Determination

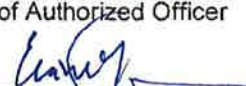
NOTICE REQUIRED UNDER Section 15.04(1) (m), Wisconsin Statutes. Authorization for this form is provided under Sections, 66.0903(9) (b) and 103.49(4r) (9b) Wisconsin Statutes. The use of this form is mandatory. The penalty for failing to complete this form is prescribed in Section 103.005(12), Wisconsin Statutes. Personally identifiable information may be used for secondary purposes.

This form must **ONLY** be filed with the **Awarding Agency** indicated below.

State Of <u>WISCONSIN</u>))SS County Of <u>RACINE</u>)	Project Name Parking Ramp Improvements	
	Project Number 20200024	Determination Number
	Date Determination Issued	Date of Contract 08/31/2020
	Awarding Agency City of Racine Public Works	
	Date Work Completed 12/31/2020	

After being duly sworn, the person whose name and signature appears below hereby states under penalty of perjury that

- **I am** the duly authorized officer of the corporation, partnership, sole proprietorship or business indicated below and have recently completed all of the work required under the terms and conditions of a contract with the above-named awarding agency and make this affidavit in accordance with the requirements set forth in Section 66.0903(9)(c) or 103.49(4r)(c), Wisconsin Statutes and Chapter DWD 290 of the Wisconsin Administrative Code in order to obtain FINAL PAYMENT from such awarding agency.
- **I have** fully complied with all of the wage and hour requirements applicable to this project, including all of the requirements set forth in the prevailing wage rate determination indicated above which was issued for such project by the Department of Workforce Development on the date indicated above.
- **I have** received the required affidavit of compliance from each of my agents and subcontractors that performed work on this project and have listed each of their names and addresses on page 2 of this affidavit.
- **I have** full and accurate records that clearly indicate the name and trade or occupation of every worker(s) that I employed on this project, including an accurate record of the hours worked and actual wages paid to such worker(s).
- **I will** retain the records and affidavit(s) described above and make them available for inspection for a period of at least three (3) years from the completion date indicated above at the address indicated below and shall not remove such records or affidavit(s) without prior notification to the awarding agency indicated above.

Name of Corporation, Partnership, Sole Proprietorship or Business Structurewerks, Inc.				
Street Address or P O Box 12600 Robin Lane	City Brookfield	State WI	Zip Code 53005	Telephone Number (262)781-4329
Print Name of Authorized Officer <u>Eric M. Johnson</u>			Date Signed 12/31/2020	
Signature of Authorized Officer 				

List of Agents and Subcontractors

Name			Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number ()			Telephone Number ()		
Name			Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number ()			Telephone Number ()		
Name			Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number ()			Telephone Number ()		
Name			Name		
Street Address			Street Address		
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Street Address			Street Address		
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Telephone Number ()			Telephone Number ()		
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Telephone Number ()			Telephone Number ()		
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Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number ()			Telephone Number ()		

If you have any questions call (608) 266-6861