

CITY OF CODY CONTRACTORS' BOARD

AGENDA

Thursday, August 22, 2019 - 12:00 p.m.

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

A. PROCEDURAL

1. Call to Order
2. Roll Call, excused members
3. Approval of Agenda for August 22, 2019
4. Approval of Minutes for the July 25, 2019 – Regular meeting

B. CONTRACTOR'S LICENSE

Review the following new contractor applications for the following:

1. KB Masonry, LLC – Kyle Burkhardt

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for Masonry, 2019 Contractors License.

Proposed Projects:

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

2. Ironhead Industries – Andrew Gibson

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for Siding, Concrete, and Windows, 2019 Contractors License.

Proposed Projects:

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

3. Mountain Haus Construction – Don Foote, Jr.

Staff Comments: Staff has reviewed this application and reports that it appears to meet our minimum requirements for Drywall, Framing, Concrete, and Insulation, 2019 Contractors License.

Proposed Projects:

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

C. Approved Contractor License

1. Chinook Plumbing & Heating - Plumbing
2. Armacost Trane Service Company – Low Voltage Electrical
3. Yellowstone HVAC – Plumbing, HVAC

E. Active Commercial Projects

- a. Mountain Equipment / Cleary Building
- b. Rawhide Mechanical Building Addition
- c. Western Hands – 1007 12th Street (temp C of O)
- d. TCT Airport Hanger – 3237 Duggleby Drive

- e. 726 & 732 Stone Street – Building / Storage (temp C of O)
- f. 2101-2109 Sheridan Avenue - New Mini-Mall
- g. 534 Blackburn Avenue – Eagle Recovery (temp C of O)
- h. 201 Blackburn Street – Gunwerks Manufacturing Facility
- i. 1137 12th Street – Dan Miller Show (Darby Building) (temp C of O)
- j. 1920 Sheridan Avenue – Store Remodel and Bathrooms (waiting on final)
- k. 720 Sheridan Avenue – BBCOW Firearms Remodel (temp C of O)

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

G. **Staff Comments:** Vacancy Position for HVAC Board Member

H. **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.

I. **Adjourn**

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 MEETING
July 25, 2019

A regular meeting of the City of Cody Contractors' Board was held in the Conference Room of City Hall in Cody, Wyoming on Thursday, July 25, 2019 at 12:00 p.m.

Present: Chairman Mike Kelly; Heidi Rasmussen; Jake Schrickling; Ray Lozier; Gene Kelly; Wes Werbelow; Sean Collier, Building Official; Josh Dollard, Assistant Building Official; Todd Stowell, Community Development Director; Bernie Butler, Administrative Coordinator.

Absent: Richard Zickefoose; Andy Cowan; David Schlosser; Troy Kincheloe

Chairman Mike Kelly called the meeting to order at 12:17 p.m.

Heidi Rasmussen made a motion, seconded by Wes Werbelow, to approve the agenda for the July 25, 2019 regular meeting. Vote was unanimous, motion carried.

Ray Lozier made a motion, seconded by Gene Kelly, to approve the minutes from the May 23, 2019 regular meeting. Vote was unanimous, motion carried.

Sean Collier reviewed the Contractor Application for Richard D. Canapp, dba Dick's Dirt, applying for an excavation license. Gene Kelly made a motion to approve the license, seconded by Ray Lozier. Vote was unanimous.

Building Official Sean Collier had previously approved the following contractors for a license:

1. Midway Construction & Dirt Work – excavation and concrete
2. SD Construction – roofing
3. Ethos Distributed Solutions – telecom lines and antenna's
4. Will's Plumbing and Heating – plumbing (commercial & residential)

Todd Stowell, Community Development Director, reviewed the new Contractor License Applications for the following types of licenses:

1. General Contractor
2. Master Electrical Contractor
3. Plumbing / HVAC Contractor
4. Specialty Contractor

Jake Schrickling made a motion, seconded by Wes Werbelow to approve the new applications. Vote was unanimous, motion carried.

There being no further business to come before the board, Ray Lozier made a motion, seconded Jake Schrickling to adjourn the meeting. Vote was unanimous, motion carried. Chairman Mike Kelly adjourned the meeting at 12:37 p.m.

Bernie Butler, Administrative Coordinator



**CITY OF CODY
SPECIALTY CONTRACTOR
LICENSE APPLICATION**

STAFF USE
Invoice: _____
Date Submitted: <u>7-30-19</u>
Previously Licensed? <u>Y/N</u>

Applicant's Name (Qualifier): Kyle Burkhardt Business Name: KB Masonry LLC
 Physical Address: 5 Rd 2AB City: Cody State: WY Zip: 82414
 Mailing Address: 77 Rd 2AC City: Cody State: WY Zip: 82414
 Phone: 307 587-3749 Cell: 307-272-3705 Email: burkhardt82215@gmail.com

Before completing the section below, please read the contractor licensing regulations, found in Title 9, Chapter 3 of the City of Cody Code (attached and/or available online at: www.cityofcody-wy.gov/111/Municipal-Code).

Category of License Requested: (Minimum Experience in Parenthesis)

This column is for work on any type of building or structure:

This column is for work on residential buildings or structures subject to the IRC, only:

- Asbestos Abatement (24 months)
- Commercial Fire Suppression Systems (36 months)
- Commercial Railings (24 months)
- Conveyor Systems (36 months)
- Demolition (24 months)
- Drywall (24 months)
- Elevator Installation (48 months)
- Fencing (6 months)
- Framing (48 months)
- Ground stabilization/mud jacking (24 months)
- Insulation (24 months)
- Masonry (48 months)
- Refrigeration (24 months)
- Roofing (24 months)
- Sheet metal installation (24 months)
- Siding (24 months)
- Sign/Awning Installation (24 months)
- Steel fabrication/erection (48 months)
- Structural Concrete (48 months)
- Stucco/Plaster (12 months)
- Underground Utilities—sewer, water, conduit (12 months)
- Windows/Glass glazing (12 months)

- Fire Suppression Systems (6 months)*
- Demolition (6 months)*
- Drywall (6 months)*
- Fencing (3 months)*
- Framing (12 months)*
- Insulation (6 months)*
- Masonry (6 months)*
- Roofing (6 months)*
- Sheet metal installation (6 months)*
- Siding (6 months)*
- Structural Concrete (6 months)*
- Stucco/Plaster (6 months)*
- Windows/Glass glazing (6 months)*

* Minimum experience need not be provided if the person has passed an ICC or State of WY exam for the trade, or if the Building Official or Contractor's Board is otherwise satisfied that the person has the knowledge and training necessary to perform the work in a competent manner.

(Over)

Work History: Provide a resumé of your personal work history demonstrating that you have the minimum relevant experience required and otherwise have the knowledge, skills and proficiency to perform the type of work requested. Include contact information for your employer(s) or the building official(s) where the work was performed. You may use the attached "Work History" form if you do not have a resumé with the information requested.

Insurance: Provide an insurance certificate from your insurance company indicating that your company has liability insurance in the amounts noted below, and which insurance certificate lists the City of Cody as a "certificate holder" (not "additional insured").

- Bodily injury liability insurance coverage of not less than one million dollars per person/occurrence; and,
- Property damage liability insurance coverage of not less than one million dollars for each occurrence.

Fee: The application must be accompanied by the \$150.00 application fee. Payment may be made to the City of Cody by cash, check, or credit card (Visa, MasterCard, Discover).

Certification: By signing this application form, I certify that:

- 1) I have read and understand the City of Cody Contractor Licensing Ordinance (Title 9, Chapter 3 of the City of Cody code) and agree to comply with the requirements thereof;
- 2) The information contained in this contractor license application and associated documents submitted herewith is true and accurate; and,
- 3) I understand that failure by me, or my employees while under my supervision, to comply with the requirements of the City of Cody Contractor Licensing Ordinance, including failure to obtain all required permits and inspections, is grounds for suspension and revocation of my contractor license.

Signed this 30th day of July, 2019.

Name of Business: KB Masonry LLC

By: Sarah Burkhardt

Title/Office: Vice Pres.

STATE OF WYOMING)
COUNTY OF PARK)

The foregoing instrument was acknowledged before me by Sarah Burkhardt
this 30 day of July, 2019.

Witness my hand and official seal.



Utana Dye
Notary Public

My Commission Expires: May 6, 2019

Contractor Licensing Board Review:

Review of this application includes an interview by the Building Official and/or Contractor Licensing Board. If Board review is required, they typically meet the 4th Thursday of each month at noon in the City Hall conference room (1338 Rumsey Avenue). Applications requiring Board review should be submitted at least ten days prior to the meeting. You may schedule an interview with the Building Official by calling (307) 527-3469, or emailing either Sean Collier at scollier@cityofcody.com or Bernie Butler at bernieb@cityofcody.com

Office Use Only:

Contractor license authorized as requested this ____ day of _____, 20____, by _____, Building Official.

Application referred to Contractor Licensing Board. Meeting date: _____

WORK HISTORY:

Provide your personal work history to demonstrate that you have the minimum experience required and the knowledge, skills and proficiency needed to act in the capacity of a general contractor. Include only periods of active employment. Feel free to include any additional information or exhibits such as a work portfolio or project photos.

Employer #1 (current/most recent)

Name of Employer: KB Masonry LLC

Dates of Employment: 2007 to current Number of months of active employment: 12 years

Position(s) Held/Primary Duties: Mason - owner Duties: Bid jobs, order material, set up jobs, coordinate crews, lay brick, block, stone, pavers & stucco.

Contractors we work for - for reference: Dave Strike, Clint Campbell, Mike McDonald, Stetten.

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed: Gail & many others if needed.

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #2

Name of Employer: Anderson Masonry

Dates of Employment: 2000 to 2007 Number of months of active employment: 7 years

Position(s) Held/Primary Duties: laborer, mason

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: Donny Anderson City: Coody State: WV Phone # or email: 307-272-1023

Use additional sheet(s) as needed to show minimum months of experience required.



KBMAS-1

OP ID: LS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/30/2019

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 HBI Insurance Services, Inc. 2229 Big Horn Avenue PO Box 1717 Cody, WY 82414 Christopher A. Baustert 307-527-6929	CONTACT NAME: Christopher A. Baustert	
	PHONE (A/C, No, Ext): 307-527-6929 FAX (A/C, No): 307-527-6950 E-MAIL ADDRESS: ADDRESS:	
INSURED KB Masonry LLC Kyle Burkhardt 77 Road 2AC CODY, WY 82414	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Liberty Mutual Insurance Co.	23043
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			BKS56998882	03/04/2019	03/04/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 20,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAS57661915	02/21/2019	02/21/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N if yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EMPLOYERS LIABILITY ONLY	03/04/2019	03/04/2020	PER STATUTE	OTH-ER
				BKS56998882			E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
A	Equipment Rented & Leased			BKS56998882	03/04/2019	03/04/2020	Limit	\$ 35,000
							Ded.	\$ 250

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

CERTIFICATE HOLDER

CITYCOD

CITY OF CODY
P O BOX 2200
CODY, WY 82414

CANCELLATION

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

Lenette M. Schree



**CITY OF CODY
SPECIALTY CONTRACTOR
LICENSE APPLICATION**

STAFF USE
Invoice: _____
Date Submitted: _____
Previously Licensed? <u>Y/N</u>

Applicant's Name (Qualifier): Andrew Gibson Business Name: IRONHEAN INDUSTRIES
 Physical Address: 1108 Elm AVE City: Cody State: wy Zip: 82414
 Mailing Address: POBox 1373 City: Cody State: wy Zip: 82414
 Phone: 307-250-2953 Cell: same Email: rewgibson@gmail.com

Before completing the section below, please read the contractor licensing regulations, found in Title 9, Chapter 3 of the City of Cody Code (attached and/or available online at: www.cityofcody-wy.gov/111/Municipal-Code).

Category of License Requested: (Minimum Experience in Parenthesis)

This column is for work on any type of building or structure:

This column is for work on residential buildings or structures subject to the IRC, only:

- Asbestos Abatement (24 months)
- Commercial Fire Suppression Systems (36 months)
- Commercial Railings (24 months)
- Conveyor Systems (36 months)
- Demolition (24 months)
- Drywall (24 months)
- Elevator Installation (48 months)
- Fencing (6 months)
- Framing (48 months)
- Ground stabilization/mud jacking (24 months)
- Insulation (24 months)
- Masonry (48 months)
- Refrigeration (24 months)
- Roofing (24 months)
- Sheet metal installation (24 months)
- Siding (24 months)
- Sign/Awning Installation (24 months)
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- Structural Concrete (48 months)
- Stucco/Plaster (12 months)
- Underground Utilities—sewer, water, conduit (12 months)
- Windows/Glass glazing (12 months)

- Fire Suppression Systems (6 months)*
- Demolition (6 months)*
- Drywall (6 months)*
- Fencing (3 months)*
- Framing (12 months)*
- Insulation (6 months)*
- Masonry (6 months)*
- Roofing (6 months)*
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- Siding (6 months)*
- Structural Concrete (6 months)*
- Stucco/Plaster (6 months)*
- Windows/Glass glazing (6 months)*

* Minimum experience need not be provided if the person has passed an ICC or State of WY exam for the trade, or if the Building Official or Contractor's Board is otherwise satisfied that the person has the knowledge and training necessary to perform the work in a competent manner.

(Over)

Work History: Provide a resumé of your personal work history demonstrating that you have the minimum relevant experience required and otherwise have the knowledge, skills and proficiency to perform the type of work requested. Include contact information for your employer(s) or the building official(s) where the work was performed. You may use the attached "Work History" form if you do not have a resumé with the information requested.

Insurance: Provide an insurance certificate from your insurance company indicating that your company has liability insurance in the amounts noted below, and which insurance certificate lists the City of Cody as a "certificate holder" (not "additional insured").

- Bodily injury liability insurance coverage of not less than one million dollars per person/occurrence; and,
- Property damage liability insurance coverage of not less than one million dollars for each occurrence.

Fee: The application must be accompanied by the \$150.00 application fee. Payment may be made to the City of Cody by cash, check, or credit card (Visa, MasterCard, Discover).

Certification: By signing this application form, I certify that:

- 1) I have read and understand the City of Cody Contractor Licensing Ordinance (Title 9, Chapter 3 of the City of Cody code) and agree to comply with the requirements thereof;
- 2) The information contained in this contractor license application and associated documents submitted herewith is true and accurate; and,
- 3) I understand that failure by me, or my employees while under my supervision, to comply with the requirements of the City of Cody Contractor Licensing Ordinance, including failure to obtain all required permits and inspections, is grounds for suspension and revocation of my contractor license.

Signed this 2nd day of August, 20 19.

Name of Business: IRONHEAD INDUSTRIES

By: Andrew Dye

Title/Office: Sole proprietor

STATE OF WYOMING)
COUNTY OF PARK)

The foregoing instrument was acknowledged before me by Andrew Gibson
this 2nd day of August, 20 19.

Witness my hand and official seal.



Utana Dye
Notary Public

My Commission Expires: May 6, 2019

Contractor Licensing Board Review:

Review of this application includes an interview by the Building Official and/or Contractor Licensing Board. If Board review is required, they typically meet the 4th Thursday of each month at noon in the City Hall conference room (1338 Rumsey Avenue). Applications requiring Board review should be submitted at least ten days prior to the meeting. You may schedule an interview with the Building Official by calling (307) 527-3469, or emailing either Sean Collier at scollier@cityofcody.com or Bernie Butler at bernieb@cityofcody.com

Office Use Only:

- Contractor license authorized as requested this ____ day of _____, 20 ____, by _____, Building Official.
- Application referred to Contractor Licensing Board. Meeting date: 8/5/19

WORK HISTORY:

Provide your personal work history to demonstrate that you have the minimum experience required and the knowledge, skills and proficiency needed to act in the capacity of a general contractor. Include only periods of active employment. Feel free to include any additional information or exhibits such as a work portfolio or project photos.

Employer #1 (current/most recent)

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

See Attached Older Application

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Employer #2

Name of Employer: _____

Dates of Employment: _____ to _____ Number of months of active employment: _____

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: _____ City: _____ State: _____ Phone # or email: _____

Use additional sheet(s) as needed to show minimum months of experience required.

Application Fee: \$50.00

License Fee: \$100.00

CITY OF CODY
Contractors' License Prequalification Statement

Business Name: IRONHEAD INDUSTRIES Date: 8/02/19

DBA: Corporation Partnership Sole Proprietor

Location of Companies Physical Address: 1108 Elm AVE

City: Cody State: WY Zip: 82414

Mailing Address: P.O. Box 1373

City: Cody State: WY Zip: 82414

Phone: (307) 250-2953 Cell: Same Fax:

E-mail: rewgibson@gmail.com

License (circle one): General Contractor Class A Cat 1A(Commercial), Class A Cat 1B (Commercial and Residential), or Class A Cat 2C (Residential); Class B; Class C

Specific Area of Work: Concrete, Carpentry, Siding/windows

Public Liability and Property Damage: Company: NEXT INSURANCE

Expiration Date: 02/08/2020 Number: NXX3SFTV7-00-GL

Name of Principals (Including Positions and Local Representatives)

Name: Andrew Gibson Position: Email: Phone:

Name: Position: Email: Phone:

Name: Position: Email: Phone:

Local Representative: Email: Phone:

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

Good Until:

How long has your organization been in business? 7 months

Under this name? Yes Other names? No

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

I have over 10 years of experience in the residential and commercial fields I am applying for, as well as experience operating heavy equipment.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2019

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 Next Insurance, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C No. Ext): (855) 222-5919 FAX (A/C No.): E-MAIL ADDRESS: support@next-insurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Andrew Gibson Ironhead Industries PO Box 1373 Cody, WY 82414	INSURER A: State National Insurance Company, Inc. 12831	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

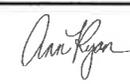
COVERAGES **CERTIFICATE NUMBER:** 0417819 **REVISION NUMBER:**

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	NXTG047WUJ-00-GL	07/24/2019	07/24/2020	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 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		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Errors and Omissions			NXTG047WUJ-00-GL	07/24/2019	07/24/2020	Each Occurrence: \$25,000.00 Aggregate: \$50,000.00

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

Certificate Holder is included as an Additional Insured per the Additional Insured Automatic Status Endorsement

CERTIFICATE HOLDER City of Cody, Wyoming 1138 Rumsey Ave Cody, WY 82414	CANCELLATION 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 

PERSONAL WORK HISTORY

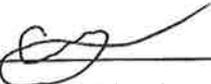
Please provide the personal work history of the person who is qualifying or applying for the Contractor License to establish yours or their minimum required time. Begin with your most recent employer first. List all positions you have held. Account for all the time between your first and last construction 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.)	Employment Dates
Security Paving Inc.	13170 Telfair Ave, Sylmar CA, 91342	818-362-9200	Foreman carpenter, laborer, etc.) Carpenter (forming concrete)	8/17-4/19
Tutor Perini	15901 Olden St, Sylmar CA 91342	818-362-8391	Carpenter (forming concrete)	6/15-8/17
Black Mtn. Metal	33197 Black Mtn. Rd. Tollhouse, CA 93667	559-977-2952	Welder/Fabricator (install fab wrought Iron gates+fence)	2/15-6/15
Security Paving Inc.	13170 Telfair Ave, Sylmar CA, 91342	818-362-9200	Carpenter forming Concrete	5/14-1/15
Tim Messer Const.	31981 Lodge Rd. Auberry, CA 93602	559-855-3100	Carpenter/operator/laborer build/layout pads, check grades, install underground, General Carpentry	1/13 - 5/14
Fresno City College				
Fresno City College				1/12 - 6/12
Tim Messer Const.	31981 Lodge Rd. Auberry CA 93602	559-855-3100	Carpenter/operator/laborer Same as above	8/10 - 1/12
Strohl Construction	13564 Tollhouse Rd, Clovis, CA 93619	559-905-4444	Carpenter remodel/form-pour conc./framing	6/07-8/10

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

To whom it may concern:

While working at Security Paving and Tutor Perini between May 2014 to May 2018 under my supervision, Andrew Gibson responsibly preformed work in the field of structural concrete (forming and pouring), footings, bridges, box culverts, and retaining walls.

Signed:  _____
Chris Clark



Hayley Ferguson <hayley@tmc-mli.com>

Andrew Gibson's work verification

1 message

Justin Gibson <blackmountainmetal@gmail.com>
To: hayley@tmc-mli.com

Sun, Jul 28, 2019 at 10:54 PM

To whom it may concern:

While working at Tim Messer Construction from August 2010-May 2014 under my supervision, Andrew Gibson responsibly performed work in the fields of underground construction, structural and flat concrete (forming, pouring, and finishing) general carpentry and commercial remodel.

