

HISTORIC PRESERVATION COMMISSION REVIEW

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

PURSUANT TO THE PROVISIONS OF CHAPTER 48
HISTORIC PRESERVATION LAW OF THE VILLAGE OF GREENPORT

DATE OF APPLICATION: February 4, 2025
LOCATION OF PROPERTY: 102 BROAD ST NW CORNER OF 1St ST
SUFFOLK COUNTY TAX MAP NUMBER: 1001-2-5-29
PROPERTY OWNER: CYNTHIA A. ROE
ADDRESS: 102 BROAD ST PHONE: 646.
EMAIL ADDRESS: amail.com
ARCHITECT/DESIGNER: Suter 3 Suter
ADDRESS: P.O. BOX CUTCHOQUE 11935 PHONE
EMAIL ADDRESS: Juter and suter @ gmail.com
Type of Proposed Work Commercial Residential
Site Work
FENCE AND GATES DRIVEWAY, WALK, PATIO, OTHER PAVEMENT MAJOR EXCAVATION OR REGRADING, OR BERM SWIMMING POOL, TENNIS COURT OTHER STRUCTURAL LANDSCAPE ELEMENT SIGNAGE AND AWNINGS - SUBMIT SCALE DRAWINGS TO INDICATING TO FOLLOWING: - SIZE OF EACH SIGN - COLOR - FONT - LOCATIONS OF ALL SIGNAGE AND AWNINGS ON BUILDING - PROPOSED MATERIALS MODERN FEATURES - SOLAR PANELS - SKYLIGHTS - OUTDOOR SHOWERS OTHER
Landscape Planting
HEDGE ALONG STREET AND/OR PROPERTY BOUNDARY LINES PLANTINGS INTENDED TO SCREEN OTHER WORK DESCRIBED IN THIS APPLICATION

Buildings					
	NEW CONSTRUCTION ADDITION DEMOLITION REMOVAL ACCESSORY BUILDING				
Building A	Alterations	· · · · · · · · · · · · · · · · · · ·	<u> </u>	2007	
Dunam ₅ 1	RACCI CECHOING				
	EXTERIOR WALL MATERIAL ROOF MATERIAL AND COLOR CHIMNEY MATERIAL FOUNDATION MATERIAL DOORWAYS (INCLUDING STORM WINDOWS (INCLUDING STORM PORCHES AND STEPS TRIM AND DECORATIVE DETAIL GUTTERS AND LEADERS PAINT AND STAIN EXTERIOR LIGHTING OTHER	SCREEN SASH)		3	
-	OTTER				
ACCOMPANYIN A HIACI	HED				
LIST ALL EXHIBI	ITS SUBMITTED WITH THIS APPLI IALS ARE REQUIRED. (REFER TO	CATION. ACTUA THE INSTRUCT	L SAMPLES OF MA IONS FOR THE RE	ATERIALS AND/OR EQUIRED SUBMISS	DESCRIPTIONS OF IONS).
		d .	,		
	APPROVALS REQUIRED: TURE OF OWNER OR AUTHORIZE		Cynlain Fel	Dent 9	<u>-</u>

General Description

Proposed first floor addition of 27 sq ft under the existing second floor overhang.

Moving existing entry steps on the rear deck.

North elevation, moving entry door and adding a window.

West elevation, replacing short double hung windows with longer double hung windows that match the existing and adding one additional window.

South elevation, adding an oval window under the porch.

East elevation, shortening the kitchen window and adding a balancing window next to it, and adding a window on the second floor.



CERTIFICATE OF APPROPRIATENESS (COA)

Historic Preservation Commission Village of Greenport 236 Third Street, Greenport, NY 11944 631-477-0248 villageofgreenport.org

HISTORIC PRESERVATION COMMISSION APPROVAL

The Historic Preservation Commission hereby issues a Certificate of Appropriateness (COA) for the proposed work as it is in keeping with Chapter 76-6 of the Village of Greenport Code and specifically the six factors delineated in Chapter 76-6 (B). The COA for the proposed work is issued in accordance with the attached plans and any approval conditions, if attached hereto.

