

**CAPITAL IMPROVEMENT PROGRAM
2024-2031 Project Request & Evaluation Form**

1. Department: Maintenance / General Governmental Buildings	2. Prepared By: Paul J Cavanaugh, Maintenance Director
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3A. Project Name & Implementation Year/s: Post Office Support Piers – 2024/2025 *OK*

3B. Description of Project: (Please go to second page, Paragraph 3B, to give detailed description and purpose of project, and give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria)

4. <u>Evaluation Criteria</u> (Explain Score under 3.B, Page 2)	Point Score
a. Addresses an emergency or public safety need	(5) 4 3 2 1 0
b. Corrects a deficiency in service or facility	(5) 4 3 2 1 0
c. Results in long-term cost savings	5 (4) 3 2 1 0
d. Furthers the goals of the Master Plan	5 4 (3) 2 1 0
e. Matching funds available for limited time	5 4 3 2 1 (0)

5. Department Priority	___1___ of ___5___
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6. <u>Estimated Costs</u>	7. <u>Cost Effect on Budget</u>
a. Planning and Design: ?	a. Operation: ?
b. Land: ?	b. Maintenance: ?
c. Construction: ?	c. Number of Personnel: ?
d. Equipment: ?	d. Cost of Personnel: ?
e. Other: ?	e. Other: ?
TOTAL: __unknown – discovered 10.10.23_____	TOTAL: __unknown_____

8. <u>Source of Funds</u> (Check those appropriate):	
<input type="checkbox"/> a. Current Revenue	<input type="checkbox"/> b. General Obligation Bonds
<input type="checkbox"/> c. Revenue Bonds	<input type="checkbox"/> d. Federal Grant
<input type="checkbox"/> e. State Grant	<input type="checkbox"/> f. Special Assessment
<input type="checkbox"/> g. Town Budget	<input checked="" type="checkbox"/> h. Other (Specify): <u>CIP</u>

3B. Detailed description and Purpose of Project:

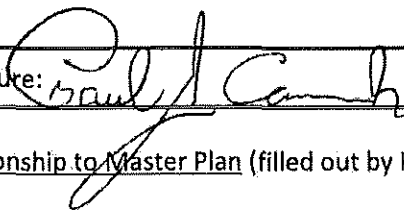
FYI - A capital project as defined by the Planning Board are those projects outside of normal operations and maintenance and having the following characteristics:

- a gross cost of at least \$5,000;
- and a useful life of at least 3 years; and
- is non-recurring (not an annual budget item);
- or any project requiring bond financing.

Please also give a detailed explanation and/or justification for the point score under 4. **Evaluation Criteria.**

On 10.10.23, an engineer from Primex was out evaluating the foundation and found that the structural piers were unstable. These piers are old and made of a hodge podge of materials, including wood, masonry, and rubble. The engineer advised this was a top priority to maintain the structural integrity of this building.

Signature:



Title: Maint. Dir.

Date: 10-27-23

Relationship to Master Plan (filled out by Planning Board):

**CAPITAL IMPROVEMENT PROGRAM
2024-2031 Project Request & Evaluation Form**

1. Department: Maintenance / General Governmental Buildings	2. Prepared By: Paul J Cavanaugh, Maintenance Director
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3A. Project Name & Implementation Year/s: Post Office Foundation – 2024/2025 *OK*

3B. Description of Project: (Please go to second page, Paragraph 3B, to give detailed description and purpose of project, and give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria)

4. Evaluation Criteria (Explain Score under 3.B, Page 2)		Point Score
a. Addresses an emergency or public safety need	5	(4) 3 2 1 0
b. Corrects a deficiency in service or facility	(5)	4 3 2 1 0
c. Results in long-term cost savings	5	(4) 3 2 1 0
d. Furthers the goals of the Master Plan	5	(4) 3 2 1 0
e. Matching funds available for limited time	5 4 3 2 1	(0)

5. Department Priority *2* of *5*

6. Estimated Costs	7. Cost Effect on Budget
a. Planning and Design: 0	a. Operation: 0
b. Land: 0	b. Maintenance: 0
c. Construction: \$53,760	c. Number of Personnel: 0
d. Equipment: included	d. Cost of Personnel: 0
e. Other: n/a	e. Other:
TOTAL: \$53,760	TOTAL: \$0

8. Source of Funds (Check those appropriate):

<input type="checkbox"/> a. Current Revenue	<input type="checkbox"/> b. General Obligation Bonds
<input type="checkbox"/> c. Revenue Bonds	<input type="checkbox"/> d. Federal Grant
<input type="checkbox"/> e. State Grant	<input type="checkbox"/> f. Special Assessment
<input type="checkbox"/> g. Town Budget	<input checked="" type="checkbox"/> h. Other (Specify): CIP

3B. Detailed description and Purpose of Project:

FYI - A capital project as defined by the Planning Board are those projects outside of normal operations and maintenance and having the following characteristics:

- a gross cost of at least \$5,000;
- and a useful life of at least 3 years; and
- is non-recurring (not an annual budget item);
- or any project requiring bond financing.

Please also give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria.

Severe foundation damage due to earth pressure and frost issues on north/northwest side (nearest Old Post driveway.) Wall has moved and caved in, in numerous locations. This is not a safety issue at present time (per Primex engineer) but will continue to deteriorate as time progresses.

Signature: Paul J Cavanaugh

Title: Maintenance Director

Date: 10.27.23

Relationship to Master Plan (filled out by Planning Board):

(603) 300-0124

Job Estimate

Town of Chester
repair stone foundation of the right side of post office
building, side towards old post restaurant
Will work with town engineers and building inspector if need to

	ORDER Rich Bellemore
PHONE NO.	CUSTOMER Paul
JOB LOCATION 5 Chester St	
JOB PHONE	STARTING
TERMS	

[illegible]

DESCRIPTION OF WORK
Repair two 10 foot sections of foundation
dig on the outside of foundation and build new wall
dimensions of 10X4X2 wall to support building
backfill with a grade that sheds water away

MISCELLANEOUS CHARGES		
LABOR	HRS.	AMOUNT
10x2x4=80x336=		\$26,880.00
10x2x4=80x336=		\$26,880.00

DATE ORDERED 9/7/2023
DATE COMPLETED

TOTAL LABOR	
TOTAL MATERIALS	
TOTAL MISCELLANEOUS	
SUBTOTAL	
TAX	
GRAND TOTAL	\$53,760.00

CUSTOMER APPROVAL
SIGNATURE _____

AUTHORIZED SIGNATURE _____

2

CAPITAL IMPROVEMENT PROGRAM
2023-2030 Project Request & Evaluation Form

1. Department: Maintenance / General Governmental Buildings	2. Prepared By: Paul J. Cavanaugh, Maintenance Director
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3A. Project Name & Implementation Year/s: Reroof front of municipal complex 2022/2023	24/25
3B. Description of Project: (Please go to second page, Paragraph 3B, to give detailed description and purpose of project, and give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria)	

4. Evaluation Criteria (Explain Score under 3.B, Page 2)	
	Point Score
a. Addresses an emergency or public safety need	(5) 4 3 2 1 0
b. Corrects a deficiency in service or facility	(5) 4 3 2 1 0
c. Results in long-term cost savings	(5) 4 3 2 1 0
d. Furthers the goals of the Master Plan	(5) 4 3 2 1 0
e. Matching funds available for limited time	5 4 3 2 (1) 0

5. Department Priority	21 of 5
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6. Estimated Costs	7. Cost Effect on Budget
a. Planning and Design: \$0	a. Operation: N/A
b. Land: \$0	b. Maintenance: N/A
c. Construction: \$62,000	c. Number of Personnel: N/A
d. Equipment: included	d. Cost of Personnel: N/A
e. Other: N/A	e. Other: N/A
TOTAL: \$62,000 * anticipate 20% min. increase	TOTAL: \$0

8. Source of Funds (Check those appropriate):	
<input type="checkbox"/> a. Current Revenue	<input type="checkbox"/> b. General Obligation Bonds
<input type="checkbox"/> c. Revenue Bonds	<input type="checkbox"/> d. Federal Grant
<input type="checkbox"/> e. State Grant	<input type="checkbox"/> f. Special Assessment
<input type="checkbox"/> g. Town Budget	<input checked="" type="checkbox"/> h. Other (Specify): CIP

3B. Detailed description and Purpose of Project:

FYI - A capital project as defined by the Planning Board are those projects outside of normal operations and maintenance and having the following characteristics:

- a gross cost of at least \$5,000;
- and a useful life of at least 3 years; and
- is non-recurring (not an annual budget item);
- or any project requiring bond financing.

