

Proposal for:

**REQUEST FOR PROPOSAL #20-07
High Meadows Property
Surveying Firm**

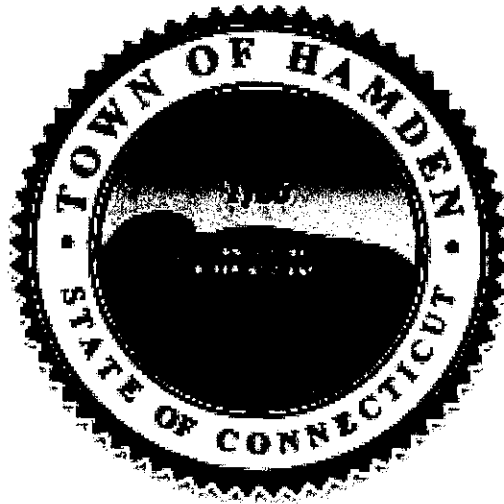
Due Date:

November 21, 2019

11:00 AM

Prepared for:

Town of Hamden, Connecticut



Source: <http://www.hamden.com/>

Finance Office, Government Center
2750 Dixwell Ave,
Hamden, CT 06518

Prepared by:

Martinez Couch & Associates, LLC

MCA) Consulting Engineers &
Surveyors

1084 Cromwell Avenue, Suite A-2
Rocky Hill, CT 06067
(860) 436-4364
martinezcouch.com



Consulting Engineers &
Surveyors

1084 Cromwell Avenue Suite A2
Rocky Hill, CT 06067
Tel: 860-436-4364
Fax: 860-436-4626
www.martinezcouch.com

November 21, 2019

Finance Manager
Finance Office Government Center
Town of Hamden
2750 Dixwell Ave
Hamden, CT 06518

RE: Surveying and Wetland Delineation for High Meadows Property Hamden, CT - RFP #20-07
MCA: 2019-324

Martinez Couch & Associates LLC (MCA) is pleased to present this proposal to provide a boundary and topographic survey and wetland delineation for the High Meadows Property located at 825 Hartford Turnpike in Hamden, CT.

SCOPE OF WORK:

MCA will perform a Class A-2 boundary survey of the street & property lines for the property described herein. All work will be based on NAD83 for horizontal control and NAVD 1988 Datum for vertical control. Survey and mapping will be prepared at an appropriate scale and will include a cover index sheet. The survey will include all necessary ground control, both horizontal and vertical.

The survey will also include all existing significant topographical features and improvements within the property to include but not be limited to:

- Recover and locate property line and street line monuments, if available. Locate street lines and determine property owners and property lines.
- Ground surface contours at 1' intervals extending to the limits of pavement and landscaped areas. Ground surface contours at 2' intervals to other limits of the property and 25' beyond property lines, as accessible.
- Edge of pavement and curbing, type of curb, sidewalks and ramps, hydrants, guide railing, driveways, walls, fences, mailboxes, walkways and steps, signs, parking striping and other pavement markings, landscaping, buildings, and street furniture.
- Significant trees greater than 8" (dbh) within the formally landscaped areas. Beyond the existing tree lines where dense vegetation exists, provide significant trees greater than 18" (dbh) within fifty (50') feet, and greater than 30" beyond fifty (50') feet.
- Survey will locate drainage pipes, catch basins with top elevation and culverts. Approximate pipe sizes and invert elevations of pipes at catch basins and manholes will be shown to the extent that they are visible and accessible. All drainage outlets within the project limits will be located.
- Survey will locate utility poles, gate valves, manholes and other such evidence of utilities visible and accessible at the time of the field survey. Utilize utility field marking services as much as practical.
- Survey will locate soil borings undertaken as part of any geotechnical investigation, if conducted within the time frame of the survey.
- Locate the watercourse as it crosses the property. Provide width dimensions and spot elevations of the channel at significant points.

- After wetlands have been flagged, the soils scientist's sketches will be used to assist the surveyor in locating the flags in the field. The flagged location will meet "Class B" horizontal accuracy at minimum, and sub-loops for control will meet "Class A-2" horizontal accuracy. Mapping will be prepared to show the surveyed delineation lines.

Wetland Delineation

MCA will engage a soil scientist to delineate wetlands within the property limits. Delineated wetlands will and incorporated into the survey file. Delineation will identify the type of wetlands and be summarized in a wetlands report and submitted to the Town.

Deliverables

The deliverables are anticipated to be: field book record copies, data files (rectified field data and AutoCAD compatible point files), paper maps, mylar maps, soil scientist reports and other reports of findings (such as but not limited to map analysis or tree and street line determinations), or AutoCAD electronic map files to be used as design base maps.

FEES:

Please see attached for lump sum price to complete the scope as described above.

We look forward to working with you on this project. If you have any questions, please feel free to contact me at 860-436-4364 ext. 632 or via email at armartinez@martinezcouch.com.

Sincerely,



A Rafael Martinez, LLS
Member Martinez Couch & Associates, LLC

COMPLETE AND RETURN

RFP #20-07

You are required to furnish the following information to the Town of Hamden:

Name and address of Company (Print or type) Martinez Couch & Associates, LLC
1084 Cromwell Avenue Suite A-2
Rocky Hill, CT 06067

Lump sum price for equipment, material, and labor: \$ \$49,800

\$ Forty-nine thousand, eight hundred dollars and zero cents.
WRITTEN AMOUNT

Name and Title of Agent of Company (Print or type) A Rafael Martinez,, LLS - Managing Member

Signature:  Date: 11/20/2019

Telephone: 860-436-4364 Ext. 632 Email: armartinez@martinezcouch.com

Fax: 860-436-4626 Federal I.D. Number: 06-1554807

Start Date 12/16/2019

Completion Date 2/7/2020

Current Insurance must be on File or provided

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/25/2019

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 Maloney & Company, LLC 1110 Boston Post Road Guilford, CT 06437	CONTACT NAME: PHONE (A/C, No, Ext): (203) 458-4000 FAX (A/C, No): (203) 458-4001 E-MAIL ADDRESS: mail@maloneyllc.com
INSURED Martinez Couch & Associates, LLC 1084 Cromwell Avenue Suite A-2 Rocky Hill, CT 06067	INSURER(S) AFFORDING COVERAGE INSURER A: RLI Insurance Company INSURER B: Hartford/Sentinel Insurance Company Ltd. INSURER C: Navigators Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **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.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PSB0003654	8/1/2019	8/1/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			31 UEC HE 4175	8/1/2019	8/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PSE0002082	8/1/2019	8/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (Yes, describe under DESCRIPTION OF OPERATIONS below)			PSW0002555	8/1/2019	8/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
PROFESSIONAL LIABILITY			CM19DPL052020IV	8/1/2019	8/1/2020	LIMIT: \$ 2,000,000/ \$ 4,000,000

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

CERTIFICATE HOLDER Copy	CANCELLATION 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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