

# City of Cody Contractors' Board

## AGENDA

Thursday, July 23, 2015 - 12:00 p.m.

Meeting Place: City Hall Conference Room, 1338 Rumsey Avenue, Cody, WY

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### A. **PROCEDURAL**

1. Call to Order
2. Roll Call, excused members
3. Approval of Agenda
4. Approval of Minutes for the June 25, 2015 – Regular meeting

### B. Approval of the following **Contractor's License** reviewed with conditional approval by the Building Official.

#### 1. **Hackenberg 6 Construction – Zach Hackenbert**

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for a Class C 2015 Drywall Contractor's License.

Proposed Projects: Thiel houses

Board Interview: None

Action: Review and discuss –Approve, Deny, or Table application

#### 2. **Infinity Construction & Consulting – Alvaro Mendoza**

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for a Class C 2015 Roofing Contractor's License.

Proposed Projects: Moss Building (completed)

Board Interview: None

Action: Review and discuss –Approve, Deny, or Table application

#### 3. **TMT Construction – Chris Cornell**

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for a Class C 2015 Framing and Finish Work Contractor's License.

Proposed Projects: None

Board Interview: None

Action: Review and discuss –Approve, Deny, or Table application

#### 4. **Spray On Solutions – Mike Tonioli**

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for a Class C 2015 Fireproofing and Intumescent Paint Contractor's License.

Proposed Projects: WPH Fireproofing

Board Interview: None

Action: Review and discuss –Approve, Deny, or Table application

C. **Public Comments:**

The City Contractors' Board welcomes input from the public. In order for everyone to be heard, please limit your comments to five (5) minutes per person.

D. **New Business:**

1. Adoption of 2015 Building Codes probably April or June 2016.

E. **Ongoing Issues:**

1. New and Ongoing Commercial Jobs
  - a. Bennion Dental Building
  - b. Moss Dental Building
  - c. Fed Ex Building
  - d. Autozone
  - e. Cody Labs Pilot Project
  - f. Walmart Liquor Store
  - g. WPH Medical Records
  - h. WPH Dietary Build Out
  - i. WPH Connector
  - j. WPH Cedar Mountain Renovation/WPH Education remodel
  - k. Reroof Wal Mart
2. New and Ongoing Residential Jobs
  - a. 2930 Fuelie Dr.
  - b. 2943 Fuelie Dr.
  - c. 3607 Maple Leaf Dr.
  - d. 3526 Maple Leaf Dr.
  - e. 743 Stone Street
  - f. 737 Stone Street
  - g. Stella Court 4Plex
  - h. Kent Avenue TriPlex
  - i. 3313 Appalachian Ave
  - j. 3324 Appalachian Ave
  - k. 2201 14<sup>th</sup> Street
  - l. 3307 Twin Creek Trail
  - m. 1301 Huff'n Puff Ave
  - n. 3013 Lame Deer Ave.
  - o. 3031 Lame Deer Ave.
  - p. 3213 Twin Creek Trail
  - q. 925 33<sup>rd</sup> Street
3. June 2015 Building Report
4. 2<sup>nd</sup> Quarter Building Report
5. Semi-annual Building Report

F. **Matters from Board Members:** (announcements, comments, etc.)

G. **Adjournment:**

The public is invited to attend all Contractors' Board meetings. If you plan to attend or need special accommodations to participate in the meeting, please call the City office at (307)527-7511 at least 24 hours in advance of the meeting to make arrangements.

**City of Cody  
Contractors' Board  
Thursday, June 25, 2015**

A regular meeting of the City of Cody Contractors' Board was held in the Conference Room of City Hall in Cody, Wyoming on Thursday, June 25, 2015 at 12:00 PM.

Present: Mike Kelly-Chairperson; Andy Cowan; Gerald Stroh; Roy Holm; Tom Quick; Merle Nielson; Donny Anderson; Scott King, Building Official; Lynn Stutzman, Engineering Administrative Assistant.

Absent: Gene Kelly; Paul Sandbak; Richard Zickefoose

Attendees: Sheila Enriquez Lucas-Chamber of Commerce

Chairman Kelly called the meeting to order at 11:57 PM.

Roy Holm made a motion, seconded by Gerald Stroh, to approve the agenda for the June 25, 2015 regular meeting. Vote was unanimous, motion carried.

Gerald Stroh made a motion, seconded by Tom Quick, to approve the minutes for the May 28, 2015 regular meeting. Vote was unanimous, motion carried.

Tom Quick made a motion, seconded by Merle Nielsen, to approve the application licenses for Black Hills Connections, LLC for a Class B2015 Fire Alarm Contractor's License; American Repair Masters, LLC for a Class C 2015 Roofing Contractor's License; and North American Roofing Services for a Class C 2015 Roofing Contractor's License. Vote was unanimous, motion carried.

Public Comments: None

New Business: None

Ongoing Issues:

1. Commercial current and pending jobs:
  - a. Updates were provided by Scott King
2. Residential Plans reviewed:
  - a. Updates were provided by Scott King
3. May 2015 Building Permit Reports

Matters from Board Members: None

There being no further business to come before the board, Gerald Stroh made a motion, seconded by Roy Holm, to adjourn the meeting. Vote was unanimous, motion carried.

Chairman Mike Kelly adjourned the meeting at 12:25 PM.

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Lynn Stutzman  
Engineering Administrative Assistant

DRAFT

Application Fee: \$50.00

License Fee: \$100.00

CITY OF CODY  
Contractors' License Prequalification Statement

Business Name: Zach Hackenberg Date: 7/2/2015  
DBA: Hackenberg Construction  Corporation  Partnership  Sole Proprietor  
Location: 411 E. Madison City: Powell State: WY Zip: 82435  
Mailing Address: P.O. Box 471 City: Powell State: WY Zip: 82435  
Phone: \_\_\_\_\_ Cell: (307) 254-4128 Fax: \_\_\_\_\_  
E-mail: HbConst@gmail.com

License: Class A General Contractor, Category 1 or Category 2 / Class B / Class C

Specific Area of Work: Drywall

Which of the following do you have and maintain sufficiently to comply with all Federal, State and Local laws?

State Sales Tax ID: Yes: \_\_\_\_\_ No: X Number: \_\_\_\_\_  
Federal ID: Yes: X No: \_\_\_\_\_ Number: 83-0334258  
State ID: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number: \_\_\_\_\_  
Workmen's Compensation: Yes: X No: \_\_\_\_\_ Number: 800182553  
Public Liability and Property Damage: Company: HBI  
Expiration Date: 12/15 Number: \_\_\_\_\_

Name of Principals (Including Positions and Local Representatives)

Name: Zach Hackenberg Position: Owner/Operator Email: HbConst@gmail.com Phone: (307) 254-4128  
Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you previously applied for a license in Cody? NO When? \_\_\_\_\_

Good Until: \_\_\_\_\_

How long has your organization been in business? 16 yrs.

Under this name? 7 yrs. Other names? 9 yrs.

List experience and/or qualifications which may apply to the license application:

In construction trades for 16 years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed bankruptcy or failed on any financial obligations? NO

If so, give specifics: \_\_\_\_\_  
\_\_\_\_\_

Have you or other principals failed to complete any work awarded to you? NO

If so, where, when and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you familiar with the codes and regulations in Cody concerning your work areas? YES

Name and address of Master License where applicable: \_\_\_\_\_  
\_\_\_\_\_

The above are true and accurate to the best of my knowledge and belief. References may be verified. I am aware that any false statements shall void this application.

Name of Organization  
Hackenberg Co Construction

By: Zach S. Hackenberg

State of Wyoming

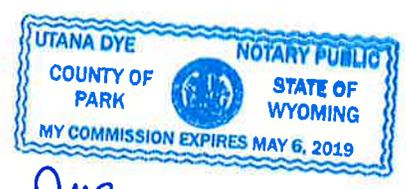
SS

County of Park

The foregoing instrument was acknowledged before me by Zachary S. Hackenberg

this 6<sup>th</sup> day of July, 2015.

Witness my hand and official seal.



Utana Dye  
Notary Public

My commission expires May 6, 2015.

Chairman of the Board \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL WORK HISTORY**

Please provide your personal work history to establish your minimum required time. Begin with your most recent employer first. List all positions you have held. Account for all the time between your first and last construction related employment listing whether the work done was construction related or not. Please note that time worked **MUST** be verifiable. It may be easier to have time worked documented in letter form from former employers.

Failure to provide this information may be cause to delay or cause denial by the Contractor's board.

Employer Name	Address	Phone	Position Held and Primary Duties (i.e. project mgr, superintendent Foreman carpenter, laborer, etc.)	Time Frame
<i>Contractor Names</i>				
<i>Curt Harshman</i>	<i>Powell, WY</i>	<i>(307) 690-9190</i>	<i>Drywall'er</i>	<i>1992-1998</i>
<i>AWS-Casper</i>	<i>Casper, WY</i>	<i>N/A</i>	<i>Drywall'er</i>	<i>2004-2005</i>
<i>Self Employed</i>			<i>Drywall'er/General Contractor</i>	<i>1998-2015</i>
<i>Contractors ↓</i>				
<i>John Kendrick</i>	<i>Cody, WY</i>	<i>899-1928</i>		
<i>Don Hicks</i>	<i>Cody, WY</i>	<i>250-4049</i>		
<i>Theil Const.</i>	<i>Cody, WY</i>	<i>250-3743</i>		
<i>Duncan Bonine</i>	<i>Powell, WY</i>	<i>254-0533</i>		
<i>Erik Petersen</i>	<i>Powell, WY</i>	<i>202-0056</i>		
<i>Andy Griffin</i>	<i>Powell, WY</i>	<i>202-0331</i>		
<i>Jess Kary</i>	<i>Powell, WY</i>	<i>272-3433</i>		

If you need additional space, please attach a separate page.

*Employer  
Employer*

**COMPANY PROJECT HISTORY**

Please provide a list of specific projects.

Project Name	Owners Name	Address	Phone	Scope	Time Frame
Mr. D's	Jim's Bldg. Service	Powell, WY	272-3433	Drywall Liquor Store	2/1/2015
Wells Fargo	Earl Robinson Const.	Powell, WY	202-0389	Drywall	4/1/2015
Madison St. Subdivision	Erik Petersen Const.	Powell, WY	202-6056	Drywall / Paint	2016 - Present
Big Horn Federal	Jess Rary (contractor)	Powell, WY	272-3433	Drywall	1/1/2015
Nick Allen Studios	Nick Allen	Powell, WY	254-2817	General Const.	8/1/2014
Wapiti Church	Joseph Hutchinson	Cody, WY	N/A	Drywall	10/1/2014
Specialty Tool	Mike Capps	Powell, WY	899-1978	Drywall	6/1/2013
Cecil Shultz	House	Powell, WY	254-8209	Drywall	Present

If you need additional space, please attach a separate page.

## Letter Of Recommendation

Date: 07/02/2015

For: Zach S. Hackenberg, Dba H6 Construction

From: Jess Kary

Business Name: Jim's Building Service inc

I have dealt with Zach and his company, and feel that he is competent to carry out the duties as a Drywall Contractor. His work that I have seen is near perfect, and he is always punctual to be on the job and finish. He has always done his best to follow all city and state codes, as well as work with those who uphold them. Thank you for your consideration of Zach as a Cody City licensed Contractor.

Signed Jess Kary

## Letter Of Recommendation

Date: 07/02/2015

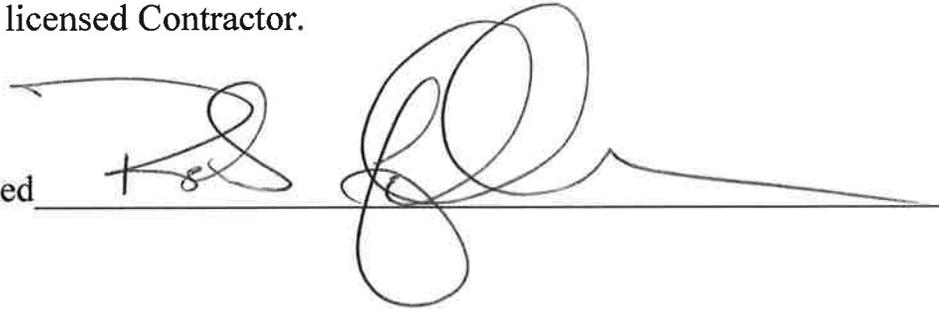
For: Zach S. Hackenberg, Dba H6 Construction

From: Rob Feller

Business Name: Bloedorn Lumber - Powell

I have dealt with Zach and his company, and feel that he is competent to carry out the duties as a Drywall Contractor. His work that I have seen is near perfect, and he is always punctual to be on the job and finish. He has always done his best to follow all city and state codes, as well as work with those who uphold them. Thank you for your consideration of Zach as a Cody City licensed Contractor.

Signed

A handwritten signature in black ink, appearing to read 'Rob Feller', is written over a horizontal line. The signature is stylized and cursive.

## Letter Of Recommendation

Date: 07/02/2015

For: Zach S. Hackenberg, Dba H6 Construction

From: EARL T. ROBINSON

Business Name: ROBINSON CONSTRUCTION LLC

I have dealt with Zach and his company, and feel that he is competent to carry out the duties as a Drywall Contractor. His work that I have seen is near perfect, and he is always punctual to be on the job and finish. He has always done his best to follow all city and state codes, as well as work with those who uphold them. Thank you for your consideration of Zach as a Cody City licensed Contractor.

Signed Earl T. Robinson

July 3, 2015

To Whom It May Concern:

Re: Zach Hackenberg

Please consider this a letter of recommendation on behalf of Zach Hackenberg with H 6 Construction. I've had the pleasure of having Zach work on Jerry Thiel & Sons Construction jobs in the past years. In that time, he has demonstrated professional skills and ethical qualities that I feel make him more than qualified to be a licensed Drywall contractor.

Zach has strived to be accommodating and prompt in his services with our company. In addition, he is very consistent on delivering quality workmanship; paying extra attention to details. I feel that he would be a great addition to the Drywall contractors list and I would highly recommend that Zach be approved for that license.

If I can be of further assistance, please do not hesitate to contact me. Thank You.

Sincerely,



Kip B. Thiel  
Kip B. Thiel Construction, Inc.  
307-250-3743



HACKE-1 OP ID: RUTH

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
07/04/2015

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 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).

<b>PRODUCER</b> HBI Insurance Services, Inc. 2229 Big Horn Avenue PO Box 1717 Cody, WY 82414	<b>CONTACT NAME:</b> Christopher A. Baustert	
	<b>PHONE (A/C, No, Ext):</b> 307-527-6929	<b>FAX (A/C, No):</b> 307-527-6950
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> CBIC		37206
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** Zach Hackenberg  
 411 East Madison Ave  
 Powell, WY 82435

**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Z11AO0029	09/20/2014	09/20/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

<b>CERTIFICATE HOLDER</b>  CITY OF CODY P O BOX 2200 CODY, WY 82414	<b>CITYCOD</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Application Fee: \$50.00

License Fee: \$100.00

CITY OF CODY  
Contractors' License Prequalification Statement

Business Name: Infinity Construction Consulting Date: 6/29/15

DBA: \_\_\_\_\_  Corporation  Partnership  Sole Proprietor

Location: 3459 Boulder Creek Ln City: Ammon State: ID Zip: 83406

Mailing Address: same as above City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: 208 313-6063 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: amendoza4525@gmail.com

License: Class A General Contractor, Category 1 or Category 2 / Class B / Class C C

Specific Area of Work: ROOFER

Which of the following do you have and maintain sufficiently to comply with all Federal, State and Local laws?

