

Residential – Garage Reconstruction (include some original materials)

To: Nicole Rodriguez
3417 Seminole, Detroit

Phone: 586-229-6702 - Calvin

Email: calvin.reddick@me.com

Date: 02-16-2025



	<u>Amount</u>
<p>Due to the lack of structural integrity and underlying foundation issues restoration is not an option for the garage at 3417 Seminole. Reconstruction is the only way to utilize any of the existing material. <u>Also being a reconstruction new architectural drawings and MEPs from an engineer will be required for permitting.</u></p> <p>Deconstruction</p> <ul style="list-style-type: none"> • Remove all materials in sequence from the roof down to the foundation (set aside all stamped cinder blocks, doors and windows to reuse) • Disconnect existing water and electrical service to the structure from the main house • Demo footings and slab • Clear and grade building site and set for reconstruction (barriers, material container, portable toilet, etc.) 	- \$17,750
<p>Prep Salvaged Material</p> <ul style="list-style-type: none"> • Chisel and grind all mortar off the stamped Cinder blocks and stack on sight (There will not be enough original material to reconstruct the exterior walls so new stock cinder block will need to be used and most likely the lentils will have to be replaced with steel. There is already a section of the south wall missing completely, and even with the most careful deconstruction we do not know how many of the remaining original block will be salvageable) • Restore x2 miracle doors and x2 double hung wood windows – we will need to source vintage hardware and build to jams and casings to accommodate 	- \$19,500
<p>Footings & Slab</p> <ul style="list-style-type: none"> • Dig and pour footings with a finished height at least 6in above grade • Run roughs for floor drains, water supplies, and electrical • Pour slab inside the garage footings (min 4in) 	- \$52,350
<p>Masonry</p> <ul style="list-style-type: none"> • Stock cinderblock exterior walls and center dividing wall • South walls use the original stamped cinder blocks • Installed with ties and steal lentils 	- \$36,000

<p>Framing</p> <ul style="list-style-type: none"> • Frame to plans provided by architect/engineer in accordance with city codes. <p>Sheathing and finishes</p> <ul style="list-style-type: none"> • 1x tongue and groove sheathing for roof sub straight. • Dimensional asphalt roof • Gutters <p>Doors and Windows</p> <ul style="list-style-type: none"> • Garage Doors • Restored Doors and Windows <p>Electrical/Plumbing</p> <ul style="list-style-type: none"> • In garage mop sink and exterior water spicket • New electrical throughout (openers, outlets, lights, etc) to plans provided by architect/engineer <p>- Van Sickle Construction & Repair is licensed and insured in the state of Michigan.</p> <p>- Quote includes all materials, labor, and installation</p> <p>- Change orders are additional work or changes outside the scope of the work outlined on this quote. Change orders need to be paid in full at the time it is added to the job.</p> <p>- Note: This quote is for the reconstruction of the garage – back to its current configuration</p> <p>- Note: If you choose to use existing block and lentils from the garage, we will still offer a warranty on the installation but not on the material.</p> <p>- Payments will be made on a payment schedule associated with work as it is being completed.</p>	<p>-</p> <p>-</p> <p>-</p> <p>-</p>	<p>\$15,300</p> <p>\$16,784</p> <p>\$11,415</p> <p>\$13,670</p>
	<p>Total</p> <p>Deposit 50%</p>	<p>\$182,769</p> <p>\$91,384.50</p>

Thank you for your business!

I _____ accept the quote and payment terms stated above _____

(Van Sickle Construction & Repair) agrees to complete the entire scope of work outlined in the quote above

and attests that the initial deposit has been paid in full _____



GRETCHEN WHITMER
Governor

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Individual Builder License**

ASHTON ELLIS VAN SICKLE
DBA - VAN SICKLE CONSTRUCTION AND REPAIR
630 W HILDAE
DETROIT, MI 48203

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

License No.
242101011

Expiration Date:
05/31/2027

This document is duly
issued under the laws of the
State of Michigan



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/02/2024

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 have ADDITIONAL INSURED provisions or 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 Bryan Bromley 551 E 11 Mile Suite 1C Madison Heights MI 48071 248 3462244	CONTACT NAME: Bryan Bromley PHONE (A/C, No, Ext): 5864464600 FAX (A/C, No): E-MAIL ADDRESS: bryan@bryanbromley.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: State Farm Fire and Casualty Company 25143 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED VAN SICKLE CONSTRUCTION & REPAIR 630 WHILDALE DETROIT MI, 48203 313 444-2792	

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Additional coverage <input type="checkbox"/> Additional coverage as needed GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			92-G3-C585-6	07/26/2024	07/26/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 BUSINESS PROPERTY \$ 50,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> Comp <input type="checkbox"/> Collision			D66 9717-A06-22 D92 1198-D03-22 D53 0861-A26-22 D52 9138-A25-22	07/06/2024 10/03/2024 07/26/2024 07/25/2024	01/06/2025 04/03/2025 01/26/2025 01/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 250,000 Deductible \$ 500
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER \$ 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)