Please also give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria.

The objective is to correct an ongoing deficiency in the Police Department roof.

The PD roof is in excess of 20-25 years old.

It has been in a state of failure for several years. Therefore, a severe internal leak persists.

Signature: Paul J. Cavanaugh

Title: Maintenance Director

Date: 10.3.2022

Relationship to Master Plan (filled out by Planning Board):

Roofing Quote

Craig Susalka <craig@adamvroofing.com>

Wed 9/21/2022 12:23 PM

To: Maintenance <Maintenance@ChesterNH.org>

Paul,

It was a pleasure meeting with you on Monday, 9/19, to discuss the roofing needs for the police department building. I have worked up some pricing to address the leaking roof. As you know, there are multiple locations with leaks. When metal roofs get old the gromets under each screw head will dry out, crack and fail, allowing water to enter the building. There are literally thousands of screws on the roof, which are all at or near the failure point. Our recommendation would be to install a new roof on the entire building rather than keep throwing repair money at the problem every year. We believe that asphalt shingle roofing is the best option for that building, as asphalt shingles are made so well these days that you can expect shingles to last 30-40 years! In order to install shingles on the existing structure we would first need to install plywood as a nailing surface to accept the roofing nails. Further, we would need to cut back the narrow overhanging metal so it is flush with the current fascia so that the drip wedge would fit appropriately and look its best. The price for that portion of the property would come in between \$52,299 and \$62,899, depending upon options selected. I'll be happy to meet with you and/or the selectmen to discuss the material options whenever it's most convenient.

While I was on the roof I also noticed a section of the adjoining roof which has a combination of shingles with a TPO membrane in the valleys. At the bottom of one of the valleys there is a large pocket of water that has collected UNDER the membrane! This should be addressed immediately as well. We could add on to the above-mentioned scope of work by replacing the membrane with shingles and weave the new shingles into the existing shingles, thereby salvaging as much of the existing shingles as possible and reducing the cost. The extra scope of work could be added for an additional \$6,000.

As for the leak in the hallway near the multi-purpose room, I believe that the leak is coming in through the gash in the stucco wall. That could easily be remedied with a high quality caulk or sealant. Diagnosing any further leaking in that area is extraordinarily difficult due to the multiple attempts that have been made to seal the area with multiple applications of tar and sealant.

If you have any questions about anything or the selectmen wish to meet and go over the details I'll be happy to accommodate your needs.

I look forward to hearing back from you soon.

Best regards,

Craig Susalka
Adam Vaillancourt Roofing
603-554-5534

**CAPITAL IMPROVEMENT PROGRAM
2023-2030 Project Request & Evaluation Form**

1. Department: Maintenance / General Governmental Buildings	2. Prepared By: Paul J. Cavanaugh, Maintenance Director
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3A. Project Name & Implementation Year/s: Post Office Bulkhead 2024/2025 25/26
3B. Description of Project: (Please go to second page, Paragraph 3B, to give detailed description and purpose of project, and give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria)

4. <u>Evaluation Criteria</u> (Explain Score under 3.B, Page 2)		Point Score					
a. Addresses an emergency or public safety need	5	4	3	2	1	0	
b. Corrects a deficiency in service or facility	5	4	3	2	1	0	
c. Results in long-term cost savings	5	4	3	2	1	0	
d. Furthers the goals of the Master Plan	5	4	3	2	1	0	
e. Matching funds available for limited time	5	4	3	2	1	0	

5. Department Priority _____ of 5
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6. <u>Estimated Costs</u>	7. <u>Cost Effect on Budget</u>
a. Planning and Design: \$0	a. Operation: N/A
b. Land: \$0	b. Maintenance: N/A
c. Construction: \$9,600	c. Number of Personnel: N/A
d. Equipment: included	d. Cost of Personnel: N/A
e. Other: N/A	e. Other: N/A
TOTAL: \$9,600 * subject to 20%+ increase	TOTAL: \$0

8. Source of Funds (Check those appropriate):	
<input type="checkbox"/> a. Current Revenue	<input type="checkbox"/> b. General Obligation Bonds
<input type="checkbox"/> c. Revenue Bonds	<input type="checkbox"/> d. Federal Grant
<input type="checkbox"/> e. State Grant	<input type="checkbox"/> f. Special Assessment
<input type="checkbox"/> g. Town Budget	<input checked="" type="checkbox"/> h. Other (Specify): CIP

3B. Detailed description and Purpose of Project:

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Please also give a detailed explanation and/or justification for the point score under 4. **Evaluation Criteria.**

The current bulkhead has been in extreme disrepair for quite some time (at least 4+ years).

Stairs are deteriorating and crumbling. Bulkhead unit itself has torn from mounting posts on bulkhead foundation, which is causing leakage and creating a security / safety issue.

Signature: Paul J. Cavanaugh

Title: Maintenance Director

Date: 10.3.2022

Relationship to Master Plan (filled out by Planning Board):



www.accessibilityfornewengland.com

Table 10 - line 7 - 2025/2026 - anticipate large increase as this quote is from 2020.

Commercial Lift Proposal

Customer: Town of Chester Stevens Memorial Hall

Date: 11/26/20

Installation Address: 1 Chester St., Chester, NH 03036

Billing address: Town of Chester, 84 Chester Street, Chester, NH 03036

City: Chester **State:** NH **Zip Code:** 03036

Contact Name & Phone numbers: Paul Cavanaugh

(603) 341-8673 Maintenance@ChesterNH.org

Job description and Summary:

Accessibility for New England Inc. proposes to supply and install a three-stop vertical platform lift model V1504 from Savaria into an existing shaft space for \$32,420.

This proposal includes a 36" wide by 52" deep straight thru platform with three 6' 8" outside fire rated doors with code compliant interlocks and frame mounted call stations. This proposal includes battery lowering.

This proposal also includes existing lift decommission, lift removal to area dumpster, (dumpster provided by town) initial state permit, an inspection from the NH state elevator inspector.

Product Make and Model: Savaria model V1504

Work by others: Cutting out and removal of existing doors and preparing door rough openings for new code compliant doors as per shop drawings.

Dedicated 20-amp circuit through a lockable fused disconnect with a set of auxiliary contacts for the battery lowering.

Warranty Period: **Parts** 3 years from manufacturer's ship date

Labor 1 year from turnover

Mailing Address: 328 Province Rd., Strafford, NH 03884

Proposal amount including installation: \$32,420.00

State Sales Tax: N/A

Total: \$32,420

Payment Terms: 50/40/10

50% to initiate order and put unit into production \$16,210.00

40% due upon equipment delivery and installation \$ 12,968.00

10% due upon customer turnover: \$3,242.00

Payment method: Visa MC Discover Cash Check

(Please make checks payable to Accessibility for New England)

CC number _____

Expiration date _____ CVV Code _____

CC Billing Address _____

Authorized signature on CC _____

I have read and understand the price, specifications and conditions of all pages of this contract including the terms and conditions. The contract pricing is good for 60 days in which pricing might have to be adjusted to reflect market conditions. Installations and service are to be done during normal business hours Monday to Friday 8:00AM to 5:00PM. Warranties apply only to intended use of equipment.

Proposal Accepted by: _____

Date: _____

Printed name and title: _____

Prepared by: Brian Lake, Accessibility for New England



Terms and Conditions for Lifts and Elevators

All installation and service is to be performed during normal business hours unless mutually agreed upon by both parties. Normal business hours are defined as Monday to Friday 8:00AM to 5:00PM (EST)

Installations are to be performed by licensed technicians to meet the manufacturer's specifications and standards. Where applicable, installations are performed to meet ASMA A18.1 public safety code, ASMA A17.1 elevator safety code, CMR 524 & 521 code, NEC. Local authority having jurisdiction responsible for fire ratings on shaft walls

The equipment must be used for its intended purpose and design otherwise equipment and labor warranties will be void.

In the event of cancellation at the customer's request, payment is expected in full if lift or elevator is in the production stage. If the lift or elevator is not in the production stage an administrative fee may still apply.

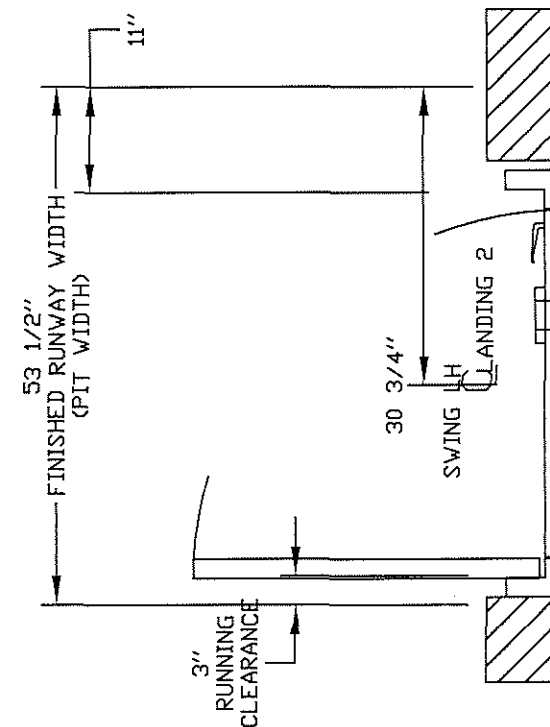
If delivery of ordered equipment cannot occur due to site conditions, the second portion of the delivery payment is due per contract and a storage fee could be enforced in the amount of \$50 a week after two-week grace period.

Under no circumstances will Accessibility For New England be held responsible or liable for loss, damage, detention or delay resulting from causes beyond our reasonable control, including but not limited to; acts of God, accidents, fire, flood, acts of civil or military authorities, or that which interferes with the performance of work at the building site or our ability to obtain parts or equipment used in this agreement.

All warranties will be deemed null and void if lift or equipment is tampered with or worked on by others without the consent of Accessibility for New England. All unpaid balances are subject to 18% interest and reasonable attorneys' fees.

Stair-lifts, elevators and lifts are mechanical equipment with electrical components. Like any such devices, in normal operation and with the passage of time are subject to wear and tear, deterioration and possible malfunction through use, fatigue, corrosion, dust abuse etc. This service is not intended as a guarantee against failure or malfunction at any time.

Therefore, it is important that equipment must be properly maintained to maximize its useful life and perform safely. Commercial vertical platform lifts should be maintained every six months as per ASMA A18.1 public safety code. LULA elevators should also be inspected twice a year per ASME A17.1 elevator safety code. Even Residential Elevators and lifts should be inspected and serviced twice a year as planned maintenance.



CUSTOMER: ACCESSIBILITY
PROJECT: STEVEN M
ADDRESS: 1 CHESTER
NH, US

GENERAL ARRANGEMENT

ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT

MINIMUM OVERHEAD CLEARANCE— OWNER/AGENT MUST ENSURE MINIMUM OVERHEAD CLEARANCE IS IN COMPLIANCE WITH CODES.

CONSTRUCTION SITE— OWNER/AGENT TO PROVIDE ALL MASONRY, CARPENTRY AND DRYWALL WORK AS REQUIRED AND SHALL PATCH AND MAKE GOOD (INCLUDING FINISH PAINTING) ALL AREAS WHERE WALLS/FLOORS MAY REQUIRE TO BE CUT, DRILLED OR ALTERED IN ANY WAY TO PERMIT THE PROPER INSTALLATION OF THE LIFT.

DIMENSIONS— CONTRACTOR/CUSTOMER TO VERIFY ALL DIMENSIONS AND REPORT ANY DISCREPANCIES TO OUR OFFICE IMMEDIATELY.

STRUCTURAL

FLOOR/SUPPORT WALL LOADS— CONTRACTOR TO ASSURE THAT BUILDING AND SHAFT WILL SAFELY SUPPORT ALL LOADS IMPOSED BY THE LIFT EQUIPMENT. REFER TO THE LOAD DIAGRAM ON THIS DRAWING.

MAST TO BE SECURELY FASTENED— WHERE REQUIRED THE MAST MUST BE SECURELY FASTENED TO THE STRUCTURAL SUPPORT WALL. REFER TO WALL / FLOOR SUPPORT LOAD DIAGRAM AND WALL LAG DIMENSIONS ON THIS DRAWING.

WHERE DOORS ARE REQUIRED— SUITABLE LINTELS MUST BE PROVIDED BY OWNER/AGENT. DOOR FRAMES ARE NOT DESIGNED TO SUPPORT OVERHEAD WALL LOADS.

LOADS CALCULATED ON BASED ON ANCHOR POINTS EVERY 48" EVERY TOWER SECTION NEEDS TO BE ANCHORED. IF SPACING IS INCREASED, LOADS PER BRACKETS WILL INCREASE ACCORDINGLY

PHONE / TELEPHONE CORD— IF REQUIRED, CORD OR PHONE ARE PROVIDED ON THE CAR. A DEDICATED ANALOG PHONE LINE (NO VOIP) IS REQUIRED TO BE PROVIDED BY OTHERS TO THE CONTROLLER FOR VOIP, PLEASE CONTACT SAVARIA.
SAVARIA LINK REMOTE MONITORING — NOT APPLICABLE
Not required

ENTRANCES

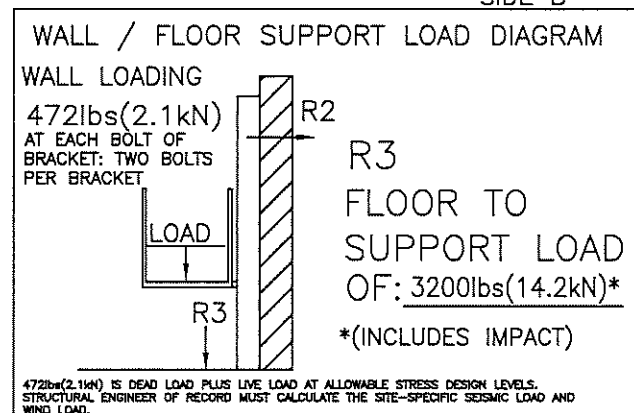
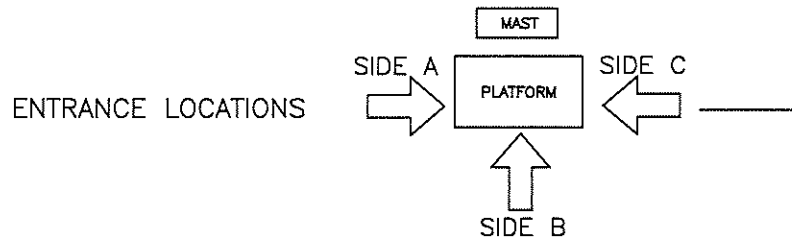
UPPER LANDING GATES— WHERE REQUIRED, SMOOTH SOLID BARRIERS ARE TO BE SUPPLIED AND INSTALLED ON BOTH SIDES OF ENTRANCE AT UPPER LEVEL AND MUST BE A MINIMUM OF 42" (1067 mm) HIGH. ENTRANCE ASSEMBLY MUST BE IN PLACE PRIOR TO THIS PROVISION.

FASCIA PANEL BELOW UPPER LEVEL ENTRANCE—

WHERE REQUIRED, FASCIA PANEL MUST BE FASTENED TO A SOLID WALL AND BE PERPENDICULAR TO THE FLOOR AND WALLS. HOISTWAY FASCIA IS NOT SELF-SUPPORTING FOR LONG, CONTINUOUS RUNS VOID OF ENTRANCES. ADEQUATE SUPPORT FOR THE FASCIA MUST BE PROVIDED.

ENTRANCE ASSEMBLIES— ENTRANCE ASSEMBLIES MUST BE ADJUSTED TO ALIGN WITH PLATFORM AND INTERLOCK EQUIPMENT. OTHERS TO ALLOW AN ADEQUATE ROUGH OPENING.

RETURN WALLS— RETURN WALLS AT ENTRANCES MUST BE BUILT-IN BY OTHERS AFTER ENTRANCE ASSEMBLIES ARE IN PLACE. ENTRANCE ASSEMBLY MUST BE SECURELY FASTENED TO WALLS.



DATA SHEET

ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT

JACK UNIT

STROKE:
PLUNGER O/
CYL. O/D:
CYL. I/D:

CONTROLLER

MODEL:
TYPE:
QPS #:
H.P.:
MFR.:

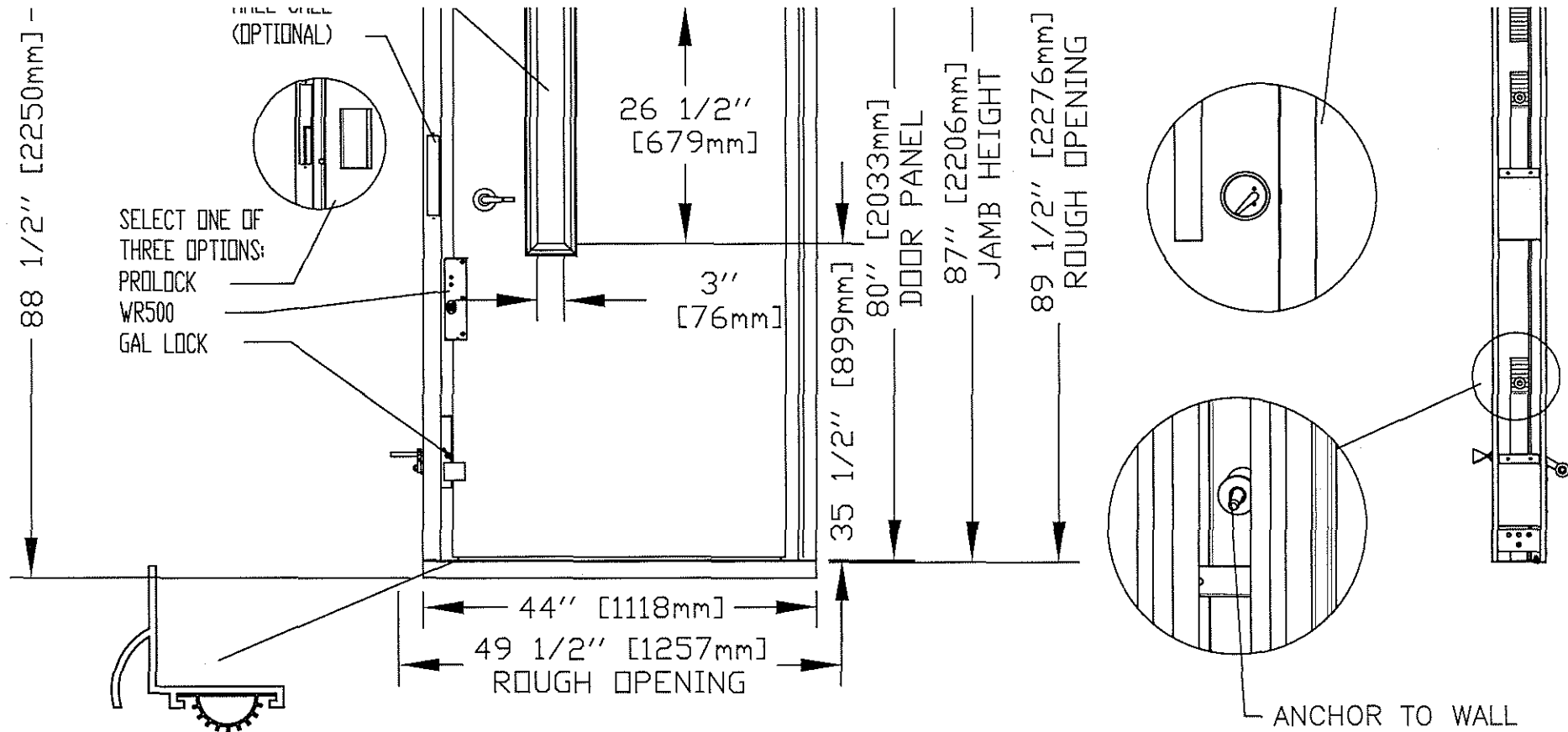
DOORS / GA

DOOR TYPE
ENTRANCE SIDE
DOOR SWING
DOOR INSERT
LOCK TYPE
AUTO DOOR OPEN
CUSTOM DOOR WI
CUSTOM DOOR HE
IN FRAME CALL S
CALL STN. TYPE
CALL STN. KEYED
CALL STN. STOP I
CALL STN. MOUNT
INSULATED PRODC

OPTIONS PRO

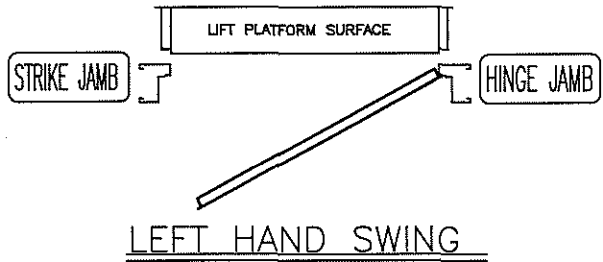
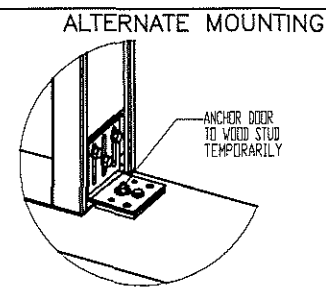
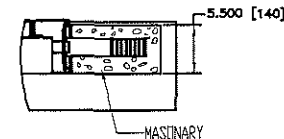
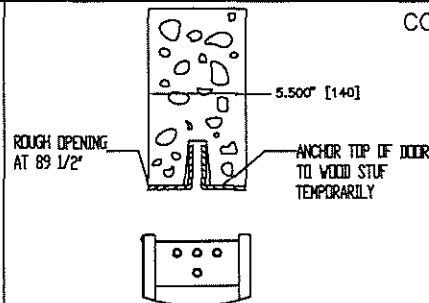
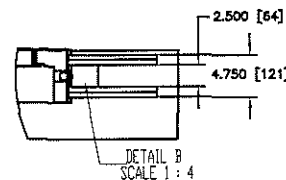
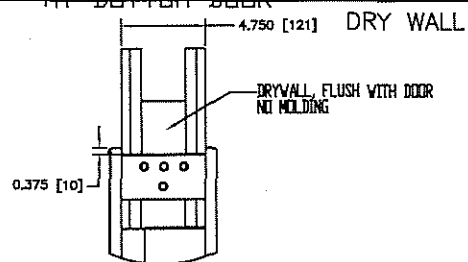
EMERGENCY I
WINGS:
TOUCH UP P
BUILDING:
LIGHT CURTAIN
PHONE OR PH
FLOOD SWITCH
REMOTE MACH
LOCATION: II

