	PROPOSA	4 <i>L</i>
	Poolwork	
	State License # CP C	2056857
	700 Wilma Street, Longwo	ood, FL 32750
		ax (407) 831-5583
PROPOSAL SUBMITTED TO	PHONE	DATE
Harmony CDD	407-301-2235	2017/08/14
3500 Harmony Square Driv	e West FAX	
Harmony, FL 34773		
WE HEREBY SUBMIT SPECIFICATIONS A	ND ESTIMATES FOR:	
RESURFACING SWIM CLUE	<u>3 POOL WITH KRYSTAL KRETI</u>	<u>E EXPOSED QUARTZ AGGREGATE:</u>
and structures. 2. Grind around fittings and 3. Sound for hollow spots in Please note that the price If additional hand-chippin there is an added charge 4. Acid wash to eliminate sub- 5. Pressure wash to cleanse 6. Apply acrylic based bond 7. Apply new exposed aggro 8. Leave swimming pool fill 9. Remove all waste materia <u>Additional work to be perfor</u> Install new 6" x 6" bullnose in customer's choice of con- Install new skid-resistant 2" Note: Depth markers, ladde	d lights and underneath tile to a n old surface and remove. ing below includes up to 10% ha ng is required to properly prepa e of \$ 2.00 per sq. ft. of surface mooth areas. e and remove chemical residue. ling coat for bonding of new fini egate quartz finish, troweling du ling with fresh water. als from jobsite. <u>rmed:</u> and flat tile at waterline and insolor. 'x 6" tile at steps, where riser m	are the old surface, area. ish. uring curing to a smooth and durable finish.
There is a five year manufacturer's warra There is a two year warranty against defo We propose hereby to furnich m		dance with above specifications
for the sum of:	-	aunce with above specifications
Payment to be made as follo	\$29,990.00	ent, 50% upon completion.
Any alteration or deviation from the above and above the estimate. All agreements o	specifications involving extra costs will be exec contingent upon strikes, accidents or delays bey	uted only upon written orders, and will become an extra charge over rond our control. Owner to carry necessary insurance. In the event of ay any and all costs of collection including, but not limited to, costs of
	l conditions are satisfactory and are her ied. Payment will be made as specified a	
Date of Acceptance:	Authorized Property Repres	entative Signature:
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