APPLICATION FOR PARTIAL PAYMENT OF CONTRACT

	Project Title: ANKENY MARKET PAVILION RESTROOM						JW	
city of	A 1							
Ankeny	Address:				RKWAY, MIN	NDEN, NV		
bringing it all together	Finance Bud	lget Code:	921.2921.4		Finance Pi		921.4408	
	Vendor Proje	ect or Invoice #	7	11939		PO # _	n/a	
	Original Con	tract Date:	August	7, 2017	Vendor#		3764	
Date of Council Meeting:	Septemb	per 18, 2017			PAYMEN	T REQUES	ST# 1	
•	·	MENT PERIOD:	From:	August 7,		hrough: _	August 23, 2017	
Contract Summary								
Original Contract Amount:		\$	93,530.00					
Net change by Change Orde	rs:	\$	-	•6				
Contract Amount to Date: (line				\$	193,530	0.00		
Total completed and stored t	o date:	\$	87,173.00					
W W 11 W 12 W 12 W 13 W 13 W 13 W 13 W 1	pleted Work:	\$	4,358.65	•				
Total Earned less Retainage:		-		\$	82,814	.35		
Less previous applications fo				\$		-		
SUBTOTAL						\$	82,814.35	
OTHER CHARGES (Attach an	itemized list)					\$	_	
,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
CURRENT PAYMENT DUE						\$	82,814.35	
Balance to finish, including re	etainage:			\$	110,715	5.65		
Contract Time Remaining (If	applicable)		-	Working	Days			
The undersigned Contractor certifies that in accordance with the Contract Documen								
payments received from the Owner, and the		shown herein is now du		DECTO		ANIX		
Construction Contractor Appl	. Firm Nar	pe	PUBLIC	RESTR	OOM COMP	ANY	1)	
Then & K	aujun/	Pres-					9/5/17	
Signature Findinger / Consultant Approx	rol:					Date		
Engineer / Consultant Approv	Firm Nar	me						
Signature						Date		
City of Ankeny Staff Approva	<i>l</i> :							
Signature Signature	<u> </u>					- 9	/11/17	
	<u> </u>					Date ,		
Submit to:		Nick Lenox	Parks & I	Recreation	n Director	19		
E-mail: nlenox@	gankenyiowa.g	IOV	Phone:	(515) 963	-3576	Fax:	(515) 963-3535	

Date Printed: 9/1/2017



INVOICE

Inv. Date

Invoice #:

8/23/17

11939

Bill To

City of Ankeny, IO 410 West First Street Ankeny, Iowa 50023 Ship To

Progress Billing For The Period Ending:

8/23/17

P.O. # or Contrac...

S.O. No.

Project:

PRC Project #10166

10166 - Ankeny Mar...

Item

Description

Qty

U/M

Rate

a11. Progress B... Progress Billing Invoice - For Percentage Complete of All Scheduled Values Please See Continuation

Sheet Attached

Ankeny Market Pavilion

1

Amount Due

87,173.00 87,173.00

0.00%

0.00

THE PUBLIC RESTROOM CERTIFICATION: The Public Restroom Company certifies that to the best of our knowledge, information and belief the work covered by this payment request has been completed in accordance with the contract documents, that all amounts have been paid for by the Public Restroom Company for work which previous payment requests were issued and payments recieved from the Owner, and that payments shown above is now due.

Total Due

\$87,173.00





Project Number

10166

Proj. Name:

Ankeny Market Pavilion

Client

City of Ankeny, IO

		Progress	Billing 1		
ITEN #	CONTRACT ITEM SCHEDULED VALUE with Progress Billing % Complete (on top)	Inv Date Inv # Period To:	8/23/17 11939	Completed and Stored to Date	Balance to Finish
			This Invoice		
			100%	100%	0%
	Architectural Plans, Engineering, Third Party Inspections / Fees for Plan Review, Certification Seals, Accessibility, State Permits, Bonds, Insurances, Submittals, Copyling, FedEx;	26,161	26,161	26,161	0
			100%	100%	0%
	Concrete Floor	15,177	15,177	15,177	0
			36%	36%	64%
	Walls	22,766	8,196	8,196	14,570
			36%	36%	64%
	Roof System	37,024	13,329	13,329	23,695
	L. L. S. E. L. L.		0%	0%	100%
	Interior Finish	2,515	0	0	2,515
	Exterior Finish	0.055	0%	0%	100%
	Exterior Finish	2,255	0	0	2,255
	Doors	45.000	36%	36%	64%
	Doors	15,026	5,409 36%	5,409 36%	9,617
	Windows, Gates, Skylites	4,961	1,786	1,786	3,175
	Trindono, Catoo, Chymod	4,001	36%	36%	64%
	Restroom Accessories / Options	5,383	1,938	1,938	3,445
		.,,	36%	36%	64%
	Plumbing	27,999	10,080	10,080	17,920
			36%	36%	64%
	Electrical	14,159	5,097	5,097	9,062
			0%	0%	100%
	Building Pack / Ship Prep	3,724	0	0	3,724
			0%	0%	100%
	Site Installation, Field Testing	16,380	0	0	16,380
			0%	0%	100%
	Change Orders	0	0	0	0
	Sub total 1:	193,530	87,173	87,173	106,357
		0.0%	0%		
	Early Payment Discount	0	0	0	0
	TOTAL CONTRACT / INVOICE	193,530	87,173	87,173	106,357
		0%	0%		
52	Contract Retention	0	0	0	0
	Pay this Amount:	-	87,173		



CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

NOTICE:

THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND

PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT.

A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT

THE CLAIMANT HAS RECEIVED PAYMENT

Identifying Information

Name of Claimant:	PUBLIC RESTROOM COMPANY
Name of Customer:	City of Ankeny, IO
Job Name:	Ankeny Market Pavilion
Job Location:	715 West First Street, Ankeny, IA
Owner:	City of Ankeny, IO
Through Date:	8/23/17

Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor service provided, and equipment and material delivered, to the customer on this job through the Through Date of this document. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check:	City of Ankeny, IO	
Amount of Check:	\$87,173	
Check Payable to:	PUBLIC RESTROOM COMPANY	

Exceptions

This document does not affect any of the following:

- (1) Retentions;
- (2) Extras for which the claimant has not received payment;
- (3) The following progress payments for which the claimant has previously given a conditional waiver and release but has not received payment:

Date(s) of Waiver and Release:

N/A

Amount(s) of unpaid progress payments:

\$0

(4) Contract rights, including (A) a right based on rescission, abandonment, or breach of contract, and (B) the right to recover compensation for work not compensated by the payment.

Signature:
Claimant's Signature:
Claimant's Title:
CONTROLLER
Date of Signature: