



DEPARTMENT OF PUBLIC WORKS

AQUATIC SERVICES ♦ ENGINEERING ♦ FACILITIES ♦ ROADS/BRIDGES ♦ STORMWATER ♦ TRAFFIC ♦ WATERWAYS

1525 EAST JEFFERSON STREET ♦ BROOKSVILLE, FLORIDA 34601
P 352.754.4060 ♦ F 352.754.4423 ♦ W www.HernandoCounty.us

MEMORANDUM

TO: Alisa Pike, Procurement Coordinator
FROM:  Craig Becker, Facilities Manager
DATE: January 25, 2024
SUBJECT: Detention Center Elevator Modernization Project #22-C00056/DK

The Detention Center Elevator Modernization Project is complete. I am forwarding the following documents for processing:

1. Vendor Performance Evaluation
2. Contract Final Payment Checklist
3. Finance Plus Retainage Info
4. Final Payment application #2
5. Third Party Elevator Inspection Report
6. Substantial Completion & Warranty Statement
7. E Cab Warranty
8. Contractor Release of Lien
9. 5 Sub-Contractor Release of Liens

The original Contract was in the amount of \$154,642.00. There was one deductive change order (#1) in the amount of -\$5000.00 for a final contract price of \$149,642.00.

Funding for Final Pay Application #2 in the amount of \$7482.10 is available in retainage acct #1203 - 2050236.

Please create an agenda item to the Board of County Commissioners for final approval.

If you need anything further, please contact me.

Thank You

Attachments

CC Via E-mail:

Charlene Elliott, Finance Specialist
J. Scott Herring, P.E., Public Works Director / County Engineer
Carla Rossiter-Smith, MSM PMP, Chief Procurement Officer

HERNANDO COUNTY PURCHASING AND CONTRACTS
VENDOR PERFORMANCE EVALUATION
Construction Projects

Vendor/Firm: Right Way Elevator	County Dept.: Facilities	Contract # and Description: 22-C00056/PR Detention Center Elevator Modernization Project
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The Purchasing and Contracts Department would like your opinion of this Contractor. This evaluation will be kept on file in the Purchasing Department and referred to when recommending future A/E contracts.

Return completed form to: **Alisa Pike**

This information will also be shared with the Contractor to inform them of commendable as well as deficient areas in their service.

Design Phase	Rating Scale:	Poor	Average	Excellent	
Knowledge and understanding of job scope		(1)	(2)	(3) <input checked="" type="radio"/>	(5)
Ability to comply with specifications		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Speed and efficiency of work		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Adequacy of manpower and crew mix		(1)	(2)	(3) <input checked="" type="radio"/>	(5)
Quality of workmanship		(1)	(2)	(3) <input checked="" type="radio"/>	(5)
Response to changes in scope, schedule, manpower		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Ability to suggest innovative methods		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Early identification of problems and timely resolution		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Submission of updated and revised progress schedules		(1)	<input checked="" type="radio"/>	(3) (4)	(5)
Quality of supervision		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Coordination and control of subcontractor(s)		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Enforcement of safety procedures		(1)	(2)	(3) <input checked="" type="radio"/>	(5)
Adherence to schedule		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Adequacy of materials		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Storage of materials		(1)	(2)	<input checked="" type="radio"/> (4)	(5)
Adequacy of housekeeping and site clean-up		(1)	(2)	<input checked="" type="radio"/> (4)	(5)

HERNANDO COUNTY PURCHASING AND CONTRACTS
VENDOR PERFORMANCE EVALUATION
Construction Projects

Construction Phase Cont.

Rating Scale:

Poor

Average

Excellent

Cooperativeness

①

②

③

④

⑤

Professional conduct

①

②

③

④

⑤

Specific suggestions for improvement:

Progress pays + closeout docs, and adherence to spec/contract leaves
some to be desired. Generally anything administrative +
communication needs improvement.

Would you recommend this contractor for another County project?
explain

☒ Yes

☐ No, please

Field work was very good + on schedule.

Evaluated by:

Reviewed by:

Craig M. Beaman 11/19/24
Signature Date

Fran Hallett 2/1/2024
For Chief Procurement Officer Date

HERNANDO COUNTY CONSTRUCTION CONTRACT
FINAL PAYMENT CHECKLIST

Bid No: 22-C00056/DK Project No: 111854 Date: 1/19/24

Contractor Name: Right Way Elevator

The following items have been secured by the Facilities department for the project known as Detention Center Elevator Modernization Project

Contract No: _____, and have been reviewed and found to comply with the requirements of the Contract Documents.

Original Contract Price: 154,642.00 Final Contract Price (including all change orders): 149,642.00

Performance Bond Increase Required: Yes ☐ No ☒ N/A

Date of Notice to Proceed: 8-14-23 Amount of Liquidated Damages: N/A

Substantial Completion Time:* 30 Calendar Days

Substantial Completion Time (including Change Orders):* 30 Calendar Days

Final Completion Time:* 30 Calendar Days

Final Completion Time (including Change Orders):* 45 Calendar Days

Actual Substantial Completion Time:* 9-8-23 - 26 Calendar Days

Actual Final Completion Time (including Change Orders):* 12-28-23 - 108 Calendar Days

Completed		
Yes	No	
<u>X</u>		1. All Punch List items completed <u>9-8-23</u> (Date).
<u>X</u>		2. Warranties and Guarantees assigned to County.
<u>X</u>		3. General one year warranty from Contractor <u>9-8-23</u> (Effective Date).
<u>X</u>		4. Operation and Maintenance manuals for equipment and system.
<u>X</u>		5. Record drawings obtained.
<u>X</u>		6. County personnel trained on system and equipment operation.
<u>X</u>		7. Certificate of Occupancy _____ or Compliance <u>9-8-23</u> .
<u>X</u>		8. Certificate of Substantial Completion* <u>9-8-23</u> (Date)
<u>X</u>		9. Department's Final Inspection Report* when Applicable. <u>9-8-23</u> (Date)
<u>X</u>		10. Final Payment Certification and Affidavit from Contractor.
<u>X</u>		11. Owner's Representative's Certificate of Final Inspection. <u>9-12-23</u> (Date)
<u>N/A</u>		12. DBE Participation Certification and justification letter from Contractor (If Applicable).

Completed		
Yes	No	
<u>X</u>	<u> </u>	14. Release of Liens
<u>N/A</u>	<u> </u>	15. Consent of Surety
<u>X</u>	<u> </u>	16. As-Built Documents (Signed and Sealed)
<u>X</u>	<u> </u>	17. Vendor Performance Form _____
<u>X</u>	<u> </u>	18. Final Funding Agency Approval, if applicable
<u> </u>	<u> </u>	19. Others: Specify: _____

If any of the above are not applicable, indicate by N/A.

If No is checked to any of the above, explain here: _____

Comments: _____

Signed: Craig W. Bunker
Department Director or Designee

Date: 1/19/24

* These Completion Times and/or Dates to be used, when appropriate, in administering the liquidated damages provision of the Contract Documents.

cc: Purchasing & Contracts

SUNGARD PENTAMATION
DATE: 12/13/2023
TIME: 14:35:39

HERNANDO CO BOARD OF CO COMMISSIONERS
GENERAL LEDGER AUDIT TRAIL

PAGE NUMBER: 1
AUDIT221

ACCOUNTING PERIODS: 1/24 THRU 3/24

(INACTIVE ACCOUNTS INCLUDED)
SELECTION CRITERIA: genledgr.fund='1203' genledgr.account='2050236'
TOTALLED ON: FUND,ACCOUNT,PERIOD

FUND - 1203 - HCSO REVENUE FUND

ACCOUNT	DATE	T/C	REFERENCE	VENDOR/PAYER	DEBIT	CREDIT	DESCRIPTION	NET
2050236	RETAINAGE-RGHT WAY ELVTRS					.00	BEGINNING BALANCE	
	12/12/23 19-1		CLOSE YR			7,482.10	TRANSFER 13TH PERIOD BAL	
	TOTAL PERIOD 1				.00	7,482.10		7,482.10
TOTAL	RETAINAGE-RGHT WAY ELVTRS					7,482.10		
TOTAL	HCSO REVENUE FUND				.00	7,482.10		
TOTAL REPORT					.00	7,482.10		

* THERE IS A NOTE ASSOCIATED WITH THIS TRANSACTION

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

PAGE 1 OF

PAGES

TO (OWNER): Hernando County Detention Center
15470 Flight Path Rd.
Brooksville, FL 34604

APPLICATION NO.: App #2

PERIOD TO: 10/28/2023

FROM (CONTRACTOR): Right Way Elevator
9790 16th St N St Petersburg 33716 KA#

Distribution to:

☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐ INSPECTOR

CONTRACT FOR: MOD

CONTRACT DATE: 10/28/2023

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY

Change Orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this Month			
Number	Date Approved		
TOTALS			

Net change by Change Orders

Application is made for Payment, as shown, in connection with the Contract. Continuation Sheet, AIA Document G702, is attached.

1. ORIGINAL CONTRACT SUM \$ 151,642.00
2. Net change by Change Orders \$ 5000.00
3. CONTRACT SUM TO DATE (Line 1+2)..... \$ 149,642.00
4. TOTAL COMPLETED & STORED TO DATE..... \$ 149,642.00
 (Column G on G702)
5. RETAINAGE:
 - a. 5 % of Completed Work \$ 7,482.10
 (Column D+E)
 - b. % of Stored Material \$
 (Column F on G703)
 Total Retainage (Line 5a + 5b or Total in Column 1 of G702)..... \$ 7,482.10
6. TOTAL EARNED LESS RETAINAGE..... \$ 142,159.90
 (Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)..... \$ 142,159.90
8. CURRENT PAYMENT DUE..... \$ 7,482.10
9. BALANCE TO FINISH, PLUS RETAINAGE..... \$
 (Line 3 less Line 6)

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect/Inspector certifies to the Owner that to the best of the his/her knowledge, information and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Inspector: Craig W. Becken Date: 11-6-23

Project Manager: Brian W. W... Date: 11-3-23

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

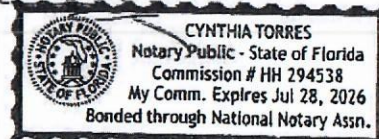
AMOUNT CERTIFIED Craig W. Becken \$ 7,482.10
 (Attach explanation if amount certified differs from the amount applied for.)

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for payment has been completed in accordance with the Contract Documents, that all previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: [Signature] Date: 11-3-2023

State of: Florida County of: Pinellas
 Subscribed and sworn to before me this 3 day of November, 2023
 Notary Public:
 My Commission expires: [Signature]



CONTINUATION SHEET

AIA DOCUMENT G703

PAGE OF PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached.

In Tabulations below, amounts are stated to the nearest dollar.

Use Column 1 on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER: #2

APPLICATION DATE: 11-3-2023

PERIOD TO:

10/28/23

WORK COMPLETED

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D FROM PREVIOUS APPLICATION (D + E)	E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G + C)	H BALANCE TO FINISH (C - G)	I RETAINAGE
1	Mobilization	0	0	0	0	0	0	0	0
2	Permit	350.00	0	350.00	0	350.00	100	0	17.50
3	Elevator Modernization	140,303.00	0	140,303.00	0	140,303.00	100	0	7015.15
4	Elevator Interior	8989.00	0	8989.00	0	8,989.00	100	0	449.45
5	HVAC Install	5000.00	0	0	0	0	0	0	0
6	CO #1 HVAC Install	5000.00	0	0	0	0	0	0	0
		149,642.00	0	149,642.00	0	149,642.00	100	0	7482.10

	(CEI) #	
09/08/2023	0786	Alteration Acceptance

8:00:00 AM
Time Out:
10:00:00 AM

ELEVATOR INSPECTION REPORT

Page 1 of 1

41948

ATIS Elevator Inspections - REC# 709

Building Name:
Hernando County Jail
Building Address:
16425 Spring Hill Drive
City:
Brooksville

Zip Code:
34604

DEFINITIONS
CEI - FL Certified Elevator Inspector
CET - FL Certified Elevator Technician
REC - FL Registered Elevator Company

I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator.
Or See attached elevator installation affidavit.

