

**CAPE MAY COUNTY BOARD of CHOSEN FREEHOLDERS  
CAPE MAY COUNTY CREST HAVEN NURSING & REHABILITATION CENTER  
KITCHEN ADDITION and RENOVATIONS  
Addendum #1  
October 8, 2010**

**Bid Package Clarifications and Changes**

Addendum #1 dated October 8, 2010, for the **Cape May County Crest Haven Nursing & Rehabilitation Center Kitchen Addition and Renovations** shall be included as part of the Contract Bid Documents. Addendum #1 shall supplement and clarify the current Contract Bid Documents.

1. Sheets A-4, A-5 and A-6: Room and Finish Schedule, Door Details, Wall Sections, Typical for areas 101, 102 and 103 revise Base Bid Floor to Quarry Tile and Base Bid Wall Base to Quarry Tile Cove Base. Delete all references to poured epoxy floors and monolithic epoxy cove base. Delete all references to "Alternate Bid" Floor and Wall Base.
2. FORM OF PROPOSAL - PART C – ALTERNATES: Specification Section 00300C – Form of Proposal – Part C – Alternates shall be replaced with the attached **revised** Specification Section 00300C – Form of Proposal – Part C – Alternates. Please note the following change: Delete Wet Set Quarry Tile Floor System Alternate. Refer to revised, attached Form of Proposal – Part C – Alternates.
3. Selection of Alternate Bids: One of the wall panel alternates bids will be selected based on the best value and providing that the total contract award will not exceed the published budget.
4. Sheet S-1: Drawing 1 Partial First Floor Framing Plan, Revise "ALTERNATE" to read "BASE BID": RECESS SLAB 2" FOR TILE FLOOR.
5. Add mechanical ventilation for the proposed building crawl space. Contractor shall review attached sketches SK-E3.1, SK-M2.1 and SK-M2.2 and include all necessary work, including associated floor and roof penetrations. Contractor shall review and include roofing work similar to detail 3 on drawing A-2. Contractor shall also be advised that the attached sketches indicate approximate equipment locations. The actual rooftop location for the exhaust fan must be 10'-0" minimum from the nearest roof edge.

ADDENDUM #1 CONSISTS OF (5 PAGES). PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM BY SIGNING BELOW AND FAXING BACK IMMEDIATELY TO (609) 465-1418. IF THIS FAX IS UNCLEAR, PLEASE CALL (609) 465-1035. **THIS IS MANDATORY!!** IF YOU ARE NOT BIDDING THIS PROJECT, WRITE "NO BID" AND FAX BACK CONFIRMATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

**Cape May County Crest Haven Nursing & Rehabilitation Center  
Kitchen Addition and Renovations**

FORM OF PROPOSAL - PART C - ALTERNATES

1.1 GENERAL

A. An alternate is an amount proposed by bidders and stated on the Bid Form for certain work that may be added to or deducted from the Base Bid amount if the Owner decides to accept a corresponding change in either the amount of construction to be completed, or in the products, materials, equipment, systems, or installation methods described in the Contract Documents.

1. The cost or credit for each alternate is the net addition to or deduction from the Contract Sum to incorporate the Alternate into the Work. No other adjustments are made to the Contract Sum.

B. Coordination: Modify or adjust affected adjacent Work as necessary to completely and fully integrate that Work into the Project.

C. Schedule: A "Schedule of Alternates" is included at the end of this Section. Specification Sections referenced in the Schedule contain requirements for materials necessary to achieve the Work described under each alternate. **The General Contractor shall enter the amount to be added or deducted from the base contract amount for each alternate listed below. Fill in "0" or N/A if no work or cost is associated with an alternate. Where applicable, please circle whether to add or deduct an alternate from the base bid. If not circled, we will assume that the price is to be deducted from the base bid.**

1.2 PRODUCTS (Not Applicable)

1.3 EXECUTION

SCHEDULE OF ALTERNATES

1. **DELETED.**

2. Provide and install embossed 0.12 inch Kemlite FRP wall panel system from floor to ceiling on all walls at the conveyor and dish washing area. Provide panels from the top of the pot washing sink to the ceiling. All seams to be sealed and trimmed from floor to ceiling.

Alternate #2 - ADD \$ \_\_\_\_\_

3. Provide and install 18 gauge Stainless Steel #4 mill finish wall panel system from floor to ceiling on all walls at the conveyor and dish washing area. Provide panels from the top of the pot washing sink to the ceiling. All seams to be sealed and trimmed from floor to ceiling.

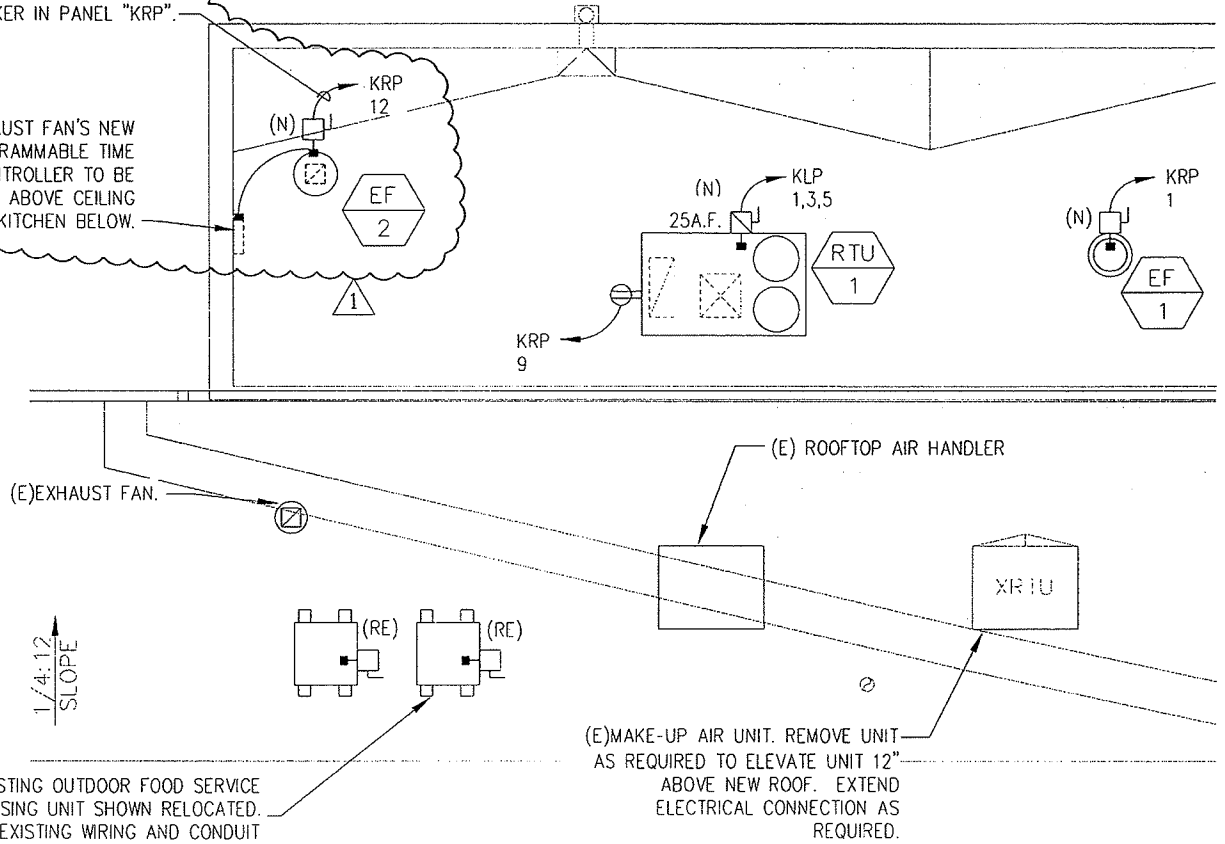
Alternate #3 - ADD \$ \_\_\_\_\_

**NOTES:**

- COORDINATE ALL MECHANICAL EQUIPMENT LOCATIONS WITH MECHANICAL PLANS.
- ALL EXPOSED OUTDOOR DISCONNECT SWITCHES SHALL BE NEMA-3R, WEATHERPROOF.

2#12 & 1#12 GRD. IN 3/4" WATER-TIGHT CONDUIT TO NEW 20A, 120V, 1-POLE CIRCUIT BREAKER IN PANEL "KRP".

EXHAUST FAN'S NEW PROGRAMMABLE TIME CLOCK CONTROLLER TO BE LOCATED ABOVE CEILING KITCHEN BELOW.



# PARTIAL ROOF ELECTRICAL NEW WORK PLAN

N.T.S.

△ ADDENDUM NO. 1

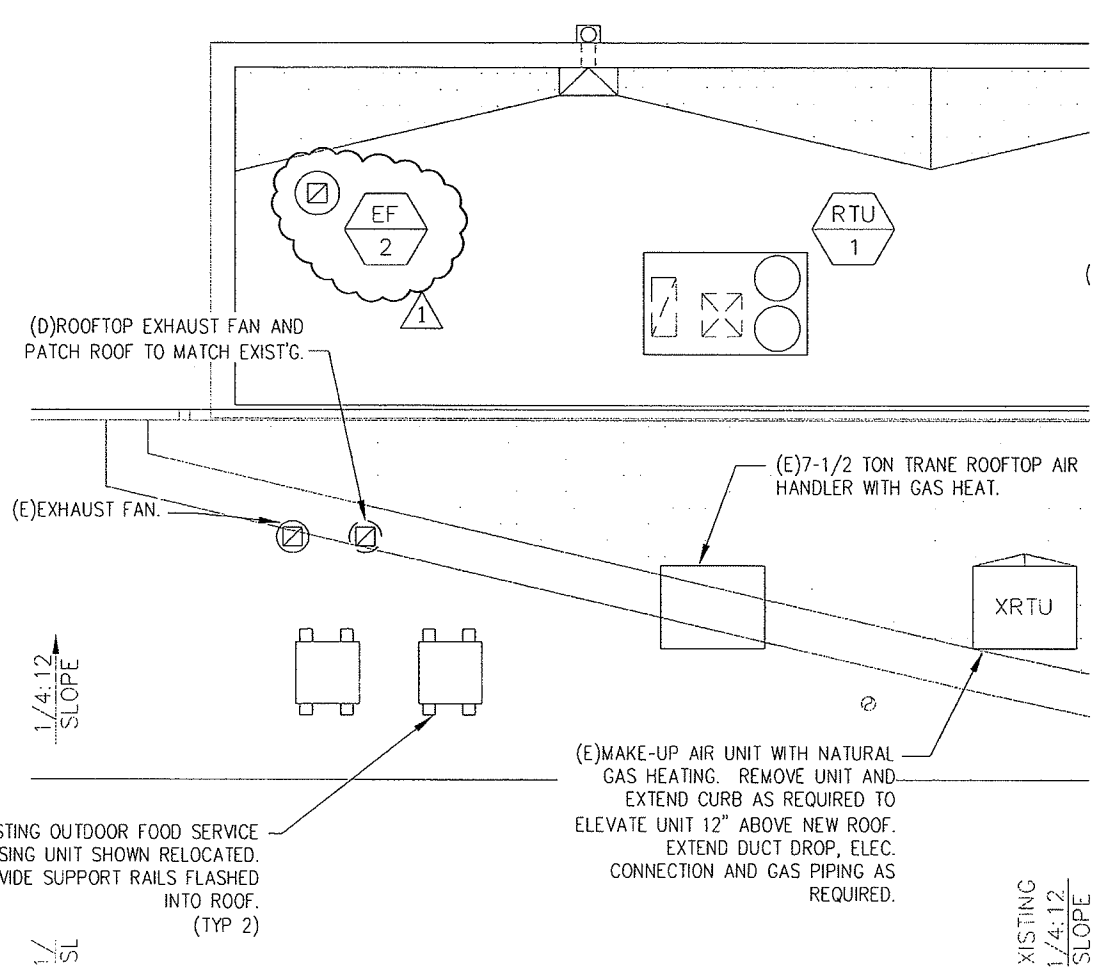
**Garrison Architects**  
 A Professional Corporation of Architects and Planners  
 130 PRESIDENTIAL BOULEVARD, BALA CYNHYD,  
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 Concord Atlantic Engineers, Inc.  
 8025 Black Horse Pike  
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 Authorization No. 24GAZ7942000

PROJECT:  
 ADDITION & KITCHEN  
 REPLACEMENT AT THE  
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SCALE: N.T.S.  
 DATE: 9/30/10  
 DRAWN BY: SP  
 CHECKED BY: MPT

DRAWING NO.:  
**SK-E3.1**



## PARTIAL ROOF MECHANICAL PLAN

N.T.S.