CUSTOMER:
ACCESSIBILITY
PROJECT:
STEVEN N
ADDRESS:
1 CHESTE
NH, US



WEATHER STRIPPING DOOR SWEEP
AT BOTTOM DOOR

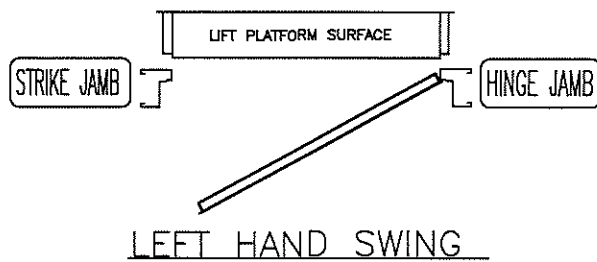
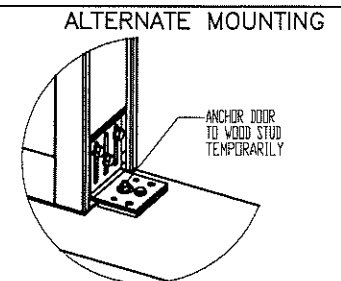
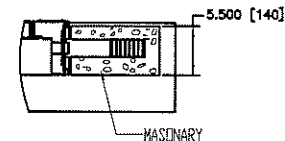
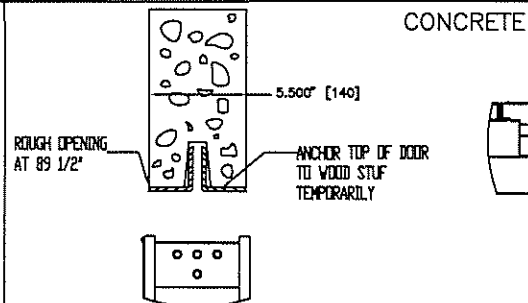
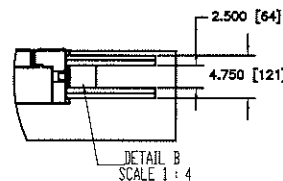
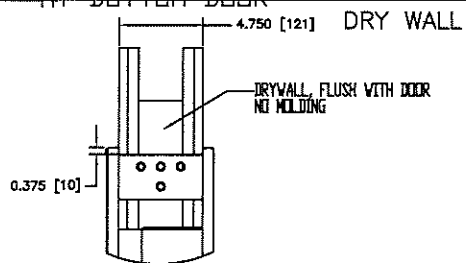
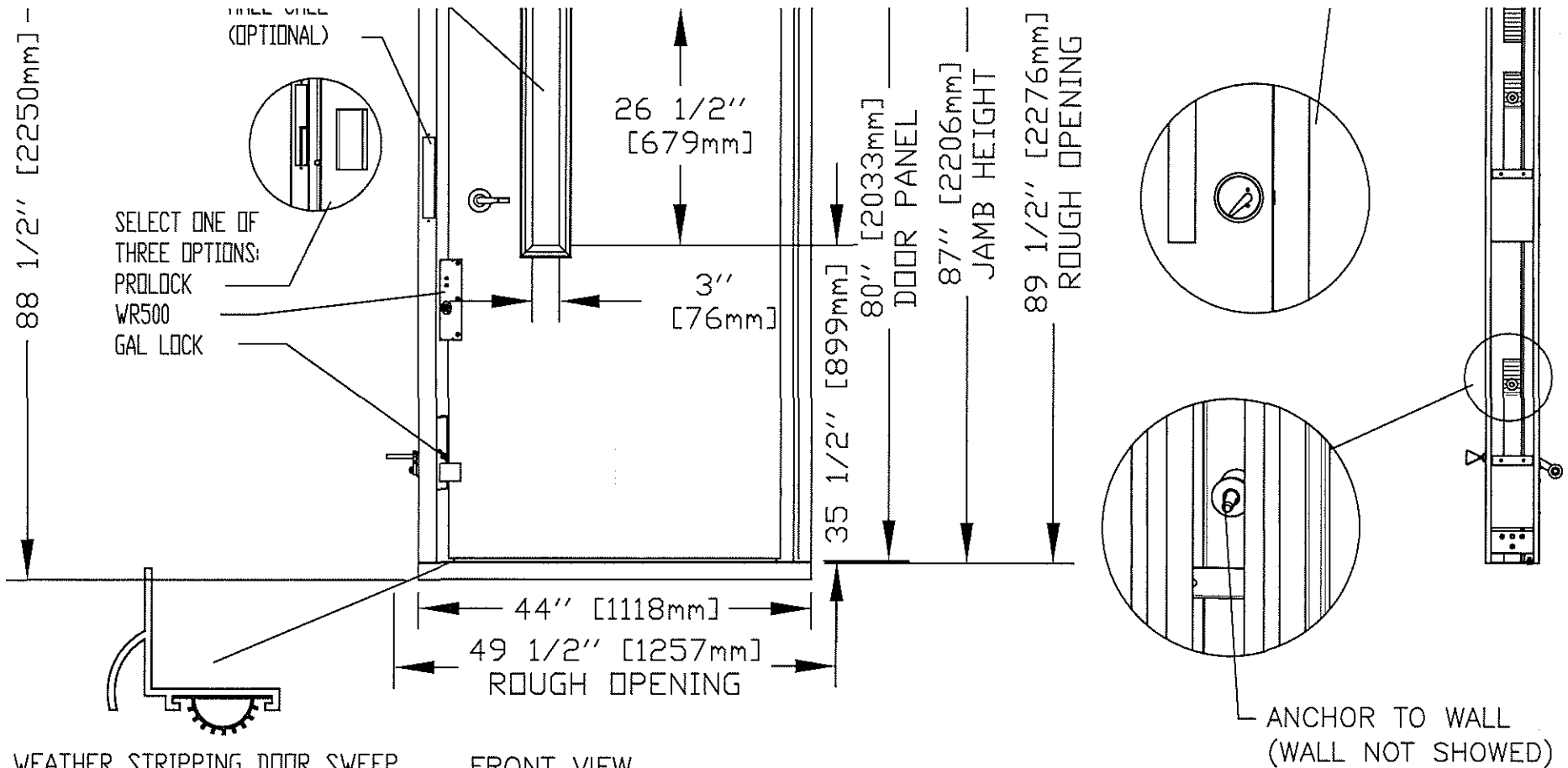
FRONT VIEW



EXTERIOR DOOR
First Level Door

FIREPRO DOORS
ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT

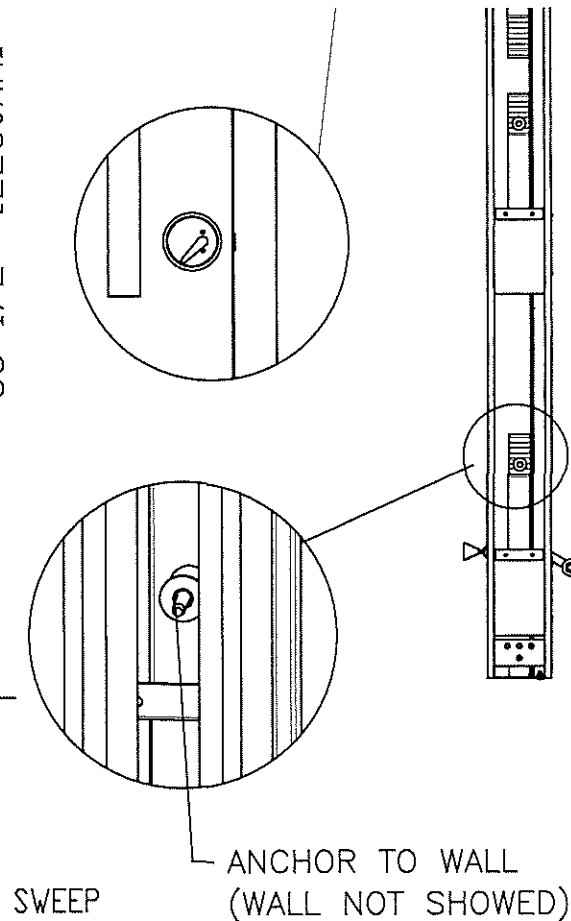
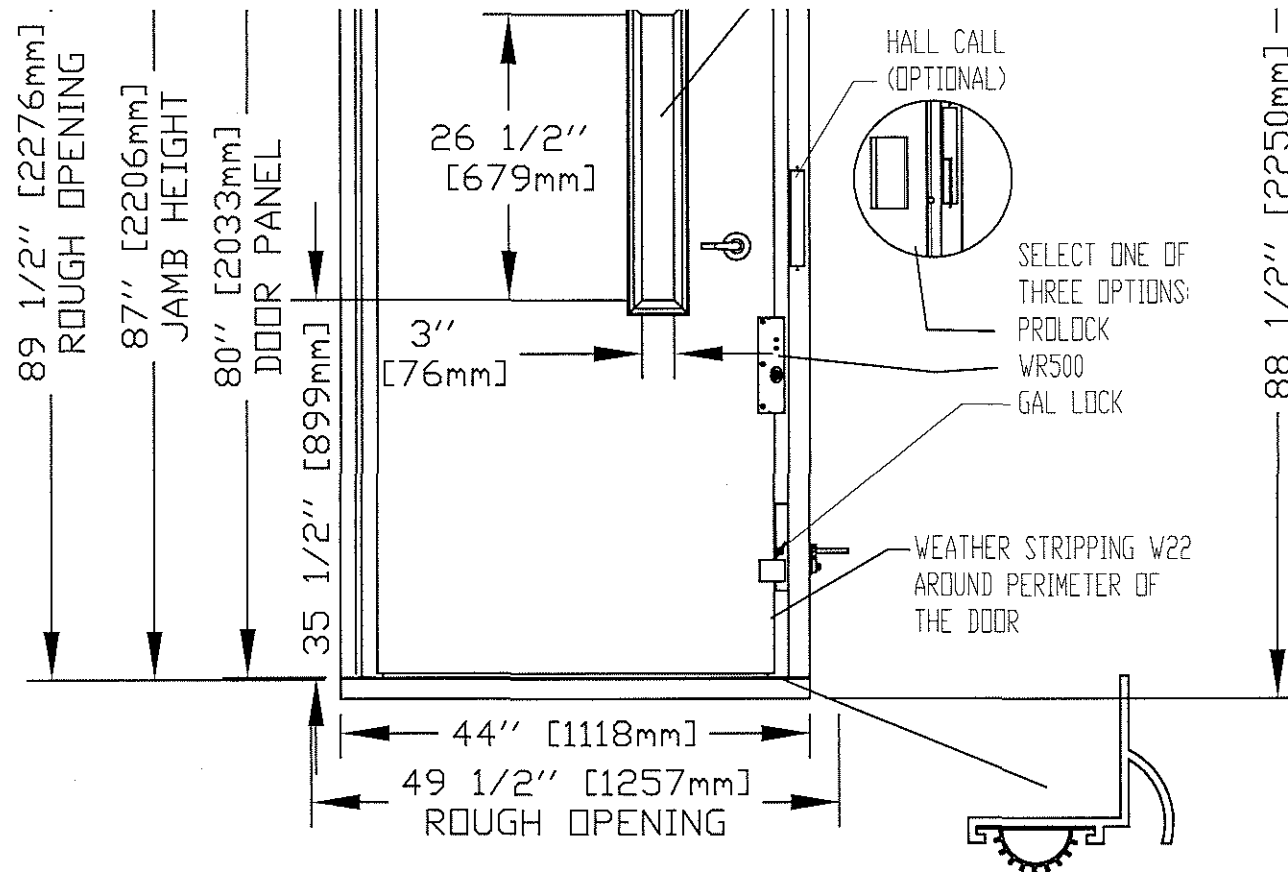
CUSTOMER:
ACCESSIBILITY
PROJECT:
STEVEN N
ADDRESS:
1 CHESTER
NH, US



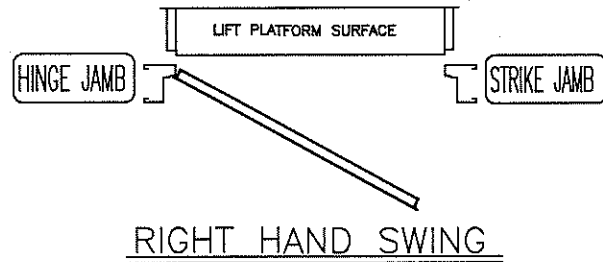
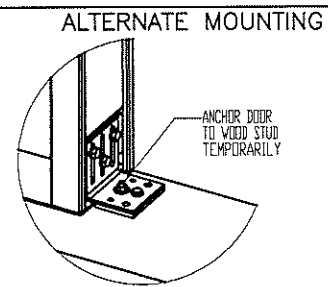
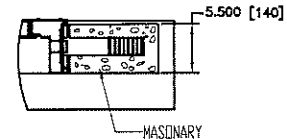
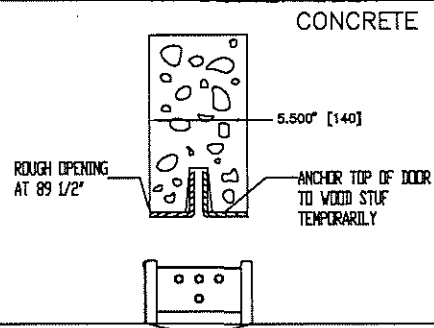
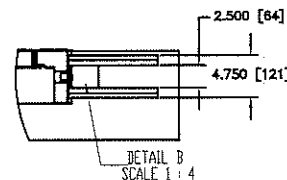
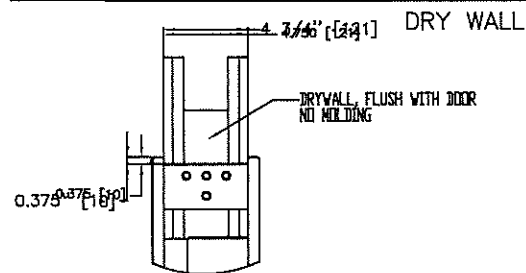
EXTERIOR DOOR
Second Level Door

FIREPRO DOORS
ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT

CUSTOMER:
ACCESSIBILITY
PROJECT:
STEVEN M
ADDRESS:
1 CHESTER
NH, US



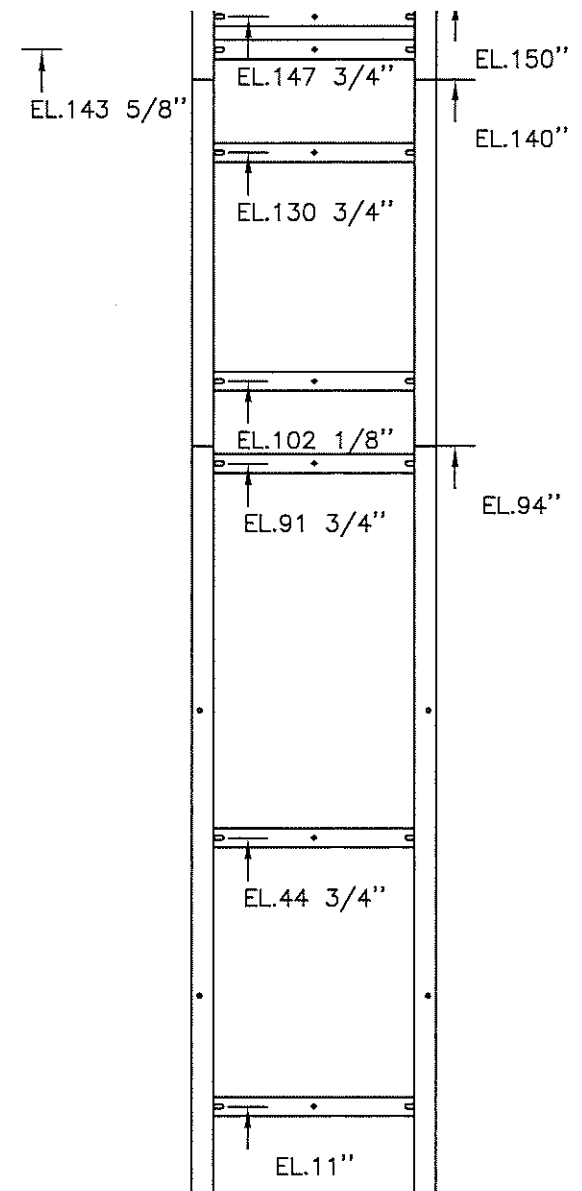
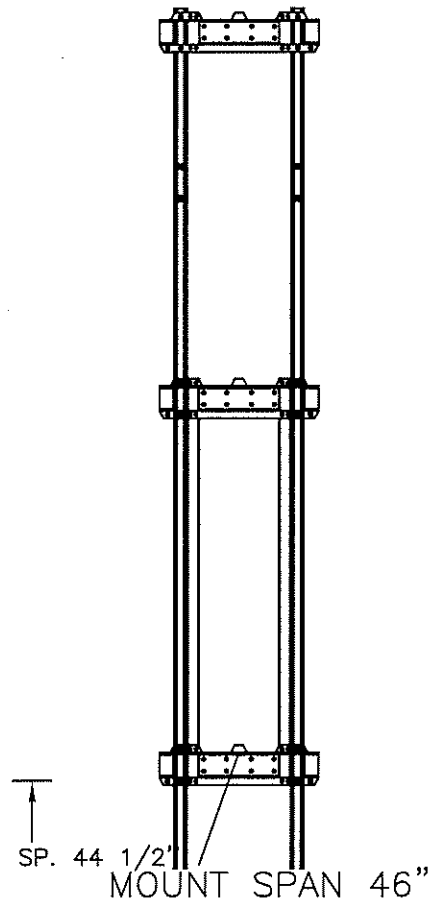
FRONT VIEW



EXTERIOR DOOR
Third Level Door

FIREPRO DOORS
ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT

CUSTOMER:
ACCESSIBILITY
PROJECT:
STEVEN M
ADDRESS:
1 CHESTER
NH, US



EL: MOUNTING BRACKET POSITION

LOADS CALCULATED ON BASED ON ANCHOR POINTS EVERY 48"
 EVERY TOWER SECTION NEEDS TO BE ANCHORED. IF SPACING
 IS INCREASED, LOADS PER BRACKETS WILL INCREASE ACCORDINGLY

<h1 style="margin: 0;">ELEVATION VIEWS</h1> <p style="margin: 0;">ENCLOSED VERTICAL WHEELCHAIR PLATFORM LIFT</p>	CUSTOMER:	ACCESSIBILITY
	PROJECT:	STEVEN N
	ADDRESS:	1 CHESTE
		N H, U S

Cocuzzo Enterprises

6 Pearl St

Derry, NH 03038 US

(781) 572-5193

contact@cocuzzoenterprises.com

www.cocuzzoenterprises.com



Estimate

ADDRESS

Town of Chester

ESTIMATE # 1061**DATE 01/11/2022***Stevens Hall Stairs*** Table 10- line 2B- I would anticipate a rate increase of 20% to have this done.*

DATE		DESCRIPTION	QTY	RATE	AMOUNT
	General Labor	Demolition of existing concrete steps (Saw cut asphalt at top of steps. Saw cut slab at bottom of steps to ensure structural stability of slab during demolition.)			2,250.00
	General Labor	Haul off debris			325.00
	Materials	Rebar			430.00
	Materials	Concrete -			440.00
	Materials	Lumber			665.00
	General Labor	Drill and epoxy rebar into existing concrete structures. Form new steps. Place and finish concrete.			4,950.00

SUBTOTAL 9,060.00

TAX 0.00

TOTAL **\$9,060.00***

Accepted By

Accepted Date

**CAPITAL IMPROVEMENT PROGRAM
2024-2031 Project Request & Evaluation Form**

1. Department: Maintenance / General Governmental Buildings	2. Prepared By: Paul J Cavanaugh, Maintenance Director
--	---