Signature:	CEI #	CET #
Print Name:	Phone Number:	

VIOLATIONS

Violation Codes @: www.MyFlorida.com/dbpr/hr/documents/violation_codes.xls

VIOLATION 1:
VIOLATION 2:
VIOLATION 3:
VIOLATION 4:
VIOLATION 5:
VIOLATION 6:
VIOLATION 7:
VIOLATION 8:
VIOLATION 9:

Test Witness: DF (lbs): 18, Relief (psi): 440, Leak (in): 0, Working (psi): 350,

Maintenance Co:
Right Way Elev - St Pete

Call To:

Person Receiving This Report - The inspection: Passed Generator Test Performed: Yes

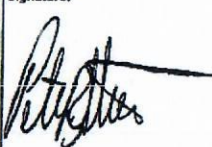
If violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.

Signature	Title
Print Name	Phone Number

Notes:

I certify that I have personally performed or witnessed:

- ☐ Routine Inspection
- ☐ Periodic test as prescribed by ASME A17.
- ☒ Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual
- ☐ Violations cited on the previous inspection report have been corrected.
- ☒ Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Administrative Code.

Signature: 	CEI# 0786	REC# 709
Print Name: Peter Steen	Phone Number: (855) 755-2847	

This device

- ☐ Complies With
- ☒ Does Not Comply With
- ☐ Is Exempt From Section 399.15 - Florida Statutes: Access/Fire Key Requirements.

	(CEI) #	
06/30/2023	0671	TW Only

7:30:00 AM
Time Out:
8:30:00 AM

ELEVATOR INSPECTION REPORT

Page 1 of 1

41947

ATIS Elevator Inspections - REC# 709

Building Name:
Hernando County Jail
Building Address:
16425 Spring Hill Drive
City:
Brooksville

Zip Code:
34604

DEFINITIONS
CEI - FL Certified Elevator Inspector
CET - FL Certified Elevator Technician
REC - FL Registered Elevator Company

I certify that as the elevator company supervisor, I directly supervised the construction or installation of this elevator.
Or See attached elevator installation affidavit.

Signature:

CEI #

CET #

Print Name:

Phone Number:

VIOLATIONS

Violation Codes @: www.MyFlorida.com/dbpr/hr/documents/violation_codes.xls

VIOLATION 1:	
VIOLATION 2:	
VIOLATION 3:	
VIOLATION 4:	
VIOLATION 5:	
VIOLATION 6:	
VIOLATION 7:	
VIOLATION 8:	
VIOLATION 9:	

Test Witness: Relief (psi): 450,

Maintenance Co:
Right Way Elev - St Pete

II To:

Person Receiving This Report - The inspection: Passed Generator Test Performed: No

violations are cited, this report constitutes an Order to Correct as outlined in s. 399.061(4), Florida Statutes. Violations must be corrected within 90 days in accordance with s. 399.105(4), Florida Statutes.

Signature	Title
Print Name	Phone Number

Notes:

I certify that I have personally performed or witnessed:

- ☐ Routine Inspection
☒ Periodic test as prescribed by ASME A17
☐ Acceptance inspection of new or altered installation as recommended by the ASME A17.2 Inspectors Manual
☐ Violations cited on the previous inspection report have been corrected.
☐ Installation meets or exceeds minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Administrative Code.

Signature:

CEI#

REC#

0671

709

Print Name:

Phone Number:

John Triplett

(855) 755-2847

This device

- ☐ Complies With
☐ Does Not Comply With
☒ Is Exempt From
Section 399.15 - Florida Statutes:
Access/Fire Key Requirements.

IWO303638 | 41947

NOTICE TO CERTIFIED ELEVATOR INSPECTOR



Have your Elevator Maintained the Right Way!