State Sales Tax ID: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number: \_\_\_\_\_

Federal ID: Yes: X No: \_\_\_\_\_ Number: 46-525 3635

State ID: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number: \_\_\_\_\_

Workmen's Compensation: Yes: X No: \_\_\_\_\_ Number: \_\_\_\_\_

Public Liability and Property Damage: Company: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Number: \_\_\_\_\_

Name of Principals (Including Positions and Local Representatives)

Name: Alvaro Mendoza Position: Owner Email: amendoza4525@gmail.com Phone: 208 313-6063

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you previously applied for a license in Cody? NO When? \_\_\_\_\_

Good Until: \_\_\_\_\_

How long has your organization been in business? 9 yrs

Under this name? 3 yrs Other names? 7 yrs

List experience and/or qualifications which may apply to the license application: \_\_\_\_\_

Built 19 homes

Project manager commercial building Rexburg ID

Installed 1800 squares of shingles 2014

Installed 2300 squares of shingles 2013

COMPANY PROJECT HISTORY

Please provide a list of specific projects.

Project Name	Owners Name	Address	Phone	Scope	Time Frame
Conrad/Kay	Conrad	Hendricks Ln	716-2374	Install 94 squares shingles	6-10/6-14
Keele/Shirley	Keele	Saddleback	351-7192	Install 78 squares shingles.	6-4/6-6
JSM Const	Emerson	7thw Rahburg	569-2147	Install 34 sq shingles	5-20/5-22
Coalbrait	Coalbrait	3051 Homestead	522-9054	Remove 54 sq shingles Install 54 sq shingles.	6-7
Guardian Homes	Ward	Hawkes Landing	521-2309	6 projects install shingles 40-70 sq each	1-15 - present
Sweetwater	Nelson	Rahburg	403 7763	3 4 pieces shingle install	Jan Feb 2015
Island Park	—	Tracks Inn	351-4508	Remove & install metal roof	July 2012
Jackson	Nye	Wilson wy		Remove shingles Install shingles	June 2013

If you need additional space, please attach a separate page.

OUR work allows us to move to different projects EVERY 2-3 days so our work history is lengthy.

**PERSONAL WORK HISTORY**

Please provide your personal work history to establish your minimum required time. Begin with your most recent employer first. List all positions you have held. Account for all the time between your first and last construction related employment listing whether the work done was construction related or not. Please note that time worked **MUST** be verifiable. It may be easier to have time worked documented in letter form from former employers. Failure to provide this information may be cause to delay or cause denial by the Contractor's board.

Employer Name	Address	Phone	Position Held and Primary Duties (i.e. project mgr, superintendent Foreman carpenter, laborer, etc.)	Time Frame
Infinity const.	3459 Boulder Creek Ln Idaho Falls ID	208-313-663	Owner, Bidding, Shingle installer	7/2012 - Present
Hacienda Event center	579 E 3000w Lexburg ID 83440	208-351-3196	Superintendent, Manage contractors Schedule	9/2010 - 6/2012

If you need additional space, please attach a separate page.

Victor Mendoza

2083565368

Have you ever filed bankruptcy or failed on any financial obligations? No

If so, give specifics: \_\_\_\_\_

\_\_\_\_\_

Have you or other principals failed to complete any work awarded to you? No

If so, where, when and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you familiar with the codes and regulations in Cody concerning your work areas? yes

Name and address of Master License where applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above are true and accurate to the best of my knowledge and belief. References may be verified. I am aware that any false statements shall void this application.

Name of Organization

Fortnite Construction

By: [Signature]

State of Wyoming

SS

County of Park

The foregoing instrument was acknowledged before me by ALVARO MENDOZA

this 7<sup>th</sup> day of July, 2015

Witness my hand and official seal.



Utana Dye  
Notary Public

My commission expires May 6, 2019

Chairman of the Board \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

Our company has employed Alvaro Mendoza/Infinity Construction on various projects. The work that has been awarded has always been completed on or before schedule. Alvaro is always attentive to requests, codes and regulations. Infinity Construction is our roofer of choice and has our highest recommendation. If you have any further questions please feel free to contact us.

Sincerely,

John Masonry

John Masonry

208 351-1086

To Whom It May Concern:

Our company has employed Alvaro Mendoza/Infinity Construction on various projects. The work that has been awarded has always been completed on or before schedule. Alvaro is always attentive to requests, codes and regulations. Infinity Construction is our roofer of choice and has our highest recommendation. If you have any further questions please feel free to contact us.

Sincerely,



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Gil Shirley Construction

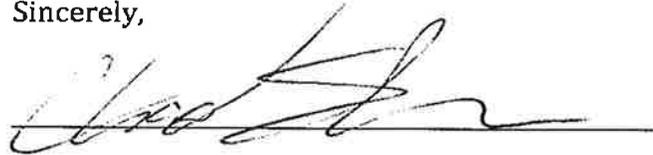
Rexburg, Idaho

208.351.7192

To Whom It May Concern:

Our company has employed Alvaro Mendoza/Infinity Construction on various projects. The work that has been awarded has always been completed on or before schedule. Alvaro is always attentive to requests, codes and regulations. Infinity Construction is our roofer of choice and has our highest recommendation. If you have any further questions please feel free to contact us.

Sincerely,



Chad Shirley

Northern States Development

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To whom it may concern:

Alvaro Mendoza / Intinity Construction have  
Performed work for me for the last 3 years  
They have finished 9 projects for me.

Vincent Garcia  
PRO FRAMING  
PO Box 209  
Ashton ID 83420  
208-351-4508



Application Fee: \$50.00

License Fee: \$100.00

CITY OF CODY  
Contractors' License Prequalification Statement

Business Name: TMT CONSTRUCTION Date: 07-10-2015

DBA: TMT CONSTRUCTION  Corporation  Partnership  Sole Proprietor

Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: PO Box 2571 City: CODY State: WV Zip: 82414

Phone: \_\_\_\_\_ Cell: 307-899-6484 Fax: \_\_\_\_\_

E-mail: TOOMAXTRACKS@EARTHLINK.NET

License: Class A General Contractor, Category 1 or Category 2 / Class B Class C

Specific Area of Work: FRAMING & FINISH WORK

Which of the following do you have and maintain sufficiently to comply with all Federal, State and Local laws?

State Sales Tax ID: Yes: \_\_\_\_\_ No:  Number: \_\_\_\_\_

Federal ID: Yes: \_\_\_\_\_ No:  Number: SSH 261-83-8312

State ID: Yes:  No: \_\_\_\_\_ Number: DL 109508-648

Workmen's Compensation: Yes: \_\_\_\_\_ No:  Number: \_\_\_\_\_

Public Liability and Property Damage: Company: ACORD /

Expiration Date: 7/10/2016 Number: 225021

Name of Principals (Including Positions and Local Representatives)

Name: N/A Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you previously applied for a license in Cody? NO When? \_\_\_\_\_

Good Until: \_\_\_\_\_

How long has your organization been in business? 3 YRS

Under this name? TMT CONST. Other names? \_\_\_\_\_

List experience and/or qualifications which may apply to the license application: \_\_\_\_\_

KB NELSON 05/11 TO 05/12

TC CUSTOM HOMES 03/2015

FRANK COCCIA 04/14 TO PRESENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed bankruptcy or failed on any financial obligations? NOT ANY IN

If so, give specifics: BUSINESS OR INTERPERSONAL BANKRUPTCY,

Have you or other principals failed to complete any work awarded to you? YES

If so, where, when and why? 2013 POWERS JOB CUSTOMER WANTED TO PAY MY T&M AFTER ALL TRADES WERE PAID. JOB EXCEEDED BUDGET & TIME DUE TO CHANGES IN PLAN. KB NELSON FINISHED TRIM & DOORS & WAS HANDLED A RUBBER CHECK.

Are you familiar with the codes and regulations in Cody concerning your work areas? YES

Name and address of Master License where applicable: \_\_\_\_\_

The above are true and accurate to the best of my knowledge and belief. References may be verified. I am aware that any false statements shall void this application.

Name of Organization \_\_\_\_\_

By: \_\_\_\_\_

State of \_\_\_\_\_

SS

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

Chairman of the Board \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY PROJECT HISTORY**

Please provide a list of specific projects.

Project Name	Owners Name	Address	Phone	Scope	Time Frame
POWERS	JOANNA POWER	58 TARTAGUE <sup>LY</sup>	207 250 6478	BASEMENT TEAROUT & FINISH	3/mo
RICKENBAKER	NICK RICKENBAKER	1769 S FOLK RD	307 587 3751	METAL ROOF	3/mo
FRANK COCCIA	FRANK COCCIA	1037 BUIESTIEN & YEU	307 899 3419	GARAGE ADT. / DECK / TRIM	1/YR 6mo
SESSIONS	JAM SESSIONS	2797 RICHARDS RD, FL	307 568 2671	METAL ROOF / STONE VENIAN	1/mo
HILL	LAMAR HILL		904-264 8438	BATH ROOM REVO	1/mo

If you need additional space, please attach a separate page.

**PERSONAL WORK HISTORY**

Please provide your personal work history to establish your minimum required time. Begin with your most recent employer first. List all positions you have held. Account for all the time between your first and last construction related employment listing whether the work done was construction related or not. Please note that time worked **MUST** be verifiable. It may be easier to have time worked documented in letter form from former employers. Failure to provide this information may be cause to delay or cause denial by the Contractor's board.

Employer Name	Address	Phone	Position Held and Primary Duties (i.e. project mgr, superintendent Foreman carpenter, laborer, etc.)	Time Frame
SELF		307-8986494	CARPENTER	3 yrs
TC CUSTOM		307-250-0418	HAND / CARPENTER	1 mo
KB NELSON			CARPENTER	1 yr
SEE ATTACHMENT	BLACIC BURN AVE	307 899-5621		

If you need additional space, please attach a separate page.

**Cody Seamless Siding LLC**

2326 Sheridan Ave. Cody, Wy 82414  
307-587-7433 fax 307-587-1277  
e-mail codyseamlessidingllc@yahoo.com

07/14/2015

To Whom it may concern;

Having known Chris Cornell for a while know I have enjoyed working with him and find him to be an honest and conscientious person who cares about doing quality work.

Greg Poley  
Cody Seamless Siding LLC



---

# VISIONAIRE, INC.

1502 109<sup>th</sup> Street  
Grand Prairie, Texas 75050  
(972) 647-1056 Fax (214) 677-0799  
[www.visionaire-inc.com](http://www.visionaire-inc.com)

Manufacturer and Distributor of Air Conditioning  
and Heating Systems for Heavy Duty Equipment  
[frank@visionaire-inc.com](mailto:frank@visionaire-inc.com)

July, 13 2015

To: City of Cody, Wyoming

From: Frank Pechacek, President

Subject: Chris Cornell – Contractor reference

Visionaire, Inc has used Chris Cornell multiple times over many years in the capacity of construction and remodeling of our facility. I would highly recommend him and we would use him again in the future.

Chris's work was completed on time, his prices were fair, and he always acted professionally.

I would be happy to supply additional information if needed.

Thank you,



Frank Pechacek

President

City of Cody

To Whom It May Concern:

Cris Connel has done work for me over the last 3 years, he has helped remodel my house, and has just completed building a garage for me, he has done everything that you would expect from the best of contractor's, he has been fair with the cost of the project and he is very reliable and honest and trust worthy. He definitely know his work.

FRANK Cocchia

1037 Bleistein Ave

Cody WY. 82414

Frank Cocchia



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2015

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 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).

<b>PRODUCER</b> HBI Insurance Services, Inc. 2229 Big Horn Avenue PO Box 1717 Cody, WY 82414	<b>CONTACT NAME:</b> Christopher A. Baustert <b>PHONE (A/C, No, Ext):</b> 307-527-6929 <b>FAX (A/C, No):</b> 307-527-6950 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : <b>Acuity</b></td> <td>14184</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Acuity</b>	14184	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : <b>Acuity</b>	14184													
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
<b>INSURED</b> Chris Cornell PO Box 2571 Cody, WY 82414														

### 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			Z25021	07/10/2015	07/10/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

### CERTIFICATE HOLDER

### CANCELLATION

<b>FORRECO</b>  <b>FOR RECORD PURPOSES ONLY</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	---

Application Fee: \$50.00

License Fee: \$100.00

CITY OF CODY  
Contractors' License Prequalification Statement

Business Name: Spray-on Solutions Inc. Date: 06/29/2015

DBA: \_\_\_\_\_  Corporation  Partnership  Sole Proprietor

Location: 558 South Hale Street City: Grantsville State: Utah Zip: 84029

Mailing Address: 558 South Hale Street City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: 435-884-6708 Cell: 801-230-5349 Fax: 435-884-0815

E-mail: miketsos@yahoo.com

License: Class A General Contractor, Category 1 or Category 2 / Class B / Class C

Specific Area of Work: Fireproofing & Intumescent paint

Which of the following do you have and maintain sufficiently to comply with all Federal, State and Local laws?

State Sales Tax ID: Yes: \_\_\_\_\_ No: X Number: \_\_\_\_\_

Federal ID: Yes: X No: \_\_\_\_\_ Number: 26-0507156

State ID: Yes: \_\_\_\_\_ No: X Number: \_\_\_\_\_

Workmen's Compensation: Yes: X No: \_\_\_\_\_ Number: \_\_\_\_\_

Public Liability and Property Damage: Company: Western National Assurance Co.

Expiration Date: 01/01/2016 Number: CPP1016951

Name of Principals (Including Positions and Local Representatives)

Name: Mike Tonioli Position: President Email: miketsos@yahoo.com Phone: 435-884-6708

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you previously applied for a license in Cody? NO When? \_\_\_\_\_

Good Until: \_\_\_\_\_

How long has your organization been in business? 8 years

Under this name? YES Other names? \_\_\_\_\_

List experience and/or qualifications which may apply to the license application: \_\_\_\_\_

I personally have 16 years experience in Fireproofing, Intumescent paint, Fire stops, and

Insulation and have managed Spray-on Solutions for the past 8 years performing the same

trades successfully without incident or fault.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed bankruptcy or failed on any financial obligations? NO

If so, give specifics: \_\_\_\_\_

Have you or other principals failed to complete any work awarded to you? NO

If so, where, when and why? \_\_\_\_\_

Are you familiar with the codes and regulations in Cody concerning your work areas? YES

Name and address of Master License where applicable: \_\_\_\_\_

The above are true and accurate to the best of my knowledge and belief. References may be verified. I am aware that any false statements shall void this application.

Name of Organization

Spray-on Solutions Inc.

By: \_\_\_\_\_

State of Utah

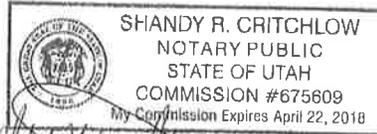
SS

County of Tooele

The foregoing instrument was acknowledged before me by State ID

this 10 day of July, 2015.

Witness my hand and official seal.



Shandy R. Critchlow  
Notary Public

My commission expires 09/22/18.