3A. Project Name & Implementation Year/s: Stevens Hall Restoration – from drip line up – 2024/2025 OK

3B. Description of Project: (Please go to second page, Paragraph 3B, to give detailed description and purpose of project, and give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria)

4. <u>Evaluation Criteria</u> (Explain Score under 3.B, Page 2)		Point Score
a. Addresses an emergency or public safety need	5 4 3 <u>2</u> 1 0	
b. Corrects a deficiency in service or facility	5 4 <u>3</u> 2 1 0	
c. Results in long-term cost savings	<u>5</u> 4 3 2 1 0	
d. Furthers the goals of the Master Plan	<u>5</u> 4 3 2 1 0	
e. Matching funds available for limited time	5 4 3 2 1 <u>0</u>	

5. Department Priority ___4___ of ~~5~~___

6. <u>Estimated Costs</u>	7. <u>Cost Effect on Budget</u>
a. Planning and Design:	a. Operation:
b. Land:	b. Maintenance:
c. Construction:	c. Number of Personnel:
d. Equipment:	d. Cost of Personnel:
e. Other:	e. Other:
TOTAL: _____ see 3B	TOTAL: _____

8. Source of Funds (Check those appropriate):

<input type="checkbox"/> a. Current Revenue	<input type="checkbox"/> b. General Obligation Bonds
<input type="checkbox"/> c. Revenue Bonds	<input type="checkbox"/> d. Federal Grant
<input type="checkbox"/> e. State Grant	<input type="checkbox"/> f. Special Assessment
<input type="checkbox"/> g. Town Budget	<input checked="" type="checkbox"/> h. Other (Specify): <u>CIP</u>

3B. Detailed description and Purpose of Project:

FYI - A capital project as defined by the Planning Board are those projects outside of normal operations and maintenance and having the following characteristics:

- a gross cost of at least \$5,000;
- and a useful life of at least 3 years; and
- is non-recurring (not an annual budget item);
- or any project requiring bond financing.

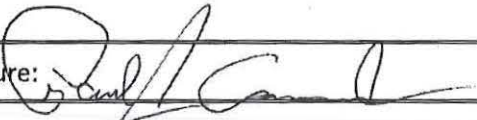
Please also give a detailed explanation and/or justification for the point score under **4. Evaluation Criteria.**

~~Verbal estimate given only - excluding paint - \$90,000.~~

~~Awaiting written estimate.~~

Est. : \$146,500 excluding paint

Signature:



Title:

Maint. Dir.

Date: 10-27-23

Relationship to Master Plan (filled out by Planning Board):

Michael J. Oleson
PO Box 155
Chester, NH 03036-0155

Estimate

DATE	ESTIMATE NO.
10/30/2023	271

NAME / ADDRESS
Town of Chester 84 Chester Street Chester, NH 03036

			PROJECT
DESCRIPTION	QTY	COST	TOTAL
Steven Hall Repairs			
Carpentry - Repairs above the drip line , Do to the unknown severity of damage it is impossible to give a hard number but I will give you my best guess in line items. All work will be on a time and material basis		0.00	0.00
Labor carpentry	640	80.00	51,200.00
Staging for tower		35,000.00	35,000.00
Supplies		14,000.00	14,000.00
Shop time reproducing moldings		12,000.00	12,000.00
Sub-contractor/Painting Priming all new work only		500.00	500.00
Lift rental		7,000.00	7,000.00
Disposal Fee		1,500.00	1,500.00
Sub-contractor/Carpentry Replace front deck stairs rails posts	160	80.00	12,800.00
Supplies for front deck		10,500.00	10,500.00
Disposal Fee for deck		2,000.00	2,000.00
It's been a pleasure working with you!		TOTAL	\$146,500.00

5

**CAPITAL IMPROVEMENT PROGRAM
2024-2031 Project Request & Evaluation Form**

1. Department: Maintenance / General Governmental Buildings	2. Prepared By: Paul J Cavanaugh, Maintenance Director
--	---

3A. Project Name & Implementation Year/s: Municipal Buildings Boilers – 2024/2025 25/26
3B. Description of Project: (Please go to second page, Paragraph 3B, to give detailed description and purpose of project, and give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria)

4. Evaluation Criteria (Explain Score under 3.B, Page 2)		Point Score
a. Addresses an emergency or public safety need	5 4 (3) 2 1 0	
b. Corrects a deficiency in service or facility	5 (4) 3 2 1 0	
c. Results in long-term cost savings	5 (4) 3 2 1 0	
d. Furthers the goals of the Master Plan	5 (4) 3 2 1 0	
e. Matching funds available for limited time	5 4 3 2 1 (0)	

5. Department Priority 5 of 5

6. Estimated Costs	7. Cost Effect on Budget
a. Planning and Design:	a. Operation:
b. Land:	b. Maintenance:
c. Construction:	c. Number of Personnel:
d. Equipment:	d. Cost of Personnel:
e. Other:	e. Other:
TOTAL: __please see 3B__	TOTAL: __please see 3B__

8. Source of Funds (Check those appropriate):	
<input type="checkbox"/> a. Current Revenue	<input type="checkbox"/> b. General Obligation Bonds
<input type="checkbox"/> c. Revenue Bonds	<input type="checkbox"/> d. Federal Grant
<input type="checkbox"/> e. State Grant	<input type="checkbox"/> f. Special Assessment
<input type="checkbox"/> g. Town Budget	<input checked="" type="checkbox"/> h. Other (Specify): CIP _____

3B. Detailed description and Purpose of Project:

FYI - A capital project as defined by the Planning Board are those projects outside of normal operations and maintenance and having the following characteristics:

- a gross cost of at least \$5,000;
- and a useful life of at least 3 years; and
- is non-recurring (not an annual budget item);
- or any project requiring bond financing.

Please also give a detailed explanation and/or justification for the point score under 4. **Evaluation Criteria.**

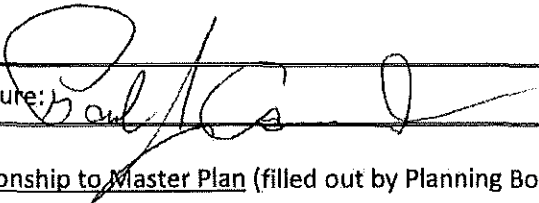
*Post Office: During our fall inspection and servicing, our HVAC contractor, Russ Ouwerkerk, discovered major deficiencies in the furnace. These include: rust in unit, faulty burner. Mr. Ouwerkerk was able to temporarily repair a few of the deficiencies in this furnace. It is noted that this furnace is 20+ years old, it resides in a high-moisture atmosphere without proper ventilation. It is recommended that this furnace be replaced and furnace area be renovated with proper ventilation and flooring. **Replacement est.: \$8,450***

*Stevens Hall: Similar to above, Mr. Ouwerkerk states that this furnace may be 30+ years old, and is in a moist environment. **Replacement est.: \$11,000***

*Municipal Office Building: Boiler 1 & Boiler 2 – replace low water cutoff controls and safety pressure relief valves (recommended to be replaced every five years and we are far beyond this) – **Repair est.: \$2,150***

Total Replacement / Repair Cost Estimate for all three buildings: \$21,600

Signature:



Title:

Maint. Dir

Date:

10.27.23

Relationship to Master Plan (filled out by Planning Board):

Ouwerk Plumbing & Heating LLC

41 Morgan Lane
Chester, NH 03036
603-887-1724
russhour@gsinet.net

ADDRESS

Town of Chester
84 Chester Street
Chester, NH 03036

Estimate 1020**DATE** 10/17/2023**EXPIRATION DATE** 11/30/2023**P.O. NUMBER**

Town office building

TECH

Russ & Johnathan

WORK ORDER

Boiler Repairs

DESCRIPTION

Replace leaking Low Water Cut Off control on Boiler # 2 right side boiler.

System will need to be shut down, zones isolated and boiler water pressure drained to perform this repair. COST \$900.00

We do recommend replacing boiler 1, left side boiler, Low Water Cut Off control, its not leaking but it was installed at the same time as boiler #2. COST \$500.00

We do recommend replacing both boilers safety pressure relief valve. These valves have never been replaced since boilers were installed new. Most relief valve manufactures recommend replacement after 5 years of installation time. COST \$750.00

The above recommendation were suggested because of the leaking LWCO control. Both boiler need to be depressurized by valving off parts of the heating system to replace the leaking LWCO control. This is a perfect time and would be less costly to replace these controls now while replacing the leaking LWCO control.

PLEASE NOTE

Each time a boiler is depressurized there always the possibility of introducing air into the heating system. This causes noise and can stop hot water circulation.

