DEPARTMENT OF PUBLIC WORKS

815-724-4200 Direct 815-723-7770 Fax Email: dortiz@joliet.gov



CITY OF JOLIET

September 1, 2020

ADDENDUM NO. 2

TO: Prospective Bidders for the 2020 Sidewalk/ Curb Replacement Project – Contract No. 2526-0920

THE ATTENTION OF ALL PROSPECTIVE BIDDERS ON THE ABOVE REFERENCED PROJECT IS CALLED TO THE FOLLOWING LISTED MODIFICATION IN THE CONTRACT DOCUMENTS:

- 1. ADA tiles are to be installed at the Theodore St. railroad crossing. The asphalt between the crossing rubber mats and the sidewalk will be replaced at the northwest and southwest quadrant at the Theodore St. railroad crossing.
- 2. Attached are the revised Schedule of Prices. Please remove the existing schedule of prices and insert the revised Schedule of Prices.

The Acknowledgement of the Receipt of all Addendums must be printed clearly on the outside of your Bid Package or your Bid may not be opened.

David D. Ortiz Civil Engineer I

CITY OF JOLIET SCHEDULE OF PRICES

ITEM N	ITEM DESCRIPTION	QUANTITY	UNITS	UNIT PRICE	COST
NO. 1	P.C.C. SIDEWALK, 5"	6800	SQ FT		
NO. 2	CONCRETE CURB & GUTTER	615	LNFT		
	P.C.C. DRIVEWAY PAVEMENT, 6"	15	SQ YD		
	BUFFALO BOX/ VALVE BOX ADJUSTMENT	1	EACH		
	HOT MIX ASPHALT REMOVAL & REPLACEMENT,3"	40	SQ YD		
	HOT MIX ASPHALT REMOVAL & REPLACEMENT,5"	2	SQ YD		
	DELINEATOR POST TO BE INSTALLED	5	EACH		
NO. 8	CURB REFLECTORS	16	EACH		
	POROUS GRANULAR BACKFILL	111	SQ YD		
	PROTECTIVE COAT	1050	SQ YD		
	DETECTABLE WARNINGS CONCRETE REMOVAL ONLY/ RESTORATION WITH 5"	78	SQFT		
	TOPSOIL & SEED W/EROSION CONTROL BLANKET	25	SQFT		
	REMOVAL AND DISPOSAL OF CONTAMINATED MATERIAL	5	CUYD		
NO. 14	TREE ROOT GRINDING- 8" DIAMETER AND GREATER TREE FRAME & GRATE TO BE REMOVED AND RE-	12	EACH		
NO. 15	INSTALLED	3	EACH		
NO. 16	PCC STEPS	19	SQ FT		
NO. 17	BRICK PAVER REMOVAL & REINSTALLATION	140	SQ FT		
NO. 18	SEAL AND ADJUST MANHOLE FRAME (NON-PAVED)	1	L SUM		
NO. 19	CONCRETE MEDIAN- TYPE SB-6.12	305	SQ FT		
NO. 20	CONCRETE MEDIAN SURFACE- 15"	103	SQFT		
NO. 21	CONCRETE MEDIAN SURFACE- 4"	1581	SQ FT		
NO. 22	RAILROAD PROTECTIVE LIABILITY INSURANCE	11	L SUM		

BIDDER'S PROPOSAL FOR IMPROVEMENTS:

CONTRACTOR NAME:

ADDRESS:

CITY/STATE/ ZIP:

TEL NO.:

EMAIL ADDRESS: