

# **CITY OF CODY CONTRACTORS' BOARD**

## **AGENDA**

Thursday, October 26, 2019 - 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 for October 26, 2019
4. Approval of Minutes for the September 26, 2019 – Regular meeting

### **B. CONTRACTOR'S LICENSE**

Review the following new contractor applications for the following:

#### **1. Buffalo Bill Center of the West (BBCOW) – David Bryant**

Application for Commercial: Demolition, Drywall, and Framing, 2019 Contractors License.

Proposed Projects:

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

### **C. Approved Contractor License**

1. BBCOW – Electrical – Low Voltage
2. BBCOW – Mechanical/HVAC
3. Western States Contracting – Structural Concrete
4. Avalanche Mechanical – Mechanical/HVAC

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

**F. Staff Comments:**

**G. 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.

**H. 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**  
**September 26, 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, September 26, 2019 at 12:00 p.m.

Present: Chairman Mike Kelly; Heidi Rasmussen; Jake Schrickling; Gene Kelly; Ray Lozier; Sean Collier, Building Official; Josh Dollard, Assistant Building Official; Bernie Butler, Administrative Coordinator.

Absent: Wes Werbelow, Dave Schlosser, Andy Cowan, Troy Kincheloe

Chairman Mike Kelly called the meeting to order at 12:04 p.m.

Jake Schrickling made a motion, seconded by Heidi Rasmussen, to approve the agenda for the September 26, 2019 regular meeting. Vote was unanimous, motion carried.

Gene Kelly made a motion, seconded by Heidi Rasmussen, to approve the minutes with corrections, from the August 22, 2019 regular meeting. Vote was unanimous, motion carried.

Sean Collier reviewed the Contractor Application for Precision Floors & Remodeling, applying for a residential demo, drywall, fencing, insulation, siding, and framing license. Jake Schrickling made a motion to approve the license, seconded by Gene Kelly. Vote was unanimous.

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

1. B.H. Inc. – General License
2. B.H. Inc. – Electrical License

There being no further business to come before the board, Ray Lozier made a motion, seconded Gene Kelly to adjourn the meeting. Vote was unanimous, motion carried. Chairman Mike Kelly adjourned the meeting at 12:24 p.m.

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Bernie Butler, Administrative Coordinator



**CITY OF CODY  
SPECIALTY CONTRACTOR  
LICENSE APPLICATION**

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

Applicant's Name (Qualifier): DAVID BRYANT Business Name: BUFFALO BILL CENTER OF THE WEST  
 Physical Address: 720 SHERIDAN AVE City: CODY State: WY Zip: 82414  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: 307-578-4094 Cell: 307-250-2611 Email: daveb@centerofthewest.org

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](http://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.

**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 16 day of OCTOBER, 2019.

Name of Business: BUFFALO BILL CENTER OF THE WEST

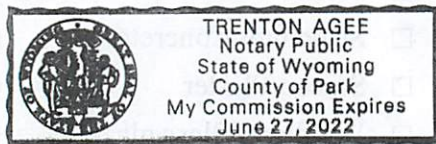
By: [Signature]

Title/Office: CARPENTER

STATE OF WYOMING )  
COUNTY OF PARK )

The foregoing instrument was acknowledged before me by Dave Bryant  
this 16<sup>th</sup> day of October, 2019.

Witness my hand and official seal.



[Signature]  
Notary Public

My Commission Expires: June 27, 2022

**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](mailto:scollier@cityofcody.com) or Bernie Butler at [bernieb@cityofcody.com](mailto: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: 10/24/2019

**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: BUFFALO BILL CENTER OF THE WEST

Dates of Employment: MAY 12, 2008 to CURRENT Number of months of active employment: 138

Position(s) Held/Primary Duties:

CARPENTER

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

Name: RICH HERMAN City: COOT State: WY Phone # or email: 578-4086

**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.



BUFFBIL-01

KREDMAN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/16/2019

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).

<b>PRODUCER</b> Billings Office PayneWest Insurance, Inc. P.O. Box 30638 Billings, MT 59107-0638	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (406) 238-1900      FAX (A/C, No): (406) 245-9887	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b>  Buffalo Bill Memorial Association 720 Sheridan Ave Cody, WY 82414	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Vigilant Insurance Company</b>	<b>20397</b>
	<b>INSURER B : Federal Insurance Company</b>	<b>20281</b>
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</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 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:			35836122	4/1/2019	4/1/2020	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							STOP GAP \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73535387	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79848000	4/1/2019	4/1/2020	EACH OCCURRENCE \$ 10,000,000
							AGGREGATE \$ 10,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

### CERTIFICATE HOLDER

### CANCELLATION

City of Cody 1338 Rumsey Avenue 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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