Hardwood Tree Service Corp
67 Danebury Downs
Upper Saddle River, N.J. 07458
201-390-4953

Invoice

Number 20525

Date 7/17/2016

Bill To

Borough Of Rochelle Park
151 West Passaic St
Rochelle Park, N.J., 07662

Ship To

PO Number	GeneralInfo2	Project
		49 East Prospest

Date	Description	Tax1	Amount
07/15/2016	Storm Damage		
	Remove lg norway maple tree right rear. Large limb broke out and destroyed swing set.		$1,675.00
	Elevate two spruce trees front		$300.00

Amount Paid	$0.00	Discount	$0.00
Amount Due	$1,975.00	Sales Tax 7.00% on $0.00	$0.00
		Sub Total	$1,975.00
		Total	$1,975.00

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

NEWMAN TRAFFIC SIGNS

Shipping Address
1606 6th Ave S.W.
Jamestown, ND 58401

Mailing Address
P.O. Box 1728
Jamestown, ND 58402-1728
701-252-1970
Toll Free 800-437-9770
FAX 701-252-9213

INVOICE NO **TI-0299297**

CUSTOMER NO **ROC078**

BILL TO:
ROCHELLE PARK TWSP
ATTN JIM SCHMUNK
151 W PASSAIC ST
ROCHELLE PARK, NJ 07662

SHIP TO:
ROCHELLE PARK TOWNSHIP
ATTN JIM SCHMUNK
151 WEST PASSAIC ST
ROCHELLE PARK, NJ 07662

Newman Signs, Inc. Fed ID #45-0276348

DATE	SHIP VIA	F.O.B.	TERMS
6/27/2016	UPS REGULAR	ORIGIN	Net 30

PURCHASE ORDER NUMBER	ORDER DATE	SALES PERSON	ORDER NUMBER
VERBAL JIM	6/3/2016	63	TC980287376

QUANTITY QTY REQ	QUANTITY SHIPPED	QUANTITY B.O.	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
				THANK YOU FOR ORDERING TODAY! NAN & STEPH		
2.00	2	0	T-ECD024018/2M3	EC FILM - FLAT	$26.65	$53.30
				SUB TOTAL		$53.30
				FREIGHT CHARGES		$9.06
				TOTAL AMOUNT DUE		$62.36

PLEASE REMIT TO:

Gates Flag & Banner Co., Inc.
6 E. First Street
Clifton, NJ 07011-1002

email: request@gatesflag.com
Phone: (800) 874-1776
Fax: (973) 478-3680

Invoice

Customer No.: 5877730
Invoice No.: 184052

Bill To: **ROCHELLE PARK TOWNSHIP**
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662

Ship To: **ROCHELLE PARK TOWNSHIP**
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662

Tel#: (201) 587-7730 Fax#: (201) 556-0581

BOB DAVIDSON X201

Date	Ship Via	F.O.B.	Terms
06/27/16	PICK UP	Origin	Net 30

Purchase Order Number	Order Date	Sales Person	Our Order Number
BOB DAVIDSON	06/27/16	JOHN P. HEALY	

Quantity Required	Shipped	B.O.	Item Number	Description	Unit Price	Amount
1	1		PFF282C48	4X8' PLEATED FULL FANS, COTTON, STARS AND STRIPES	65.60	65.60
3	3		SNAPNYL	NYLON SNAP	1.70	5.10
				Invoice subtotal		70.70
				Invoice total		70.70

Please visit our website www.gatesflag.com
To subscribe to our mailing list text: GATESFLAG to 22828
Thank You

- - Returns are subject to a 15% Restocking Fee - -

AMOROSO TREE SERVICE INC.

ESTIMATE

Date	Estimate No.
05/24/16	3442

Name/Address
Township of Rochelle Park 151 West Passaic Street Rochelle Park NJ 07662 att: Jim Schmunk

Job Location
49 East Passaic Street

Description	Cost
Remove Red Oak left of house with crane	1,800.00
Cut stump as low as possible	
Remove logs	
Elevate 2 Spruce trees front of house along Passaic Street	
Woodchips to be dumped at Rochelle Park recycle	0.00
Total	$1,800.00

P.O. Box 1063 Paramus NJ 07653 201.587.9560 fax 201.225.9592

invoice

Bergen Landscaping

137 Arnot Place
Paramus, NJ 07652

201-265-5252

00031278

Date: 4/15/2016

Township of Rochelle Park
151 West Passaic Street
Rochelle Park, NJ 07662

Description	Amount
RE: Passaic St. House	
- cut and remove growth around house, garage and other areas of property - remove all created debris	$280.00

Subtotal:	$280.00
Sales Tax:	$0.00
Total Amount:	$280.00
Amount Applied:	$0.00
Balance Due:	$280.00

Thank You. We appreciate your business

595 Eagle Rock Ave
West Orange, NJ 07052

CONTRACT
MP PAINTING

Tel: 908-242-5128
Fax: 908-242-5424

DATE: 3/10/2016

TO: ROBERT DAVIDSON
49 EAST PASSAIC ST
ROCHELLE NJ
PH: 201.587.7730
REFERRED BY: WEBSITE

Email: Admin@rochelleparknj.gov

LICENSE # 13VH07654100
Labor days:
JOB #:

EXTERIOR	PREPARATION TO BE DONE: 1. POWER-WASH ALL AREAS TO BE PAINTED TO REMOVE ANY DIRT, MOLD, AND MILDEW LEAVING SURFACE READY TO PAINT 2. SAND ANY WOOD PEELING AREAS TO BARE WOOD AS NEEDED IN ORDER TO OBTAIN BONDABLE SURFACE 3. CAULK AND PUTTY WHERE NEEDED USING 60 YEAR LATEX CAULK 4. OIL PRIME ALL BARE WOOD AREAS 5. PROTECT ALL AREAS IN WORKING ENVIRONMENT USING PLASTIC AND DROP CLOTHES 6. APPLY 2 COATS OF BENJAMIN MOORE OR SHERWIN WILLIAMS PREMIUM GRADE LATEX PAINT **NOTE:** BENJAMIN MOORE AURA OR SHERWIN WILLIAMS DURATION PAINT IS AN UPCHARGE THAT WILL BE DISCUSSED PRIOR TO START OF JOB PAINTING SCOPE OF WORK INCLUDES: BODY OF HOUSE OVERHANGS FOUNDATION SHUTTERS WINDOWS AND DOORS (WHERE APPLICABLE) GUTTERS AND LEADERS (WHERE APPLICABLE)		
		SUBTOTAL	$28,000.00
		SALES TAX 7%	$1,960.00
		TOTAL	$29,960.00

Authorized Signature _____ Date: _____

Acceptance Signature _____ Date: _____

595 Eagle Rock Ave
West Orange, NJ 07052

CONTRACT
MP PAINTING

Tel: 908-242-5128
Fax: 908-242-5424

JOB #

EXTERIOR	**HISTORICAL HOUSE:** PROTECT ALL AREAS OF HOUSE FOR LOOSE AND PEELING CHIPS SAND ALL WINDOWS TRIM AND ALL PORCH USING SANDING MACHINES WITH HEPA VACUUMS IN ORDER TO FOLLOW LEAD SAFE PRACTICE. POWER-WASH ENTIRE HOUSE TO REMOVE ANY DIRT AND MILDEW APPLY 1 COAT OF BENJAMIN MOORE OIL BASED PRIMER TO ALL WOOD SURFACED FOR SOFFIT AREAS (THE SCRAPING OF THIS AREAS AND PRIMING WAS DONE BY OTHERS) APPLY 2 FINISH COATS OF BENJAMIN MOORE MOORGLO EXTERIOR PAINT TO ALL TRIM INCLUDING SOFFITS WITH COBELS, WINDOW CASINGS, AND DOORS- COLOR TO BE DETERMINED. APPLY 2 COATS OF BENJAMIN MOORE MOORELIFE FLAT PAINT TO SIDING ON HOUSE - COLOR TO BE DETERMINED, PROTECT ALL AREAS AROUND HOUSE AS NEEDED. **NOTE**: HEPA VACUUMS WILL BE USED WITH ALL SANDING EQUIPMENT IN ORDER TO FOLLOW NJ EPA LAWS. ALL WINDOWS ARE TAPED AND MASKET ALONG WITH TARPING OF HOUSE IN ORDER TO CONTAIN DUST. CLEAN UP DONE AT THE END OF EACH DAY AND UPON COMPLETION OF JOB. OUR GOAL IS MAKE YOUR HOUSE SAFE FOR YOUR FAMILY! MP ALSO WILL PROTECT ALL SHRUBBERY WITH PLASTIC TO PREVENT PAINT DROPS. WE DO OUR BEST TO BE CAREFUL AROUND YOUR FLOWERS AND SHRUBS BUT SOMETIMES OVERGROWN AREAS GET DAMAGED DUE TO US WALKING THROUGH THE BEDS IN ORDER TO PAINT THE HOUSE.		
		SUBTOTAL	$28,000.00
		SALES TAX 7%	$1,960.00
		TOTAL	$29,960.00

Authorized Signature _____ Date: _____

Acceptance Signature _____ Date: _____

595 Eagle Rock Ave
West Orange, NJ 07052

CONTRACT
MP PAINTING

Tel: 908-242-5128
Fax: 908-242-5424

	DEPOSITS: THERE IS A 10% NON REFUNDABLE DEPOSIT DUE UPON SIGNING OF THIS CONTRACT THAT SECURES A DATE FOR OUR CUSTOMERS. THIS IS TO PROTECT US IN CASE OF LOSS OF WORK AND DISRUPTION IN OUR SCHEDULE SHOULD CLIENT CANCEL. 20% MUST BE RECEIVED TO START. 35% MUST BE RECEIVED IN THE MIDDLE OF THE PROJECT. 35% IS DUE UPON COMPLETION OF JOB. YOU MAY CANCEL THIS CONTRACT 3 DAYS AFTER SIGNING OF CONTRACT WITH FULL REFUND. THERE MUST BE WRITTEN NOTICE OF CANCELLATION BY REGISTERED OR CERTIFIED **MAIL.** **CORRESPONDENCE TO:** **MP PAINTING CONTRACTOR** **595 EAGLE ROCK AVE** **WEST ORANGE, NJ 07052** WARRANTY - THERE IS A 1 YEAR WARRANTY ON ANY PEELING DUE TO FAULT OF THE PAINTER; PEELING CAUSED BY WATER LEAKS, ROTTED SIDING OR TRIM, MOISTURE BUILDUP BEHIND THE SIDING AND TRIM CAUSING PEELING IS NOT UNDER WARRANTY ANTICIPATED START DATE ANTICIPATED END DATE		
		SUBTOTAL	$28,000.00
		SALES TAX 7%	$1,960.00
		TOTAL	$29,960.00

Authorized Signature _____ Date: _____

Acceptance Signature _____ Date: _____

595 Eagle Rock Ave
West Orange, NJ 07052

CONTRACT
MP PAINTING

Tel: 908-242-5128
Fax: 908-242-5424

SCHEDULE A

Provisions of Contract:

1. Please have all colors and finishes ready 3 days prior the start date.
2. Please have all the rooms ready for painters. Remove all books, small items, lamps, plants, computers and all accessories except large furniture.
3. All carpentry, roofing, and electrical work must be finished before we start the job.
4. Customer will provide a bathroom for the workers.
5. Customer will provide a place where workers can wash equipment. Workers will leave the area that is provided to them washing equipment as they found it.
6. Each color sample is $15.00 addition to the total if requested.
7. If your estimate includes a number of rooms and you want only one room at a time to be painted, a higher fee may apply.
8. If a job requires more coats of paint than estimated for, due to color choice, an additional fee for labor and materials will be added per extra cost.
9. Payment is due at the completion of the job. To be acceptable, payment must be in checks or cash.
Make checks payable to MP Painting Contractor.

Warranty: (1 Year)

A. If a crack fixed by *MP Painting* reoccurs within the stipulated warranty period, we will fix the crack and repaint that area free of charge.

B. If paint peels, bubbles, or shows through underlying tape during the warranty period due to influences associated with the quality of the prep work or painting done by *MP Painting* , we will repair and repaint that area free of charge.

C. Warranty excludes peeling not associated with the quality of the prep work and painting done by *MP Painting* peeling not caused by the influences such as:

1. leaks 2. Wood splitting or rotating 3. Nail head popping 4. All walked-on surfaces, such as decks, stairs, and star risers

D. Warranty excludes cracks or nail head pops if the painting job is done in a new construction and/or if the prep work was done by another company.

E. All extras must have a signed authorization by customer in order to be under warranty (if applicable).

F. Warranty excludes areas where paint is applied over wallpaper.

G. If a stain reveals itself and we have removed wallpaper and repainted; we will repair and repaint that area free of charge.

H. Bathroom walls and ceiling have a limited warranty of three months, due to the fact that humidity will eventually make the paint peel.

Note: If not is stain or bubbles occur due to water, smoke or fire damage, we are NOT responsible and will charge labor and materials to repair damaged area.

I. At the end of the job, before we leave the house, the foreman and/or the estimator will walk throughout the house with the customer. Customer MUST be present the day the job is completed to see if there is any damage caused by painters. If the customer and the foreman and/or estimator are in agreement, customer will sign a release form-final bill before we leave the house. If customer is not present on the day of completion, customer agrees, by making the final payment that the job was done to their satisfaction and that there were no damages caused by painters.

J. Cracks that occur on new crown molding after we had painted are excluded from warranty since NEW crown molding applications tend to crack until it settles after a few months of installation.

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37834
This number must appear on all packages, invoices, and correspondence.

Vendor: LEWIS-GRAHAM, INC.
P.O. BOX 884
CLARK, NJ 07066

Ship to:

Account 04-2150-55-1071-002 Improvement Authorizations -- #1071-14 -- (b) Impts to Sani & Storm Sewe

Vendor Code 3706 **Date of Order** 03/07/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #RP-006 / W & S WOODEN ROOF-TYSON HOU	5,200.000	5,200.00

Purchase Order Total: **$5,200.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) See Attached

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

X _____ SIGNATURE

DATE DEPTARTMENT

CHECK NO 36230

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

3-7-16

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 9/19/16

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37835
This number must appear on all packages, invoices, and correspondence.

Vendor: LEWIS-GRAHAM, INC.
P.O. BOX 884
CLARK, NJ 07066

Ship to:

Account 04-2150-55-1071-003 Improvement Authorizations -- #1071-14 -- (c) Wells, OEM Design, Muni Bl

Vendor Code 3706 **Date of Order** 03/07/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #RP-005 / E & W WOODEN ROOF-TYSON HOU	5,200.000	5,200.00

Purchase Order Total: **$5,200.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) See Attached

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

X R.A. Daniel
SIGNATURE

DATE DEPTARTMENT

CHECK NO 3621

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

3-7-16
C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 3/16/16

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park

151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37836
This number must appear on all packages, invoices, and correspondence.

Vendor: CHIM-TEK SOLUTIONS CORP.
ONE ORIENT WAY
SUITE #F255
RUTHERFORD, NJ 07070

Ship to:

Account 04-2150-55-1071-002 Improvement Authorizations -- #1071-14 -- (b) Impts to Sani & Storm Sewe

Vendor Code 3717 **Date of Order** 03/07/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #2715 / CLEANED CHIMNEY-TYSON HOUSE	1,450.000	1,450.00

Purchase Order Total: **$1,450.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

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IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO. _____

VENDOR SIGNATURE

(X) See Attached

DATE _____ TITLE _____

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

X _____ SIGNATURE

DATE _____ DEPTARTMENT _____

CHECK NO 36114

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. _____ DATE 3-7-16

APPROVED BY:

COUNCILPERSON _____ DATE _____

COUNCILPERSON _____ DATE _____

COUNCILPERSON _____ DATE _____

CHECK DATE 4/19/16

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park

151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37727
This number must appear on all packages, invoices, and correspondence.

Vendor: LEWIS-GRAHAM, INC.
P.O. BOX 884
CLARK, NJ 07066

Ship to:

Account 04-2150-55-1071-002 Improvement Authorizations -- #1071-14 -- (b) Impts to Sani & Storm Sewe

Vendor Code 3706 **Date of Order** 02/24/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #RP-003 / MASONRY REPAIRS TO TH BRICK CHIMNEYS	13,600.000	13,600.00

Purchase Order Total: **$13,600.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

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IS YOUR COMPANY INCORPORATED? YES _____ NO _____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) See Attached

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

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X R. Ebert
SIGNATURE

DATE DEPTARTMENT

CHECK NO 37619

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

L Rizzuto Ray Riggitano 3-7-16

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 3/16/16

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37724
This number must appear on all packages, invoices, and correspondence.

Vendor: LEWIS-GRAHAM, INC.
P.O. BOX 884
CLARK, NJ 07066

Ship to:

Account 04-2150-55-1071-002 Improvement Authorizations -- #1071-14 -- (b) Impts to Sani & Storm Sewe

Vendor Code 3706 **Date of Order** 02/22/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #RP-004 - PROVIDE (3) LEAD COATED COPPER PROTECTIVE BONNETS TO SEALL ALL (3) INACTIVE CHIMNEYS	1,700.000	1,700.00

Purchase Order Total: **$1,700.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

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IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) See Attached

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

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X R. L. Davis
SIGNATURE

DATE DEPTARTMENT

CHECK NO 81962

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

Ron Ruggiero
3-7-16

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 3/16/16

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37706
This number must appear on all packages, invoices, and correspondence.

Vendor: CLIMATE PLUS LLC
3031 ROUTE 23 NORTH
OAK RIDGE, NJ 07438

Ship to:

Account 04-2150-55-1071-003 Improvement Authorizations -- #1071-14 -- (c) Wells, OEM Design, Muni Bl

Vendor Code 2727 **Date of Order** 02/17/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		REPLACE FURNICE-TYSON HOUSE	4,900.000	4,900.00

Purchase Order Total: **$4,900.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) See Attached

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

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X

SIGNATURE

DATE DEPTARTMENT

CHECK NO 2903

CHECK DATE 4/14/16

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37642
This number must appear on all packages, invoices, and correspondence.

Vendor: LEWIS-GRAHAM, INC.
P.O. BOX 884
CLARK, NJ 07066

Ship to:

Account 04-2150-55-1071-002 Improvement Authorizations -- #1071-14 -- (b) Impts to Sani & Storm Sewe

Vendor Code 3706 **Date of Order** 02/10/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #RP-002 / REPAIR ROOF, ETC-TYSON HOUS	5,800.000	5,800.00

Purchase Order Total: **$5,800.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) _____

DATE _____ TITLE _____

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPTARTMENT

CHECK NO

NO ORDER VALID UNLESS SIGNED BELOW
I hereby certify the funds are available and encumbered,.

Ray Rigaston

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37641
This number must appear on all packages, invoices, and correspondence.

Vendor: LEWIS-GRAHAM, INC.
P.O. BOX 884
CLARK, NJ 07066

Ship to:

Account 04-2150-55-1071-002 Improvement Authorizations -- #1071-14 -- (b) Impts to Sani & Storm Sewe

Vendor Code 3706 **Date of Order** 02/10/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #RP-001 / REPAIR CHIMNEY TYSON HOUSE	5,900.000	5,900.00

Purchase Order Total: **$5,900.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) _____

DATE _____ TITLE _____

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPTARTMENT

CHECK NO

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

TOWNSHIP OF ROCHELLE PARK

151 WEST PASSAIC STREET
ROCHELLE PARK, N.J. 07662
TEL (201) 587-7730

PURCHASE ORDER NO. 03663
THIS NUMBER MUST APPEAR ON ALL BILLS AND PACKAGES

	1926
	01-2010-26-3102-012

VENDOR

Richard Riotto Plumbing
120 Central Ave.
Lodi, NJ 07644

COPY

ISSUING DEPT.	DATE
Buildings & Grounds	1/27/16

THIS ORDER IS TAX EXEMPT PER N.J.S.A. 54:32B-9(a)
TAX EXEMPT ID # 22-6002263

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Inv. # 3634		$175.00
	3635		325.00
		TOTAL	$500.00

CERTIFICATION OF AVAILABILITY OF FUNDS

I certify that I have examined the appropriation(s) charged as shown above and as of this date, sufficient unencumbered funds exist to authorize this purchase.

APPROVED - CHIEF FINANCIAL OFFICER/TREASURER DATE

REQUIRED COMMITTEE SIGNATURE IF OVER $XX

Prices herein quoted are correct and approved.

COMMITTEE SIGNATURE DATE

COMMITTEE APPROVAL

The above claim is approved and ordered paid at meeting held on:

DATE: _____

COMMITTEE DATE

COMMITTEE DATE

COMMITTEE DATE

DEPARTMENT CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

SIGNATURE DATE

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X

SIGNATURE TITLE DATE

CHECK NO.

CHECK DATE

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37467
This number must appear on all packages, invoices, and correspondence.

Vendor: BILOW GARRETT GROUP
ARCHITECTS & PLANNERS, P.C.
161 MAIN STREET
RIDGEFIELD PARK, NJ 07660

Ship to:

Account 04-2150-55-1082-001 Improvement Authorizations -- #1082-15 -- Acquire Property-49 E. Passaic

Vendor Code 3374 **Date of Order** 01/13/16

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 21568 / PROJ 15012A-CAPT WILLIAM TYSO	3,203.000	3,203.00

Purchase Order Total: **$3,203.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES _____ NO _____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) _____

DATE _____ TITLE _____

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE _____

DATE _____ DEPTARTMENT _____

CHECK NO 35947

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

Ray Register

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 1/20/16

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park

151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37170
This number must appear on all packages, invoices, and correspondence.

Vendor: RACHLES/MICHELE'S OIL CO.
C/O PRESIDENTIAL FINANCIAL COR
PO BOX 105328
ATLANTA, GA 30348-5328

Ship to:

Account 01-2010-31-4302-001 Appropriation Control -- Electricity --

Vendor Code 2456 **Date of Order** 12/02/15

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV.# 217964 49 E. PASSAIC ST HEATING OIL	524.740	524.74

Purchase Order Total: **$524.74**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES _____ NO _____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) _____

DATE _____ TITLE _____

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPTARTMENT

CHECK NO 39936

CHECK DATE 12/16/15

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 36974
This number must appear on all packages, invoices, and correspondence.

Vendor: JOB & JOB CONSULTING ENGINEERS
108 HUDSON STREET
HACKENSACK, N.J. 07601

Ship to:

Account 04-2150-55-1082-001 Improvement Authorizations -- #1082-15 -- Acquire Property-49 E. Passaic

Vendor Code 46 **Date of Order** 10/29/15

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 54-0957-49 E. PASSAIC ST	5,222.750	5,222.75

Purchase Order Total: **$5,222.75**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) _____

DATE 11/3/15 TITLE _____

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPTARTMENT

CHECK NO 3569

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. 11-3-15 DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 11/12/15

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 37018
This number must appear on all packages, invoices, and correspondence.

