

Twin City Construction LLC
518 Cliff St
Deadwood, SD 57732
(605) 920-8372
TwinCityRSW@gmail.com



Bid Date: 7/22/21

Customer: City of Deadwood

Address: 824 Main St

Phone Number: _____ Email: _____

Insurance Company: _____ Claim #: _____

Contract Terms

This proposal becomes a binding contract when signed by both parties. The homeowner further agrees that this property is security for this contract. TCC retains all rights in collecting on a fulfilled contract, including legal fees and liens. This contract constitutes the entire agreement between both parties. No other agreements, verbal or implied, are part of this contract. You may cancel this contract, without cause or expense within 3 business days of signing. You may not cancel this without expense following that date without a written consent from the Contractor. We do accept all major credit cards. Please know if you use this option, we will add an additional 2.7% (if we swipe the card) or 3.6% (if we must type in the card information) to the total invoice.

Replace step flashing as needed, wrap all penetrations with ice/water barrier, clean up and haul off all debris, roll for nail, 30-year workmanship warranty on steep slope, 2-year warranty on low slope, protect landscaping, pool and deck as necessary, paint all roof hardware to match. Any satellite dishes removed during installation will be put back; however, there is no guarantee it will be positioned correctly.

Take off existing shingles (2) layers / Replace shingle

Material & Labor \$10,990.00

Project Details

Manufacturer(s): Certainteed

Style/Grade: Landmark

Color: TBD / -

Underlayment: Premium Synthetic

Manufacturer Year Warranty: Limited Lifetime

Decking: ?

Valley: 20 LF

Ridge: 95LF

Pipe Fittings: 4"

Ventilation: (2) turtle

Metal Edging: all new

Starter: 120 LF

Ice/Water Barrier: 500 SF

Additional Roof System:

Gutters:

☐ Downspout

Siding:

☐ Color

Extra Comments:

Special Instructions:

If we have to sheet with 7/16 OSB

Material & Labor \$8,990.00

Permit & Disposal included

*Plus, any additional supplements paid by the Insurance Company.

Accepted By (print): _____

Accepted By (sign): _____

Date accepted: _____

TCRSW Rep: _____

Additional Notes: _____