Chairman of the Board \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## *Spray-on Solutions Inc.*

558 South Hale Street Grantsville UT 84029

Phone: 435-884-6708 / Fax: 435-884-0815

### *Past projects*

Project name	General	Address	Phone	Scope	Time Frame
Cornerstone @ Cottonwood	Big-D Constuction	Cottonwood Heights, UT	Chrls Remkes 801-835-8725	Fireproofing	Sept 2014 - May 2015
Pioneers Medical Center PH1	Haselden Construction	Meeker, CO	K C Hagemann 303-728-3825	Fireproofing	Aug-Dec 2014
PCMC Ambulatory Care Center	Jacobsen Construction	Salt Lake City, UT	Sarah Bush sbush@jacobsenconstruction.com	Fireproofing	May-Dec 2013
Pioneer Valley Hospital	Layton Construction	West Valley City, UT	Allen Howells 801-557-5334	Fireproofing, Intumescent Paint	Aug-Dec 2014
Stationpark Building C	R&O Construction	Farmington, UT	Nell Manning 801-451-5241	Fireproofing, Intumescent Paint	July 2013 - March 2014
UofU David Eccles School of Business	Okland Construction	Salt Lake City, UT	Preston Shepherd 801-386-1080	Fireproofing	June-Oct 2012
WSU Prof. Classroom	Big-D Construction	Layton, UT	Alex Schwerdt 801-415-6070	Fireproofing	July 2012 - July 2013
Living Planet Aquarium	Tom Stuart Construction	Sandy, UT	Romm Jackson romm@tomstuart.com	Fireproofing, Intumescent paint	Aug 2013 - Feb 2014
Jackson Airport	Wadman Corp.	Jackson, WY	(801) 621-4185	Fireproofing	March-July 2010
Davls Hospital	R.J. Griffin & Company	Layton, UT	(801) 807-7411	Fireproofing	May 2008-May 2009
SUU TE	Carter Enterprises	Cedar City, UT	(435) 586-9841	Fireproofing	Sept- Nov 2007
Dakota Mountain Lodge	Wadman Corp.	Park City, UT	(801) 621-4185	Fireproofing	Oct 2007 - July 2008
Holland Centenal Commons	Jacobsen Construction	St. George, UT	(801) 973-0500	Fireproofing, Intumescent paint	June - Oct 2011
War Memorial Stadium	Sampson Construction	Laramie, WY	(307) 426-4050	Fireproofing	Nov 2009 - July 2010
North Canyon Merical Center	Layton Construction	Gooding, ID	(801) 568-9090	Fireproofing	March-July 2009
Unified State Lab	Big-D Construction	West Valley City, UT	(801) 415-6000	Fireproofing, Intumescent paint	Nov 2008 - Oct 2009





Wednesday, July 15, 2015

To Whom it may concern, I am pleased to recommend Mike Tonioli with Spray on Solutions for your consideration. In the past 6 years we have completed some large complicated projects together such as the Spencer Fox Eccles Business building and the Student Life Center at the University of Utah and the View 8 office building for the Gardner Group. Mike and his staff have been very conscious of quality and schedule and have been key to meeting some very aggressive schedules. We appreciate working with them and their friendly attitudes. They are a contractor we consider to be part of our team.

Sincerely,

Preston Shepherd  
Superintendent, Okland Construction  
801.386.1080



14 July 2015

Reference: Letter of Recommendation  
Spray-On Solutions

To Whom It May Concern:

I am writing this letter of recommendation for Mike Tonioli of Spray on Solutions. We have used Mike for the past five years on various projects. We have found the quality of his workmanship to be excellent. He is timely and finishes his jobs quickly while keeping quality workmanship. He is pleasant to work with and honest.

I would highly recommend them.

If you have any questions or wish to further discuss their qualifications, please call me at 208.366.1660. Thank you for your consideration.

Sincerely,

**SUMMIT WALL SYSTEMS INC.**

A handwritten signature in black ink, appearing to read "Brian Whipple".

Brian Whipple  
Principal

11700 W. EXECUTIVE DRIVE, BOISE, IDAHO 83713  
PHONE 208.366.1660 FAX 208.366.1667  
SUMMITWALL.COM

# Northwest Interiors

601 E. Karcher Rd • Nampa, Idaho 83687 • P(208)442-8840 • F(208)442-8841

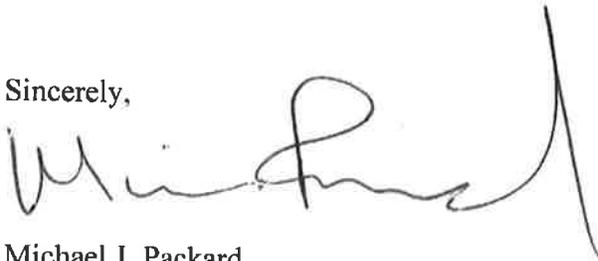
July 14, 2015

To Whom It May Concern:

I am writing this letter of recommendation for Mike Tonioli of Spray on Solutions. We have used Mike for the past nine years on various projects. We have found the quality of his workmanship to be excellent. He is timely and finishes his jobs quickly while keeping quality workmanship. He is pleasant to work with and honest.

I would highly recommend them.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Packard". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Michael J. Packard  
President

"I am writing this letter of recommendation for Mike Tonioli of Spray on Solutions. We have used Mike for the past \_\_4\_ years on various projects. We have found the quality of his workmanship to be excellent. He is timely and finishes his jobs quickly while keeping quality workmanship. He is pleasant to work with and honest.

I would highly recommend them."

Sincerely,

Ken Cavey Jacobsen Construction Superintendent



5446 W. State Street  
Boise, Idaho 83703  
Phone (208) 853-2233  
butchk@isiperforms.com

July 15, 2015

City of Cody  
PO Box 2200  
Cody, WY 82414

**Re: Letter of Recommendation for Mike Tonioli of Spray on solutions**

To whom it may concern:

I, Butch Karsten, Vice President for Interior Systems, Inc have worked with Mike Tonioli on many projects over the past five years. I have worked directly with Mr. Tonioli during all phases of relatively large projects, including pre-construction, design development, bidding and finally execution of Spray Applied Fireproofing

Mr. Tonioli has been a pleasure to work with due to his experience and professional attitude to help develop project budgets, provide firm pricing based upon defined scopes of work and execution of said work per the project schedule. Mr. Tonioli's ability to estimate and manage the execution of spray applied fireproofing work speaks volumes to his experience in the trade. I recommend Spray on Solutions (Mr. Tonioli) to any Owner and/or General Contractor looking for a qualified fireproofing contractor.

Please contact me if you have any questions or concerns regarding the above recommendation.

Respectfully,

Butch Karsten  
Vice President/General Manager



SPRAIN-01

ASTEED

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/16/2015

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 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).

<b>PRODUCER</b> Beehive Insurance Agency 302 West 5400 South #101 Murray, UT 84107-8225	<b>CONTACT NAME:</b> Alison Steed <b>PHONE (A/C, No, Ext):</b> (801) 685-6860 <b>E-MAIL ADDRESS:</b> asteed@beehiveinsurance.com	<b>FAX (A/C, No):</b> (801) 685-2899
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Spray-On-Solutions Inc 9500 S 500 W Ste 213 Sandy, UT 84070	<b>INSURER A:</b> Western National Assurance Co	<b>NAIC #</b> 24465
	<b>INSURER B:</b> Workers Compensation Fund of Utah (WCF)	<b>10033</b>
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

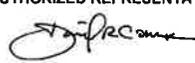
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP1016951	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 <b>EPLI AGGREGATE</b> \$ 100,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CPP1018148	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		UMB100267404	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ <b>Aggregate</b> \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N N/A	3039395	03/25/2015	03/25/2016	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Cody PO Box 2200 Cody, WY 82414	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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© 1988-2014 ACORD CORPORATION. All rights reserved.

