



**CITY OF CLEWISTON
115 West Ventura Avenue
Clewiston, Florida 33440**

**COMMUNITY REDEVELOPMENT AGENCY
WORKSHOP MEETING AGENDA**

Wednesday, October 29, 2025 – 3:00 p.m.

CALL TO ORDER

ROLL CALL

COMMENTS FROM THE PUBLIC NON-AGENDA ITEMS

Public Comments for all meetings may be received by email, or by writing to the City Clerk's Office until 12:00 PM on the day of the meeting. Comments will be "received and filed" to be acknowledged as part of the official public record of the meeting.

DISCUSSION

1. Discuss CRA Grant Application
2. Discussion on Time Certain
3. Discussion on Color Palette
4. Consideration of Grant Application for 311 E. Sugarland Hwy.
5. Consideration of Grant Application for 313 E. Sugarland Hwy.
6. Consideration of Grant Application for 153 San Gabriel St.
7. Consideration of Grant Application for 305 E. Sugarland Hwy.
8. Consideration of Grant Application for 820 E. Sugarland Hwy & 815 E. Sagamore Ave.

REGULAR AGENDA

9. Consideration of Grant Application for 100 E. Sugarland Hwy.
10. Consideration of Grant Application for 108 E. Sugarland Hwy.
11. Consideration of Grant Application for 201 E. Ventura Ave.
12. Consideration of Grant Application for 806 E. Sugarland Hwy.
13. Consideration of Grant Application for 205 W. Ventura Ave.

COMMUNITY REDEVELOPMENT AGENCY COMMENTS

Chair Castillo

Committee Member Musgrave

Committee Member Waddell

Committee Member Carroll

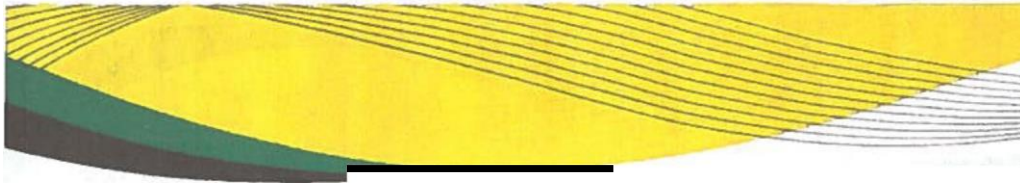
Committee Member Potts

CITY STAFF COMMENTS

ADJOURNMENT

The City of Clewiston is an equal opportunity provider and employer.

City Hall is wheelchair accessible and accessible parking spaces are available. Accommodation requests or interpretive services must be made 48 hours prior to the meeting. Please contact the City Clerk's office at (863) 983-1484, extension 104, or FAX (863) 983-4055 for information or assistance. I, the undersigned authority, do hereby certify the above Notice of Meeting of the Community Redevelopment Agency Board of the City of Clewiston is a true and correct copy of said Notice and that I posted a true and correct copy of said Notice at the front and rear entrances of City Hall, a place convenient and readily accessible to the general public at all times.



City of Clewiston, Florida

121 Central Avenue
Clewiston, FL 33440
{863} 983-1500 | Fax: {863} 983-1430

COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM
DEMOLITION, FAÇADE IMPROVEMENTS, AND MURAL INSTALLATION

(Please print or type requested information)

APPLICANT NAME: Sugarlake Properties, LLC

BUSINESS NAME (If applicable): _____

MAILING ADDRESS: 337 E Del Monte Ave. Clewiston Florida 33440

PHONE: (305)222-2252

EMAIL ADDRESS: Rb@yourdesigncube.com

PROPERTY ADDRESS: 311 E. Sugarland Hwy., Clewiston Florida 33440

PROJECT BUDGET: \$ _____ REQUESTED GRANT AMOUNT: \$ _____

LEASE TERM (If applicable): _____

PROPERTY OWNER'S NAME: Pedro Penton

PROPERTY OWNER'S MAILING ADDRESS: 9865 SW 108th Terrace, Miami Florida 33176

PID NUMBER: _____

LOT:7

BLOCK: 2

PHONE: (786)200-1391

EMAIL ADDRESS: pedro.penton@tacn1casystems.com

BUILDING'S EXISTING USE (S): R_e_s_t_a_u_r_a_n_t_l_B_a_r

BUILDING'S NEW USE (S): Restaurant/Bar

General description of proposed improvements:
0 New Construction ☒ Rehabilitation

☐ ZIFa ade

☐ CZ]awnings/Canopies

☒ Signs

☐ Owalls/Fencing/Landscaping

☒ Electric

☐ DHVAC

☐ Plumbing

☐ Fire Suppression

☐ Mural

☐ Demolition

☐ Oother Sidewalk Repair

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

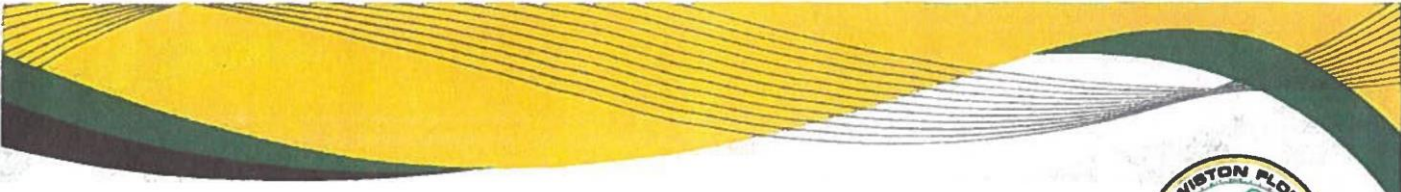
1. SIDEWALK REPAIR

2. PARAPET EXTENSION

3. DRIVE THRU WINDOW AND ALUMINUM CANOPY

TOTAL COST OF PROPOSED IMPROVEMENT: \$ _____ AMOUNT OF FUNDING
REQUESTED: \$ _____ (subject to CRA Board approval) *

*Maximum of \$12,500 available for improvements to multiple store fronts in the same building.



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Application Procedure

Step 1: Submit Application

Deliver all required documentation to CRA at 115 West Ventura Avenue:

- Completed application form.
- Two (2) competitive bids from licensed contractors
- Paint color chips.
- Photographs of current building conditions
- Sketches for non-structural changes
- Architectural/engineering plans for structural changes
- Building permit application
- Proof of paid taxes, fees, and assessments

Step 2: Project Approval

- All renovations must be reviewed and approved by the City Building Official.
- The applicant is responsible for acquiring all necessary permits.
- Any scope changes or change orders must receive CRA Board approval before proceeding.

Step 3: Completion and Reimbursement

- Submit photographs of completed work.
- Provide receipts and proof of payment (must include the contractor's name, address, phone, and license number).
- Provide City inspection records for completed work.

Quality Assurance

All work must be:

- Professionally and skillfully executed.
- Fully permitted and inspected.
- In compliance with Federal, State, County, and City regulations

The CRA reserves the right to withhold reimbursement if work fails inspections or quality standards.

Post-Award Obligations

Alterations

- Recipients must maintain the approved improvements without alteration for three (3) years, unless written permission is obtained from the CRA.
- Maintenance
- Improvements, including landscaping, must be maintained by the recipient for three (3) years from the date of the grant award.



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City of Clewiston CRA Grant Program - Guideline Form Introduction

Program Overview

As part of its outreach to business owners, Clewiston's Community Redevelopment Agency (CRA) offers technical and financial assistance for the exterior renovation of existing business buildings located within the Community Redevelopment Area (CRA). The program's goal is to support the implementation of the Community Redevelopment Plan, encouraging improvements through financial incentives aligned with Land Development Codes and Design Guidelines.

The term "facade" is used broadly. While the program focuses on exterior improvements, it may cover a range of eligible enhancements, not limited to storefronts.

Program Objective

By improving the visual appearance of downtown Clewiston, the CRA aims to:

- Attract new businesses and construction projects.
- Support the expansion of existing businesses.
- Create a more inviting environment for customers and investors.

Eligibility and Funding

Who is Eligible?

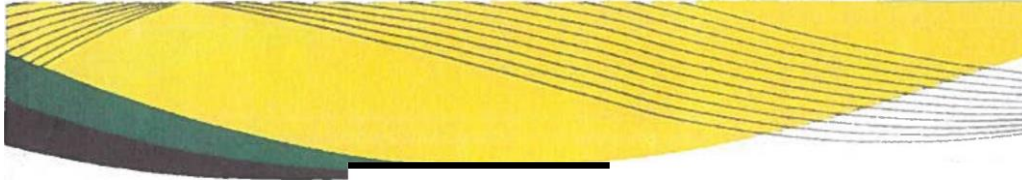
- Owners of existing business buildings located within the redevelopment area.
- Businesses must be conforming uses under CRA and City codes.

Funding Structure

- One-time grant every 3 years per storefront or business address.
- Reimbursement-based grants: 50% of eligible project costs (materials + professional labor).
- Maximum Funding Limits for Facade, Mural or Demolition: (subject to CRA Board approval)
 - \$7,500 per storefront/business address.
 - Up to \$12,500 per property with multiple businesses.
 - For businesses improving both street entrance and public parking entrance, up to \$7,500 per entrance, with a cap of \$12,500 per business.

Award Process

- Grants are awarded on a first-come, first-completed basis within each fiscal year (Oct 1 - Sept 30).
- Projects completed during a fiscal year will be reimbursed at the beginning of the following fiscal year.
- Projects must be completed within 180 days of approval, or the grant is **null and void**.



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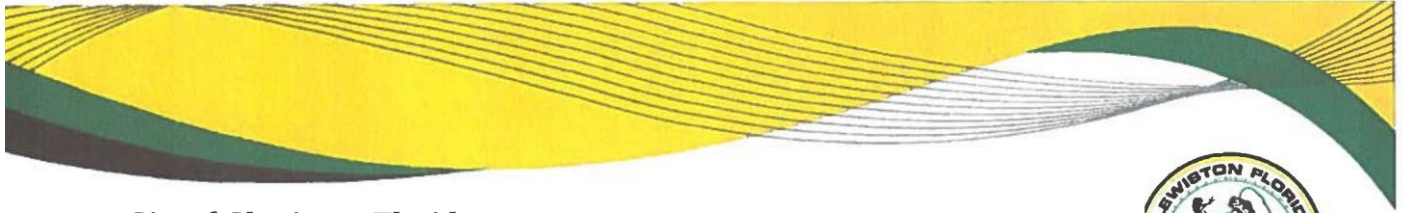


Eligible Expenditures

- Removal of deteriorated materials (plywood, metal, stucco)
- New or repaired stucco
- Painting (pre-approved colors)
- Window and door replacements
- Architectural woodwork and details
- Masonry work
- Signage (removal and installation)
- Awning replacement
- Entrance reconfiguration
- Landscaping, irrigation, and screening
- Exterior lighting
- Brick/textured pavement
- Professional design services
- Removal of curb cuts
- Parking lot improvements (excluding sealing/stripping)
- Courtyard/outdoor dining development
- Barrel tile or standing seam roof work

Ineligible Expenditures

- Work completed before approval
- Interior renovations
- Flat roof repairs
- Debt refinancing
- Non-fixed improvements
- Inventory, fixtures, or equipment
- Sweat equity (self-labor)
- Payroll or wages
- Routine maintenance
- Work not consistent with Design Guidelines or zoning
- New buildings or additions



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Required Documentation

@Project schedule

☒ Proposed budget

☐ Three cost estimates

☐ Schematic drawings illustrating proposed site plan/floorplan

☐ Description of materials to be used, the construction procedure and colors

☐ Aerial photographs of the existing building and the proposed project area

☐ Notarized letter from property owner

☐ 01-9

☐ Food-related services resume(s) - if applicable

☐ Rendering of proposed artwork- if applicable

☐ Number of Full-Time jobs created - if applicable

CONTRACT ACKNOWLEDGEMENT

I/we acknowledge, as evidenced by my/our signature(s) below, that I/we have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide. I/We further acknowledge that any breach of this contract may result in my/our being required to refund any funds awarded to me/us under this program.

APPLICANT SIGNATURE

_____, DATE

PROPERTY OWNER SIGNATURE

(If other than applicant)

_____, DATE

For CRA Use Only

Date Received by CRA _____

Date Considered by CRA Advisory Committee _____

Date Approved by CRA 1-2-23

&-13- 5

Architect: **WORXStudio**
6915 SW 57th Avenue, Suite 228
Coral Gables, FL 33143

Date July 10, 2025
Subject 311 E Sugarland Hwy, Clewiston, Florida
 33440
Reference CRAGrant

Owner: **Pedro Penton**
 Sugarlake Properties, LLC
337 E Del Monte Ave.
Clewiston, FL 33440

To whom it may concern,

Project Sched :

1. Sidewalk repair
2. Parapet extension
3. drive-thru window
4. aluminum canopy

Total job estimate 3 weeks

+/-4 Days
+/-1 week
+/- 2 week (fabrication and installation)
+/- 2 week (fabrication and installation)

Project Budget : +/- \$25,000

Sincerely,

Roberto Barreto
WORXStudio
6915 SW 57th Avenue, Suite 228
Coral Gables, **FL** 33143

KATHESAM CONSTRUCTION GROUP LLC. QUOTE 7/01/25
15210 SW 296th St, Homestead, FL 33033.

JOB LOCATION: 311 East Sugarland HWY, CLEWISTON, FL 330440.
JOB NAME: SUGAR LAKE OUTDOOR TERRACE.

SCOPE OF WORK BASED ON SHEET A1 00

1- SIDEWALK REPAIR	\$4,800.00
2- DRIVE THRU WINDOW	\$6,000.00
3- ALUMINUM CANOPY AND PAINT FINISH	\$15,400.00
4- PARAPET REPAIR AND ROOF CRICKET	\$4,500.00

KATHESAM INCLUSION: LABOR, MATERIAL, AND INSURANCE.
TOTAL ----- \$30,700.00

FOR QUESTIONS, CONTACT AT 786 3158148
ANIBAL RUIZ, PRESIDENT.



A& ENVIRONMENTAL CORP

Estimate No: 2025-20229
Date: 07/09/2025
For: 311 E SUGARLAND HIGHWAY - CLEWISTON, FLORIDA 33440
rb@yourdesigncube.com
305.222.2252

Estimate

11401 SW 40 ST Suite 325
Miami, FL, 33165
Jdiaz@ahenvironmentalcorp.com
ahenvironmentalcorp.com
3057769595

Ship To:

Tracking No:

Ship Via:

Free Shipping

Description	Quantity	Rate	Amount
Scope Of Work		\$28,340.00	\$28,340.00
1. Repair sidewalk as per detail shown on sheet A1.00 (\$4,900.0}			
2. Raise existing parapet (12"+/-) to align with existing wall. (\$4,540.0}			
3. Furnish and Install drive thru window (\$5,500.0}			
4. Furnish and Install Aluminum Canopy as per sheet A1.00 (\$13,400.0}			
		Parts Subtotal	\$28,340.00
		Subtotal	\$28,340.00
		TAXO%	\$0.00
		Shipping	\$0.00
		Total	\$28,340.00
	Total		\$28,340.00

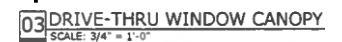
Comments

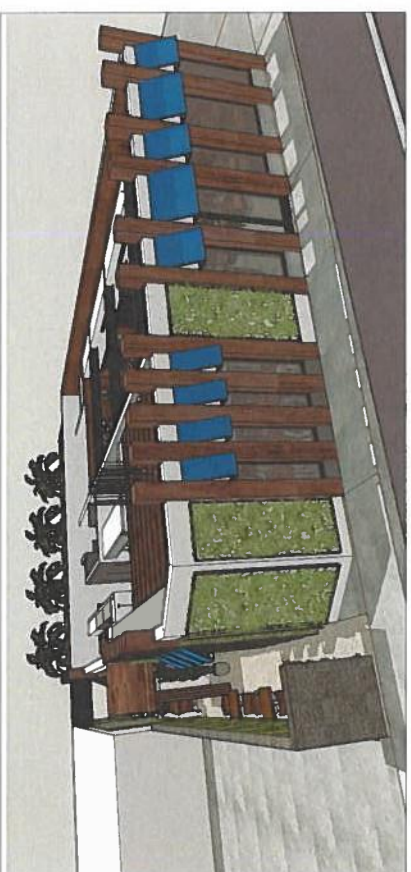
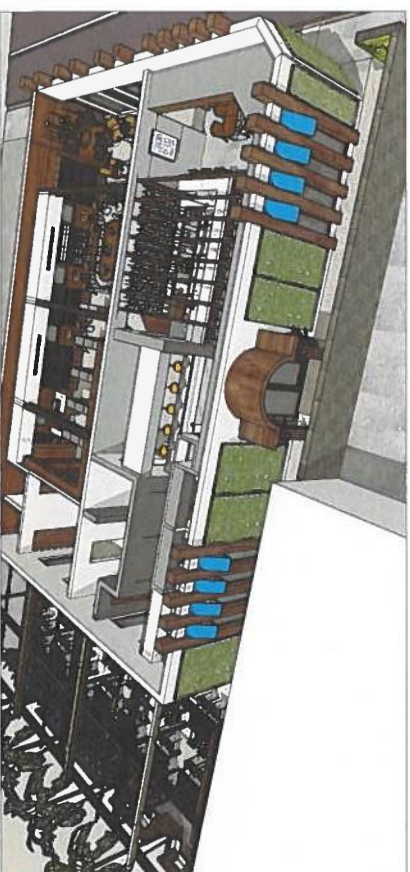
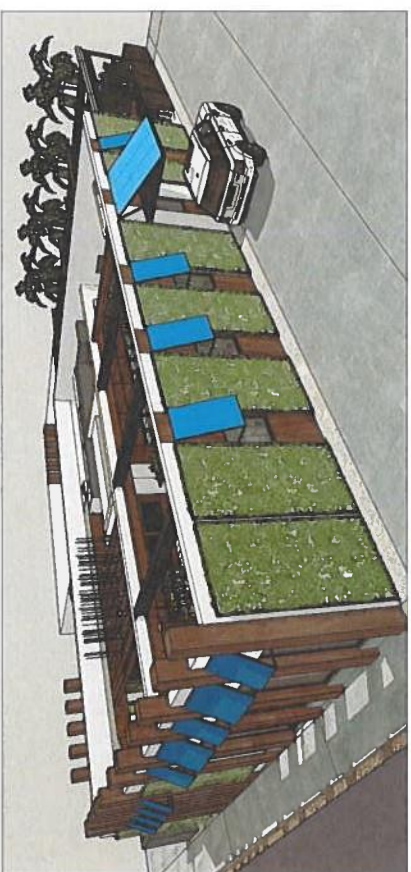
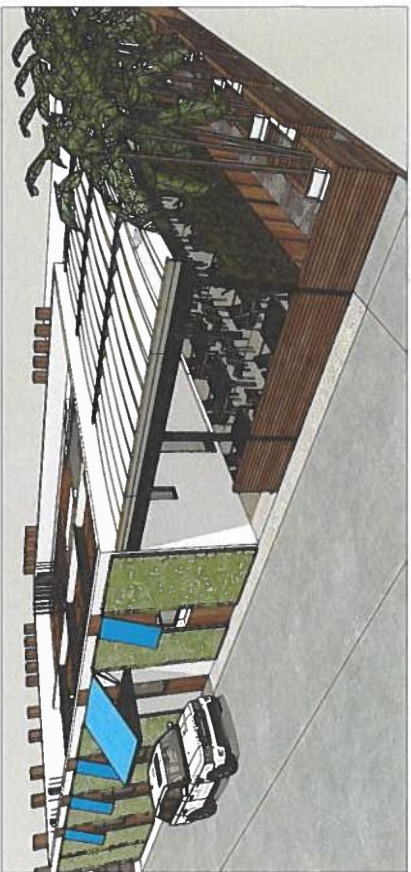
Credit card payments are subject to an administrative fee of 3.5%.

License No. CGC1529665- CCC1332835- CAC1817408 - CFC1430891

A&H ENVIRONMENTAL CORP

Client's signature

[illegible]

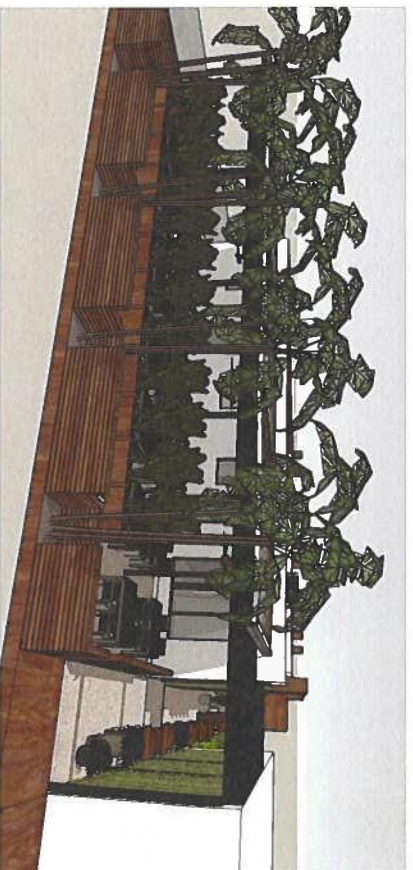
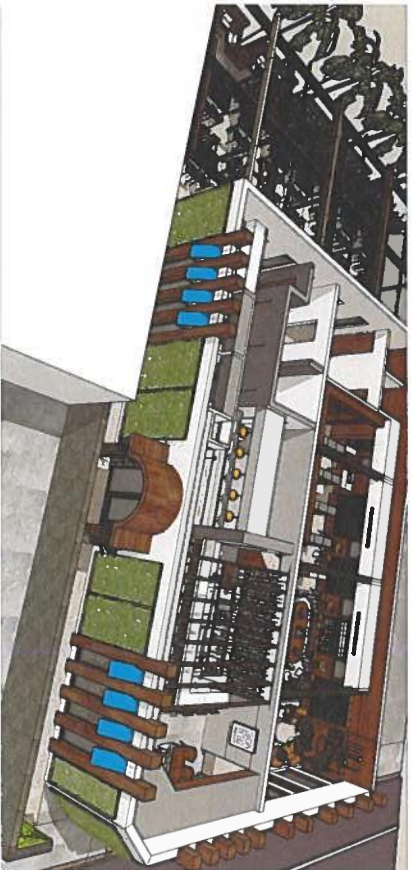