Final Acceptance of Equipment and Warranty

Hernando County Jail
16425 Spring Hill Drive
Brooksville FL, 34604

DATE OF SUBSTANTIAL COMPLETION AND ACCEPTANCE: September 8, 2023

The undersigned is the authorized representative of the building owner/general contractor. His/her signature indicates that the elevator operates and functions in compliance with plans and specifications.

This signed Final Acceptance of Equipment sets into effect our twelve (12) month warranty against defective materials and workmanship commencing on the date as indicated above.

Under this warranty, Right Way Elevator will correct any defect not due to ordinary wear and tear, improper use of equipment, vandalism, accidents, abuse, acts of God, negligence, or any other conditions beyond our reasonable control.

Right Way Elevator will also furnish twelve (12) months of maintenance and callback service from the date of final acceptance. Please note, however, all maintenance and/or repair work on the elevator(s) must be performed by Right Way Elevator. Failure to adhere to this stipulation will void the elevator(s) warranty.

The maintenance and replacement of materials covered under the warranty will be performed during the regular working hours of the regular working days of the elevator trade at no additional charge to the customer. There will, however, be charges for all work, including labor and materials, made necessary to correct deficiencies caused by normal wear and tear, improper use of equipment, vandalism, accidents, abuse, acts of God, negligence, or any other conditions beyond our reasonable control. These additional items may or may not be covered under the scope of our full-maintenance service agreement.

Accepted By:

FIRM NAME Hernando County Facilities

SIGNATURE W. L. Loefer

TITLE Facilities Manager

DATE 11/3/23



Warranty

November 2, 2023

Subject: Hernando Detention Center
16425 Springhill Dr
Brooksville, FL 34604

e.CAB Job Number: E2306059

Substantial Completion Date: October 13, 2023
Subcontractor Scope of Work: Elevator Interior Finishes

We, **E.CAB L.L.C.**, do hereby warrant that all labor furnished and work performed in conjunction with the above referenced project are in accordance with the Contract Documents and authorized modifications thereto, and will be free from defects due to improper workmanship for a period of one (1) year from the Date of Substantial Completion.

Should any defect develop during the warranty period due to improper workmanship, the same shall, upon written notice by the Owner, be made good by the undersigned at no expense to the Owner.

Nothing in the above shall be deemed to apply to work that has been abused or neglected by the Owner, to damage caused by Acts of God or to normal wear and tear. This does not preclude or replace additional Warranties that may be otherwise applicable.

By *Cynthia Lance*
Cindi Lance
Director of Operations

**4639 Lown Street, St. Petersburg, FL 33714
Telephone (727)-525-8987 - Facsimile (727) 527-4022**



Have Your Elevator Maintained The Right Way!
Phone (727)-686-6955 Fax (727)-827-2232

WAIVER AND RELEASE OF LIEN

The undersigned lienor, in consideration of the Final payment in the amount of \$ 7,482.10 herby waives and releases its lien and rights to claim a lien for labor, services or materials furnished by Right Way Elevator, Inc. on the job Hernando County Dentation to the following described property:

Name Hernando County Dentation

Address 16425 Spring Hill Drive
Brooksville FL 33604

This waiver and release does not cover any retention of labor, services, or materials furnished after the date specified below, or if exceptions listed on this document.

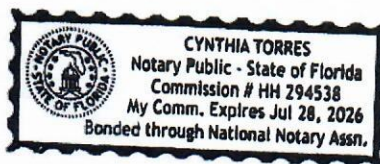
Date on: December 28, 2023

Lienors Name: Right Way Elevator, Inc.
9790 16th Street N
St Petersburg, FL 33716

By: Brad Wosinski

Print Name: Brad Wosinski

Title Mod Manager



State of: Florida

County of: Pinellas

The forgoing instrument was acknowledged before me this 28 Day of December 2023. By Brad Wosinski who personally known to me or who produced FIDL as identification.

Notary Public [Signature]

CONTRACTOR'S FINAL RELEASE AND WAIVER OF LIEN

Project/ Owner

Project: Henando County Jail

Address: 16425 Spring Hill Drive
Spring Hill, Florida 34604

Owner: Hernando County

Contractor

Name: KC Fire Systems, Inc.