## BUILDING PERMIT SUMMARY

### Jun-15

CATEGORY	NUMBER OF PERMITS	ESTIMATED VALUE	FEEES
NEW SINGLE FAMILY DWELLING	7	\$1,377,900.00	\$11,455.00
NEW SINGLE FAMILY MANUFACTURED HOUSING FOUNDATIONS			
SINGLE FAMILY ADDITIONS/ ALTERATIONS	14	\$395,910.00	\$5,129.00
TWO FAMILY DWELLINGS			
THREE FAMILY DWELLINGS			
FOUR FAMILY DWELLINGS			
SIX FAMILY DWELLINGS			
PRIVATE GARAGES	1	\$40,000.00	\$593.00
NEW COMMERCIAL	1	\$650,000.00	\$4,932.81
COMMERCIAL ADDITION/ ALTERATION	7	\$972,982.00	\$8,518.31
MISCELLANEOUS	36	\$743,839.48	\$5,374.00
PLUMBING/ HVAC	17	\$168,913.00	\$475.00
ELECTRICAL	21	\$193,250.00	\$950.00
<b>TOTAL</b>	<b>104</b>	<b>\$4,542,794.48</b>	<b>\$37,427.12</b>

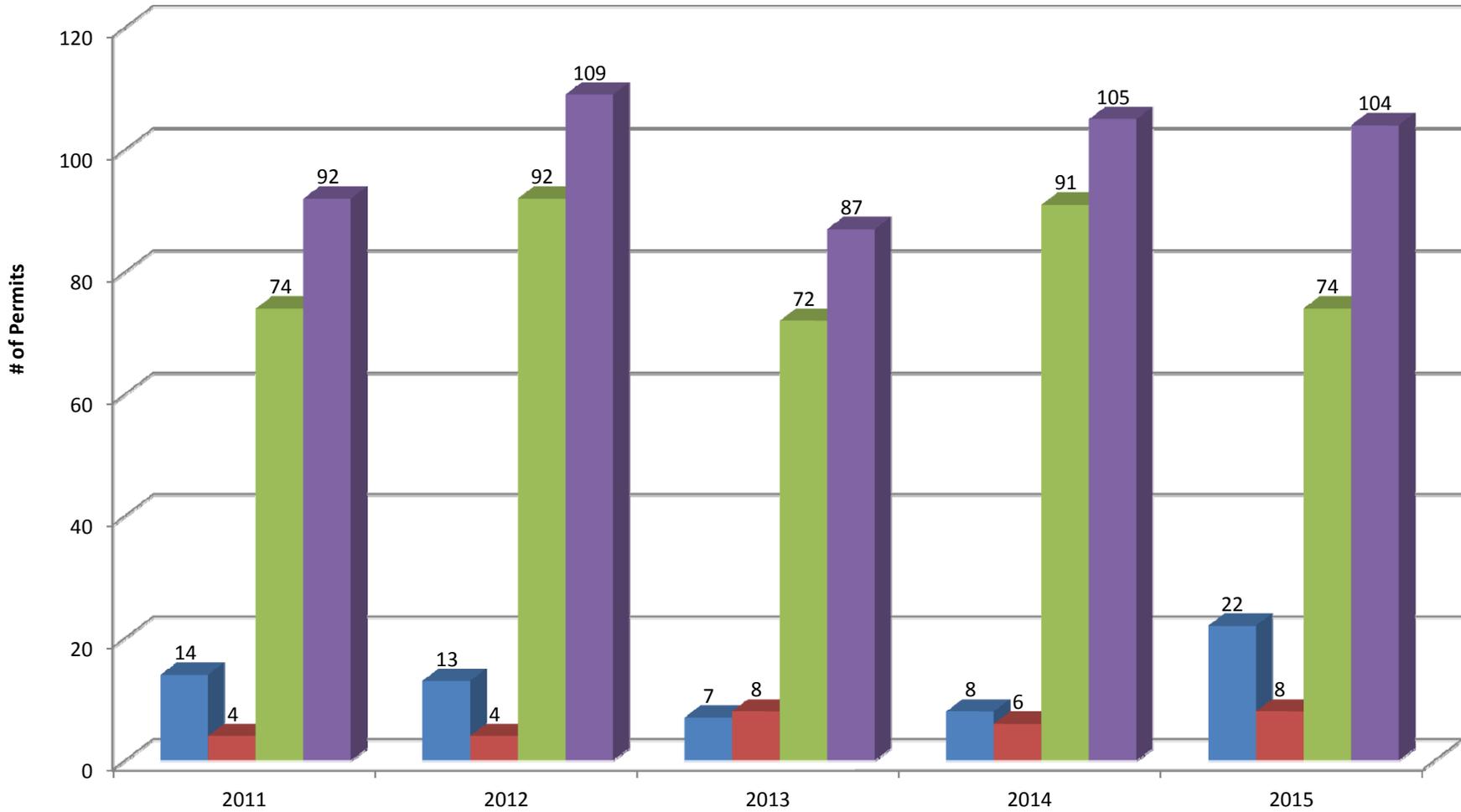
# June Permit Comparisons

■ June - Residential Permits (B5-12) New Dwellings, Additions & Garages

■ June - Commercial Permits (B13-14) New & Additions

■ June - General Permits (B15-17) Misc, Fence, Signs, Plumbing/HVAC & Electrical

■ June - Total Permits



## BUILDING PERMIT SUMMARY

### 2nd Quarter - 2015

CATEGORY	NUMBER OF PERMITS	ESTIMATED VALUE	FEEES
NEW SINGLE FAMILY DWELLINGS	13	\$2,659,900.00	\$21,838.00
NEW SINGLE FAMILY MANUFACTURED HOUSING FOUNDATIONS	0	\$0.00	\$0.00
SINGLE FAMILY ADDITIONS/ALTERATIONS	22	\$768,510.00	\$9,227.00
TWO FAMILY DWELLINGS	2	\$472,000.00	\$3,610.00
THREE FAMILY DWELLINGS	1	\$293,000.00	\$2,175.00
FOUR FAMILY DWELLINGS	1	\$350,000.00	\$3,740.00
SIX FAMILY DWELLINGS	0	\$0.00	\$0.00
PRIVATE GARAGE	5	\$183,800.00	\$2,592.00
NEW COMMERCIAL	2	\$1,400,000.00	\$10,459.37
COMMERCIAL ADDITION/ALTERATION	11	\$2,210,494.00	\$17,232.75
MISCELLANEOUS	110	\$1,851,090.37	\$13,451.00
PLUMBING	52	\$609,278.00	\$2,155.00
ELECTRICAL	65	\$414,410.00	\$2,695.00
<b>TOTAL</b>	<b>284</b>	<b>\$11,212,482.37</b>	<b>\$89,175.12</b>

