



R G Architects, LLC

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Middletown, DE 19709
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RGA No. 16025
28 November 2016

ADDENDUM NO. 2

STATE OF DELAWARE OMB/DFM
900 King Street Elevator & Restroom Renovations
900 North King Street
Wilmington, DE 19801

R G Architects
200 West Main Street
Middletown, DE 19709
Phone: 302-376-8100 (phone)
Fax: 302-376-9851 (fax)
Email: chris@rgarchitects.net

BIDS DUE:

Thursday, December 01, 2016 at 2:00 p.m.

LOCATION:

**THOMAS COLLINS BUILDING
Division of Facilities Management Office
540 S. DuPont Highway, Suite 1 (Third Floor)
Dover, Delaware 19901
Attn: Rob Del Campo Sr.**

NOTICE TO ALL BIDDERS

1.0 GENERAL NOTES:

- 1.1 Bidders are hereby notified that this Addendum shall be and hereby becomes part of their Contract Documents, and shall be attached to the Project Manual for this project.
- 1.2 The following items are intended to revise and clarify the Drawings and Project Manual, and shall be included by the Bidder in their proposal.
- 1.3 Bidders shall verify that their Sub-bidders are in full receipt of the information contained herein.
- 1.4 A copy of the current bid set register is available upon request indicating individuals that have purchased project documents from R G Architects.

2.0 Revisions to the SPECIFICATIONS

- 2.1 None at this time.

3.0 Revisions to the DRAWINGS

- 3.1 None at this time.

5.0 Questions

Q.1 Paragraph 13.3.1 of the General Requirements spec (008113), states that the contractor is responsible for testing. Please advise if the owner will be providing any testing. If testing is by the contractor, please clarify what tests will be required.

A.1 Paragraph 13.3.1 of the General Requirements is correct as it states that the contractor will burden all costs. Any testing required will be specified in the project manual.

Q.2 Paragraph 1.6.A of the Summary of Work spec (011100), states that the work will be performed during off hours (nights and weekends). Please confirm that this is not the case, and that work will be performed during normal hours.

A.2 Work will take place during normal business hours.

Q.3 Paragraph 1.3.A.1 of the Project Record Documents spec (017839), states that the contractor will update the CAD files and provide transparencies. Please confirm that the architect will update the CAD files, and that transparencies will not be required.

A.3 CAD files or transparencies will not be required of the contractor. Contractor shall provide hard copies of As-Built documents as well as .pdf documents of as built as specified (01 77 00) CLOSEOUT PROCEDURES.

Q.4 Can you please clarify what the scope of work was when the decommissioning of the existing elevator took place on 11/2016?

A.4 The scope of work per the proposal was as follows;

- Land the elevator counterweights on pit buffers
- Disconnect hoist cables and lower the elevator cabs to the elevator pits
- Remove hoist cables
- Disconnect the electrical wiring feeding the main line disconnects
- Disconnect main power wiring on elevator controllers

Q.5 Who is the building existing Fire Alarm Vendor?

A.5 The fire alarm panel at 900 King is a Silent Knight system. It is believed to be a Wayman Fire Protection dealer. Hoopes is the owners current Inspection Vendor.

6.0 ATTACHMENT LIST:

A. Bid Register

PLEASE PRINT CLEARLY

State of Delaware
900 King Street Elevator & Restroom Renovations
MC1002000375

Bids Due: Thursday, December 1, 2016 at 2:00 pm
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540 S. DuPont Highway, Suite 1 (Third Floor)
Dover, DE 19901



BID DOCUMENTS REGISTER

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\$ 100.00 per set

#01	Name of Company: <u>Deldeo Builders INC</u> Physical Address: <u>100 NAAMANS Rd Suite 3 E</u> City, State: <u>CLAYMONT DE 19703</u> Contact: <u>Leo Deldeo</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>loudeldeo@COMCAST.NET</u> Fax: <u>302-221-0245</u> Phone: <u>302-721-0243</u> Date: _____
#02	Name of Company: <u>THYSSEN KRUPP ELEVATOR</u> Physical Address: <u>250 King MANOR Drive</u> City, State: <u>King of Prussia, PA 19406</u> Contact: <u>Joe Quigley</u> GC: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EMAIL: <u>Joe.Quigley@thyssenkrupp.com</u> Fax: <u>866-441-4233</u> Phone: <u>610-721-2261</u> Date: _____
#03	Name of Company: <u>KONE INC</u> Physical Address: <u>115 TWINBROOKE DR</u> City, State: <u>PENNSAUKEN, NJ 08110</u> Contact: <u>CHARLES HILLS</u> GC: <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>Charles.hills@kone.com</u> Fax: _____ Phone: <u>609-519-4056</u> Date: <u>11/4/16</u>
#04	Name of Company: <u>AMAKOR</u> Physical Address: <u>72 CLINTON STREET, P.O. BOX 636</u> City, State: <u>DELAWARE CITY, DE 19706</u> Contact: <u>STACEY BUSH</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>AMAKOR@aol.com</u> Fax: _____ Phone: <u>302-834-8664</u> Date: <u>11/15/16</u>

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<p>#05</p>	<p>Name of Company: <u>BRANDYWINE CONTRACTORS, INC</u> Physical Address: <u>34 INDUSTRIAL BLVD</u> City, State: <u>NEW CASTLE, DE 19720</u> Contact: <u>BILL MICHELINIE</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EMAIL: <u>bmichelinie@bcj-online.com</u> Fax: <u>302-325-2733</u> Phone: <u>302-325-2700</u> Date: <u>11/16/16</u></p>
<p>#06</p>	<p>Name of Company: <u>BSS CONTRACTORS, LLC</u> Physical Address: <u>281 E. EVERGREEN ST. SUITE 3</u> City, State: <u>WEST GROVE, PA 19390</u> Contact: <u>BRIAN SMITH</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EMAIL: <u>BSMITH@BSSCONTRACTOR.COM</u> Fax: _____ Phone: <u>610-345-1316</u> Date: _____</p>
<p>#07</p>	<p>Name of Company: <u>HARBOR STONE COAST</u> Physical Address: <u>100 ELIZABETH</u> City, State: <u>OXFORD PA 19363</u> Contact: <u>John Boech</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EMAIL: <u>jboech@harborstonecc.com</u> Fax: _____ Phone: <u>484-332-3602</u> Date: <u>11/17/16</u></p>
<p>#08</p>	<p>Name of Company: <u>Kencon Inc.</u> Physical Address: <u>882 S. Matlack STE C</u> City, State: <u>West Chester PA 19380</u> Contact: <u>Jean Elliott</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EMAIL: <u>JElliot@KenconElevator.com</u> Fax: <u>610-430-2109</u> Phone: <u>610-430-2110</u> Date: _____</p>

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#09	Name of Company: <u>VENTRESCA BROS., INC</u> Physical Address: <u>2300 N. DUPONT HWY</u> City, State: <u>NEW CASTLE, DE 19720</u> Contact: <u>TONY VENTRESCA</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EMAIL: <u>TONY@VENTRESCA.BROS.COM</u> Fax: <u>302-658-2360</u> Phone: <u>302-658-6436</u> Date: <u>11/18/16</u>
#10	Name of Company: _____ Physical Address: _____ City, State: _____ Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/> EMAIL: _____ Fax: _____ Phone: _____ Date: _____
#11	Name of Company: _____ Physical Address: _____ City, State: _____ Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/> EMAIL: _____ Fax: _____ Phone: _____ Date: _____
#12	Name of Company: _____ Physical Address: _____ City, State: _____ Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/> EMAIL: _____ Fax: _____ Phone: _____ Date: _____