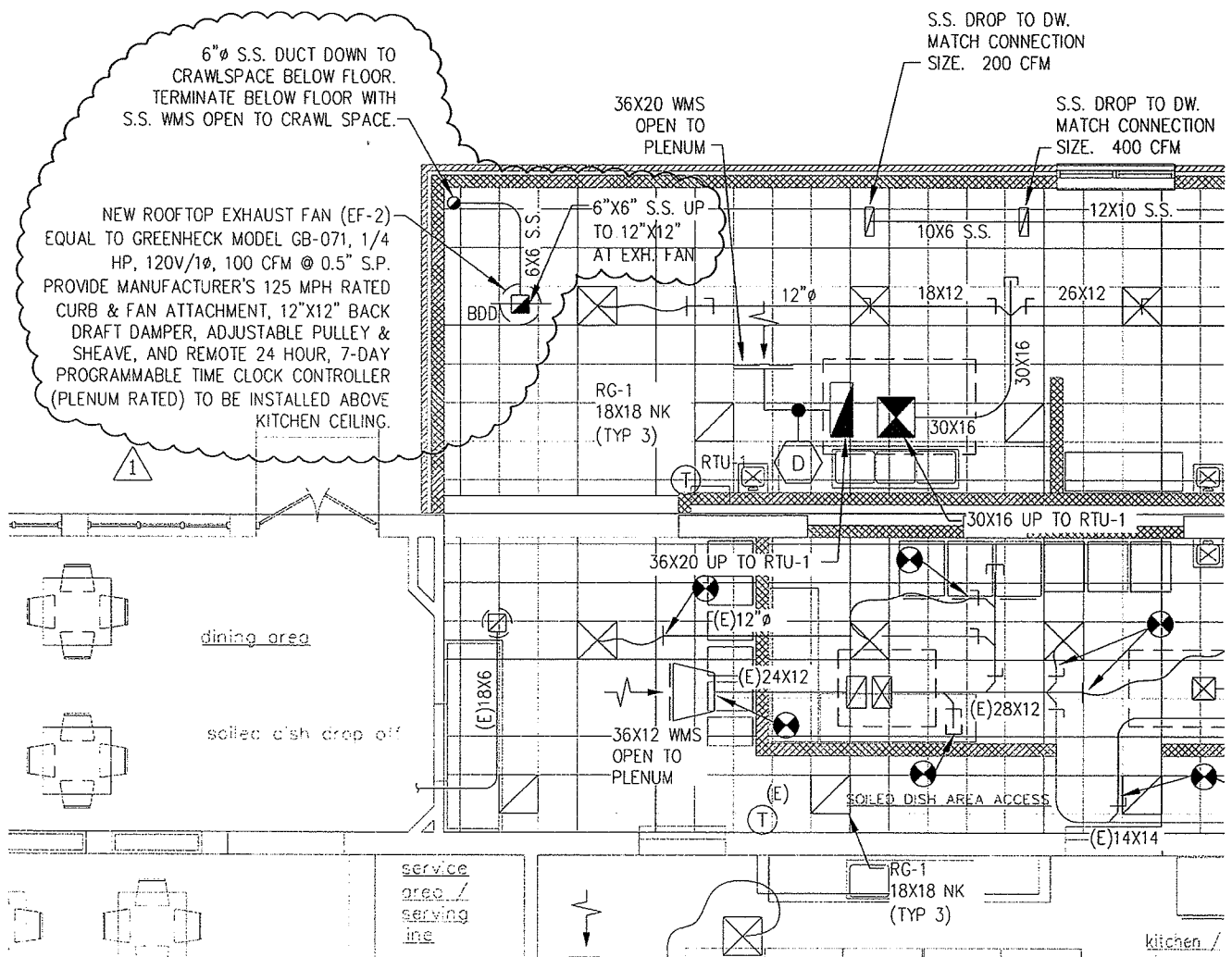
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## PARTIAL 1ST FLOOR MECHANICAL PLAN

N.T.S.

1 ADDENDUM NO. 1



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DRAWING NO.:  
SK-M2.2