CONDITIONS OF APPROVAL FOR THE PROPERTY LOCATED AT:

APPROVED:	As presented		Subject to conditions below
1 2		45	
	hair		Date
listed herein to	signing this form is ro all contractors for	the project.	ommunicating the Terms and Conditions

- conditions or on the attached plans.
- 3. The COA approval is limited to the scope of work documented in the accepted plans with conditions of approval.
- 4. No visible or concealed structural elements or historic features may be modified or removed unless identified in the COA approval.

Note: If unforeseen issues arise during construction, or if a change to the project is being considered, work should be suspended, and an application for a review of the additional planned work must be submitted to the Historic Preservation Commission.

APPLICANT/AUTHORIZED AGENT SIGNATURE:

I agree that all work shall be in accordance with the plans, specifications and conditions which accompany this application, and I have read and understand the Historic Preservation COA General and Project Specific Conditions.

Date 2025



Village of Greenport Building Department

236 Third Street, Greenport, New York, 11944 (631) 477-0248 Ext. 212 www.villageofgreenport.org

ASBESTOS CERTIFICATION FORM

Notice to Building Applicants:

AN ASBESTOS SURVEY IS REQUIRED FOR ALL RENOVATION, REMODELING, REPAIR AND DEMOLITION OF ALL INTERIOR AND EXTERIOR BUILDING MATERIALS.

AS PER NEW YORK STATE INDUSTRIAL CODE RULE 56, ASBESTOS MATERIAL MUST BE ABATED BY LICENSED CONTRACTORS UTILIZING CERTIFIED ASBESTOS HANDLERS, WITH THE EXCEPTION OF OWNER-OCCUPIED SINGLE-FAMILY HOMES, WHERE THE OWNER MAY REMOVE THE ASBESTOS AND RENOVATE THESE STRUCTURES THEMSELVES. IT IS NOT RECOMMENDED THAT THE OWNER PERFORM ABATEMENT, AS THE OWNER COULD POTENTIALLY EXPOSE THEMSELVES, THEIR FAMILY AND NEIGHBORS TO ASBESTOS FIBERS IF ADEQUATE ENGINEERING CONTROLS AND WORK METHODS ARE NOT UTILIZED DURING THE ABATEMENT.

FOR FURTHER INFORMATION AND UPDATES, PLEASE SEE THE NEW YORK STATE WEBSITE AT: <u>WWW.LABOR.STATE.NY.US</u> OR CONTACT THE ASBESTOS CONTROL BUREAU DISTRICT OFFICE, NYS DEPARTMENT OF LABOR, ASBESTOS CONTROL BUREAU, 75 VARICK STREET, 7TH FLOOR, NEW YORK, NY 10013, TELEPHONE NUMBER 212-775-3538.

I hereby agree to abide by the conditions listed above. I understand that I am responsible to ensure these requirements are met, including all other applicable laws, rules and regulations pertaining to asbestos abatement.

Date: 2 / 3 / 2025

From: Kenneth Marulli kmarulli@greenportvillage.org

Subject: RE: Follow-Up on Building Permit Application

Date: January 31, 2025 at 12:59 PM
To: cindy roe cinroe@gmail.com

Cc: Kevin Stuessi kevin@greenportvillage.org

Cindy,

The inspector reviewed your file and noted the following missing from the application.

- 3. Contractor MUST PROVIDE: Copy of Suffolk County/Southold Town Contractors or Tradesman License, three (3) Proofs of Insurance; Liability (Acord form, 2M/1M min.), Workers' Compensation (C105.2 form), & Disability (DB 120.1 form). Forms shall show the property owner and property location, and list the Village of Greenport as the additional insured/contract holder. THE CONTRACTORS WORKERS COMP INSURANCE (ATTACHED) HAS EXPIRED AND NEEDS TO HAVE THE VILLAGE OF GREENPORT LISTED AS THE CERTIFICATE HOLDER. IF ELECTRICIAN IS BEING USED, ELECTRICIANS LICENSE AND INSURANCE INFO.
- 7. Proof of approvals from other agencies & statutory boards having jurisdiction, if applicable (i.e. New York State Department of Environmental Conservation, Village of Greenport, Suffolk County Department of Health, Village of Greenport Zoning Board of Appeals, Village of Greenport Planning Board, Village of Greenport Historic Preservation Commission, Village of Greenport Board of Trustees)
 PLEASE SUBMIT AN APPLICATION TO THE HPC FOR WINDOW CHANGES. IF POSSIBLE, SUBMIT BEFORE FEB 6 SO THAT IT MAKES THE FEB 7 MEETING. BRING TO MEETING BROCHURE FOR WINDOWS.
- 8. Owner/Applicant must submit completed Asbestos Certification Form (FORM-AC1) THIS FORM CAN BE FOUND ON THE VILLAGE WEBSITE

Please let me know if you have any questions.

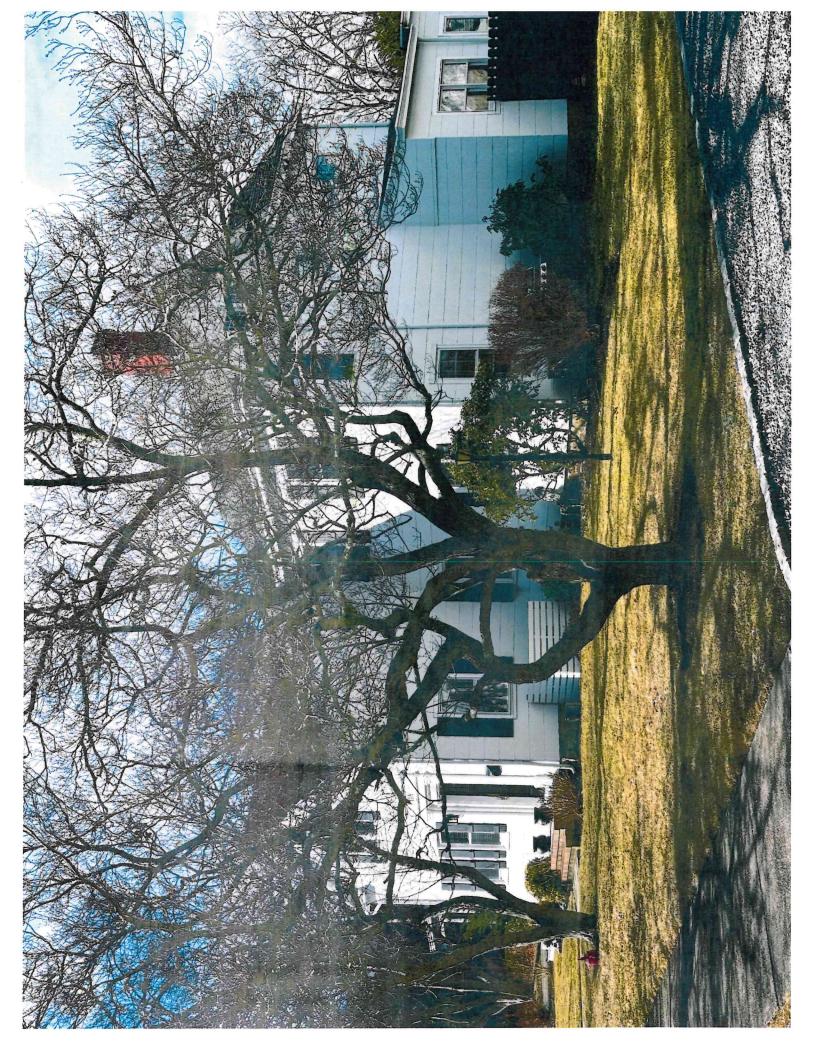
Thank you Ken

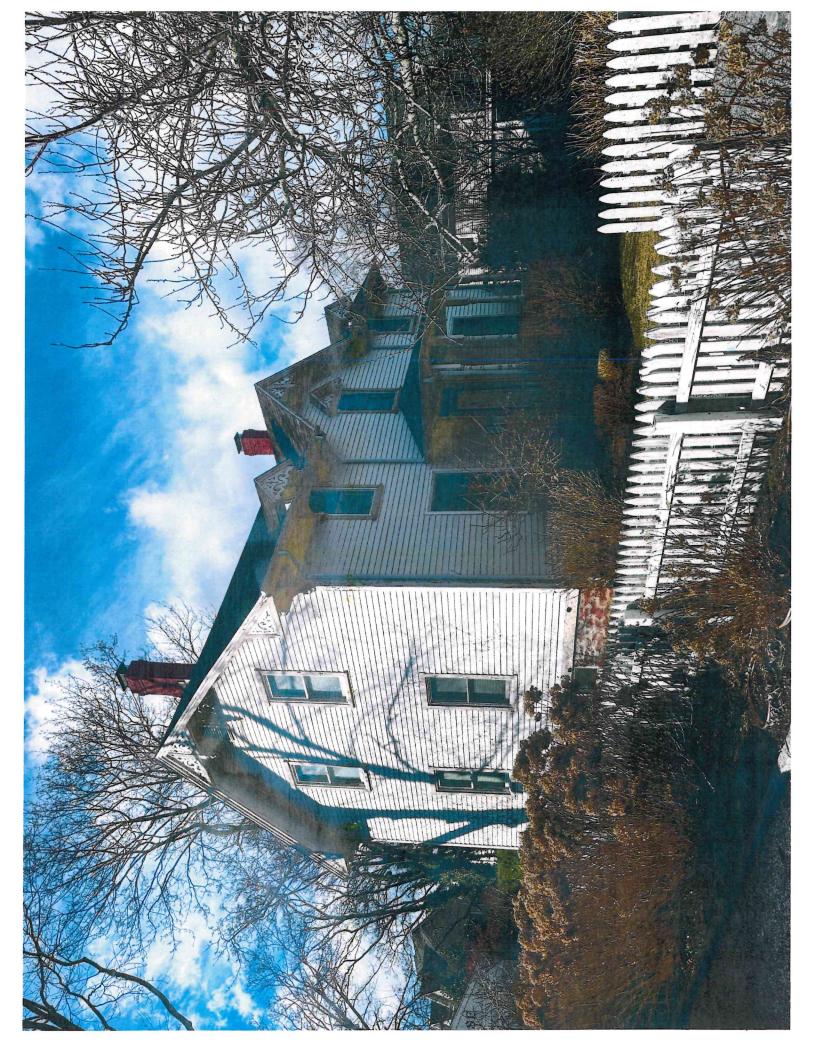
From: cindy roe <cinroe@gmail.com>

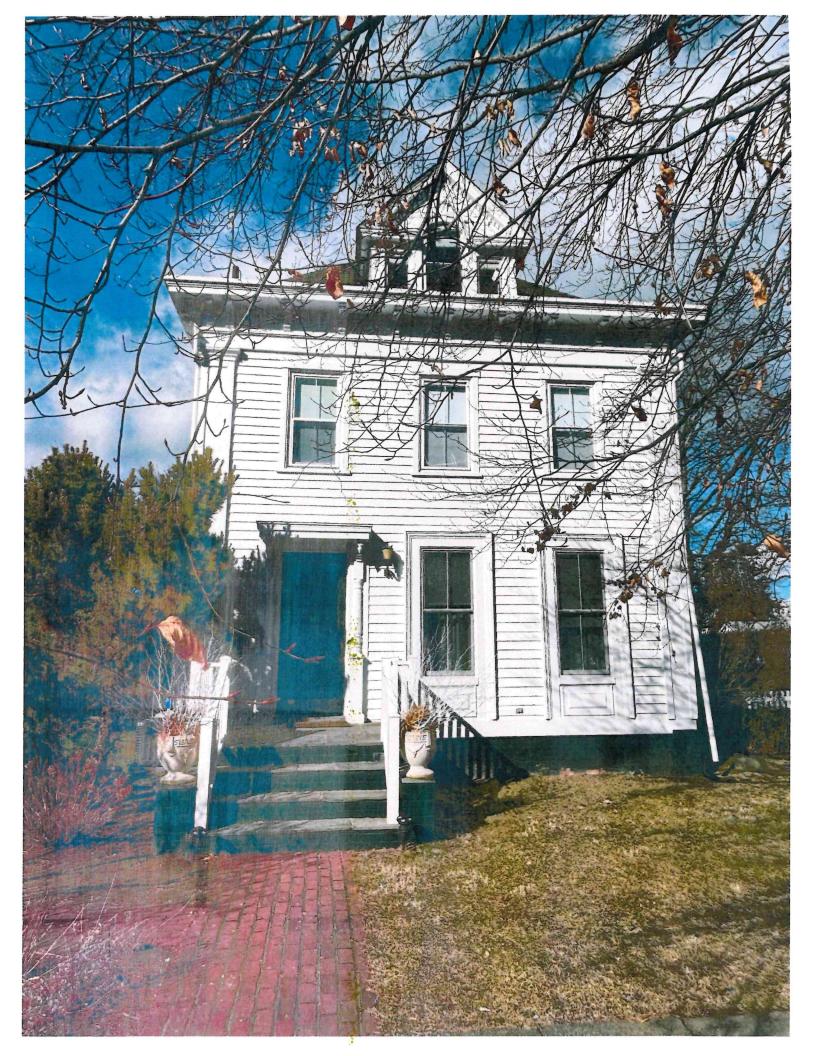
Sent: Thursday, January 30, 2025 12:28 PM

To: Kenneth Marulli kmarulli@greenportvillage.org Subject: Re: Follow-Up on Building Permit Application

Thank you for the update.