Signed: 
Tim Messer

Justin Gibson
Black Mountain Metal
559-977-2952

To whom it may concern:

While working for Security Paving from May 2018 to April 2019 under my supervision, Andrew Gibson responsibly preformed work in the field of structural concrete (forming, pouring, and finishing), footings, walls, storm drain inlets, and manhole access shafts.

Signed:  _____
Brad Clark

To whom it may concern:

While working at Strohl Construction from June of 2007 to August of 2010 under my supervision, Andrew Gibson responsibly performed work in the fields of structural and flat concrete (forming, pouring, and finishing) residential remodel and new construction (framing, windows, doors, floors, siding, and decking etc.)

Signed: 
Aaron Strohl

Application Fee: \$50.00

License Fee: \$100.00

CITY OF CODY
Contractors' License Prequalification Statement

Business Name: MOUNTAIN HAUS CONSTRUCTION Date: 08-08-2019

DBA: DONFOOTE JR. Corporation Partnership Sole Proprietor

Location of Companies Physical Address: 1108 14th St Suite 181

City: Cody State: WY Zip: 82414

Mailing Address: - SAME - 1108 14th St Suite 181

City: CODY State: WY Zip: 82414

Phone: Cell: 899-9937 Fax: 527-6984 UPS STORE

E-mail: dfootejr@gmail.com

License (circle one): General Contractor Class A Cat 1A(Commercial), Class A Cat 1B

(Commercial and Residential), or Class A Cat 2C (Residential); Class B; Class C

Specific Area of Work: Drywall, framing, concrete, insulation

Public Liability and Property Damage: Company: BTIS

Expiration Date: UNK Number: N/A NOT MAILED YET

Name of Principals (Including Positions and Local Representatives)

Name: Position: Email: Phone:

Name: Position: Email: Phone:

Name: Position: Email: Phone:

Local Representative: DAVE BALLU Email: Phone: 307-587-6266

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

Good Until:

How long has your organization been in business? 10(+) YEARS

Under this name? Other names?

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

I HAVE 30(+) YEARS DOING VARIOUS CONSTRUCTION JOBS. I HELPED BUILD SHOESHORNE BANK; NOW WELLS FARGO; THE REC CENTER, RILEY ARENA, DRAPER ADDITION @ BBHL, CODY MIDDLE SCHOOL, WEST PARK HOSPITAL, SIERRA TRAIL POST LOG BUILDING, CODY HIGH SCHOOL GYM AND MANY MORE PROJECTS IN OUR COMMUNITY. NOW I ENJOY HANDY-MAN SMALL PROJECTS AND PART-TIME WORK NEEDING "C" LICENSE

Commercial General Liability

Classes Covered (All Classifications Subject to Audit)

Code	Classification	Exposure Basis	Exposure
91340	Carpentry / Remodeling	Total Payroll	\$16,200
91585	SubContracting	Total Cost	\$0
49950	Blanket Additional Insured	Gross Receipts	\$38,000

Coverage	Limit	Premium
General Aggregate	\$2,000,000	
Products/Completed Operations Aggregate	\$2,000,000	
Personal and Advertising Injury	\$1,000,000	
Each Occurrence	\$1,000,000	\$503
Fire Damage Legal Liability	\$300,000	
Medical Expenses	\$5,000	
Property Damage Deductible - Per Occurrence - \$1,000		
Blanket Additional Insured		\$300

TOTAL ANNUAL PREMIUM FOR GENERAL LIABILITY: \$803

Hired and Non-Owned Auto	Limit	Premiums
	Not Covered	

Bond	Amount	Term	Premium
Bond Type			
Not Covered			

Taxes, Fees and Surcharges: \$0.00

TOTAL ANNUAL PREMIUM: \$803.00

Additional Comments:

This quote is valid for 30 days and is an estimate only based on the information provided. **THIS IS NOT A BINDER.** The policy will be issued at premiums in accordance with CBIC state filings and is subject to audit and adjustment at policy expiration. This proposal is subject to a survey, loss information and underwriter review. Prior work and other exclusion endorsements may apply.

Accepted by: Don Foote
(Insured)

7/9/2019
FML 00 13 12 12

FOOTE'S MOUNTAINEERING 1757
DON FOOTE
PH. 307-899-9937
1108 14TH ST #181
CODY, WY 82414

DATE 08-15-2019 99-151/1023

PAY TO THE ORDER OF BTIS \$ 803.00
EIGHT HUNDRED THREE DOLLARS

FOR Don Foote

PinnacleBank pinncanbank.com 1.800.281.1729

⑈001257⑈ ⑈102301513⑈ ⑈0003125301⑈

1502 Beck Ave
Cody WY 82414
Mark@PlanLLC.org
785-249-2212

July 11, 2019

Mr. Sean Collier
Building Inspector
City of Cody
1338 Rumsey Ave
Cody WY 82414

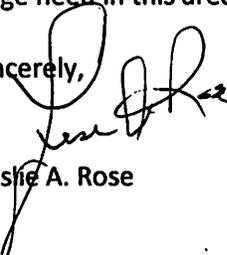
Dear Mr. Collier:

I am writing this letter as a reference for Donald Foote, Jr. I have known Don for approximately 7 years, both as a personal friend and as an accomplished carpenter. Don worked on my new home out on the Southfork and his skill and craftsmanship were and still are today, perfection.

Don is a hardworking individual and his abilities are A+ in craftsmanship. I have many friends and acquaintances that have used Don for their projects and all have praised his abilities.

I would highly recommend to the City of Cody, that they approve Don for a Class C License so that he can continue to provide outstanding work for the people of Cody. There is a huge need in this area for such exceptional craftsmanship.

Sincerely,

A handwritten signature in black ink, appearing to read "Leslie A. Rose". The signature is written in a cursive style with a large initial "L" and "R".

Leslie A. Rose

July 10, 2019

City of Cody
Building Inspector
Cody, WY 82414

RE: Class C license reference letter for Don Foote

Dear Sir;

I have successfully developed many commercial, single family and multi-family projects in several states for the past forty years. In each project I have been very hands on in every phase of the developments working with architects, engineers, general contractors and the professionals actually doing the work. I believe this experience has made me very good at evaluating the skill level of all involved in a building project.

This letter is to confirm my observations that Don Foote has executed the construction of all components of a residential structure that is subject to the International Residential Code (e.g. single-family dwellings, duplexes, and townhouses), except those components requiring an electrical license, plumbing license, or mechanical/HVAC license.

Over the past eight- or nine-months Don Foote has worked on my property at 1502 Beck Ave under the supervision of a licensed Class C contractor and preformed the work described above with a high degree of competency that indicated to me he had many years of construction experience. I saw no area of general construction that he was deficient in.

I would highly recommend him to be awarded a Class C Contractor License.



Mark A. Schneider

Owner & Representative of the ownership group

Schneider Trusts

Nicole J. Schneider Irrevocable Trust

1502 Beck Ave

Cody WY 82414

Mark@PlanLLC.org

785-249-2212



802 35th Street • Cody, WY 82414

August 8, 2019

To whom it may concern:

I understand Don Foote is trying to get a contractor's license with the City of Cody. I know Don quite well, as he has been employed by my company a few different times in the past. He did a lot of great work for me in those days, and I feel that he knows the building trades well. I would not hesitate to grant him this license, and further, I recommend that you do grant it to him. I think he would be a great addition to Cody's builder pool.

If you have questions or concerns about him, please do not hesitate to contact me with inquiries. My office number is 301.527.5837.

Sincerely,

A handwritten signature in black ink, appearing to read "Nick Randol", with a long horizontal line extending to the right.

Nick Randol
Managing Member, Randol
Custom Homes, LLC



American West Realty & Management
1527 Rumsey Avenue, Cody, WY 82414
Phone: (307) 587-9608
Email: office@americanwestrealty.com
www.AmericanWestRealty.com

July 9, 2019

To Sean Collier, City of Cody:

This letter is written in support of Don Foote's application for a Class C Contractor's License for the City of Cody. As the owner of American West Realty and Management, I am responsible for over 300 rental units in Park County and work with a large variety of contractors. Don Foote completed over 250 different handyman jobs for my company since April 2016. Work ranged from minor repairs to full-blown renovations, building decks, installation of windows and doors, and much more. His work has always been professional and met our expectations.

If you have any questions, feel free to contact me at any time.

Best regards,

Nathan Gesner
Broker / Owner