

BID FORM
FOR THE CONSTRUCTION REPAIRS

BATH COUNTY COURTHOUSE
PORTICO COLUMNS REPAIRS
65 Courthouse Hill, Warm Springs, Virginia

TO:

Bath County
Attn.:
County Administrator
65 Courthouse Hill
P.O. Box 309
Warm Springs, Virginia 24484

FROM:

Name of Bidder

The undersigned bidder proposes to furnish all labor and materials and perform all work necessary for construction of this project, in accordance with the contract documents, and any subsequent addenda, as prepared by Balzer and Associates, Inc., 1208 Corporate Circle, Roanoke, Virginia, for the consideration of the following amounts:

BASE BID:

Lump Sum guaranteed maximum price for all work described in the Architect/Engineer's Report and all addenda:

_____ Dollars (\$ _____)

LUMP SUM BID DESCRIPTION/"WORK-PLAN"

For the Owner's evaluation of bids, please include a "Work Plan" outlining Contractor's proposed repairs and corrective measures to repair each of the six (6) columns. (Add pages as needed.)

CHANGE ORDER MARKUP

Provide percentage of markup for all change orders for work not directly completed by General Contractor's own forces, or for materials purchased from others (spelled and numerical):

_____ %

ADDENDA:

Acknowledgement is made of the following Addenda:

TIME OF COMPLETION:

Please provide your estimated time to complete the project, based on building permit approval:

NOTICE OF BID AWARD/CONTRACT DELIVERY:

Upon notice of acceptance of this Bid, the undersigned shall execute and deliver a contract in the prescribed form within 7 days.

DISQUALIFICATION OF CONTRACTORS

By signing this bid or proposal, the undersigned certifies that this person / firm / corporation is authorized to execute a contract for the bidding entity. The undersigned also certifies that the firm name given below is the true and complete name of the bidder and that the bidder is legally qualified and licensed by the Commonwealth of Virginia, Department of Commerce, State Board for Contractors, to perform all work included in the scope of the Contract.

BIDDER:

Bidder _____ (Name of Firm)

By _____ (Signature)

Printed Name _____ Title _____

Business Address: _____

Phone: _____ Email: _____

For Partnership (Names of Partners)

For Corporation, list State of Incorporation:

(Seal)

Virginia Class A Contractor License Number: _____

Expiration date: _____