Unit Spec Report - Large Image

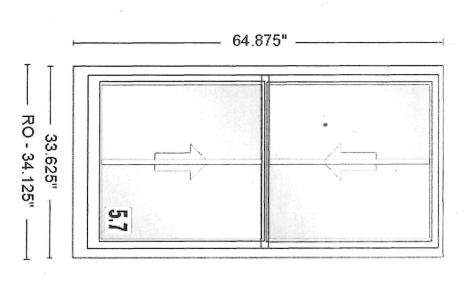
ratsey broad street

PROJECT NAME
Unassigned Project

QUOTE NUMBER 7042856

CUSTOMER PO#

TRADE ID



 Item
 Qty
 Operation

 100-1
 3
 AA

Room:

None Assigned

RO Size: 34 1/8" x 64 7/8" Unit Size: 33 5/8" x 64 7/8"

Comments:

400 Series Double-Hung, Low-E4, Standard, Grilles: FDL, Specified Equal Light, No Simulated Check Rail, 3/4", White, Pine, Unfinished, 2W1H

Instructions to Manufacturer:

Clear O	A1	Unit #
pening/Unit	3	Unit # U-Factor SHGC
#	0	R F
Width	28	GC .
Height	1	ENE
Area (Sq. Ft)	NO	ENERGY STAR
	Height	0.28 Width Height

Unit Spec Report - Large Image QUOTE NAME PROJECT NAME

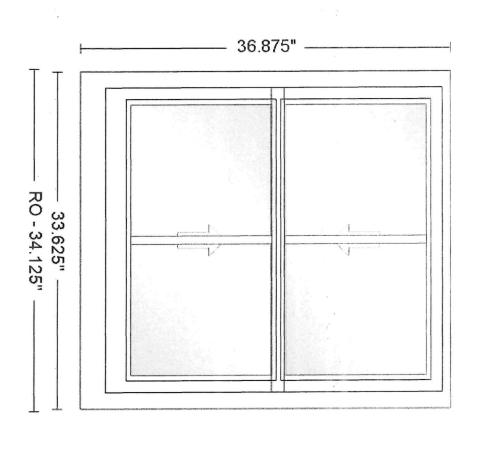
ratsey broad street

Unassigned Project

QUOTE NUMBER 7042856

CUSTOMER PO#

TRADE ID



<u>Item</u> 200-1 Room: None Assigned NO

RO Size: 34 1/8" x 36 7/8"

Unit Size: 33 5/8" x 36 7/8"

Comments:

400 Series Double-Hung, Low-E4, Standard, Grilles: FDL, Specified Equal Light, No Simulated Check Rail, 3/4", White, Pine, Unfinished, 2W1H

Instructions to Manufacturer:

Clear C	A1	Unit #
pening/Unit	0.31	Unit # U-Factor SHGC
#	0.2	SHG
Width	ω	C
Height		ENER
Area (Sq. Ft)	NO	ENERGY STAR
		0.28 Width

Unit Spec Report - Large Image QUOTE NAME PROJECT NAME

ratsey broad street

Unassigned Project

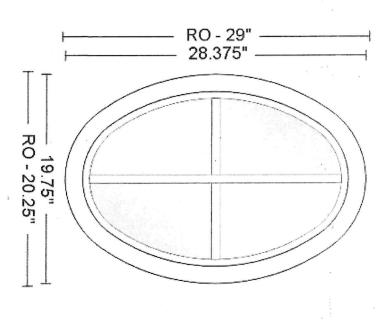
QUOTE NUMBER

CUSTOMER PO#

TRADE ID

Frame Major Radius = 18.9035969"

Frame Minor Radius = 7.903279"



Room: None Assigned

300-1 tem AD Fixed Operation

RO Size: 20 1/4" x 29"

Unit Size: 19 3/4" x 28 3/8"

400 Series Specialty Oval, Low-E4, Standard, Grilles: FDL, Colonial, Typical, 3/4", White, Pine, Unfinished, 2W2H Comments:

Instructions to Manufacturer

A1	Unit #	nisuuc
0.28	U-Factor	רוסווא נט ואומ
0.31	SHGC	illistructions to Manufacturer:
	Ш	

ENERGY STAR

N O

Print Date: 2/5/2025 5:12:06 PM UTC

Quote #: 7042856

All Images Viewed from Exterior

Page 4 of 5



This certifies that the bearer is duly licensed by the County of suffolk

Wayne T. Rogers

Commissioner

Suffolk County Dept. of Labor, Licensing & Consumer Affairs

HOME IMPROVEMENT LICENSE

Name
COLIN D RATSEY
Business Name
RATSEY CONSTRUCTION

License Number

Issued:

01/01/1992

Expires:

01/01/2026



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/05/2025

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).

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PRO	DUCER				CONTAC NAME:	T Alexandria	Whitney				
McN	lann Price Agency, Inc.				PHONE (A/C, No, Ext): (631) 477				77-		
828	Front Street				E-MAIL ADDRES	alevandria	@mcmannpric	ce.com			
					1,000,100	Annual Control of the	SURER/S) AFFOR	DING COVERAGE	-		NAIC#
Gre	enport			NY 11944-1542	INSURE	Atlantia C	Casualty Ins Co				11711017
INSU	RED				INSURE						
	Ratsey Construction & Ratso, LI	.C Ati	ma: C	olin D Ratsev	INSURE						
	РО В			,							****
					INSURE						
	Greenport			NY 11944	INSURE						
001		TIELO	V dela 1	Maria Caracter Street Control	INSURE	RF:		DEVISION NUM	DED.		
	ERAGES CER	CONTRACTOR OF THE PARTY OF	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, w	NUMBER:	ISSUED	TO THE INCLI	and the second particular security and the second	REVISION NUM	Correction and Contract	100	-
IN	IN IS TO CERTIFY THAT THE FOLICIES OF DICATED. NOTWITHSTANDING ANY REQUIL RTIFICATE MAY BE ISSUED OR MAY PERTA ICLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TH	NT, TE	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLICI	CT OR OTHER	DOCUMENT V DHEREIN IS SU	WITH RESPECT TO	O WHICH T	HIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
LIK	COMMERCIAL GENERAL LIABILITY	INSU	WVD	Nadmon topo ;		(MINIDDITTTI)	(511117)	EACH OCCURRENC	1	\$ 2,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu	ED	s 100,	000
								MED EXP (Any one)	person)	\$ 10,0	
Α				M068002388-3	1	05/09/2024	05/09/2025	PERSONAL & ADV I	NJURY	\$ 2,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	Ψ .	0,000
	POLICY PRO- JECT LOC				1		ĺ	PRODUCTS - COMP	P/OP AGG	\$ 4,00	0,000
	OTHER:									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe		S	
	HIRED NON-OWNED AUTOS ONLY				-			PROPERTY DAMAG (Per accident)	SE	\$	
										S	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	s	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		s	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		s	
	DESCRIPTION OF STERNITORIE SCION							213.0132.132		<u> </u>	
					1						
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule.	may be at	tached if more sp	pace is required)				
CEF	TIEICATE HOLDER	-			CANC	ELL ATION		······································			******
CEF	TIFICATE HOLDER				CANC	ELLATION		and the second second second			
	Village of Greenport 236 Third Street				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIE F, NOTICE WILL BI PROVISIONS.			BEFORE
	Greenport			NY 11944	AUTHOR	RIZED REPRESEN		O. Wal	1kes		
pines volute											



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 133376596 COLIN RATSEY D/B/A RATSEY CONSTRUCTION PO BOX

GREENPORT NY 11944



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

COLIN RATSEY D/B/A
RATSEY CONSTRUCTION

PO BOX GREEN T NY 11944 CERTIFICATE HOLDER

VILLAGE OF GREENPORT 236 THIRD STREET GREENPORT NY 11944

POLICY NUMBER

CERTIFICATE NUMBER

POLICY PERIOD 01/09/2025 TO 01/09/2026 DATE 2/1/2025

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1103 816-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

AAAAAA 475098236
REP ELECTRIC LLC
P O BOX
MATTITUCK NY 11952



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER
REP ELECTRIC LLC
P O BOX
MATTITUCK NY 11952

CERTIFICATE HOLDER

RATSEY CONSTRUCTION
PO BOX
GREENPORT NY 11944

POLIC	CYNUM	MBER
		_

CERTIFICATE NUMBER

POLICY PERIOD 02/09/2024 TO 02/09/2025

DATE 1/30/2025

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1345 981-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURÂNCE FUND UNDERWRITING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/16/2024

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(les) 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).