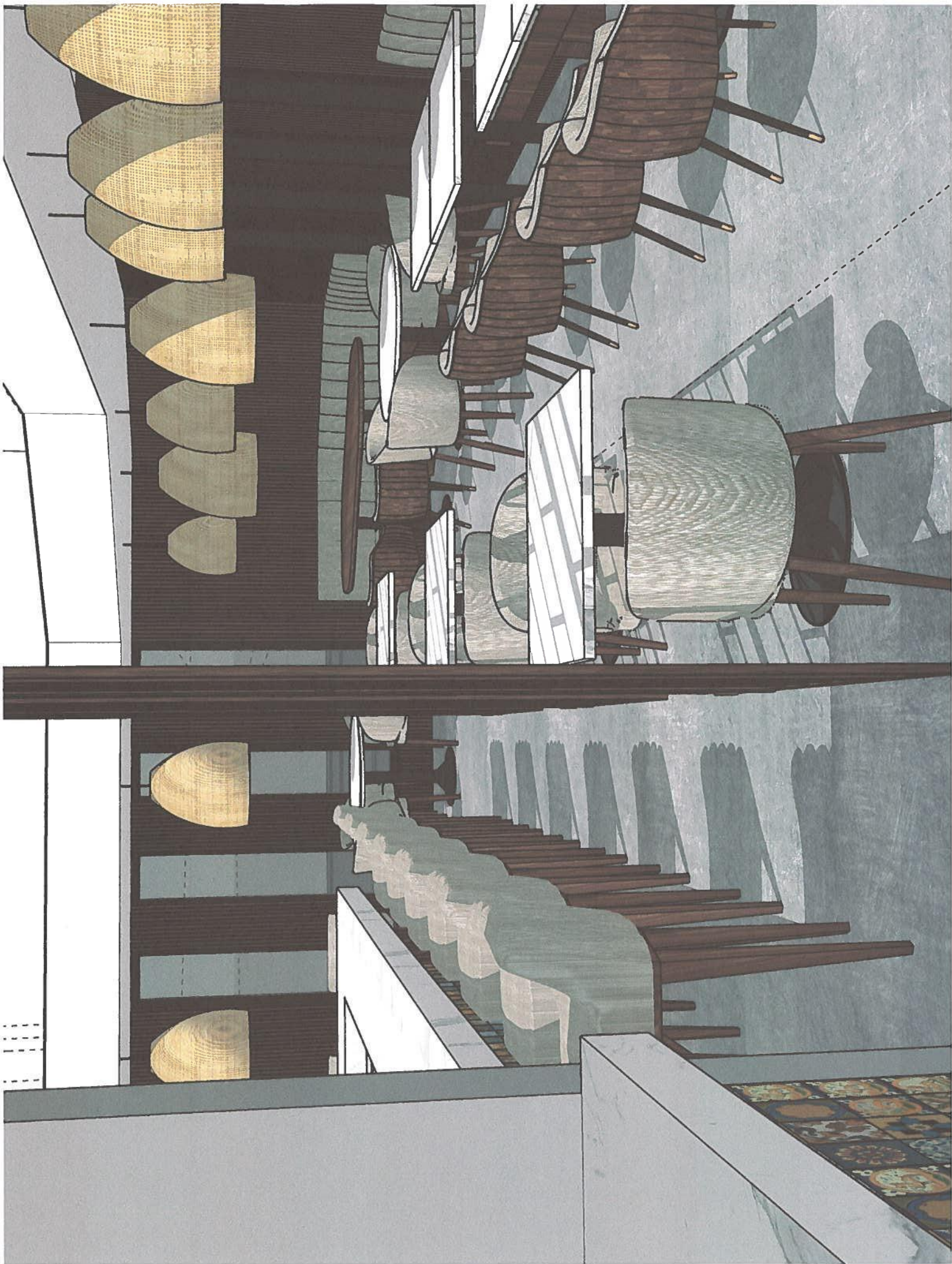




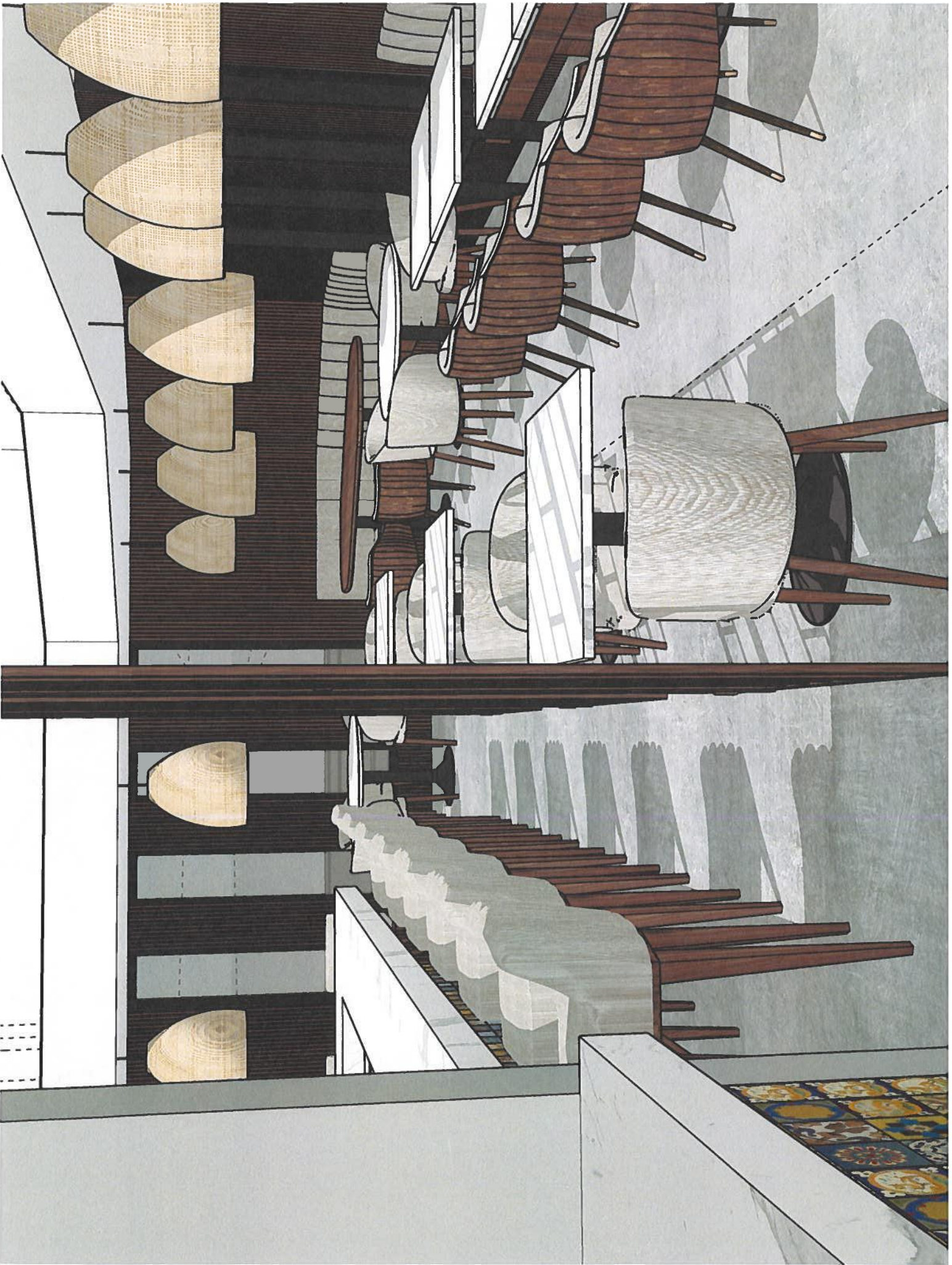
(Signature of Owner) *I*

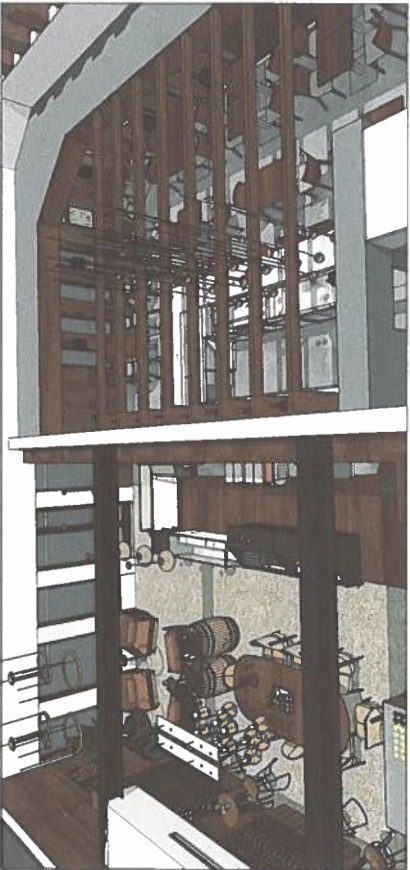
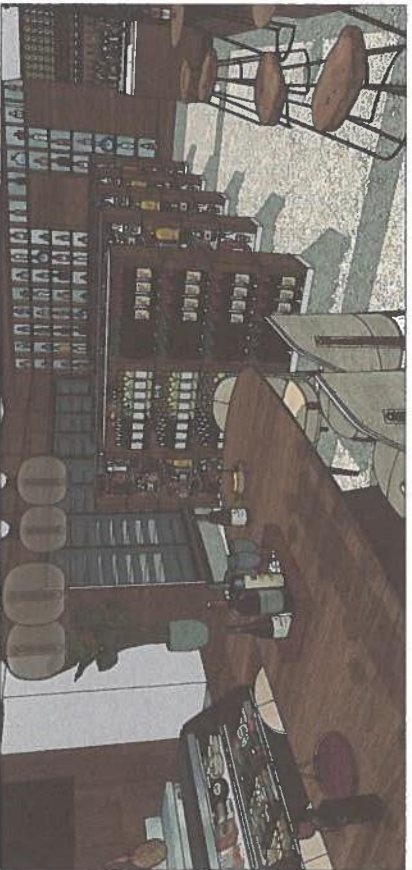
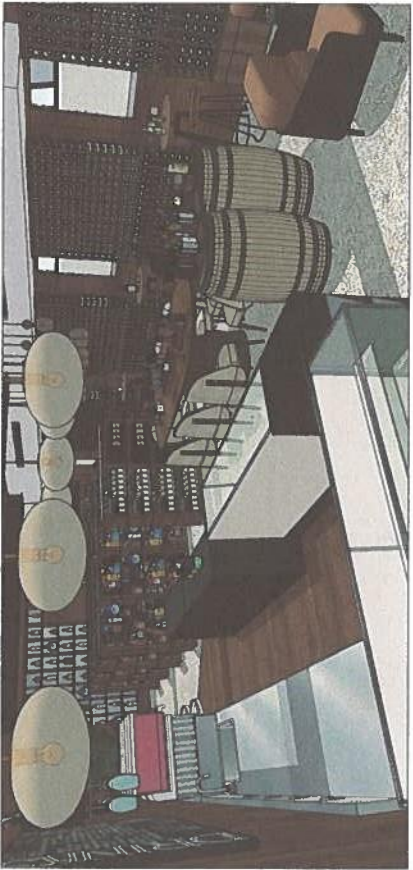
Name of Owner *Robertson*











Signature of _____
Nimaof Owrier

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.9011/FormW9 for Instructions and the latest Information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

1 Name of entity/individual. An entity is required. (For a sole proprietor, do not enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) 3 V V X / ; P n 5 / k f l T l c 5 C ,	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "U.C." box above end, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see Instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) --- Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) --- (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate" or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions. ☐	
5 Address (number, street, and apt. or suite no.). See Instructions. 337 E. Del Monte Ave.	Requester's name and address (optional)
6 City, state, and ZIP code Clewiston, Florida 33440	
7 List account number(s) here (optional)	
Taxpayer Identification Number (TIN)	

backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TTN*, later.

Note: If the account is in more than one name, see the Instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must report item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report a return and dividend on your tax return. For real estate transactions, item 2 does not apply if mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends are not required to file the certification, but you must provide your correct TIN. See the Instructions for Part III later.

Sign Here Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

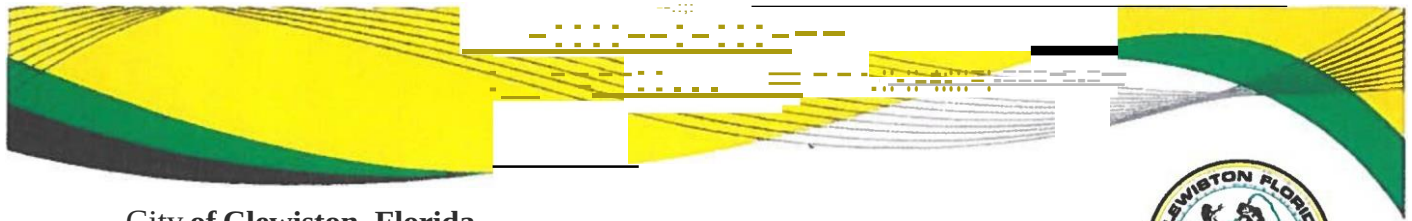
What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a **disregarded** entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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(Please print or type requested information)

APPLICANT NAME: Sofina Development LLC

BUSINESS NAME (If applicable): _____

MAILING ADDRESS: 9865 SW 108th Terrace Miami, Florida 33176

PHONE: (305)222-2252

EMAIL ADDRESS: Rb@yourdesigncube.com

PROPERTY ADDRESS: 313 E. Sugarland Hwy., Clewiston Florida 33440

PROJECT BUDGET:\$ _____ REQUESTED GRANT AMOUNT:\$ _____

LEASE TERM (If applicable): _____

PROPERTY OWNER'S NAME: Pedro Penton

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PID NUMBER: _____

LOT:7

BLOCK: 2

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EMAILADDRESS: pedro.penton@tecnicasystems.com

BUILDING'S EXISTING USE (S): _R_es...,ta_u_ra_nV_B_a_r_

BUILDING'S NEW USE (S):RestauranVBar

General description of proposed improvements:

0New Construction ☒ Rehabilitation

☒ Fa de

☐ Awnings/Canopies

☒ Signs

☒ Walls/Fencing/Landscaping

@ Electric

☐ HVAC

☐ Plumbing

☐ Fire Suppression

0Mural

☐ Demolition

00ther Parking Lot **Repair**

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

1. NEW PARKING LOT RESTRIPIING AND NEW PROTECTIVE PAINT FINISH

2. EXTERIOR PRIMER AND SATIN PAINT FINISH (COLOR A - BUILDING, COLOR B - COLUMNS, COLOR C - ROOF)

3. NEW PARKING LOT LAYOUT WITH 17 NEW CAR SPACES AND 7 MOTORCYCLE SPACES

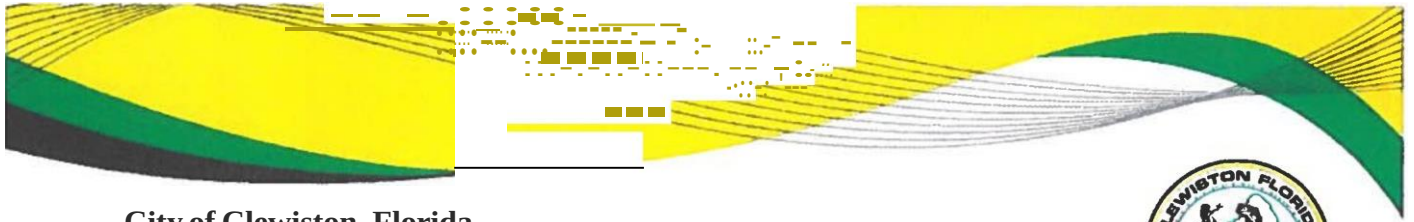
4. NEW APPROACH OR RETURN FROM E. SUGARLAND HWY (2 LOCATIONS)

5. LED PARKING LOT LIGHTS - (11 LIGHTS TOTAL)

TOTAL COST OF PROPOSED IMPROVEMENT: \$ _____ AMOUNT OF FUNP."G

REQUESTED: \$ _____ (subject to CRA Board approval) *

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Required Documentation

@Project schedule

[1] Proposed budget

Three cost estimates

Schematic drawings illustrating proposed site plan/floorplan

Description of materials to be used, the construction procedure and colors

Photographs of the existing building and the proposed project area

Notarized letter from property owner

@w'-9

Food-related services resume(s) - if applicable

Blending of proposed artwork- if applicable

Number of Full-Time jobs created - if applicable

CONTRACT ACKNOWLEDGEMENT

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APPLICANT SIGNATURE

PROPERTY OWNER SIGNATURE
(If other than applicant)

For CRA Use Only

Date Received by CRA _____

Date Considered by CRA _____

Date Approved by CRA 7/1/25

DATE

DATE

BJID 41 #



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Quality Assurance

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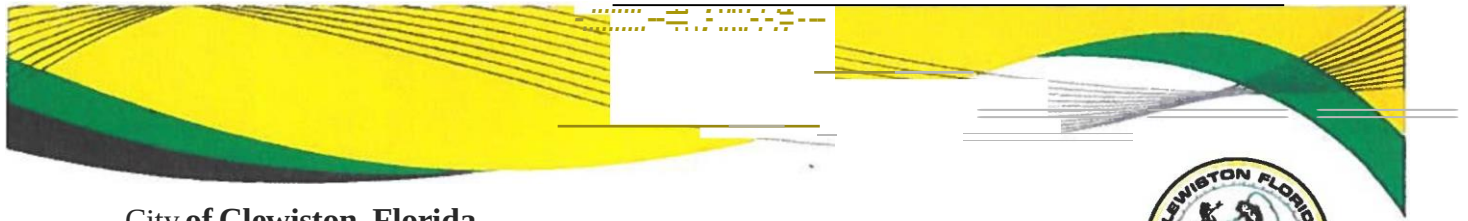
- Professionally and skillfully executed.
- Fully permitted and inspected.
- In compliance with Federal, State, County, and City regulations

The CRA reserves the right to withhold reimbursement if work fails inspections or quality standards.

Post-Award Obligations

Alterations

- Recipients must maintain the approved improvements without alteration for three (3) years, unless written permission is obtained from the CRA.
- Maintenance
- Improvements, including landscaping, must be maintained by the recipient for three (3) years from the date of the grant award.



City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



City of Clewiston CRA Grant Program - Guideline Form Introduction

Program Overview

As part of its outreach to business owners, Clewiston's Community Redevelopment Agency (CRA) offers technical and financial assistance for the exterior renovation of existing business buildings located within the Community Redevelopment Area (CRA). The program's goal is to support the implementation of the Community Redevelopment Plan, encouraging improvements through financial incentives aligned with Land Development Codes and Design Guidelines.

The term "façade" is used broadly. While the program focuses on exterior improvements, it may cover a range of eligible enhancements, not limited to storefront façades.

Program Objective

By improving the visual appearance of downtown Clewiston, the CRA aims to:

- Attract new businesses and construction projects.
- Support the expansion of existing businesses.
- Create a more inviting environment for customers and investors.

Eligibility and Funding

Who is Eligible?

- Owners of existing business buildings located within the redevelopment area.
- Businesses must be conforming uses under CRA and City codes.

Funding Structure

- One-time grant every 3 years per storefront or business address.
- Reimbursement-based grants: 50% of eligible project costs (materials+ professional labor).
- Maximum Funding Limits for Façade, Mural or Demolition: (subject to CRA Board approval)
 - \$7,500 per storefront/business address.
 - Up to \$12,500 per property with multiple businesses.
 - For businesses improving both street entrance and public parking entrance, up to \$7,500 per entrance, with a cap of \$12,500 per business.

Award Process

- Grants are awarded on a first-come, first-completed basis within each fiscal year (Oct 1 - Sept 30).
- Projects completed during a fiscal year will be reimbursed at the beginning of the following fiscal year.
- Projects must be completed within 180 days of approval, or the grant is **null and void**.

Architect: **WORXStudio**
6915 SW 57th Avenue, Suite 228
Coral Gables, FL 33143

Date July 10, 2025
Subject 313 E Sugarland Hwy, Clewiston, Florida
 33440
Reference CRA Grant

Owner: **Sofina Development, LLC**
9865 SW 108th Terrace,
Miami, FL 33176

To whom it may concern,

Project Schedule:

Total job estimate 3 weeks

- | | |
|---|------------|
| • clean parking lot, free of all dust, dirt, and debris | +/- 3 days |
| • mill all transitions for a smooth approach, also high spots of the Parking lot | |
| • Install a leveling course of hot asphalt in all low and failed areas for proper pitch | +/- 2 days |
| • Apply a hot tack coat to act as a bonding agent over the parking lot where accessible | |
| • install 1-1/2"-2" of hot asphalt over the entire parking lot and entranceways | +/-1 week |
| • All materials to be compacted with a double drum vibratory roller | |
| • Restripe parking lot as per layout provided to code | +/- 1 week |

Project Budget : +/- \$50,000

Sincerely,

Roberto Barreto
WORXStudio
6915 SW 57th Avenue, Suite 228
Coral Gables, FL 33143



John bJOung & son Asphalt INC

Estimate No: 61
Date: 07/12/2025
For: 313 E Sugarland HWY Clewiston, FL 33440
Rb@yourdesigncube.com
(305) 222-2252

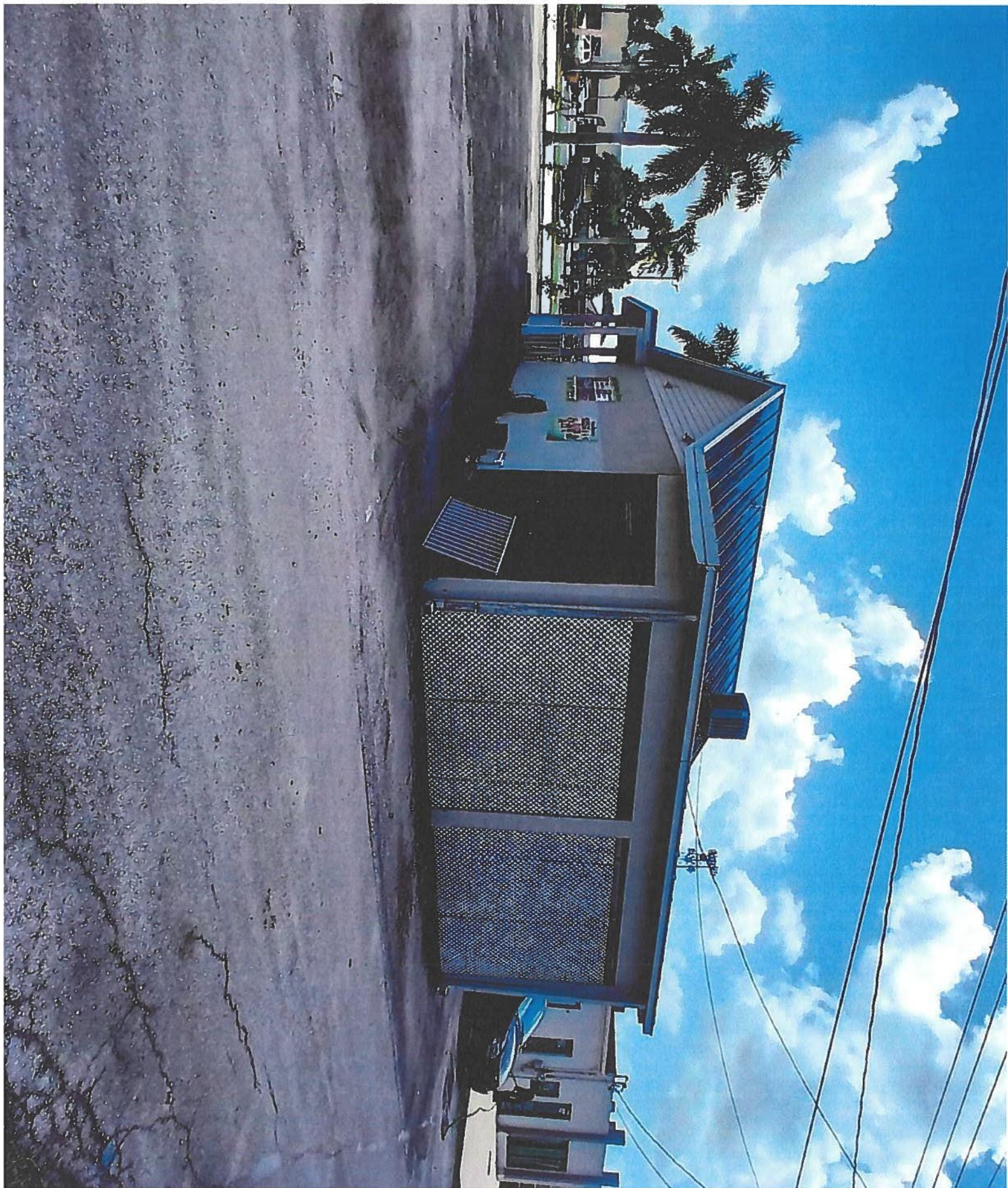
Estimate

5250 NE 28th Ave
Fort Lauderdale, FL, 33308-3464
(305) 889-8595
jyoungasphalt1@yahoo.com

Description	Quantity	Rate	Amount
• clean parking lot, free of all dust, dirt and debris • mill all transitions for a smooth approach also high spots of Parkinglot • Install a leveling course of hot asphalt in all low and failed areas for proper pitch • Apply hot tack coat to act as a bonding agent over parking lot where accessible • install 1-1/2"-2" of hot asphalt over entire parking lot and entranceways • All materials to be compacted with a double drum vibratory roller • Restripe parking lot as per layout provided to code		\$49,975.00	\$49,975.00
	Subtotal		\$49,975.00
	Total		\$49,975.00
	Total		\$49,975.00