Vendor: BILOW GARRETT GROUP
ARCHITECTS & PLANNERS, P.C.
161 MAIN STREET
RIDGEFIELD PARK, NJ 07660

Ship to:

Account 04-2150-55-1083-009 Improvement Authorizations -- #1083-15 -- (i) Preliminary Design New Off

Vendor Code 3374 **Date of Order** 10/30/15

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV. 21471 49 E. PASSAIC ST 10/22/2015	1,195.000	1,195.00

Purchase Order Total: **$1,195.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) _____

DATE _____ TITLE _____

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPARTMENT

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK NO 3565

CHECK DATE 11/13/15

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park

151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 36311
This number must appear on all packages, invoices, and correspondence.

Vendor: ACCUTECH ENVIRONMENTAL SERVICES, INC.
43 WEST FRONT STREET-REAR SUIT
KEYPORT, NJ 07735

Ship to:

Account 04-2150-55-1082-001 Improvement Authorizations -- #1082-15 -- Acquire Property-49 E. Passaic

Vendor Code 1217 **Date of Order** 07/06/15

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #15-5080 / PHASE I ESA - HISTORIC HOM	2,400.000	2,400.00

Purchase Order Total: **$2,400.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

Mailed
7/9/15

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) See Attached

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPTARTMENT

CHECK NO 35528

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 7/15/15

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 36207
This number must appear on all packages, invoices, and correspondence.

Vendor: BILOW GARRETT GROUP
ARCHITECTS & PLANNERS, P.C.
161 MAIN STREET
RIDGEFIELD PARK, NJ 07660

Ship to:

Account 04-2150-55-1082-001 Improvement Authorizations -- #1082-15 -- Acquire Property-49 E. Passaic

Vendor Code 3374 **Date of Order** 06/15/15

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 21247 / 49 E. PASSAIC ST.	1,000.000	1,000.00

Purchase Order Total: **$1,000.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES _____ NO _____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) _____

DATE 6/16/2015 TITLE

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPTARTMENT

CHECK NO 35530

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. DATE 6-30-15

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 7/15/15

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

Township of Rochelle Park

151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

PURCHASE ORDER

Purchase Order Number
NO: 35855
This number must appear on all packages, invoices, and correspondence.

Vendor: MCNERNEY & ASSOCS., INC.
266 HARRISTOWN RD., SUITE 301
P.O. BOX 67
GLEN ROCK, NJ 07452-0067

Ship to:

Account 01-2010-20-1552-001 Appropriation Control -- Legal Services - O/E -- Per Diem Attorneys

Vendor Code 1362 **Date of Order** 04/01/15

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV #2015-148 / 49 E. PASSAIC ST.	1,500.000	1,500.00

Purchase Order Total: **$1,500.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT IN ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

IS YOUR COMPANY INCORPORATED? YES _____ NO _____

TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) See Attached

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPTARTMENT

CHECK NO 38402

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

Ray Rogstow

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 4/15/15

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

7/13/2013

ROOF MENDERS, INC PROPOSAL #1
49 East Passaic St, Rochelle Park, NJ

Over upper roof area, we propose a Reinforced Restoration System

1) pressure wash all work areas
2) check for any breaks in tin and repair as needed
3) apply Andek's Polaprime 21 primer over work areas
4) on roof surface, apply first coat of base coat urethane
5) immediately embed mesh over panels
6) smooth mesh surface to contour existing roof
7) include 240 ft of inside gutter
8) along roof edge, install metal lip to restore straight line appearance
9) apply base coat of RAC to mesh over above areas thereby applying foundation for Reinforced Restoration System
10) on all roof areas, apply first of the top coating of RAC
11) coat cupola ornament with copper or gold-leaf finish coating
12) apply RAC to roof edge, both large and cupola roofs
13) remove trash from site

Project Total - $30,000.00

Terms: 50% Deposit ($15,000.00) Balance upon completion ($15,000.00)

This proposal is valid for **30** days from date of delivery

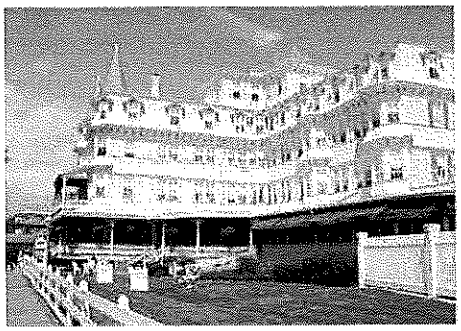
Ten Year Warranty Against Leakage

This proposal is approved on _____by:

_____ _____
Roof Menders, Inc. Client or Client's representative

316 West 6th Ave, Conshohocken, PA 19428
(610) 941-1051 OldMetalRoof.com Email: roofing@roofmenders.com

References for Roof Menders, Inc(New Jersey area)



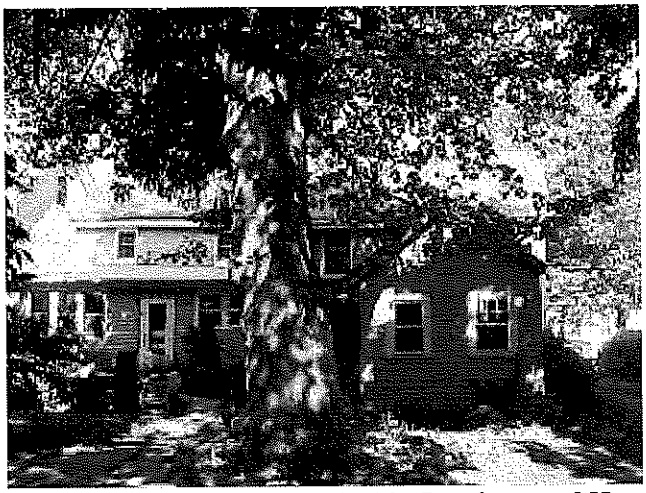
Inn of Cape May, Cape May, NJ Beth(owner) at 800-582-5933 or Turk(facilities manager) 215-498-1299 Fully reinforced system over most of the inn using Preservation Products XT version top coats

---

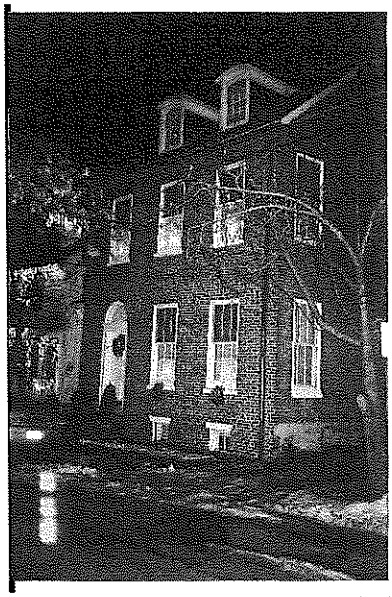
Robin's Nest Restaurant, Mount Holly, NJ JoAnn Weinzinger at 609-267-8600 Fully reinforced system on mid-1800s standing seam roof

---

Phil Matt at at 609-894-4364 in Pemberton, NJ. Quite knowledgeable about roof coating alternatives, finally opting for a sheen appearance



Bill Lamb at 609-894-8405 in Pemberton, NJ.



Karen Yetman at 609-351-0971 or 609-261-4306 in Mount Holly

Suzanne Day at 856-829-7034. Owns two imposing mansions on the Delaware River on Taylor Lane

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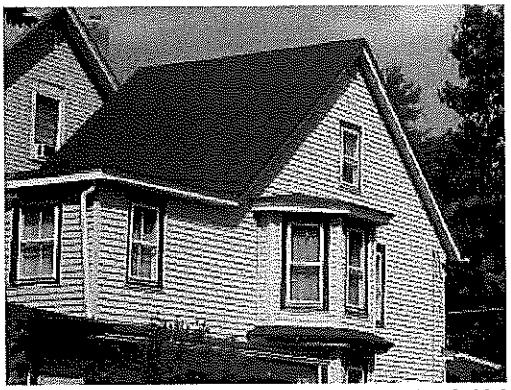
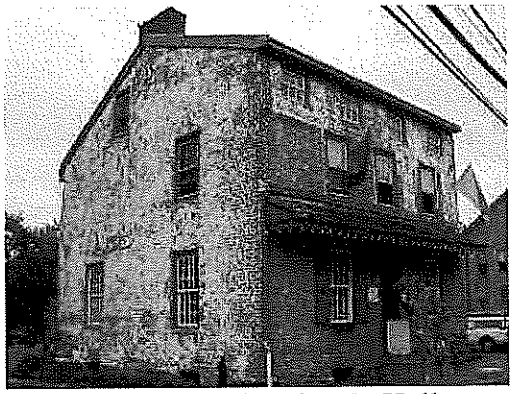

JoAnn Weinzinger at 609-267-8600 Two projects in historic Mt. Holly.

Seaside Home in Cape May, NJ Beth DeClerk at 609-884-8728 Fully reinforced System using Preservation Products XT acrylic

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7/13/2013

ROOF MENDERS, INC PROPOSAL #2
49 East Passaic St, Rochelle Park, NJ

Over upper roof area, we propose a Reinforced Restoration System

1) pressure wash all work areas
2) check for any breaks in tin and repair as needed
3) apply Andek's Polaprime 21 primer over work areas
4) on roof surface, apply first coat of base coat urethane
5) immediately embed mesh over panels
6) smooth mesh surface to contour existing roof
7) include 240 ft of inside gutter
8) along roof edge, install metal lip to restore straight line appearance
9) apply base coat of RAC to mesh over above areas thereby applying foundation for Reinforced Restoration System
10) on all roof areas, apply first of the **two top coats of tinted Wearcoat**
11) coat cupola ornament with copper or gold-leaf finish coating
12) apply RAC to roof edge, both large and cupola roofs
13) remove trash from site

Project Total - **$35,000.00**

Terms: 50% Deposit **($17,500.00)** Balance upon completion **($17,500.00)**

This proposal is valid for **30** days from date of delivery

Ten Year Warranty Against Leakage
Ten year Mfg warranty - 70% sheen in ten years

This proposal is approved on _____by:

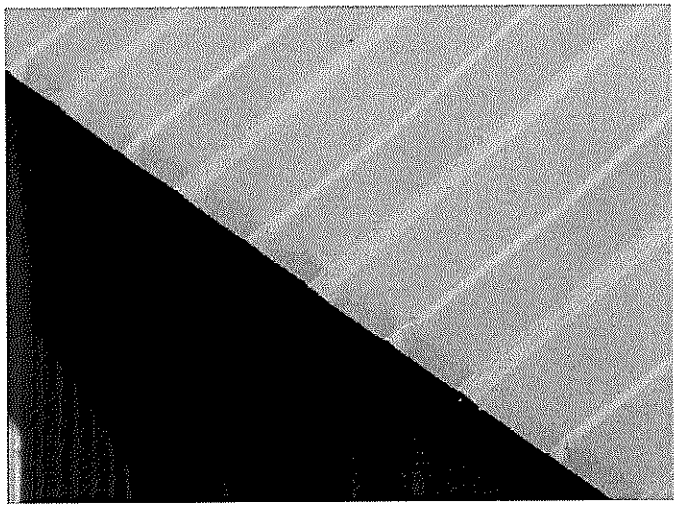
_____ _____
Roof Menders, Inc. Client or Client's representative

316 West 6th Ave, Conshohocken, PA 19428
(610) 941-1051 OldMetalRoof.com Email: roofing@roofmenders.com

316 West 6th Ave, Conshohocken, PA 19428
(610) 941-1051 OldMetalRoof.com Email: roofing@roofmenders.com

Capping along bottom edge

Attach and trim so that capping sits flat on roof



Flash capping to roof and coat twice to blend repair into roofing work

GUIDE SPECIFICATION

FOR APPLICATION OF

POLAROOF RAC OVER METAL ROOFING

INTRODUCTION

This guide specification is intended for use by experienced specification writers. It is not intended to be used verbatim as an actual specification. It must be integrated into the office procedures of each architectural firm and the specific job at hand. It is only intended to cover the roof coating portion of the building and it assumes that the material is being applied to a sound substrate.

A review of the structural component specification should be conducted in order to integrate this specification.

If you have any questions or uncertainties concerning this specification, Andek Corporation maintains a toll-free number, 1-800-800-2844, for your convenience. Please feel free to call us with any questions.

PART I: GENERAL

1.01 Reference

A. Requirements contained within Division I (General Requirements) are applicable to the work required of this section.

1.02 Work Summary

A. Provide labor, materials, equipment and supervision necessary to complete the system including: application of Polaprime, Roofab and Polaroof RAC.

1.03 Quality Assurance

A. Qualifications: The contractor shall have a minimum of 5 years experience in the application of liquid coatings and meet the approval of the architect.

B. Standards:

1. ASTM D7120/C7120M-10, Evaluation & Preparation of Roof Membranes For Coating Application
2. ASTM E337, Measuring Ambient Conditions
3. ASTM D3359, Measuring Adhesion by Tape Test
4. ASTM D1005, Measurement of Dry Film Thickness
5. ASTM D4414, Measurement of Wet Film Thickness

1.04 Submittals

A. Sample Panel: The contractor shall submit to the architect a sample panel of at least 4' x 4' demonstrating the system desired. The architect shall review the panel and determine the suitability of the finish presented.

B. Certification: The contractor shall submit to the architect a list of five projects which he has completed within the last 5 years, exhibiting the contractor's skills. The list shall include project name, location, description of work and date.

1.05 Product Delivery and Storage

A. Deliver: Deliver Polaprime, Roofab and RAC in originally labeled, sealed, un-damaged containers or rolls. Note batch numbers of products used on specific sections.

B. Storage:

1. Store all manufactured products off the ground, under cover, protected from dampness and sunlight.

2. Maintain M.S.D.S. reports on all stored materials at project site, accessible to all employees.

1.06 Job Conditions

A. Install all material in strict accordance with all safety and weather conditions required by Andek Corporation product literature and in accordance with NRCA standards and as modified by the applicable standards of the authorities having jurisdiction.

B. Protections and Regulatory Compliance

1. Comply with governing E.P.A. notification regulations and with disposal regulations of authorities having jurisdiction.

2. Review Methods and procedures regarding access, scaffolding, safety devices, waste disposal, and transportation.

3. Review protection requirements for roof drains and debris capture.

4. H.V.A.C. shutdown and sealing of air intakes.

5. Shutdown of fire suppression, protection and detection systems.

6. Review building code regulations concerning anchor points, identification and fall protection above and around skylights, other rooftop hazards including, but not limited to, electrical supply, gas and other fuel delivery, etc.

7. Establish requirements for wildlife protection, especially if an endangered species is involved.

8. Follow manufacturer's instructions for removal and replacement of lightning protection.

1.07 Environmental Requirements

A. Do not apply the coatings to a frozen surface. Apply all coatings when the ambient temperature is 35°F and rising. Do not apply during or immediately prior to precipitation.

B. Surface temperatures shall be maintained at a minimum of 5 degrees above the dew point for both the surface preparation and coating operations.

1.08 Guarantees

A. Manufacturer: Furnish the owner a product warranty.

B. Contractor: Furnish the owner a service guarantee.

C. Service Inspection: Representatives of the owner, manufacturer's representative and the contractor shall make a service inspection of the system prior to the end of the guarantee period. Immediately after the inspection, the contractor shall make any repairs needed and covered by his guarantee.

PART II: PRODUCTS

2.01 Materials: General

A. Manufacturers: Materials are specified by brand names to establish a standard of quality, or by performance requirements and general description of the product. The architect will consider substituting for brand names of products specified provided the procedures set forth for substitutions are followed. The architect reserves the right to reject any material which, in his opinion, will not produce the quality of work specified herein.

B. The following are acceptable manufacturers:

1. Andek Corporation, Moorestown, N.J.

2.02 System Components

A. Polaprime, a series of specially formulated primers.

B. Roofab, a polyester roofing fabric that possesses a parallel fiber structure that is stitchbonded to produce the necessary tensile, tear and elongation properties.

C. Polaroof RAC, an aluminum extended urethane that is especially designed as a waterproofing membrane for roofs where a coating with high reflectivity, chemical resistance, fire resistance, and corrosion prevention properties are required.

1. Physical Properties:

Moisture Vapor Transmission	1.57 perms
Tensile Strength (24 hour cure)	480 lbs/square inch
Tensile Strength (simulated aging)	620 lbs/square inch
Elongation (24 hour cure)	600%
Elongation (simulated aging)	500%
Total Solids Content (B.W.)	80%
Flexibility @ low temperature (20°F)	180°F
Flashpoint	105°F
Shore 'A' Hardness (24 hour cure)	48 degrees
Shore 'A' Hardness (simulated aging)	56 degrees
Viscosity (average @ 70°F)	4,500 cps
Weatherometer (4000 hours)	pass
Surface Spread of Flame Test on urethane foam insulation (ASTM E108)	pass
Impact Resistance 4mm indentation	pass
Puncture Resistance	120 psi
Underwriter's Laboratories	UL 790 Class 'A'
Factory Mutual	Class 'A'

PART III: EXECUTION

3.01 Substrate Preparation:

A. General: All surfaces to be coated must be clean, dry and completely free of loose particles, oils, grease and any substance that would interfere with proper bond.