PRO	UCE	R						NAME:	Carol Peri	llo			
New	broo	k Insurance Ager	псу					PHONE (A/C, No, Ext) FAX (A/C, No):					
	Roose	evelt Ave						E-MAIL ADDRESS: certificates@newbrookins.com					
								INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #	
Port	Jeffe	erson Stat					NY 11776	INSURER A: Merchants Mutual Insurance Company 23329				23329	
INSU	RED							INSURE					
		REP Elect	ric Ll	LC				INSURER C:					
		РО В											
								INSURE					
		Mattituck					NY 11952-0635	INSURE					
	d mit ma				T.E.O.	A 77 E 4	THE RESERVE AND ADDRESS OF THE PERSON OF THE	INSURE	RF:		DEVICION NUMBER.		
Marine Booking	Contractor of the	AGES		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Section and the	The Sharpson	NUMBER:	100LIED	TO THE INCHES	the second secon	REVISION NUMBER:	00	
							ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY						
							SURANCE AFFORDED BY THE						
	CLU	SIONS AND CON	DITIO	ONS OF SUCH PO			ITS SHOWN MAY HAVE BEEN	REDUC					
INSR LTR		TYPE OF IN	ISUR	ANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-	
	×	COMMERCIAL GEN	IERAI	LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
		CLAIMS-MADE		OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,	000
											MED EXP (Any one person)	s 15,0	00
Α							BOP9092557		03/01/2024	03/01/2025	PERSONAL & ADV INJURY	s Inclu	ded
		I'L AGGREGATE LIMI	TADE	NIER DED.							GENERAL AGGREGATE	s 2,00	
	GEN	PRO	0-		1								0,000
		POLICY JEC	CT	roc							PRODUCTS - COMP/OP AGG	\$	
	AUT	OTHER: OMOBILE LIABILITY	,		-	-					COMBINED SINGLE LIMIT	\$ 1,00	000
	AUI										(Ea accident)		
		ANY AUTO OWNED		SCHEDULED			DOD0000557		00/04/0004	02/04/2025	BODILY INJURY (Per person)	\$	
Α		AUTOS ONLY		AUTOS			BOP9092557		03/01/2024	03/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	×	HIRED AUTOS ONLY	×	NON-OWNED AUTOS ONLY							(Per accident)	\$	***************************************
												\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	e e
		DED RETEI	NTION	۷\$		1						\$	
		KERS COMPENSAT									PER OTH-		
		EMPLOYERS' LIABI PROPRIETOR/PARTI		EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
	OFFI	CER/MEMBER EXCL datory in NH)	UDEC)?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	, describe under CRIPTION OF OPERA	TION	C holow							E.L. DISEASE - POLICY LIMIT	s	
	DESC	CKIFTION OF OFERF	TION	3 Delow							E.E. DIOLAGE TO ORIGINATION	<u> </u>	
DECC	DIDT	ION OF OBERATION	8/10	CATIONS / VEHICLE	E (AC	OPD 1	01, Additional Remarks Schedule,	may be at	tached if more cr	age is required)			
							12 14 14 14 14 14 14 14 14 14 14 14 14 14				conditions of the general		
		e noider is include surance policy.	eu as	s additional insure	ed win	en rec	quired by a written contract or	agreem	ient, subject to	the terms and	conditions of the general		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,											
CER	TIFI	CATE HOLDER						CANC	ELLATION				
	-			And the state of the second section is the first section of the second								THE PERSON NAMED IN	And the state of t
											SCRIBED POLICIES BE CAN		BEFORE
		Vision - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1									F, NOTICE WILL BE DELIVER PROVISIONS.	ED IN	
		Ratsey Co	nstru	ıction				ACC	ONDANCE WIL	n ing Polici	FROVIDIONO.		
		РО Во						AUTHO	RIZED REPRESEN	ITATIVE	alle legis ya ana kana aran aran da kana kana kana kana kana kana kana		The second second second second
										1			
		Greenport					NY 11944			1	A Karm	_	
-	-		(1)		not-amoraren			L	2000		est ranch		