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SURVEYNO: 1U.00055M	Originally signed by
-----+-----4Date:	JOHN A IBARRA
SHEET: 10F1	2024.04.22
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PldroPlnton
Sofina 0.-elopment U.C
9885 SW 1081h Temce
Miami, F1onda 33176
[pedro.penu1@teclbs\)fl11ns.com](mailto:pedro.penu1@teclbs)fl11ns.com)
(788) 200-1391

July 1()11, 2025

City of CINston CRA Grant Program
121 Central Avenue, Clewlston, Fl 33440
(883) 983-1500

Protect Address-313 E. Sugarland Hwy., Clewtn>n, Florida 33440

Dear SlrtMadan,

I am to request flnadat assistance for the renovation " an aging c:ommerdal par1dng lot located at (property addnl5a). This
profect alms to Improve safety, Increase capacity, **Mc enhance** the overal community environment.
The renovation Includes restrlplng the parking lot v.ilh a new protecu,,e paint finish, appl)ing extettor prtner and satin paint to lht
building and structures, redesigning the pa,1cmg layout to add 17 new car spaces and 7 motorqde **spaces**, oonstdn1g two new
approac;t,os from E. SUGarnd Highway for better traffic flow, and Instal 11 ene,gy,efflcient LED lights lo bftghten the outdoor nt.
These mprovements wlb **slow** for heller cfn:ulation In and out of the lot. Increase avallablty, and enhance safety through
ImpnMld Ughtilg, ultimately creaUng a more welcoming and functk>nal commmity pa,tng apace.
Your support v.ould be Invaluable i, malq these upgrades posallle. Thank you for conalderng this request

P1nu1M to Section 117.05(13)(1), Floridl Statulel, lhc folowlng nOClr1ll mrtftcala la IUldent ban oath or lfhllon.

STATE OF FLORIDA
COUNTY OF MIAMI DADE

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(Signature of Owner)
Name of Owner

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for Instructions and the latest Information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual (For a disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Joe	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. 0 Individual sole proprietor 0 C corporation D S corporation ☐ Partnership 0 Trust/881e IXI LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in line entry IP108, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unlabeled . It is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. D Other (see Instructions)	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked UC and entered "P" as the tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions 0	
4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (any)	
5 Address (number, street, and, if apt. or suite no. See Instructions). 9865 SW 108th Terrace	Requester's name and address (optional)
6 City, state, and ZIP code Miami Florida 33176	
7 List account number(s) here (optional)	

Taxpayer Identification Number (TIN) **DJJ-ITJ-1 | | 11**

backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the Instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. If a fee interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), or generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN to the requester.

Sign Here Signature of U.S. person **DJJ**

Date **6/24/2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions (such as legislation enacted after they were published), go to www.irs.gov/foi/mw9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to the form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

City of Clewiston, Florida
121 Central Avenue
Clewiston, FL 33440
(863) 983-1500 | Fax: (863) 983-1430



COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM
DEMOLITION, FA<;ADE IMPROVEMENTS, AND MURAL INSTALLATION

(Please print or type requested information)

APPLICANT NAME: CHRYSE
BUSINESS NAME (if applicable): Unique Design and Construction LLC
MAIL ADDRESS: DDJ41
PHONE: 110 EMAIL ADDRESS: @
PROPERTY ADDRESS: JS:5.. S :SC.O fubrvl.l s- C-1-W,-> 'lv .rt gg<.Jt/O
PROJECT BUDGET:\$ REQUESTED GRANT AMOUNT:\$
LEASE TERM (If applicable):

AD fs rs:r nM k
PID ER: LOT: BLOCK:
PHONE q)O1o 'ld37 EMAIL ADDRESS: AUtecGbUiltq'-'4.ciO n C DfY1

BUILDING'S EXISTING USE (S):
BUILDING'S NEW USE (S):

General description of proposed improvements:

0New Construction IX) Rehabilitation
EftFa ade ☐ Awnings/Canopies ☐ Signs lawalls/Fencing/Landscaping
D Electric DHVAC IX) Plumbing OFire Suppression
Mural 0Demolition ☐ Other Dc\uc .JC\.:J .

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

\$2t: r;1 ? :£ sia ; ; •

TOTAL COST OF PROPOSED IMPROVEMENT: 1 L AMOUNT OF FUNDING
REQUESTED: \$ Mf+/- (subject to CRA Board approval) *

*Maximum o/\$12,500 available for improvements to multiple storefronts in the same building.

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



Required Documentation

☐ Project schedule

☒ Proposed budget

☐ Three cost estimates

☒ Schematic drawings illustrating proposed site plan/floorplan

☒ Description of materials to be used, the construction procedure and colors

☒ Photographs of the existing building and the proposed project area

☐ Notarized letter from property owner

☒ W-9

☐ Food-related services resume(s) - if applicable

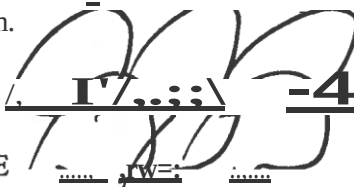
☐ Rendering of proposed artwork- if applicable

☐ Number of Full-Time jobs created - if applicable

CONTRACT ACKNOWLEDGEMENT

I/We acknowledge, as evidenced by my/our signature(s) below, that I/We have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide. I/We further acknowledge that any breach of this contract may result in my/our being required to refund any funds awarded to me/us under this program.

APPLICANT SIGNATURE



DATE

6/6/25

PROPERTY OWNER SIGNATURE

(If other than applicant)



DATE

6/6/25

For CRA Use Only

Date Received by CRA _____

Date Considered by CRA Advisory Committee _____

Date Approved by CRA _____



Everglades Construction Group LLC

Lie. #: CGC 1522985

PO BOX 309

Clewiston, FL 33440

(239) 979-9007

ryan@evergladesconstructiongroup.com

www.evergladesconstructiongroup.com

153 south san gabriel exterior improvements

Estimate Number: E-1539

Estimate Date: May 21, 2025

Estimate Expires: Jun 20, 2025

Client

Javier Gonzales (J Unique)

153 south san gabriel

Clewiston, FL 33440

javier@juniquedesign.com

DESCRIPTION

PRICE

Product or Service

\$49,500.00

J.ajgfirurL.

Install new well, pump and 4 zone irrigation system.

Install sod @ front of building

Grade and install st augustine sod from sidewalk on east side of property to the building itself. Sod will run along proposed new fencing to the road on the north and south side of office building.

.Arui. fence on north and south side of building from existing structure to road

white vinyl fence 6' tall with 2 (4') gates total

tie in to existing sidewalk and finish with 4" slab to the road.

place an existing windows

replace all windows with impact glass, black frame windows. Tint included

Pressure wash and paint exterior of building

M+M to clean and paint exterior of building - color by owner (sherwin williams super paint)

hplace all exterior doors

3 impact exterior doors

,

Subtotal	\$49,500.00
Taxable Subtotal	\$0.00
Tax	\$0.00
Total	\$48,000.00

signature

signed by

date

ESTIMATE

Nailed It custom Remodeling,
LLC
217 w del Monte ave,
Clewiston, FL 33440

nailedit_22@hotmail.com
+1 (813) 850-5148

Blii to
JUnique
153 S San Gabriel st Clewiston, FL 33440

Ship to
J Unique

Estimate details
Estimate no.: 1108
Estimate date: 05/21/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Services	irrigation and well	1	\$6,000.00	\$6,000.00
2.		Services	sod	1	\$5,000.00	\$5,000.00
3.		Services	form and pour driveway	1	\$15,000.00	\$15,000.00
4.		Services	privacy fence to separate front and back	1	\$7,000.00	\$7,000.00
5.		Services	replace all windows	1	\$15,000.00	\$15,000.00
6.		Services	pressure wash and paint exterior of building	1	\$4,800.00	\$4,800.00
7.		Services	replace all exterior doors (3)	1	\$4,500.00	\$4,500.00
8.		Services		1	\$0.00	\$0.00
Total					\$57,300.00	

Accepted date

Accepted by

ESTIMATE

DATE: 4/9/2025

TO: J Unique Design and Construction

ESTIMATE #118- 9

CUSTOMER ID:
AnCruz Construction
553 Estero BLVD
Fort Myers Beach FL

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
John	Office Exterior renovation @ 153 South San Gabriel street	50% due@ commencement and 50% due at completion	Estimate good for 90 days

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Form and pour walkway and driveway		15000
13	Replace all windows with impact glass		13000
	Paint Exterior		6000
	Well, Irrigation, Landscape and sod (floratam)		16000
3	Replace Exterior doors		4800
55 lf	Fencing per Javier drawings		4000

TOTAL 1\$58,800.00

Parcel Summary

Parcel ID 3 34 43 010100370-001.0
Prop ID 33803
Location Address 153 S SAN GABRIEL ST
CLEWISTON, FL 33440
Neighborhood/Area COMM CLEW TRANSITION (301000.99)
Subdivision CLEWISTON RAILROAD TRACTS
Brief Legal Description CLEWISTON BLK 370 LOTS 1-2
(Note: 'The Description above is not to be used on legal documents.)
Property Use Code SINGLE FAMILY (0100)
Sec/Twp/Rng 01-43-34
Tax District City of Clewiston (District 3)
Millage Rate 22.1936
Acreage 0.276
Homestead N



[View Map](#)

Internal Info

Market Area 30

Owner Information

[LITIQUE DESIGN & CONSTRUCTION LLC](#)
PO BOX 2107
CLEWISTON, FL 33440

Valuation

	2024 Certified Values	2023 Certified Values	2022 Certified Values
Just Market Value	\$138,346	\$139,394	\$112,282
Land Value	\$27,000	\$27,000	\$18,000
Agricultural (Market) Value	\$0	\$0	\$0
Agricultural Classified Value	\$0	\$0	\$0
Improvement Value	\$111,346	\$112,394	\$94,282
Non School Assessed Value	\$138,346	\$139,394	\$111,849
School Assessed Value	\$138,346	\$139,394	\$112,282
Exempt Value	\$0	\$0	\$0
Non School Taxable Value	\$138,346	\$139,394	\$111,849
School Taxable Value	\$138,346	\$139,394	\$112,282
Save Our Homes Deferred	\$0	\$0	\$0
Non Save Our Homes Deferred	\$0	\$0	\$433

• Just (Market) Value- description - This is the value established by the Property Appraiser for ad valorem purposes. This value does not represent anticipated selling price.

Trim Notices

[2024 TRIM Notice \(PDF\)](#)

Property Record Cards

[2024 Property Record Card \(PDF\)](#)

Tax Collector

[Link to Tax Collector](#)

Land Information

Land Use	Land Use Desc	Acres	Square Feet	Eff.Frontage	Depth	Zoning
0100	SFR	0.28	12000	100	120	

Building Information

Type	Single Family Residential	Heat Index	Electric -- Convection
Heated Area	1,684	Air Conditioning	Wall Unit
Exterior Walls	CBS,Slump or Fluted Block; Stucco on Tile/Stl/WD Fr	Bathrooms	2
Roof Cover	Built UpTar & Gravel; Prefmished Metal	Bedrooms	2
Interior Walls	Custom Wood; Plywood Paneling	Stories	1.0
Floor Cover	Carpet; Sheet Vinyl	Effective Year Built	1952
Actual Year Built	1935		

Sub Area

Type	Description	Sq.Footage	Act Year	EffYear	Quality	Impr	vUse	Imprv Use Descr
BAS	BAS Segment	1,684	1935	1952	03			ALL
FPLAVE	Fireplace Average	1	1935	1935	03			ALL
FST	Utility, Finished	120	1935	1952	03			ALL
SLABC POF	Slab Concrete Open Porch, Unfinished	527 21	1991 1935	1984 1952	03 03			ALL
USP	Screen Porch, Unfinished	140	1935	19S2	03			ALL

Sales

Sale Date	Sale Price	Instrument	Book/Page	Qualification	Vacant/Improved	Grantor	Grantee
8/20/2024	\$100	QC	1086E0302	Unqualified (U)	Improved	I M C UNIQUE DESIGNS CONTRACTING & SERVICES LLC	J UNIQUE DESIGN & CONSTRUCTION LLC
3/29/2022	\$220,000	WD	1oma:m	Qualified(Q)	Improved	LC COMMERCIAL PROPERTIES LLC	I MC UNIQUE DESIGNS CONTRACTING & SERVICES LLC
4/23/2018	\$85,000	WD	0937E0871	Unqualified (U)	Improved	CORBIN JOHNGTR EST & SUE F TR EST	LC COMMERCIAL PROPERTIES LLC
5/2/2012	\$0	DC	Q 9E1 !!	Unqualified (U)	Improved	CORBIN SUEF TR	.. None..
8/9/2010	\$0	MS	C6111000	Unqualified (U)	Improved	CORBIN JOHNG TR/PRELIMINARY R	.. None"
8/9/2010	\$0	DC	0828E1093	Unqualified (U)	Improved	CORBIN JOHN G TR/AFFIDAVIT OF	.. None..
5/12/1997	\$100	WD	mt.2 !!	Qualified(Q)	Improved	CORBIN JOHN GTR SUE F TR	.. None"
5/12/1997	\$100	WD	0551,jj168!!	Qualified(Q)	Improved	CORBIN JOHN GSUE F	.. None"
10/28/1986	\$100	WD	0 E024Q	Qualified(Q)	Improved	CORBIN JOHN GSUE F	"None..
7/6/1984	\$70,000	WD	0340,0673	Qualified(Q)	Improved	BURGHOFF RAYMOND M KATHRYN C	.. None..
9/22/1982	\$64,000	WD	om !!!!	Qualified(Q)	Improved	DYESS DOROTHY	.. None**
9/17/1982	\$100	QC	03n,o ol	Qualfied(Q)	Improved	DYESS	"None..
8/25/1980	\$0	DC	ll Z m	Qualified(Q)	Improved	DYESS EARLS	"None..
8/26/1957	\$0	SW	0027E0113	Qualified(Q)	Improved	**None**	CORBIN JOHN GTR EST & SUE FTR EST

Permits

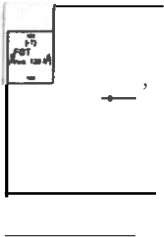
Permit Number	Type	Primary	Active	Issue Date	Value
25C0026	CONCRETE SLAB	Yes	Yes	1/24/2025	\$6,000
22C0333	ROOF	Yes	No	11/1/2022	\$3,000
22C0332	SIGN	Yes	No	11/1/2022	\$1,500
22C0281	REMODEL/ RENOVATION	Yes	No	9/12/2022	\$2,200
09C0177	MC	Yes	No	8/5/2009	\$1,600
OSC0910	ROOF	Yes	No	12/16/2005	\$3,050

Our permitting Information Is pulled from the Hendry County Permitting Offices. Permitting Information shown here Is all the Property Appraiser has on file for this property. Any detailed questions about permits should be directed to the Permitting Offices. Their website is: [http://fl.handy-trk.asp.gov.com/etrakitf](#)

Photos



Sketches



No data available for the following modules: Extra Features.