Address: P.O. Box 2121
Palm Harbor, Florida 34682

Contractor Licence: EF-0000770

Contract Date: 6 / 22 / 23

TO ALL WHOM IT MAY CONCERN:

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned Contractor hereby waives, discharges, and releases any and all liens, claims, and rights to liens against the above-mentioned project, and any and all other property owned by or the title to which is in the name of the above-referenced Owner and against any and all funds of the Owner appropriated or available for the construction of said project, and any and all warrants drawn upon or issued against any such funds or monies, which the undersigned Contractor may have or may hereafter acquire or possess as a result of the furnishing of labor, materials, and/or equipment, and the performance of Work by the Contractor on or in connection with said project, whether under and pursuant to the above-mentioned contract between the Contractor and the Owner pertaining to said project or otherwise, and which said liens, claims or rights of lien may arise and exist.

The undersigned further hereby acknowledges that the sum of
One Thousand Seven Hundred Forty

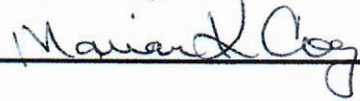
Dollars (\$ 1,740.00) constitutes the entire **unpaid** balance due the undersigned in connection with said project whether under said contract or otherwise and that the payment of said sum to the Contractor will constitute payment in full and will fully satisfy any and all liens, claims, and demands which the Contractor may have or assert against the Owner in connection with said contract or project.

Dated this 8th day of December 2023

KC Fire Systems, Inc.

Contractor

Witness to Signature:



By: 

Title: President

CONTRACTOR'S FINAL RELEASE AND WAIVER OF LIEN

Project/ Owner

Contractor

Project: Hernando County Detention Center

Name: Ramatt Inc.

Address: 15470 Flight Path Rd

Address: 2543 Kruger Lane

Brooksville, FL 34604

Tampa, FL 33618

Owner: Craig Becker

Contractor Licence: _____

Contract Date: 10 / 27 / 2023

TO ALL WHOM IT MAY CONCERN:

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned Contractor hereby waives, discharges, and releases any and all liens, claims, and rights to liens against the above-mentioned project, and any and all other property owned by or the title to which is in the name of the above-referenced Owner and against any and all funds of the Owner appropriated or available for the construction of said project, and any and all warrants drawn upon or issued against any such funds or monies, which the undersigned Contractor may have or may hereafter acquire or possess as a result of the furnishing of labor, materials, and/or equipment, and the performance of Work by the Contractor on or in connection with said project, whether under and pursuant to the above-mentioned contract between the Contractor and the Owner pertaining to said project or otherwise, and which said liens, claims or rights of lien may arise and exist.

The undersigned further hereby acknowledges that the sum of
Five thousand, five hundred

Dollars (\$ 5500) constitutes the entire paid balance due the undersigned in connection with said project whether under said contract or otherwise and that the payment of said sum to the Contractor will constitute payment in full and will fully satisfy any and all liens, claims, and demands which the Contractor may have or assert against the Owner in connection with said contract or project.

Dated this 14 day of December 20 23

Digna C. Alvarez
Contractor

Witness to Signature:

Nathan J.

By: Digna Alvarez

Title: OFFICER



CONTRACTOR'S FINAL RELEASE AND WAIVER OF LIEN

<u>Project/ Owner</u>	<u>Contractor</u>
Project: <u>Hernando County Detention Center</u>	Name: <u>MEI Total Elevator Solutions</u>
Address: <u>15470 Flight Path Rd</u> <u>Brooksville, FL 34604</u>	Address: <u>PO Box 64069St</u> <u>Paul, MN 55164-0069</u>
Owner: <u>Craig Becker</u>	Contractor Licence: _____
	Contract Date: <u>01 / 02 / 2023</u>

TO ALL WHOM IT MAY CONCERN:

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned Contractor hereby waives, discharges, and releases any and all liens, claims, and rights to liens against the above-mentioned project, and any and all other property owned by or the title to which is in the name of the above-referenced Owner and against any and all funds of the Owner appropriated or available for the construction of said project, and any and all warrants drawn upon or issued against any such funds or monies, which the undersigned Contractor may have or may hereafter acquire or possess as a result of the furnishing of labor, materials, and/or equipment, and the performance of Work by the Contractor on or in connection with said project, whether under and pursuant to the above-mentioned contract between the Contractor and the Owner pertaining to said project or otherwise, and which said liens, claims or rights of lien may arise and exist.

The undersigned further hereby acknowledges that the sum of
ELEVEN THOUSAND SEVEN HUNDRED DOLLARS AND CENTS FOR INVOICE 1023815

Dollars (\$ 11,756.00) constitutes the entire paid balance due the undersigned in connection with said project whether under said contract or otherwise and that the payment of said sum to the Contractor will constitute payment in full and will fully satisfy any and all liens, claims, and demands which the Contractor may have or assert against the Owner in connection with said contract or project.

Witness to Signature: _____





Dated this 14 day of December 2023

Minnesota Elevator Inc
Contractor

By: Calla Wolfe

Title: Credit Manager

WAIVER AND RELEASE OF LIEN UPON FINAL PAYMENT

The undersigned lienor (the "Lienor"), in consideration of the final payment in the amount of \$ 9,198.00, hereby waives and releases its lien and right to claim a lien for labor, services, or materials furnished to Hernando County Detention Ctr on the job of Right Way Elevator to the following described property:

Hernando County Detention Ctr

16425 Springhill Dr

Brooksville, FL 34604

The Lienor certifies, under oath, that all lienors, including laborers, subcontractors, materialmen or professionals, have been paid in full for all materials, equipment, fees, licenses, insurances and taxes of every description have been paid in full, and that there are no liens, causes for liens or claims against the Lienor whatsoever. The Lienor certifies that Lienor will indemnify and save harmless the Owner from any and all manner of claims, liens, suits, losses, costs, expenses and damages, including, but not limited to, reasonable attorney's fees arising out of or resulting from Lienor's failure to pay for any work performed or material supplied under the Contract, and hereby releases forever all claim, title and interest in the Project for the same.

The Lienor for value received does hereby release and discharge the Project from any and all liens and claims of lien, equitable or legal, which the undersigned has or may have against the Project for labor, services or materials, and further hereby releases and discharges any and all claims against any Payment Bond applicable to the Project for labor, services or materials.

The Lienor warrants that no assignment of claims for payments, rights to perfect a lien against the Project, or claims against the Payment Bond, if any, have been made, and that the undersigned has the authority to execute this Final Waiver of Lien and has performed the labor and services and supplied the materials required of the Lienor. The undersigned has personal knowledge that the statements made herein are true and correct.

Signed, sealed, and delivered this 2nd day of November, 2023

Lienor: E.CAB, LLC

By: Joel Tompkins

Title Sales Manager

The foregoing instrument was acknowledged before me this 2nd day of Nov, 2023, by Joel Tompkins. He/she (who is personally known to me)/(who has produced _____ as identification) and (did)/(did not) take an oath.

My Commission Expires:



CYNTHIA C. LANCE
Commission # GG 948821
Expires January 13, 2024
Bonded Thru Budget Notary Services

Cynthia C. Lance
NOTARY PUBLIC STATE OF FLORIDA
Typed or Printed Name of Notary Public

FINAL WAIVER OF LIEN

The undersigned has been paid in full in the amount of \$4769.00 Hernando County Detention Center for all labor, services, equipment or material furnished to Right Way Elevator, and does hereby waive and release any right to a mechanic's lien, stop notice, or any right against a labor and material bond on the job, except for disputed claims for extra work in the amount of \$0.00.

Dated: November 01, 2023

INNOVATION INDUSTRIES, INC.

By: Jim Taylor

Signature: 

Title: Controller

The above person has personally appeared before me on this date, and is known to me as an authorized representative of the corporation or business referred to above, and I have witnessed his signature.

NAME OF NOTARY: Tonya Kendrick

NOTARY SIGNATURE: 

DATE: 11-1-2023