3.02 Application

A.Cleaning: Cleaning of most surfaces is best done by pressure washing with clean water but, under certain circumstances, pre-treatment is necessary. In the cast of rusted metal, an abrasive should be added to the wash. Fungus and moss covered

surfaces should be pre-treated with bleach or other suitable fungicide. If a peeling painted surface is encountered, then mechanical wire brushing and scraping, followed by trisodium phosphate pre-wash are performed prior to the final wash. Use of a reciprocating tip on the pressure washer provides a scraping action that eliminates the need for mechanical wire brushing. All loose granules must be removed. Any lead or asbestos containing materials should be dealt with according to local, state and federal regulations. Upon completion of the cleaning process, cross hatch and tape peel any residual painted surfaces. Any residue above 5% will necessitate a repeat of the scraping and cleaning process.

B. Repairs and Priming: All panels and seams should be cleaned of any flaking rust and partially adhering paints or asphalt patching. Polaprime 21 should be applied at a rate of 300 square feet per gallon to the cleaned surface. All fasteners should be thoroughly examined; missing or non-functional fasteners must be replaced. Fasteners should be sealed with a spot treatment of Polaroof RAC thickened with 'K' Catalyst. Seams should be reinforced with Roofab embedded into wet Polaroof RAC, followed by a second coat of Polaroof RAC to saturate the fabric thoroughly. When all seams and bolt heads have dried, the first coat of Polaroof RAC should be applied at a rate of 100 square feet per gallon. After the first coat is adequately set, the second coat should be applied at a rate of 100 square feet per gallon. The total thickness of both coats together should be 24 to 30 dry mils.

3.02 Inspections

A. Pre-Application Conference:

1. A conference will be held at the jobsite prior to beginning any portion of the system. Attendance is mandatory by representatives of: owner, architect/engineer; contractor; material manufacturer; and system consultant (if any). This specification, together with all relevant standards for surface preparation, priming, reinforcing and coating, shall be reviewed prior to any work.

2. The pre-application conference shall be held prior to commencement of work, at a time to be mutually agreed. The contractor shall provide no less than 48 hours notice of the pre-application conference to the owner.

3. A record of the meeting shall be made and submitted to all participants.

3.03 Coating Application:

A. General: Once preparation is completed, 2 uniform coats of Polaroof RAC are applied straight from the can by brush, roller or airless spray technique at a rate of 100 square feet per gallon, achieving a wet thickness of 15 mils in each coat. Drying time between coats is 24 hours at 70°F, 60% relative humidity.

3.04 Cure Time: Coatings must be allowed to cure before being re-coated or placed into service. Curing time requirements recommended by the manufacturer should be followed exactly.

3.05 Field Quality Control

A. Responsibility for field quality control is with the contractor, unless the owner designates a third party.

B. Mandatory inspection hold point must be established after surface preparation, substrate repair, and after the application of each coating stage.

C. Test reports shall be recorded, together with location identification and identification of observer.

D. Tests shall include:

1. Pre surface preparation inspection
2. Measurement of environmental conditions
3. Determination of surface preparation cleanliness
4. Inspection of application equipment
5. Witnessing coating mixing
6. Determination of wet film thickness
7. Determination of dry film thickness

8. Evaluation of cleanliness between coats
9. Degree of coating saturation into fabric
10. Adhesion spot testing
11. Determination of thoroughness of cure
12. Water immersion or penetration

E. Documentation: Records must be compiled of all field quality control reports, including all non-compliance incidents and remediation. Also, all deviations from written specified requirements, including modifications agreed to at the pre-application conference or any similar meeting, must be included.

PART IV: MAINTENANCE

4.01 If RAC becomes damaged, the affected area should be thoroughly inspected and all loose coating removed. Clean edges may be obtained by razor cutting the outline of a square surrounding the damaged area and removing all coating within the outline. Any damage to the substrate should be repaired and RAC over primer (if relevant) should be applied. The surrounding area of undamaged RAC should be thoroughly cleaned and the application of RAC for repair should extend over this area to a minimum distance of 3" beyond the razor cut outline.

4.02 Cleaning: R.A.C. may be cleaned with a mild detergent and light scrubbing. Pressure washing or the use of harsh cleaners is not recommended.

Robert Davidson

From: roofing@roofmenders.com
Sent: Monday, July 13, 2015 1:21 PM
To: admin@rochelleparknj.gov
Subject: Gutter comments
Attachments: AdmiralCorner.jpg

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

Bob, re Yankee gutters,

Until a cleaning and double checking, the use of an inside gutter sleeve with circular downspout, a common approach, cannot be confirmed.

Attached is a photo of a location where one usually finds a downspout, but I don't see any.

The roofing work with the fully reinforced approach will hold standing water. If your cornice is the exit for rain water, that approach is also common. Usually there was stone where the water would fall and drain away from the house. The large overhang prevents water from running down the siding.

If you decide to install gutters, an experienced traditional gutter person could do so at a later time by cutting a hole, inserting a sleeve, then attach downspouts.

In brief, our work would weatherproof the gutter areas for a decision later, if so desired.

Miriam

Robert Davidson

From: roofing@roofmenders.com
Sent: Monday, July 13, 2015 1:30 PM
To: admin@rochelleparknj.gov
Subject: Additional comments about the Admiral's roof

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

Bob,

Several miscellaneous comments:

1. Our work is flexible, so planning with chimney work could be planned. Same with cupola painter, or hire my crew chief to do the work. He is experienced with old houses.

2. We could coat the ornament on top of cupola any number of ways, including a finish that is coppery or gold-leaf style. This step is included in both proposals.

3 Your porch roof is in excellent shape, illustrating the soldered tin style of the upper roofing. If you are wanting to illustrate the beauty of the roof, that one would be an obvious choice along with whatever tint of Wearcoat you want. (Not for now, I realize)

4 Back peaked roof could easily be a duplicate of the commercial grey approach of the upper roof.

5. Lightning rods can be retained.

6. The place is a gem.

Thanks again for inquiring about our service for restoring these old roofs. Please contact me with any questions.

Miriam Cunningham
Old metal roofs
Tin roofing blog
610-941-1051