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[User Privacy Policy](#) [GDPR Privacy Notice](#)
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C.r1/tC Uc,

Developed ill'
Q SCHNEIDER
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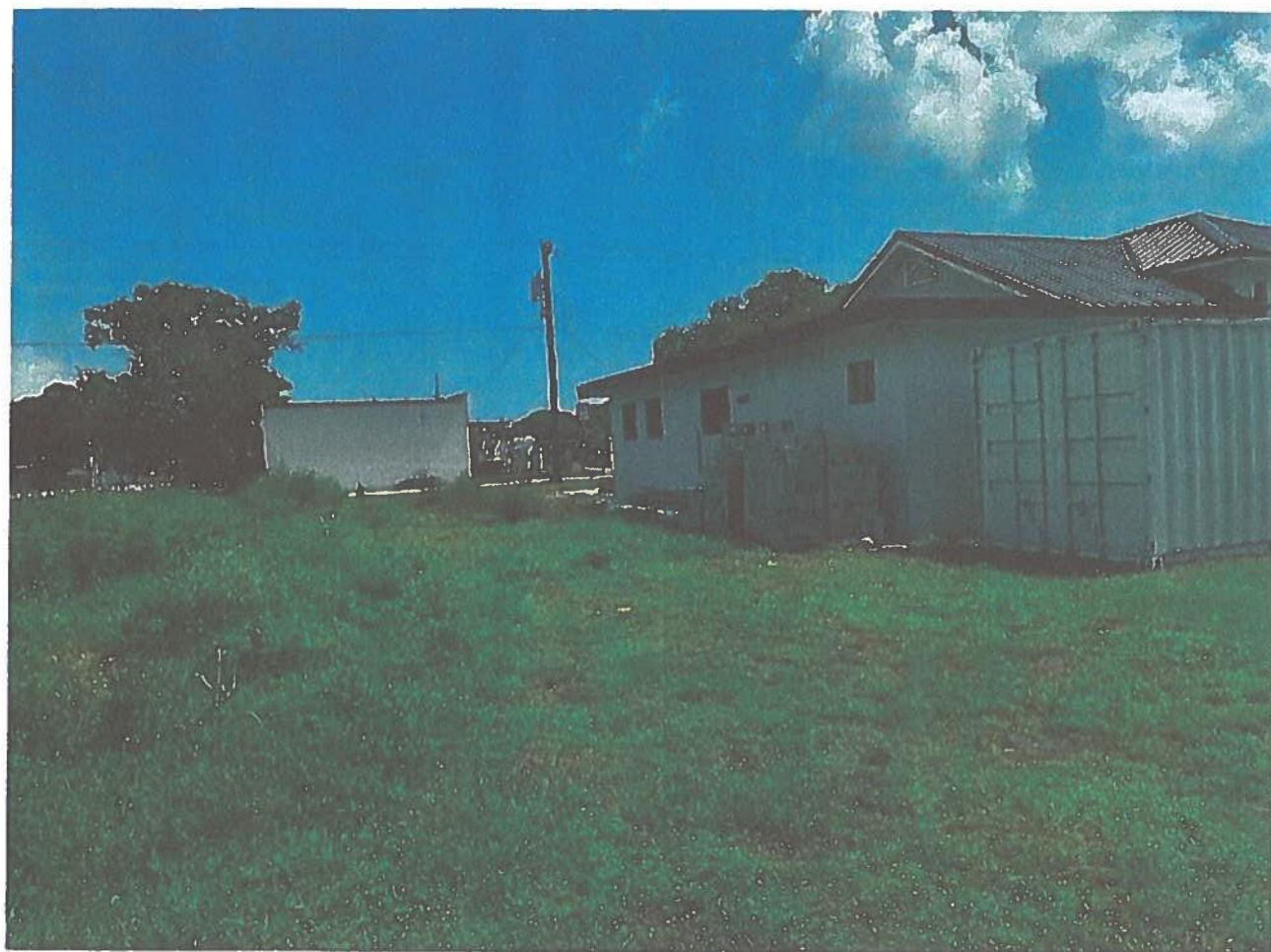
{No subject}

From Lupita Contreras <1upitacontreras878@gmail.com>

Date Fri 2025-06-06 11:29

To Lupita Forteva <lupita@juniquedesign.com>







Sent from my iPhone

General Specifications of the Painted Fa ade

Project Scope:

Painting of the exterior fa9ade of the building, including surface preparation, priming, and finishing coats to ensure durability, aesthetic appeal, and weather protection.

Surface Preparation:

- Pressure washing to remove dirt, loose paint, and contaminants.
- Repair of cracks, chips, and imperfections with patching compound where necessary.
- Sanding and smoothing of surfaces to ensure proper paint adhesion.
- Masking and protection of adjacent surfaces, windows, and landscaping.

Primer Application:

- One coat of high-quality exterior primer applied to all bare and repaired surfaces.
- Primer selected to be compatible with finish coat for maximum adhesion and longevity.

Paint Application:

- Two coats of premium-grade exterior acrylic latex paint.
- Application performed by brush, roller, and/or sprayer as required for uniform coverage.
- All coats allowed to dry fully between applications.
- Color(s) applied per approved design/owner selection.

Product Specifications:

- Paint Type: 100% Acrylic Latex (Exterior Grade).
- Finish: Satin/Semi-gloss (depending on customer selection).
- UV-resistant, mildew-resistant, and weatherproof formulation.
- Manufacturer warranty as per product specifications.

Final Appearance & Quality:

- Even, consistent color across the entire fa ade.
- Smooth finish free from drips, streaks, or missed areas.
- Edges, trims, and architectural details carefully detailed.

Application for Privacy Fence Using Clusia Plants

Project Scope:

Installation of a natural privacy fence utilizing Caloosa (Clusia) plants along the designated property boundaries. The hedge will provide privacy, noise reduction, and aesthetic enhancement while serving as a sustainable, low-maintenance alternative to traditional fencing.

1. Plant Selection

- **Species:** *Clusia rosea*
 - **Common Name:** Caloosa hedge, small leaf clusia
 - **Mature Height:** 6-8 ft (can be maintained as hedge)
 - **Mature Spread:** 4-5 ft
 - **Growth Habit:** Dense, evergreen foliage suitable for screening/privacy
 - **Climate Suitability:** South Florida tropical/subtropical conditions
-

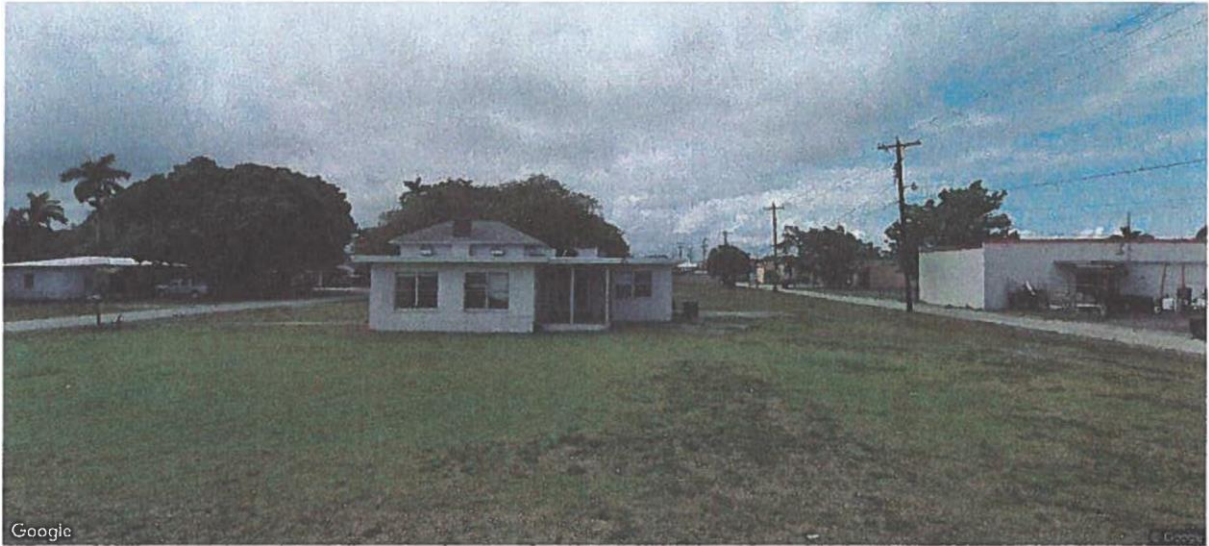
2. Layout & Installation

- **Planting Line:** Continuous hedge along property perimeter where privacy fence is required.
 - **Spacing:** 24-36 inches on center for dense growth.
 - **Planting Holes:** Twice the width of the root ball; soil loosened to promote root establishment.
 - **Soil Preparation:** Organic matter mixed into native soil to improve drainage and nutrient retention.
 - **Mulch:** 2-3-inch layer of organic mulch applied around base of plants (keeping mulch away from stem).
 - **Irrigation:** Automatic irrigation system with drip line or micro-sprayers installed to ensure consistent watering.
-

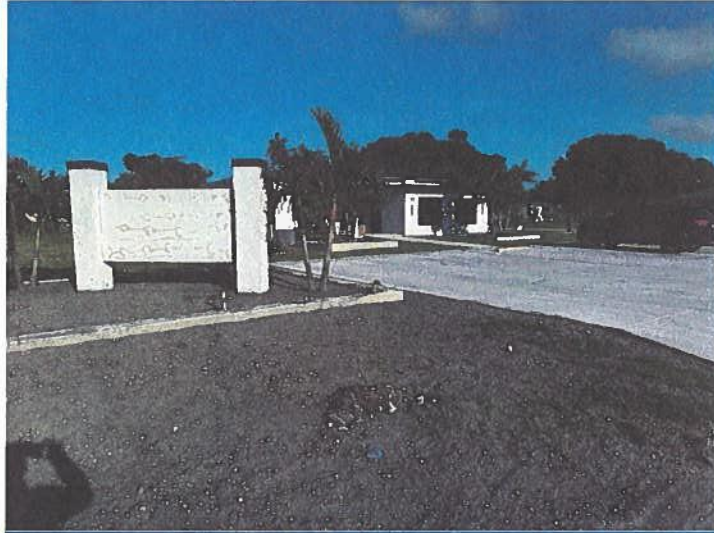
March 29 2022



March 29 2022



JULY 20, 2025



City of
Clewiston

PARKING
Building Permit

Community Development
121 Central Avenue
Clewiston, Florida 33440
Phone: 1-863-983-1500
Fax: 1-863-983-1430

PERMIT NUMBER

25-0026

01/24/2025

07/23/2025

6000.00

leslie

LOCATION: 153 S San Gabriel St
Clewiston, FL 33440

SUBD. 3-34-43-01-010-0310-001.0
CLEWISTON RAILROAD TRACTS

LOT#: 1-2

Company Name:

BLOCK# 370

Everglades Construction Group, LLC

OWNER: IMC Unique Designs Contracting &
Services, LLC

SELECTED CHARACTERISTICS OF WORK

NATURE OF WORK Addition

OCCUPANCY TYPE

Business

DESCRIPTION OF WORK

Parking lot/Driveway Connection. Per plans

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

1. All work must be inspected before covering. Call for inspections. 1-863-983-1500
2. All work is to be done according to the Florida Building Codes and local Ordinances.
3. Call for "LOCATE" at 1-800-432-4770 before any digging, to protect utilities.
4. Damage to sidewalks, streets, utilities etc. must be repaired before C.O. is issued.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Inspections

S	InspType	R	F	Status	ReqDate	InspDate	InspId	InspDist
0	SINAGE							
0	STRIPING							
1	FINAL		y					

Issuing Officer / Permit

C

Scope of Work

Project Name: J Unique Design and Construction LLC - Office Exterior Renovation

Project Location: 153 S. San Gabriel St.

Date: 6/06/2025

Objective:

This project includes full exterior upgrades for the office building of J Unique Design and Construction LLC. The goal is to enhance the property's appeal, functionality, and security through improvements in hardscaping, landscaping, and structural finishes.

Work Description:

1. **Irrigation System Installation**
 - o Supply and installation of an automated irrigation system.
 - o Sprinkler layout ensures full coverage of lawn and landscape areas.
 - o Timer and zone control for efficient water usage.
2. **Landscaping & Sod Installation**
 - o Site preparation includes grading and clearing.
 - o Installation of new topsoil, sod, shrubs, and decorative plants.
 - o Mulching and border definition for clean landscape appearance.
3. **New Parking Lot Construction**
 - o Removal of existing surface (if applicable).
 - o Grading, base preparation, and installation of new asphalt or concrete.
 - o Stripping for parking spaces, including ADA-compliant markings.
4. **Driveway and Sidewalk Construction**
 - o Installation of new concrete or paver driveway with proper drainage.
 - o Construction of sidewalks for pedestrian access.
 - o Compliance with local codes and ADA standards.
5. **Signage Illumination**
 - o Installation of exterior lighting for office signage.
 - o Electrical work for LED or low-voltage lighting solutions.
 - o Weatherproofing and control switches for nighttime visibility.
6. **Exterior Painting**
 - o Power washing and surface preparation of all exterior walls.
 - o Repair of any minor surface damage prior to painting.
 - o Application of high-quality, weather-resistant exterior paint.
7. **Fencing and Privacy Features**
 - o Installation of new perimeter fencing for privacy and security.
 - o Options include wood, vinyl, or metal depending on design choice.
 - o Gate installation with locking mechanisms.
8. **Stucco Work**
 - o Repair and reapplication of stucco on exterior surfaces.
 - o Matching or updating finish texture and color.
 - o Waterproofing treatment for durability and weather resistance.

General Notes:

- All work will comply with local building codes and zoning regulations.
- Required permits will be obtained prior to commencement.
- Site cleanup and debris removal included upon completion of each phase.
- Project timeline and staging to be coordinated with client.

Description of Materials

Project Name: J Unique Design and Construction LLC - Complete Exterior Renovation

Project Location: 153 S. San Gabriel St Clewiston Fl 33440

Date: 06/06/2025

1. Irrigation System

- **Irrigation Controller:** Digital programmable timer with multiple zone capability.
 - **Piping:** 1" PVC Class 200 main lines; ¾" lateral lines.
 - **Sprinkler Heads:** Pop-up rotary and fixed spray heads with adjustable nozzles for turf and landscape beds.
 - **Backflow Preventer:** Anti-siphon valve in compliance with local plumbing code.
 - **Drip Irrigation (as needed):** For shrubs and plant beds, ½" poly tubing with emitters.
-

2. Landscaping

- **Plants & Shrubs:** Native and drought-tolerant species suitable for the region (e.g., hibiscus, viburnum, crotons).
 - **Mulch:** Shredded hardwood or cypress mulch, 2"-3" depth.
 - **Edging:** Concrete or steel landscape borders for separation between lawn and plant beds.
 - **Topsoil:** Screened, enriched topsoil for planting beds and lawn base.
-

3. Sod Installation

- **Sod Type:** Fresh-cut St. Augustine or Zoysia sod (depending on soil conditions and sun exposure).
 - **Soil Base Preparation:** Compacted and leveled base with light fertilizer application.
-

4. Parking Lot

- **Base Material:** 6" compacted lime rock base.
 - **Paving:** 2" hot mix asphalt surface course.
 - **Striping:** White or yellow reflective thermoplastic paint for stalls, ADA spaces, and directional markings.
 - **Wheel Stops:** Precast concrete or rubber, anchored.
-

5. Driveway & Sidewalk

- **Concrete:** 3,000-4,000 PSI ready-mix concrete, broom finish.
- **Expansion Joints:** Preformed fiberboard expansion joints every 10 feet.
- **Reinforcement:** Welded wire mesh or #3 rebar grid.
- **ADA Features:** Tactile warning pads and compliant slopes/ramps.

6. Sign Illumination

- **Lighting Fixtures:** LED wall-mount or ground-spot fixtures, weatherproof, with dusk-to-dawn sensor.
- **Wiring:** Low-voltage or hardwired depending on local electrical code.
- **Mounting Hardware:** Aluminum or stainless steel brackets and hardware.

7. Exterior Paint

- **Primer:** Exterior masonry bonding primer for stucco surfaces.
- **Paint:** High-performance acrylic latex paint (e.g., Sherwin-Williams Duration or Behr Premium Plus Ultra).
- **Colors:** To be selected and approved by client.
- **Application:** Sprayed and back-rolled for uniform coverage.

8. Fencing and Privacy

- **Fence Material:** 6-ft pressure-treated wood or vinyl privacy panels.
- **Posts:** 4x4 treated pine or steel-reinforced vinyl, set in concrete footings.
- **Gates:** Hinged entry gate with heavy-duty hardware and lockable latch.
- **Optional:** Lattice or decorative top panels for added design.

9. Stucco

- **Base Coat:** Cementitious scratch and brown coat on lath (if reapplying over sheathing).
- **Finish Coat:** Acrylic-based finish coat in selected texture (e.g., sand or smooth).
- **Sealant:** Elastomeric coating for weatherproof protection and crack resistance.

Note:

All materials are selected based on durability, code compliance, and visual consistency with the overall design intent. Product specifications may vary slightly based on availability or local requirements.

Description of Materials

Project Name: J Unique Design and Construction LLC - Complete Exterior Renovation

Project Location: 153 S. San Gabriel St Clewiston Fl 33440

Date: 06/06/2025

1. Irrigation System

- **Irrigation Controller:** Digital programmable timer with multiple zone capability.
 - **Piping:** 1" PVC Class 200 main lines; ¾" lateral lines.
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-

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 - **Soil Base Preparation:** Compacted and leveled base with light fertilizer application.
-

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 - **Paving:** 2" hot mix asphalt surface course.
 - **Striping:** White or yellow reflective thermoplastic paint for stalls, ADA spaces, and directional markings.
 - **Wheel Stops:** Precast concrete or rubber, anchored.
-

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Note:

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Request for Taxpayer
Identification Number and Certification

Go to www.irs.gov/FormW9 for Instructions and the latest Information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) J UNIQUE DESIGN AND CONSTRUCTION LLC	
2 Business name/disregarded entity name, if different from above. NIA	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)..... S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. D	(Applies to accounts maintained outside the United States.)
5 Address (number, street, and apt. or suite no.). See Instructions. 153 S SAN GABRIEL ST	Requester's name and address (optional) _____
8 City, state, and ZIP code CLEWISTON FL 33440	
7 List account number(s) here (optional) _____	

mu Taxpayer Identification Number (TIN)

backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

I Social security number
01J-11111
or
Employer identification number
8131-14121919171410

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person 

Date **6/6/2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM
DEMOLITION, FACILITY IMPROVEMENTS, AND MURAL INSTALLATION

(Please print or type requested information)

APPLICANT NAME:

BUSINESS NAME (If applicable):

MAILING ADDRESS: 305 W 5th Ave, Clewiston, FL 33440

PHONE: 863-594-0527 EMAIL ADDRESS: krl@pflr.com

PROPERTY ADDRESS: 36 W 5th Ave, Clewiston, FL 33440

PROJECT BUDGET: \$100,000 REQUESTED GRANT AMOUNT: \$0

LEASE TERM (If applicable): 12 months

PROPERTY OWNER'S NAME: B. A. OSP L.L.C.

PROPERTY OWNER'S MAILING ADDRESS: 101 W 5th Ave, Clewiston, FL 33440

PID NUMBER: 863-594-6507 LOT: 1 BLOCK: 1

PHONE: 863-594-6507 EMAIL ADDRESS: h4ilj2@aflci.com

BUILDING'S EXISTING USE (S): f/DA--7=/_/

BUILDING'S NEW USE (S): /tO'-f"--e=-.1-f

General description of proposed improvements:

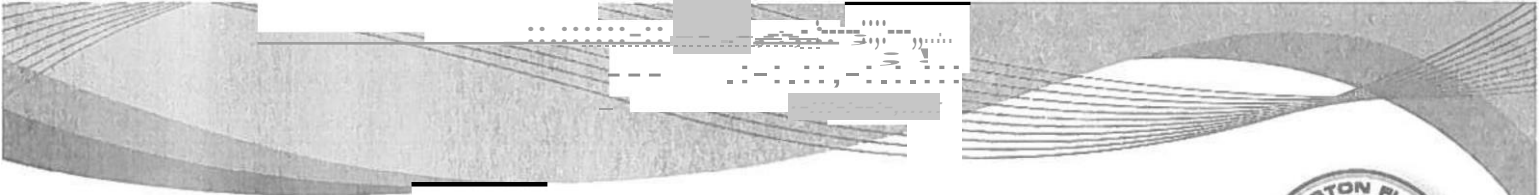
- ☒ New Construction ☒ Rehabilitation ☐ Signs ☐ Walls/Fencing/Landscaping
☒ Electric ☒ HVAC ☐ Plumbing ☐ Fire Suppression
☐ Mural ☐ Demolition ☐ Other

Please provide a brief description of the work to be performed, materials to be used, color and material samples

if appl: L k'a1A72 Fe.de 01
f-

TOTAL COST OF PROPOSED IMPROVEMENT: \$ AMOUNT OF FUNDING REQUESTED: \$ (subject to CRA Board approval) *

*..Maximum of \$12,500 available for improvements to multiple store fronts in the same building.



City of Clewiston, Florida

121 Central Avenue

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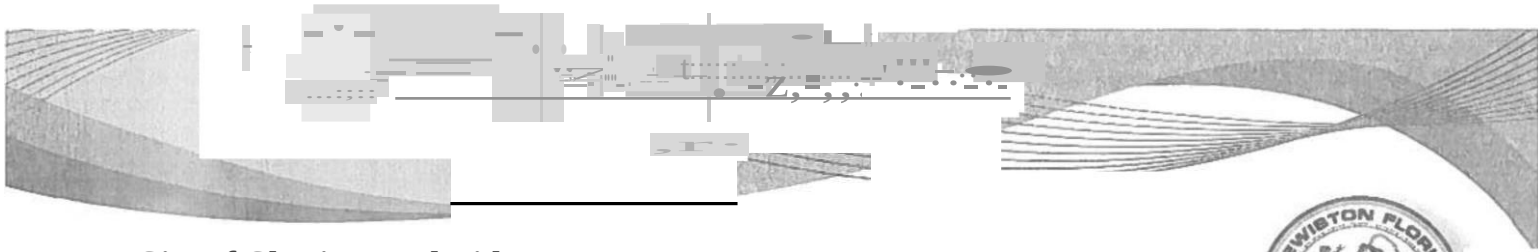


Eligible Expenditures

- Removal of deteriorated materials (plywood, metal, stucco)
- New or repaired stucco
- Painting (pre-approved colors)
- Window and door replacements
- Architectural woodwork and details
- Masonry work
- Signage (removal and installation)
- Awning replacement
- Entrance reconfiguration
- Landscaping, irrigation, and screening
- Exterior lighting
- Brick/textured pavement
- Professional design services
- Removal of curb cuts
- Parking lot improvements (excluding sealing/stripping)
- Courtyard/outdoor dining development
- Barrel tile or standing seam roof work

Ineligible Expenditures

- Work completed before approval
- Interior renovations
- Flat roof repairs
- Debt refinancing
- Non-fixed improvements
- Inventory, fixtures, or equipment
- Sweat equity (self-labor)
- Payroll or wages
- Routine maintenance
- Work not consistent with Design Guidelines or zoning
- New buildings or additions



City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430

Application Procedure

Step 1: Submit Application

Defor er all required documentation to CRA at 115 West Ventura Avenue:

- Completed application form.
- Two (2) competitive bids from licensed contractors
- Paint color chips.
- Photographs of current building conditions
- Sketches for non-structural changes
- Architectural/engineering plans for structural changes
- Building permit application
- Proof of paid taxes, fees, and assessments

Step 2: Project Approval

- All renovations must be reviewed and approved by the City Building Official.
- The applicant is responsible for acquiring all necessary permits.
- Any scope changes or change orders must receive CRA Board approval before proceeding.

Step 3: Completion and Reimbursement

- Submit photographs of completed work.
- Provide receipts and proof of payment (must include the contractor's name, address, phone, and license number).
- Provide City inspection records for completed work.

Quality Assurance

All work must be:

- Professionally and skillfully executed.
- Fully permitted and inspected.
- In compliance with Federal, State, County, and City regulations

The CRA reserves the right to withhold reimbursement if work fails inspections or quality standards.

Post-Award Obligations

Alterations

- Recipients must maintain the approved improvements without alteration for three (3) years, unless written permission is obtained from the CRA.
- Maintenance
- Improvements, including landscaping, must be maintained by the recipient for three (3) years from the date of the grant award.

City of Clewiston, Florida

121 Central Avenue

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Required Documentation

Project schedule

Budget

Cost estimates

Architectural drawings illustrating proposed site plan/floorplan

Description of materials to be used, the construction procedure and colors

☒ Photographs of the existing building and the proposed project area

☒ Notarized letter from property owner

☒ -9

☐ Food-related services resume(s)- if applicable

☐ Rendering of proposed artwork- if applicable

01\ Number of Full-Time jobs created - if applicable

CONTRACT ACKNOWLEDGEMENT

I/we acknowledge, as evidenced by my/our signature(s) below, that I/we have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide. I/We further acknowledge that any breach of this contract may result in my/our being required to refund any funds awarded to me/us under this program.

APPLICANT SIGNATURE _____

DATE g/1.iJ/_5

PROPERTY OWNER SIGNATURE _____

DATE _____

(If other than applicant)

For CRA Use Only

Date Received by CRA _____

Date Considered by CRA Advisory Committee _____

Date Approved by CRA _____



501 S. Francisco Street • Clewiston, Florida 33440-4701 • Phone: (863) 983-5450 • Fax: (863) 983-9352

May 15, 2025

To: Hampton Inn, Clewiston

ATT: Harry Patel

Re: Replace Exterior Outline Lighting- Hampton Inn- JPE WO 4907

Please find the electric bid for the above referenced project as listed below. Bid is based on a job site visit and instructions from Harry.

Base Bid Total... \$23,100.00

Bid Includes:

- Provide and install the specified outline lighting as requested by the customer, replacing the existing lighting and as discussed with Harry Patel at the site and in quantities listed below (specification sheets on the new lights are attached for reference)
 - *20' lengths- qty of 2**
 - *40' lengths- qty of 2**
 - *50' lengths- qty of 5**
 - *60' lengths- qty of 2**
 - *70' lengths- qty of 1**
 - *80' lengths- qty of 2**
- Fasteners/screws to install the new lighting as required
- Rental of an 80' boom lift required to install the lights (one week)
- Standard limited manufacturer warranty on the lights only (see below exclusion of labor and rental for warranty of lights)
- Demo of the existing lights and returned them to the owner

Bid Excludes:

- Any work not outlined above
- Penn it or permit fees
- Labor and rental equipment for warranty repairs to the light fixtures during the warranty period (JPE will bill the labor and rental at our standard rates, if required)

Payment terms

60% deposit to order lights & rental equipment, balance due upon job completion

Bid is good for 15 days.

Bid is based on commodity prices on day of bid. Commodity items such as conduit and wire fluctuate with market changes and may be subject to adjustment at time of award. Current tariff increases can and will apply as applicable to all material impacted and may be subject to adjustment at time of award.

Respectfully submitted,

John M. Wellslager
EC13003822



ELECTRIC PORPOSAL

ISM ELECTRIC 10211 SOUTH INDIAN RIVER DR.
772-261-1422 ISMELECTRICTC@GMAIL.COM

	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
CUSTOMER	800'	120V INFINALINE MOLDED WATER PROOF LED LIGHT	\$24.35	\$19,480.00
Enter Customer name in this cell	320	LABOR 2 men 4 weeks	\$65.00	\$20,800.00
ESTIMATE NO	this price encludes all labor and material			
C-1234				
DATE				
7/1/2025				
ADDRESS				
305 SUGERLAND HWY				
CITY/STATE/ZIP				
CLEWISTON FL. 33440				
PHONE				
E-MAIL				
SALESPERSON				
PROJECT				
HAMPTON INN				
PREPARED BY:				
JASON R				
ATTENTION				
HARRY PATEL				
PAYMENT TERMS				
Net30				
DUE DATE				
7/31/2025				

	SUBTOTAL	\$40,280.00
THIS PROPOSAL INCLUDES THE CONDITIONS NOTED:	TAX RATE	7.75%
This price does not enclude a lift that will be provided by owner.	SALES TAX	\$3,121.70
	OTHER	
	TOTAL	\$43,401.70

Sign Below to Accept Quote:





1



After work

auo4d! Aw woJJ iuas



•M Outlook

(No subject)

From Marly Muino <mrs.muino@gmail.com>

Date Tue 8/19/2025 12:27 PM

To Marly Muino <marly@gojihospitality.com>



f}f--t-el uJoflA

ADDITIONAL INFORMATION

- INFINILINE® 120V LED STRIP LIGHT Installation Guide

SAFETY/ WARNINGS/ DISCLOSURES

1. Install in accordance with national and local electrical code regulations.
2. This product is intended to be installed and serviced by a qualified, licensed electrician.
3. Only use copper wiring. Use wires rated for at least 176°F (80°C) and certified for use with external connection of electrical equipment.
4. Each maximum run requires a dedicated power feed. Do not extend beyond the recommended maximum run length.
5. Tape light, and attached wire leads, are not rated for in-wall installation unless otherwise noted.
6. Ensure applicable wire is installed between driver, fixture, and any controls in-between. When choosing wire, factor in voltage drop, amperage rating, and type (in-wall rated, wet location rated, etc.). Inadequate wire installation could overheat wires, and cause fire.
7. Do not install in environment where LED chips are exposed to direct sunlight as damage to the phosphor will occur.
8. Do not install in environment where excessive heat may exist (ex. close proximity to fireplace, etc.) See Ambient Temperature ratings
9. Do not install indoor LED tape light products in outdoor / wet location environments. Only wet location tape light models are rated for outdoor/ wet locations.
10. Do not modify product beyond instructions or warranty will be void.
11. Tape light must be handled with care. Excessive handling, bending, and pressure may damage the product, voiding the warranty.
12. Actual color may vary from what is pictured on this sheet and other print materials due to the limitations of photographic processes.
13. We reserve the right to modify and improve the design of our fixtures without prior notice. We cannot guarantee to match existing installed fixtures for subsequent orders or replacements in regards to product appearance, CCT, or lumen output.

WARRANTY

Limited Warranty

This product has a five (5) year limited warranty from the date of shipment.

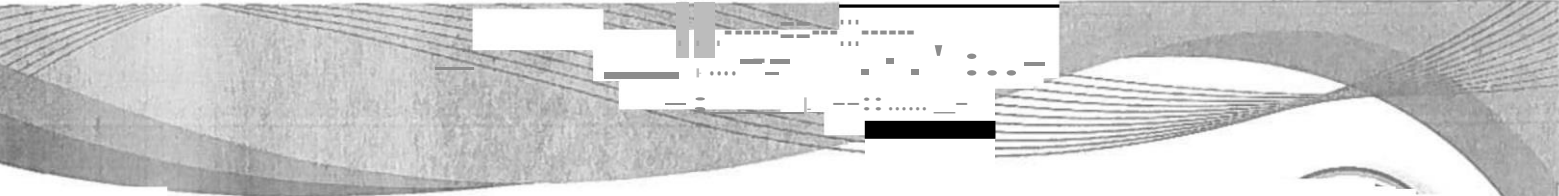
Applications below -5°F (Deep Cold): This product has a two (2) year limited warranty from the date of shipment.

This warranty does not include the additional accessories referenced in this specification sheet. Complete warranty details for fixtures and additional accessories are available at www.diodeled.com/limited-warranty/ within the Policies section. For warranty related questions please contact product support.

Consumer's Acknowledgment

Elemental LED, Inc. stands behind its products when they are used properly and according to our specifications. By purchasing our products, the purchaser agrees and acknowledges that lighting design, configuration and installation is a complex process, wherein seemingly minor factors or changes in layout and infield adjustments can have a significant impact on an entire system. Choosing the correct components is essential. Elemental LED is able to work with the original purchaser to make an appropriate product selection to the extent of the limited information that the customer can provide, but it is virtually impossible for Elemental LED to design a system that foresees every unknown factor. For this reason, this Warranty does not cover problems caused by improper design, configuration or installation issues. Any statement from a Elemental LED employee or agent regarding a customer's bill of goods and/or purchase order is NOT an acknowledgment that the products purchased are designed and configured correctly. The purchase agrees and acknowledges that it is the customer's responsibility to adhere strictly to all information contained in the Product Specification Sheets.

There is often more than one way to design, configure and layout an LED lighting application properly to achieve the same lighting effect. Elemental LED strongly recommends that licensed professionals be used in the design and installation of lighting systems that include Elemental LED products. The specifications include important information that a designer and installer should carefully review and strictly follow. Qualified designers and certified and/or licensed installers, with access to the final installation environment, customer goals, and Elemental LED product specifications can make the requisite decisions appropriate for a successful finished lighting application.



City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430

City of Clewiston CRA Grant Program - Guideline Form Introduction

Program Overview

As part of its outreach to business owners, Clewiston's Community Redevelopment Agency (CRA) offers technical and financial assistance for the exterior renovation of existing business buildings located within the Community Redevelopment Area (CRA). The program's goal is to support the implementation of the Community Redevelopment Plan, encouraging improvements through financial incentives aligned with Land Development Codes and Design Guidelines.

The term "façade" is used broadly. While the program focuses on exterior improvements, it may cover a range of eligible enhancements, not limited to storefront facades.

Program Objective

By improving the visual appearance of downtown Clewiston, the CRA aims to:

- Attract new businesses and construction projects.
- Support the expansion of existing businesses.
- Create a more inviting environment for customers and investors.

Eligibility and Funding

Who is Eligible?

- Owners of existing business buildings located within the redevelopment area.
- Businesses must be conforming uses under CRA and City codes.

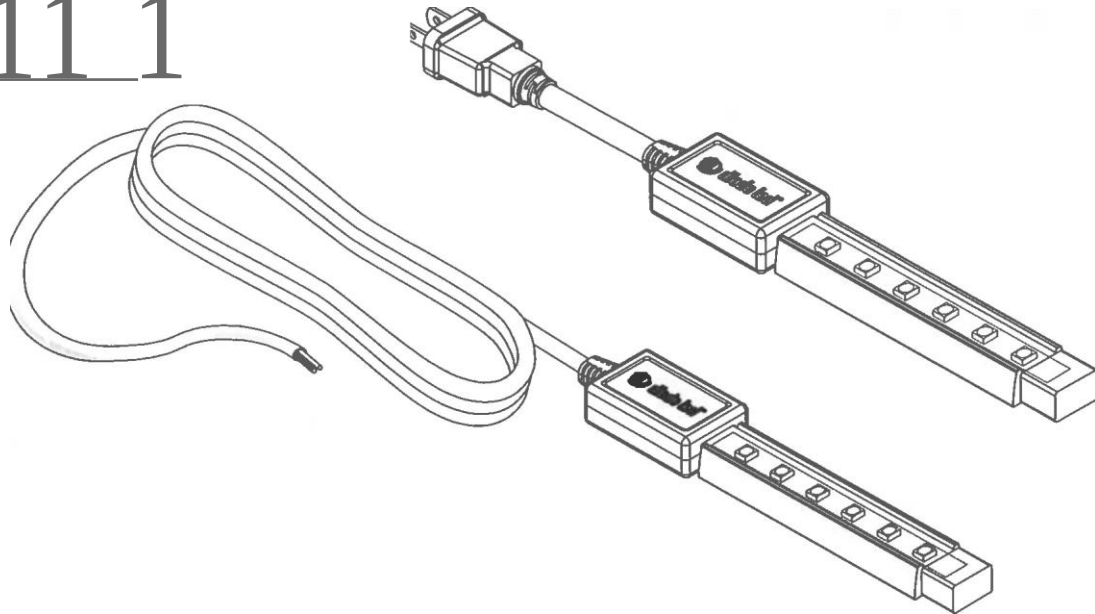
Funding Structure

- One-time grant every 3 years per storefront or business address.
- Reimbursement-based grants: 50% of eligible project costs (materials+ professional labor).
- Maximum Funding Limits for Façade, Mural or Demolition: (subject to CRA Board approval)
 - \$7,500 per storefront/business address.
 - Up to \$12,500 per property with multiple businesses.
 - For businesses improving both street entrance and public parking entrance, up to \$7,500 per entrance, with a cap of \$12,500 per business.

Award Process

- Grants are awarded on a first-come, first-completed basis within each fiscal year (Oct 1 - Sept 30).
- Projects completed during a fiscal year will be reimbursed at the beginning of the following fiscal year.
- Projects must be completed within 180 days of approval, or the grant is **null and void**.

1 1 1 1



SAFETY & WARNINGS

READ AND FOLLOW ALL SAFETY INSTRUCTIONS

1. Do not cover strip light as the covering may cause the flexible light to overheat and melt or ignite.
2. Do not operate strip light while attached to plastic spool or tightly coiled. Excess heat may melt the spool and/or strip light.
3. Do not puncture, cut, shorten, or splice (hard-wire) strip light. Doing so causes risk of electric shock and will void the UL Safety Certification.
4. Do not use if there is any damage to the strip light or AC cord insulation. Inspect periodically.
5. All plastics are affected by the elements and may shift in color and other properties after product installation, particularly with direct exposure to sun, chlorinated water, and other chemicals.
6. Do not submerge strip light in liquids or use the product in the vicinity of standing water or other liquids.
7. Secure strip light using only hangers or mounting clips provided. Do not secure with staples, nails, its input wire, or like means that may damage the insulation or permanently attach the fixture to a building structure.
8. Do not subject strip light to continuous flexing.
9. Do not install near areas with exposure to salt water or chlorinated water.
10. Do not install in direct sunlight or damage to the LED phosphor will occur.
11. Do not attempt to fix this product in the field.

QUICK SPECS / MODELS

Input	120VAC, 60Hz	
Power	Foot	3.7W, 0.0308A/ ft.
	Meter	12.14W, 0.101A/ m.
Max Run	164 ft. (50 Meters)	
Environment	Suitable for indoor and outdoor use. IP65	
Field-Cuttable	No	

Do not install product in environment outside listed temperature.



INFINILINE® 120V LED Strip Light

INSTALLATION GUIDE

ADDITIONAL SAFETY & WARNINGS

WARNING!

THIS IS NOT A FIELD-CUTTABLE STRIP LIGHT.
DO NOT MODIFY THE STRIP LIGHT OR ATTACHED JUNCTION BOX.

HANDLE PRODUCT WITH CARE!

0

Do not bend LED strip light to a diameter less than 3 inches



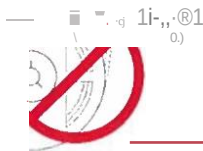
Do not fold or crease LED strip light.

0

Do not bend LED strip light on a horizontal plane.



Do not put excessive pressure on surface of strip light (e.g. glass/acrylic panes etc.).



Do not power strip light while attached to spool or tightly coiled.

Do not cover strip light with any materials.

INSTALLING OUTDOORS?

When using outdoor use portable lighting products, basic safety precautions should always be followed. To reduce the risk of fire, electric shock, and personal injury, review the following:

READ ALL INSTRUCTIONS

PLUG-IN

@

GFCI PROTECTED OUTLET OR BREAKER

Ground Fault Circuit Interrupter (GFCI) protection should be provided on the circuits or outlet to be used for the outdoor use flexible lighting product. Receptacles are available having built-in GFCI protection for this measure of safety. It is also recommended to install an outdoor outlet cover.



@

OUTDOOR EXTENSION CORD (if needed):

Use only outdoor extension cords, such as type SW, SOW, STW, STOW, SJW, SJOW, SJTW, or SJTOW. This designation is marked on the wire of the extension cord.

Ensure the extension cord is rated for the appropriate amperage of the attached load.



INFINILINE® 120V LED Strip Light

INSTALLATION GUIDE

INSTALLATION

- © **TURN POWER OFF AT CIRCUIT BREAKER**

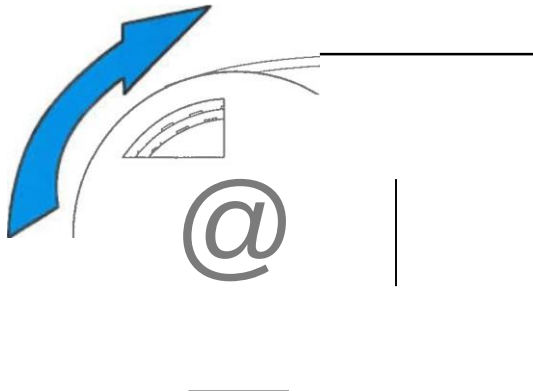
ffi

SHOCK HAZARD! May result in serious injury or death.

Turn power OFF at circuit breaker prior to installation.



- © **UNCOIL STRIP LIGHT FROM SPOOL**

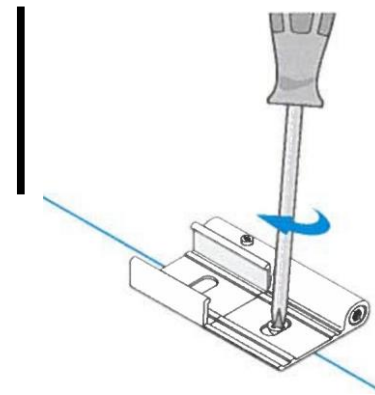


- © **MOUNT STRIP LIGHT**

Note: It is recommended to use at least 2 mounting clips per channel regardless of length.

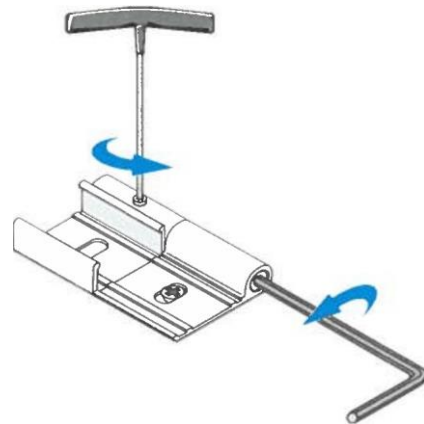
3.1 SCREW MOUNTING CLIPS TO SURFACE

Measure and mark surface, then mount rotating mounting clips to desired position using Phillips head screwdriver.



3.2 LOOSEN MOUNTING CLIP (OPTIONAL*)

Using Allen wrench and T-6 hex key, loosen screws within mounting clip.

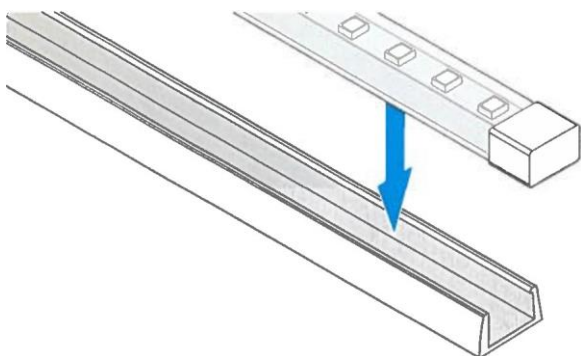


INFINILINE® 120V LED Strip Light

INSTALLATION GUIDE

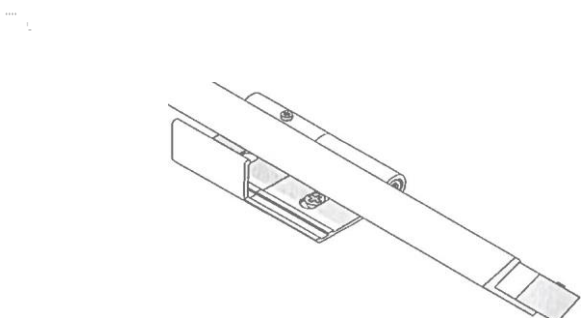
INSTALLATION (CONT.)

3.3 INSERT INFINILINE® INTO CHANNEL



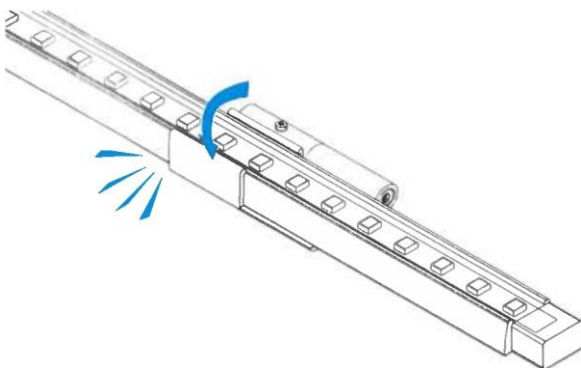
3.4 INSERT INFINILINE® CHANNEL

Insert back edge of INFINILINE® CHANNEL into mounting clip.



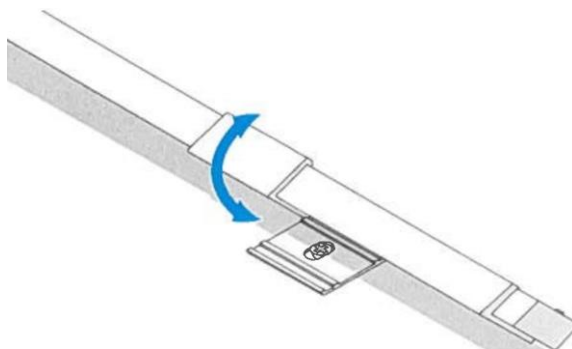
3.5 INSERT INFINILINE® CHANNEL

Push down front edge of INFINILINE® CHANNEL until secured into mounting clip.



