

**City of Madeira Beach, FL**  
**RFI No. 25-09**  
**Engineering Consultant and Design Services**



**1000 S Belcher Road, A1**  
**Largo, FL 33771**  
**(727) 530-3535**  
**Email: [mike@sofarelliarch.com](mailto:mike@sofarelliarch.com)**

## **Title Page**

**RFI Subject:** City of Madeira Beach  
Engineering Consultant and Design Services  
RFI No. 25-09

**Firm Information:** Sofarelli & Associates Architecture, Inc.  
1000 S Belcher Road, A1  
Largo, FL 33771  
727-530-3535

**Contact Person:** Michael F Sofarelli, Jr  
Cell 727-510-2586  
[mike@sofarelliarch.com](mailto:mike@sofarelliarch.com)

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**Sofarelli & Associates Architecture, Inc.**  
**Letter of Interest**

City of Madeira Beach  
Megan Wepfer  
Public Works Director  
300 Municipal Drive  
Madeira Beach, FL 33708

Re: RFI No. 25-09

Dear Members of the Selection Committee:

Sofarelli & Associates Architecture is pleased to submit Request for Information for Design Services for the City of Madeira Beach. Sofarelli & Associates Architecture is part of an experienced and diverse team of professionals to serve the city with ongoing projects.

Sofarelli & Associates has provided architectural services to local municipalities in Pinellas County and the Greater Tampa Bay Area for over 30 years.

Sofarelli & Associates has fully read and understands the scope of what is required to successfully complete any current and future projects.

Sofarelli & Associates appreciates the opportunity to submit this RFI to the City. We have a sincere interest in serving The City of Madeira Beach throughout the term of this contract and beyond. We feel that our prior experiences and relationships will allow us to provide professional service matched by none.

We look forward to a favorable response to our qualifications package and discussing your project needs in the near future. Please contact Michael F Sofarelli Jr at Office Phone (727) 530-3535, Cell (727) 510-2586 or email: [mike@sofarelliarch.com](mailto:mike@sofarelliarch.com) if you have any questions.

Sincerely,



Michael F. Sofarelli Jr  
Architect A.I.A. NCARB

# **Statement of Qualifications and Profile of Design Firm**

**Firm:** Sofarelli & Associates Architecture, Inc.

**Architect and Owner:** Michael F. Sofarelli, Jr.

**Business Address:** 1000 S Belcher Road, A1  
Largo, FL 33771

**Telephone Number:** (727) 530-3535

**Cell Phone Number:** (727) 510-2586

**Email:** mike@sofarelliarch.com

**Type of Organization:** Corporation

**Years in Operation:** Over 30

**Staff:**

**1 Registered Architect**

**1 Project Manager**

**1 Interior Designer**

**5 Professional Draftspersons**

**1 Administrative Assistant**

**Statement:** Sofarelli & Associates has provided architectural services for municipal redevelopment in the cities of Palm Harbor, Seminole, Cape Coral, Largo, Clearwater, Dunedin, Pinellas Park, St. Petersburg, and Clewiston.

Sofarelli & Associates Architecture, Inc. has provided professional architectural services for numerous projects including medical offices, food service, religious structures, retail and department stores, industrial buildings, professional centers, and senior communities.

We have experience in Master planning, new construction, additions, renovations and Owner's representation for various types of facilities.

## Service Approach

Sofarelli & Associates Architecture understands the scope of work for the City of Madeira Beach. We are part of a highly qualified team of professionals that have a long list of project experience. Sofarelli & Associates is a full-service architectural firm and can provide the necessary services to assist the city in fulfilling these responsibilities.

Sofarelli & Associates Architecture, Inc. was founded in 1995 by Michael F Sofarelli Jr. Our project team is highly experienced in providing (but not limited to) the following services:

- Master Planning
- Feasibility Design
- Architectural Design
- Space Planning
- Interior Design
- Permitting
- Estimating
- Construction Administration
- Leed Consultation

Sofarelli & Associates utilizes a customized "practical approach" to architectural design. The fundamental steps employed are listed below.

- Frame:  
Frame the scope, identify issues, and assemble a clear direction
- Discover:  
Plan and conduct research, immerse the team in discovery and identify a set of goals
- Analyze:  
Assemble and examine insights. Generate relationships and related implications in regard to spatial planning
- Create:  
Generate concepts, define elements, and illustrate client propositions
- Test and Development:  
Define concepts, client experiences, business models and roadmap

This approach is used to ensure that the architectural solution chosen is appropriate and feasible given the skills and technology available.

# References

## List of Relevant Projects:

- **City of Madeira Beach**  
Design of New Restroom at Beach  
Role: Architect of Record  
Budget: \$905,000
- **Pinellas Park Fire Station #36**  
Design of New Fire Station 13,300 SF  
Role: Architect of Record  
Budget: \$5.2 Million
- **St Pete Beach Fire Station #23**  
Renovation of Existing Fire Station 2,000 SF  
Role: Architect of Record  
Budget: \$135,000
- **City of Seminole**  
Design of New Pavilion and Restroom  
Role: Architect of Record  
Budget: \$450,000
- **Power Design – St. Petersburg, FL**  
Design of New Corporate Offices 64,000 SF  
Role: Architect of Record  
Budget: \$6 Million
- **Palm Harbor Fire & Rescue**  
Design of New Fire Station #69  
Role: Architect of Record  
Budget: \$6.5 Million
- **City of Largo**  
Renovation of Waste Treatment Labs  
Role: Architect of Record  
Budget: \$650,000
- **Bert's Barracuda Harley Davidson – Pinellas Park, FL**  
New Motorcycle Dealership & Service Center 36,000 SF  
Role: Architect of Record  
Budget: \$7.8 Million



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/12/2025

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).

PRODUCER	CONTACT NAME: Phyllis Constantino
MEDALLION INSURANCE SERVICES	PHONE (A/C, No, Ext): (704) 256-6000 FAX (A/C, No): (704) 256-6001
PO Box 79089	E-MAIL ADDRESS: phyllis@medallioninsurance.com
Charlotte NC 28271	INSURER(S) AFFORDING COVERAGE
	INSURER A: Liberty Insurance Underwriters
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
INSURED	NAIC # 19917
Sofarelli & Associates Architecture	
1000 S Belcher Road Ste A1	
Largo FL 33771	

## COVERAGES

CERTIFICATE NUMBER: CL249410917

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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/>						\$
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY CLAIMS-MADE			AEXNYABC017007	09/14/2024	09/14/2025	EACH CLAIM \$1,000,000 AGGREGATE \$2,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Madeira Beach  
300 Municipal Drive  
Madeira Beach, FL 33708

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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05/12/2025

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PRODUCER	CONTACT NAME: Michelle Morano PHONE (A/C, No, Ext): (727)796-8566 E-MAIL ADDRESS: michelle@laplanteagency.com FAX (A/C, No): (727)791-1412
INSURED	INSURER(S) AFFORDING COVERAGE INSURER A: Bankers Insurance Company INSURER B: Associated Industries Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 00000156-1262528

REVISION NUMBER: 130

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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		09 0037796139 7 00	10/24/2024	10/24/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		09 0037796139 7 00	10/24/2024	10/24/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	AWC1206244	05/18/2024	05/18/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Workers Comp: Michael F. Sofarelli

## CERTIFICATE HOLDER

## CANCELLATION

City of Madeira Beach 300 Municipal Drive Madeira Beach, FL 33708	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  (MLM)
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