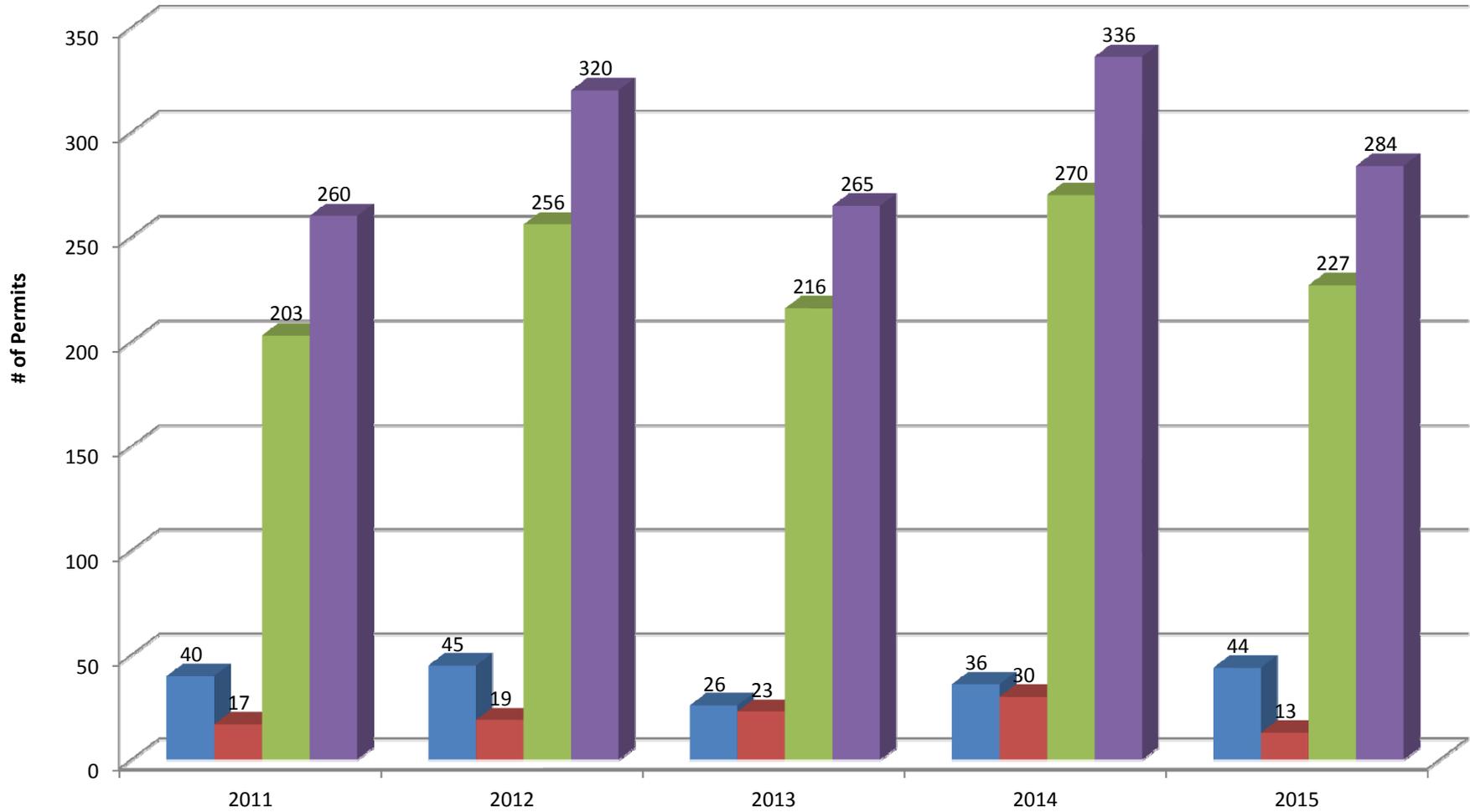
## 2nd Quarter Permit Comparisons

■ 2nd Quarter Residential Permits (Apr-June) New Dwellings, Additions & Garages

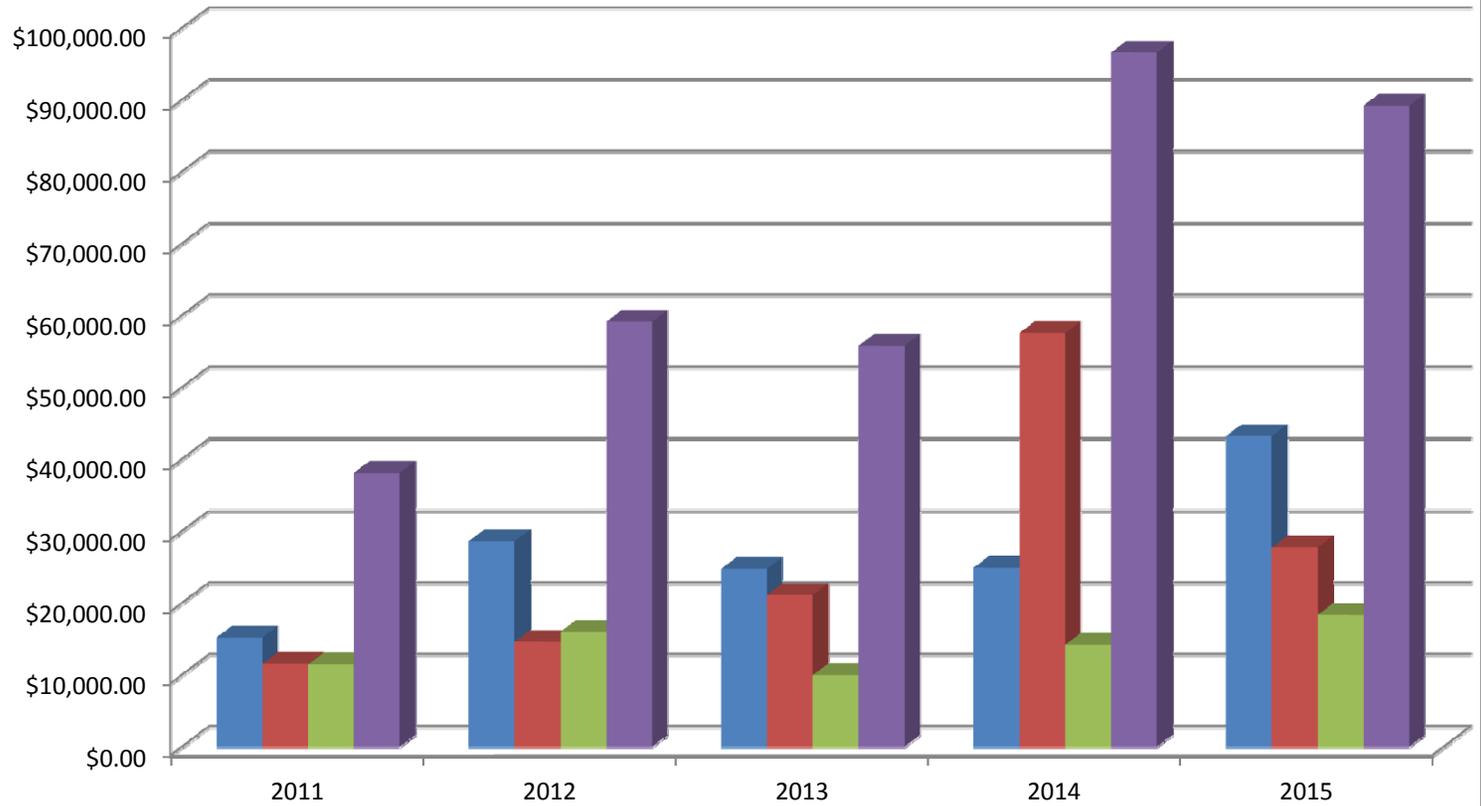
■ 2nd Quarter Commercial Permits (Apr-June) New & Additions

■ 2nd Quarter General Permits (Apr-June) Misc, Fence, Signs, Plumbing/HVAC & Electrical