SUBTOTAL 2,150.00

TAX 0.00

TOTAL \$2,150.00

Accepted By

Accepted Date

Ouwerkerk Plumbing & Heating LLC
41 Morgan Lane
Chester, NH 03036
603-887-1724
russhour@gsinet.net

ADDRESS

Town of Chester
84 Chester Street
Chester, NH 03036

Estimate 1021

DATE 10/24/2023

EXPIRATION DATE 12/31/2023

P.O. NUMBER

Boiler Replaced Post Office

TECH

Russ & Johnathan

WORK ORDER

Replace oil boiler and controls

DESCRIPTION

Replace HB Smith oil fired hot water boiler model Series 8-S/W 3. Replace circulator pumps and controls.

TO INCLUDE:

Biasi B10-3 oil cast iron boiler with Carlin EZ select oil burner. Heating capacity 53,000 BTUs 6" flue pipe.

Two Taco 007 circulator.

Taco pump relay control SR-502-4, 2zone.

Isolation flanges for circulator pumps.

Spirotherm 3/4" Microbubble air vent kit with ball valve control and expansion tank.

Copper headers, supply and return 1-1/4" X 3/4" 2 zone.

Water feed valve with backflow control.

Copper pipe 1-1/4", 3/4", 1/2", required copper fittings.

Pipe hanger supports where required.

Exhaust vent piping and fittings, 26 Ga. 6".

Burner oil valve 3/8", 3/8" x 36" SS flexible burner oil line.

Electrical wiring and low voltage wiring.

Chester Fire Department oil burner permit.

Hours to complete job (Russ and Helper)

Remove old boiler and related materials to recycle center.

NOTE:

This boiler is Energy Star Rated and may qualify for rebates.

Required deposit 50%. Balance due at job completion

SUBTOTAL 8,450.00

TAX 0.00

TOTAL **\$8,450.00**

Accepted By

Accepted Date

Ouwerkerk Plumbing & Heating LLC
41 Morgan Lane
Chester, NH 03036
603-887-1724
russhour@gsinet.net

ADDRESS

Town of Chester
84 Chester Street
Chester, NH 03036

Estimate 1022

DATE 10/24/2023

P.O. NUMBER

Boiler Replaced Stevens Hall

TECH

Russ & Johnathan

WORK ORDER

Replace oil boiler and controls

DESCRIPTION

Replace HB Smith oil fired hot water boiler Model series 8-S/W 5. Replace circulator pumps and controls for three heating zones all hydro units, air over water.

TO INCLUDE:

Biasi B10-7 oil cast iron boiler with Carlin EZ select oil burner. Heating capacity 168,000 BTUs 7" flue pipe.

Three Taco 007 circulator.

Taco pump relay control SR-503-4, 3 zones.

Isolation flanges for circulator pumps.

Spirotherm 3/4" Microbubble air vent kit with ball valve control and expansion tank.

Copper headers, supply and return 1-1/2" X 3/4" 3 zone.

Water feed valve with backflow control.

Copper pipe 1-1/2"- 1-1/4", 1", 3/4", 1/2", required copper fittings.

Pipe hanger supports where required.

Exhaust vent piping and fittings, 26 Ga. 7".

Burner oil valve 3/8", 3/8" SS flexible burner oil line.

Electrical wiring and low voltage wiring.

Chester Fire Department oil burner permit.

Hours to complete job (Russ and Helper)

Remove old boiler and related materials to recycle center.

NOTE:

This boiler is Energy Star Rated and may qualify for rebates.

Required deposit 50%. Balance due at job completion

SUBTOTAL

11,000.00

TAX

0.00

TOTAL

\$11,000.00

Accepted By

Accepted Date

CAPITAL IMPROVEMENT PROGRAM
2024-2031 Project Request & Evaluation Form

1. Department: General Government Buildings

2. Prepared By: Justine Celentano, Town Clerk

3A. Project Name & Implementation Year/s: 2024-25 New Ballot Counting Machines

3B. Description of Project: (Please go to second page, Paragraph 3B, to give detailed description and purpose of project, and give a detailed explanation and/or justification for the point score under 4. Evaluation Criteria)

4. Evaluation Criteria (Explain Score under 3.B, Page 2)

Point Score

a. Addresses an emergency or public safety need	5	4	3	2	1	0
b. Corrects a deficiency in service or facility	5	4	3	2	1	0
c. Results in long-term cost savings	5	4	3	2	1	0
d. Furthers the goals of the Master Plan	5	4	3	2	1	0
e. Matching funds available for limited time	5	4	3	2	1	0

5. Department Priority

__6__ of __13__

6. Estimated Costs

a. Planning and Design:

b. Land:

c. Construction:

d. Equipment: \$7,500 X2

e. Other:

TOTAL: _____\$15,000_____

7. Cost Effect on Budget

a. Operation: \$500 (FY 25-26 and future)

b. Maintenance:

c. Number of Personnel:

d. Cost of Personnel:

e. Other:

TOTAL: _____\$500_____

8. Source of Funds (Check those appropriate):

☐ a. Current Revenue

☐ b. General Obligation Bonds

☐ c. Revenue Bonds

☐ d. Federal Grant

☐ e. State Grant

☐ f. Special Assessment

☒ g. Town Budget

☐ h. Other (Specify): _____

3B. Detailed description and Purpose of Project:

FYI - A capital project as defined by the Planning Board are those projects outside of normal operations and maintenance and having the following characteristics:

- a gross cost of at least \$5,000;
- and a useful life of at least 3 years; and
- is non-recurring (not an annual budget item);
- or any project requiring bond financing.

Please also give a detailed explanation and/or justification for the point score under **4. Evaluation Criteria.**

Chester's current AccuVote ballot counting devices (2) will no longer be supported by the manufacturer after 2024. The State Ballot Law Commission, in conjunction with the Secretary of State's office, has approved 2 ballot counting devices for use by the towns and cities of the State of New Hampshire. The 2 approved ballot counting devices are VotingWorks and Dominion ImageCast Precinct. We are currently in the process of evaluating the 2 options, but the pricing is similar.

The maintenance on newer machines should be minimal, but an annual maintenance check on the machines is recommended. The first year would be covered by the warranty. The \$500 of Operational Budget – starting in FY 25-26 - cost would be for an anticipated increase in budget to accommodate the annual maintenance review/parts.

Signature: *Justine Celentano*

Title: Town Clerk

Date: 11/7/23

Relationship to Master Plan (filled out by Planning Board):

Voting System Pricing

October 2023

The hardware needed for a polling place is one VxScan (**\$6,000**) and one VxAdmin (**\$1,000**), totaling **\$7,000**. Annual maintenance and software upgrades are part of a **\$500 per year subscription**.

Municipalities that need multiple tabulators can choose to purchase multiple VxScans and those with multiple polling places may choose to purchase multiple VxAdmins.



Hardware Price List

Component	Unit Price	Optional
VxScan	\$6,000	
VxAdmin	\$1,000	
Central Printer	\$500	Yes

VxAdmin & VxScan include a collapsible ballot box, battery backup, and smartcards. Consumables such as USB drives, printer paper, and tamper evident seals are available from several COTS suppliers.

An optional laser printer is available to print reports from VxAdmin.



Company Address 8A Industrial Way
Unit 100
Salem, NH 03079
US

Created Date 11/7/2023
Quote Number 00001512

Contact Information

Prepared By Brenda L'Italien
Title Director of Business Development
Phone (978) 651-2511
Email bcm@lhsassociates.com

Customer Name Chester
Contact Name Justine Celentano
Title Town Clerk/Tax Collector
Email jcelentano@chesternh.org

Address Information

Bill To Name Chester
Bill To 84 Chester Street
Chester, NH 03036

Product Code	Product	Product Description	Sales Price	Quantity	Total Price
DVS-400NH	ImageCast Precinct 2 Bundle (1 Year Warranty)	Includes ICP Unit, ICP Ballot Box, ICP Carry Case, and 1-Year Hardware Warranty. Ongoing Maintenance after Warranty expires in \$300.00 per Tabulator.	\$7,000.00	1.00	\$7,000.00

Subtotal \$7,000.00
Total Price \$7,000.00

Notes

After Warranty Expires the Annual Maintenance Fee is \$300.00 per Tabulator. Included in Purchase Price; One-Year Warranty, On-site Acceptance Testing, 2 Hours of Poll Worker Training, and Area Coverage.

Signature

By signing below, you are acknowledging that the above pricing is accurate and within budget, and that you are ready to move forward with the official purchase and contract initiation:

Customer Signature: _____

Printed Name & Title: _____

Date: _____

Anticipated First Use Date: _____