

Quote Request

Emergency temporary protection measures at Northview Heights High-rise.

Quotes due December 29, 2014 @ 3:00 p.m.

Fax to Corinne Lisefski at (412) 456-5007

Scope of Work

The following is a scope of work for emergency temporary protection measures at Northview Heights High-rise, 533 Mt. Pleasant Road, Pittsburgh, PA 15214

There are areas of concrete failure on exterior balconies, with concrete becoming dislodged and falling. Repairs to the concrete are expected to begin during warmer weather in early 2015. Until this occurs, temporary protection measures at the balcony levels are required.

- Please refer to Drawing s2.0 (**separate downloadable document**). Balcony-level protection includes dimension lumber and adjustable –height shoring installed as indicated, to restrain and support concrete that may spall or delaminate until such time as repairs are made.
- Temporary protection scope shall be performed by a contractor licensed in the City of Pittsburgh
- The contractor shall be responsible for obtaining all required building permits from the City of Pittsburgh Bureau of Building Inspection (BBI). Work may begin immediately after the building permit application is tendered with BBI, due to the urgent nature of this project.
- The temporary protection contractor shall be responsible for the means and methods of completing the work. Should the means and methods include boom lifts or other equipment that may create ruts in the lawn at the rear of the building, the contractor shall be responsible for repairs to restore the lawn to pre-construction state.
- The temporary protection measures shall be put in place immediately and completed within one (1) week.
- Provide signage/caution tape or other protection/safety measures to ensure tenant safety
- Work area to be left in a clean and safe condition
- No debris to be place in HACP trash receptacles

Please contact Corinne Lisefski at 412.456-5000 ext 8546 or at Corinne.Lisefski@hacp.org with any questions about the above scope

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Quotes Due: 12/29/14 at 3:00 pm

Total Cost for All Work: \$ _____

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(in words)

(Please print clearly)

Company Name: _____

Signature: _____

Print Name: _____
(of person signing)

Full Address: _____
(of company, include city, state, zip code)

Phone Number: _____ **Fax:** _____

Email: _____