

Lovelace Roofing Company

Residential - Commercial
Free Estimates - Quality Workmanship
Licensed - Bonded - Insured
Windows & Siding

Jeff Sherman
Insurance Specialist
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Call 706-267-6672
Office 706-863-5399



ridge cap
back corner gutters

10-9-12

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CITY
DIREC

We propose

following specifications.

- ★ Remo
- ★ all flas.
- ★ valleys.

and new 30 year fiberglass shingles. Replace pipes with new rubber boots. Install Ice & Water shield under all on all debris. Roll magnet around entire jobsite.

COLOR Sunrise Cedar Arch Shingles
Certainfeed

LEAVE SOLAR POWER VENTS (2)
LEAVE POWER VENT OR REPLACE WITH SOLAR
Pending PRICE \$8936
Plywood 40
85

check 3690 Paradox Full \$9061
IF Chimney Heads Restoring \$85

* Plywood replacement \$ 40 per sheet. 3/4 inch decking \$ 3.50 per linear foot. 2 inch rafter work \$ 9 per linear foot. if needed. . . wall flashing 9 step & counter flashing 10

WE PROPOSE hereby to furnish all material and labor - complete in accordance with above specifications, for the sum of:

Eight Thousand Nine Hundred Thirty Six dollars (\$ 8936).

Payment to be made as follows:

Upon completion

3 year warranty on all workmanship

THANK YOU

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner is to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. In the event of non-payment customer will be responsible for cost of recovering this debt.

Authorized Signature Bob Zimmerman

Note: This proposal may be withdrawn by us if not accepted within 12 days.

ACCEPTANCE OF PROPOSAL - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature Carl Joffe

Date of Acceptance _____

Signature _____