Hinge Finish: US10B Oil Rubbed Bronze

Sill: Composite Adjustable

• Sill Finish: Mill Finish w Light Cap

· Lock Option: None

Bore: Double Lock Bore 2-3/8" Backset

Strike Jamb Prep: Schlage Dexter/Kwikset Scant Prep

Weatherstrip Type: Compression
 Weatherstrip Color: Bronze
 Custom Height Option: No

Kick Plate: NoneDoor Viewer: NoneSill Cover: Yes

Finish Frame Exterior Color: Unfinished
 Finish Frame Interior Color: Unfinished

Rough Opening Width: 38 1/2"Rough Opening Height: 82 1/2"

Total Unit Width(Includes Exterior Casing): 37 5/8"
 Total Unit Height(Includes Exterior Casing): 82"

Item Total: \$ 1,318.07

Item Quantity Total: \$ 1,318.07

Item: 0002: Ext 36" x 80" F77504G LHI 4 9/16" On-Guard Primed

Location:

3,010.2

Fir 36"x80" Single Door



FIT 36 X80 SITISTE DOOR



Configuration Options Hide



Product Category: Exterior Doors
 Manufacturer: Reeb - Wood Exterior

Product Type: Exterior

Region: East

Product Material: Nantucket Series Wood Grip Tenon - No Pins

Material Type: Fir

Configuration (Units viewed from Exterior): Single Door

· Factory Finish Option: No

Slab Width: 36"
Slab Height: 80"
Product Style: 3/4 Lite
Glass Type: Clear

Panel Type: 1-7/16" Double Hip Raised

Grille Type: 7/8" SDL
Insulation: Low E
Model: F77504G
Sticking: Ovolo

Handing: Left Hand Inswing

Frame Material: On-Guard Primed

Jamb Depth: 4 9/16"

Casing/Brickmould Pattern: None

Hinge Type: Radius Corner Ball Bearing

Hinge Brand: Reeb

Hinge Finish: US10B Oil Rubbed Bronze

• Sill: Composite Adjustable

• Sill Finish: Mill Finish w Light Cap

• Lock Option: None

• Bore: Double Lock Bore 2-3/8" Backset

• Strike Jamb Prep: Schlage Dexter/Kwikset Scant Prep

Weatherstrip Type: Compression
 Weatherstrip Color: Bronze
 Custom Height Option: No

Kick Plate: NoneMail Slot: NoneSill Cover: Yes

Finish Frame Exterior Color: Unfinished
 Finish Frame Interior Color: Unfinished

Rough Opening Width: 38 1/2"Rough Opening Height: 82 1/2"

Total Unit Width(Includes Exterior Casing): 37 5/8"
 Total Unit Height(Includes Exterior Casing): 82"

Item Total: \$ 3,010.26 Item Quantity Total: \$ 3,010.26

Uni	t Summa	ry			<u>Hide</u>
Item	Location	Description	Quantity	Unit Price	Total Price
0001		Ext 36" x 80" F2060 LHI 4 9/16" On-Guard Primed	1	\$ 1,318.07	\$ 1,318.07
0002		Ext 36" x 80" F77504G LHI 4 9/16" On-Guard Primed	1	\$ 3,010.26	\$ 3,010.26

SUBMITTED BY:	SUBTOTAL:	\$ 4,328.33
ACCEPTED BY:	TAXES (%):	\$ 0.00
DATE:	GRAND TOTAL:	\$ 4,328.33

Reeb Warranties



Therma-Tru Energy Star Charts



Additional Information:

I understand that this order will be placed according to these specifications and is non-refundable.

All products are unfinished unless otherwise specified and should be finished as per the instructions provided by the manufacturer.

Images on this quote should be considered a representation of the product and may vary with respect to color, actual finish options and decorative glass privacy ratings. Please verify with sales associate before purchasing.

Unless otherwise noted, prices are subject to change without notice, and orders accepted subject to prices in effect at time of shipment. Prices in this catalog apply only to sizes and descriptions listed; any other specifications will be considered special and invoiced as such.