■ 2nd Quarter - Total Permits



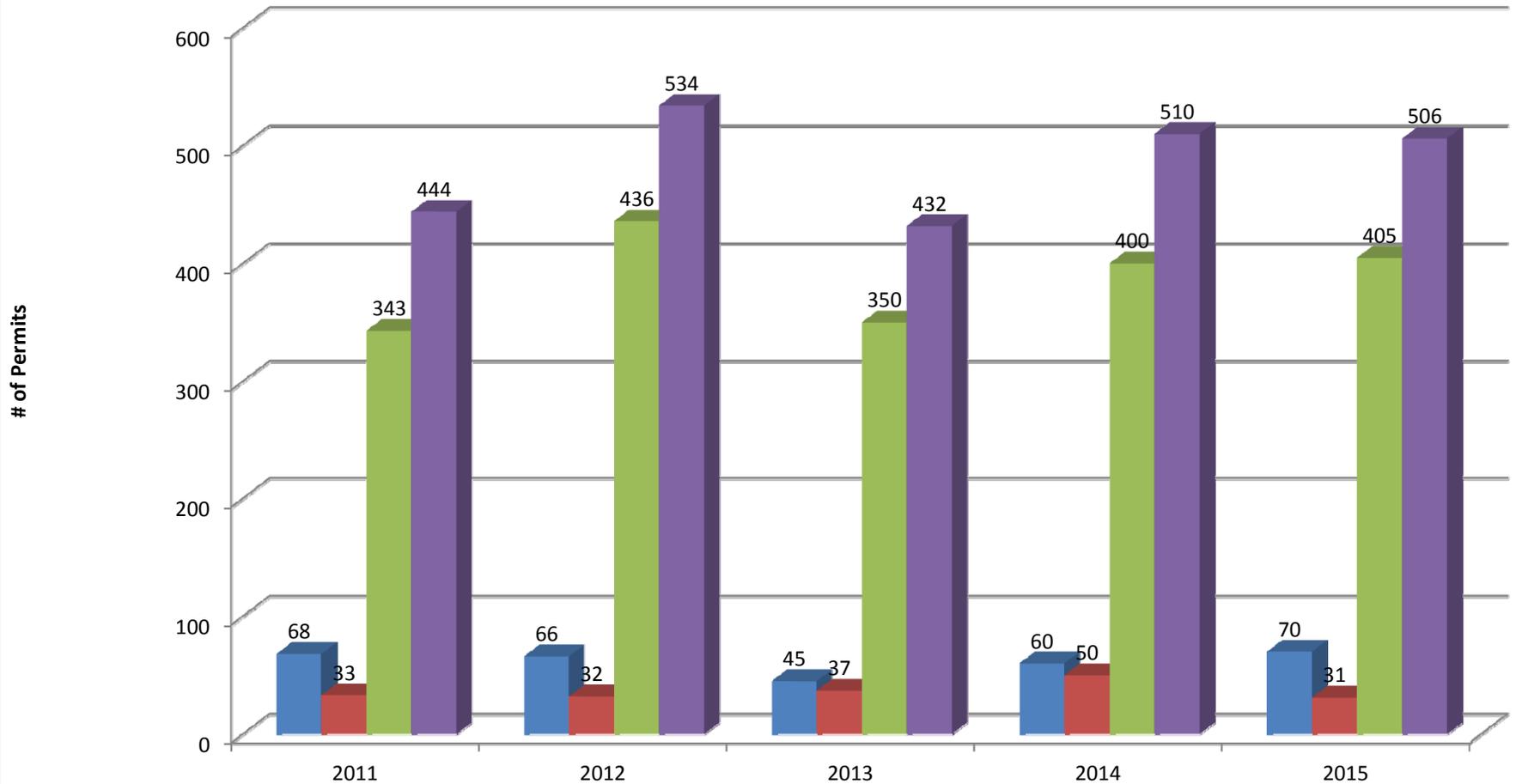
## 2nd Quarter Fees Comparison



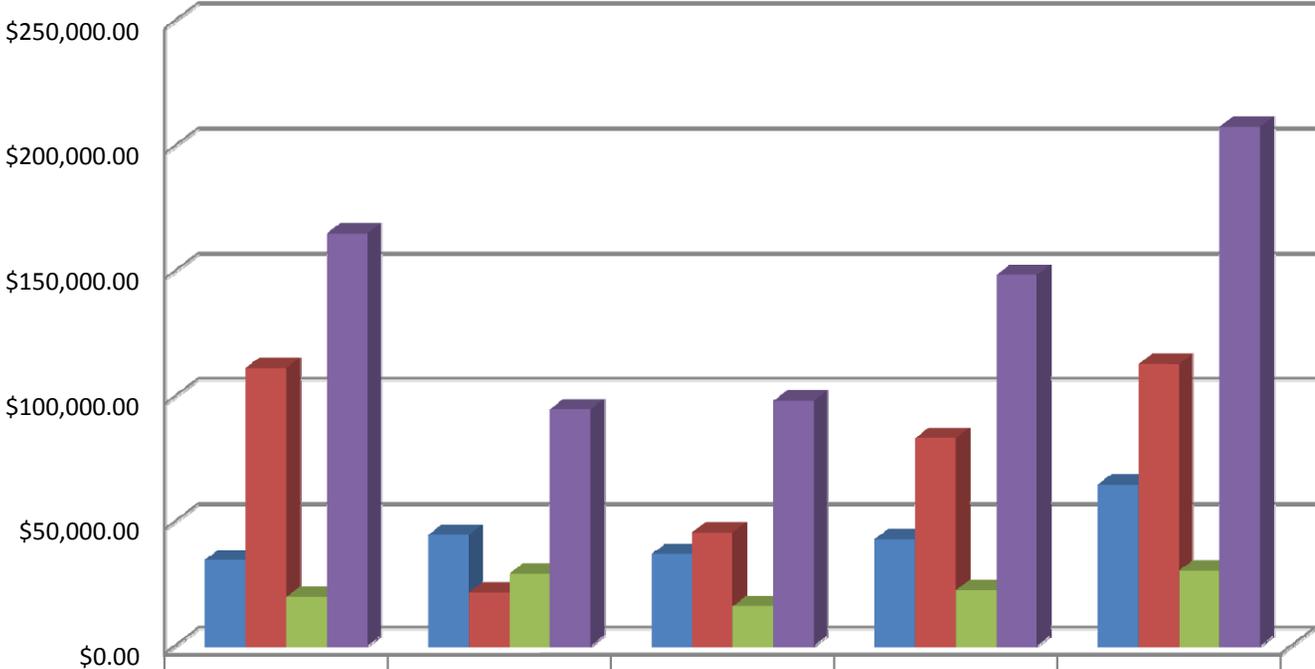
	2011	2012	2013	2014	2015
■ 2nd Quarter - Fees Residential Permits(D5-21) New Dwellings, Additions & Garages	\$15,152.75	\$28,573.00	\$24,736.00	\$24,879.75	\$43,182.00
■ 2nd Quarter - Fees Commercial Permits(D13-14) New & Additions	\$11,509.75	\$14,556.25	\$21,086.70	\$57,520.52	\$27,692.12
■ 2nd Quarter - Fees General Permits(D15-17) Misc, Fence, Signs, Plumbing/HVAC & Electrical	\$11,437.00	\$15,978.00	\$9,944.00	\$14,154.30	\$18,301.00
■ 2nd Quarter - Total Fees	\$38,100	\$59,107	\$55,767	\$96,555	\$89,175

# 1/2 Year Permit Comparisons

■ 1/2 Year Commercial Permits (Jan - June) New Dwellings, Additions & Garages ■ 1/2 Year Commercial Permits (Jan-June) New & Additions ■ 1/2 Year General Permits Jan-June Misc, Fence, Signs, Plumbing/HVAC & Electrical ■ 1/2 Year - Total Permits



# 1/2 Year Fees Comparison - Jan - June - 5 Year Comparison



	2011	2012	2013	2014	2015
■ 1/2 Year - Fees Residential Permits(D5-21) New Dwellings, Additions & Garages	\$34,308.75	\$44,682.00	\$36,805.00	\$42,915.75	\$64,814.00
■ 1/2 Year - Fees Commercial Permits(D13-14) New & Additions	\$111,312.75	\$21,307.75	\$45,625.85	\$83,321.94	\$112,830.07
■ 1/2 Year - Fees General Permits(D15-17) Misc, Fence, Signs, Plumbing/HVAC & Electrical	\$19,433.00	\$28,823.25	\$15,719.00	\$22,180.30	\$29,999.75
■ 1/2 Year - Total Fees	\$165,055	\$94,813	\$98,150	\$148,418	\$207,644