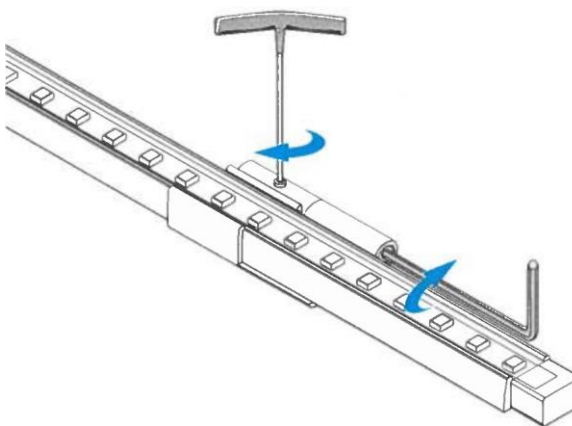
3.6 ADJUST MOUNTING CLIP (OPTIONAL)

Angle mounting clip into desired position.



3.7 FASTEN MOUNTING CLIP

Tighten mounting clip screws using Allen wrench and T-6 hex key.



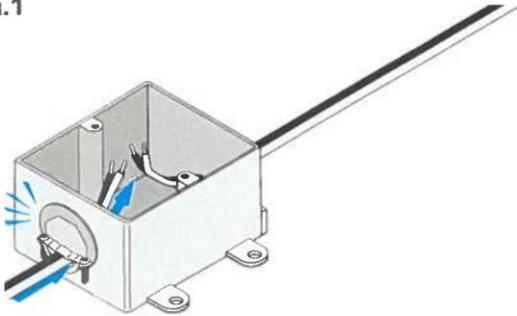
INFINILINE® BASICS 120V LED Strip Light

INSTALLATION GUIDE

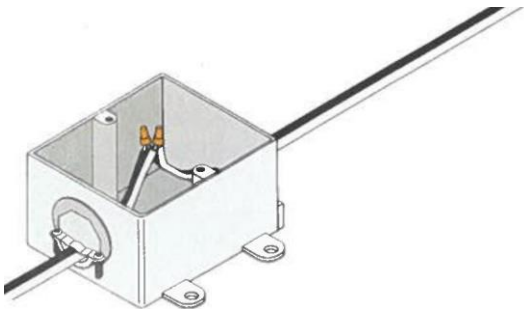
INSTALLATION (CONT.)

- 4 @ CONNECT TO POWER (HARD WIRE)**
Insert connection wires into junction box.

4a.1



4a.2 Using twist-on wire connection, connect wiring within junction box.



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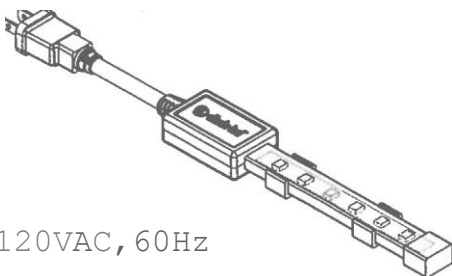
8 @

CONNECT TO POWER (PLUG-IN)
Connect to receptacle.

iCJLQJ

8

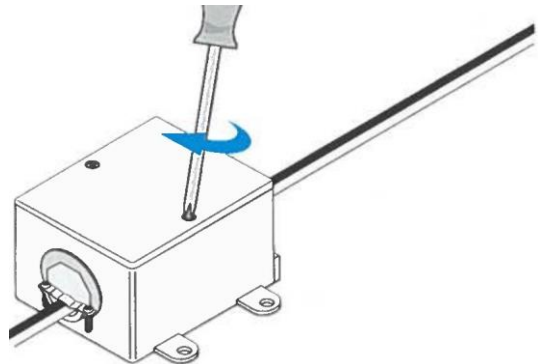
120VAC, 60Hz



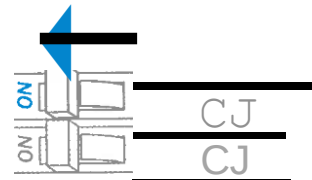
diodeLED

Toll Free: 877.817.6028 | Fax: 415.592.1596 | www.DiodeLED.com | info@DiodeLED.com
© 2021 Elemental LED, Inc. All rights reserved. Specifications are subject to change without notice.

- © SEAL JUNCTION BOX (HARD WIRE)**
Using Phillips head screwdriver, fasten top to junction box.



- © TURN POWER ON AT CIRCUIT BREAKER**



TROUBLESHOOTING

Some LED's are not functional	• Ensure product has not been bent excessively, potentially breaking connections.
Lights are flickering	• Verify strip is connected to a 120VAC, 60Hz circuit.
Lights will not illuminate	• Ensure main power is turned On. • Check wiring to ensure proper polarity.

TOOLS & RESOURCES

INFINILINE® SPECIFICATION SHEET
For full specifications.

City of Clewiston, Florida
121 Central Ave
Clewiston, FL 33440
(863) 983-1500

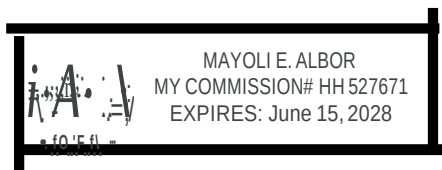
COMMUNITY REDEVELOPMENT AGENCY GRANT

I, Hitendra (Harry) Patel, would like to apply for a grant for decorative LED lighting for the beatification of the Hampton Inn building located in the heart of the City of Clewiston. The total cost for this project will be \$23,100. The anticipated start date for this project is 10/01/2025 and the approximate time frame for completion is 6-8 weeks.



Station. The office is located at
121 Central Ave
Clewiston, FL 33440

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115 West Ventura Avenue, Clewiston, FL 33440

TO: Community Redevelopment Agency Board

FROM: Lynne Mila, Director of Operations

VIA: Danny Williams, City Manager

DATE: August 25, 2025

SUBJECT: Resolution 2025-42

Background: The Clewiston Pasadena Water Main Extension Project (Project) is complete: existing 1315 linear feet of 4-inch cast iron pipelines was upsized to 8-inch PVC along Pasadena Avenue between Deane Duff Street and San Pedro Street and a sufficient quantity of hydrants were installed. The project was necessary to improve fire flow to facilitate new commercial development underway in the CRA area. Resolution 2025-42 approves the City of Clewiston's grant application for reimbursement of the water/sewer contingency funds utilized for project design and construction.

Fiscal Impact: \$144,400

Attachments:

- a. Resolution No. 2025-42
- b. Contractor Denco Invoice #51925
- c. Johnson Engineering Purchase Order #27378

Recommendation: Approve Resolution 2025-42

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
B A HOSPITALITY L-C

2 Business name/disregarded entity name, if different from above
HAMPTON INN CREWISTON

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ a. ☐ S Individual sole proprietor or single-member LLC
☐ D Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) **_____**

☐ b. ☐ D C Corporation
☐ D S Corporation
☐ D Partnership
☐ D Trust/estate

☐ c. ☐ Other (see instructions) **_____**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) **_____**
Exemption from FATCA reporting code (if any) **_____**
(Apply: J to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1 _____
City, state, and ZIP code **1**

6 _____

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

ITJJ - [D - 1111]

or

Employer identification number

82 - 3401856

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person **[Signature]**

Date **f/1-1-Jf**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

City of Clewiston, Florida

121 Central Avenue
Clewiston, FL 33440

(863) 983-1500 Fax: (863) 983-1430



COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM
DEMOLITION, FA<;ADE IMPROVEMENTS. AND MURAL INSTALLATION

(Please print or type requested information)

APPLICANT NAME: .c/tEZ 111L

BUSINESS NAME (If--a--pp--:li!--ca b--le--): (? 2--0--t--f--l(-6 1/a Wpt U -,lfin -/:-1-/I(-=cf:-,ll=M--F---fl;-/f;-Gf==s--ep_n_y-s

MAILING ADDRESS: 1/35-6 //III Ifu/ ct /IOAIUit!Ifi .J1J7-

PHONE: 71-6- Jfg-tlt'fp

EMAIL ADDRESS: e -zl.A.TllfEst:AfJl.tayf..

PROPERTY ADDRESS: q'to-' SIIMIJIAVI)/hJ11 { #16 Ji-S'JMMIYI :fvJ:-'liW,OAl.rL /3Vt/O

PROJECT BUDGET:\$ t.l.318'.00

REQUESTED GRANT AMOUNT:\$ 511.J011/

LEASE TERM (If applicable):- - - - - 1 - - - - -

PROPERTY OWNER'S NAME: /cl?EZ r/IL-

PROPERTY OWNER'S MAILING ADDRESS:

PIDNUMBER : 1111111111 109'18 111111

LOT 10-6 6.8'-11

11'11 A/11/t-lfler '11111" 11Fl BLOCK:

PHONE: 711, 111 3, 1116 EMAIL ADDRESS:

fAE2WJ:rqfg 411/- 'OM::

BUILDING'S EXISTING USE (S): -L:VJ:l...eA...:NT...:iCL...M...:M...:0/</=-:;_L

BUILDING'S NEW USE (S): /ti,TIJ ..611-Fcfl: PE,!LEI"!tP

General description of proposed improvements:

☐ New Construction ☐ Rehabilitation
(3'Pa9ade.,/rM!af-- OA.wnings/Canopies
☐ Electric ☐ HVAC
☐ Mural :g{jemolition

☒ Signs
Plumbing
[3other :

alls/Fllliipgll.andscaping
Fire Suppression

11L t111'f111 J1f/t!T+FSKJu4

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

Demolition of old hotel structures and slabs on 820 E Sugarland Hwy + 815 E. Sagamore Ave.
Frontage Parking lot fencing, black Metal fence (see photos)
Rear parking lot fencing, wood fence (see photo)

TOTAL COST OF PROPOSED IMPROVEMENT: \$ 311, 318.00 AMOUNT OF FUNDING REQUESTED: \$ 0>01P (subject to CRA Board approval) *

*Maximum of \$12,500 available for improvements to multiple store fronts in the same building or subject to CRA Board

City of Clewiston, Florida

121 Central Avenue
Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



Required Documentation

0-Projectschedule { 'tf11, 1..uJif) rtm11IJ.ltw•).,1UtMo1tIII,tf, **FtMA9** I,11uts
(Q!Sroposed budget t/Ot.,31/IJO

cost estimates 2 /,r JuJPt,ii,)11, **a.hA- /lftt.**,



Schematic drawings illustrating proposed site plan/floorplan

Description of materials to be used, the construction procedure and colors

Photographs of the existing building and the proposed project area

Notarized letter from property owner, **f.lplll fl, M,l(la(_**

-9

Food-related services resume(s)- if applicable /.+

Rendering of proposed artwork- if applicable Jt"M<

Number of Full-Time jobs created - if applicable **JJ-5,IDIJS.**

CONTRACT ACKNOWLEDGEMENT

I/we acknowledge, as evidenced by my/our signature(s) below, **that I/we have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide.** I/We further acknowledge that any breach of this contract may result in my/our being required to refund my funds awarded to me/us under this program.

APPLICANT SIGNATURE

&e-vt. +fM-

DA:\": #

DATE

PROPERTY OWNER SIGNATURE

(If other than applicant)

-e..

For CRA Use Only

Date Received by CRA

Date Considered by CRA

Date Approved by CRA

vij

Committee

25

8-13-25

Clewiston, Florida
Central Avenue
Clewiston FL 33440
(863) 983-1500 | Fax: (863) 983-1430



Application Procedure

Step 1: Submit Application

Deliver all required documentation to CRA at 115 West Ventura Avenue:

- Completed application form.
- Two (2) competitive bids from licensed contractors
- Paint color chips.
- Photographs of current building conditions
- Sketches for non-structural changes
- Architectural/engineering plans for structural changes
- Building permit application
- Proof of paid taxes, fees, and assessments

Step 2: Project Approval

- All renovations must be reviewed and approved by the City Building Official.
- The applicant is responsible for acquiring all necessary permits.
- Any scope changes or change orders must receive CRA board approval before proceeding.

Step 3: Completion and Reimbursement

- Submit photographs of completed work.
- Provide receipts and proof of payment (must include the contractor's name, address, phone, and license number).
- Provide City inspection records for completed work.

Quality Assurance

All work must be:

- Professionally and skillfully executed.
- Fully permitted and inspected.
- In compliance with Federal, **State**, County, and City regulations

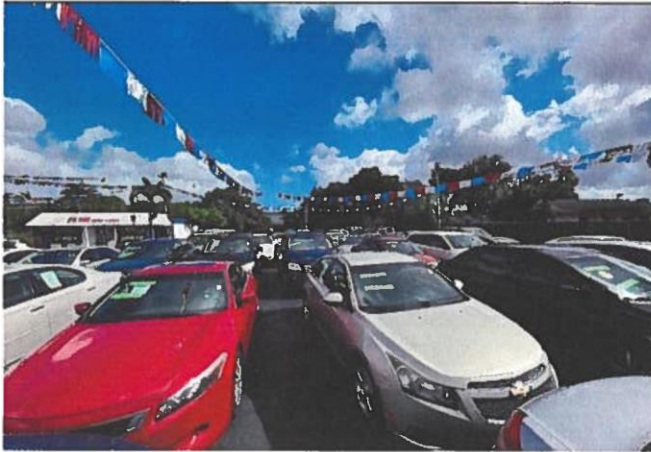
The CRA reserves the right to withhold reimbursement if work fails inspections or quality standards.

Post-Award Obligations

Alterations

- Recipients must maintain the approved improvements without alteration for three (3) years, unless written permission is obtained from the City.
- Maintenance
- Improvements, including landscaping, must be maintained by the recipient for three (3) years from the date of the grant **award**.

820 E Sugarland LLC d/b/a Big Time Powersports
CRA GRANT REQUEST 50 000



Schedule: Asbestos removal (1 wk), Demolition (2 wk), Fence (2wk)

REQUEST FOR "CRA GRANT" 50,000 Julie 2025

by Erez Tai of 820 E Sugarland LLC d/b/a Big Time PowerSports

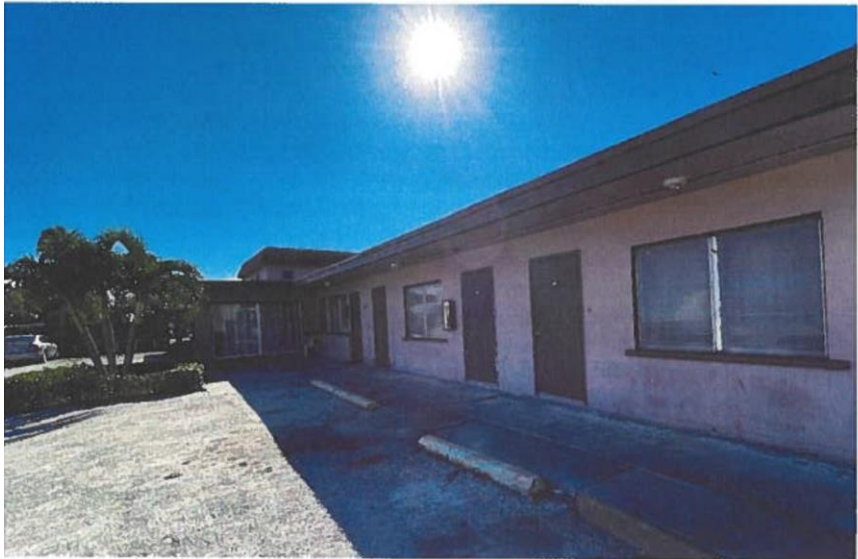
Locations: 820 E Sugarland Hwy and 815 E Sagamore Ave (2 parcels)



Cost Estimate: Demolition of Structures io Pink

Pre-demolition Materials Survey	\$2,000.00	
Asbestos Removal Estimate	\$24,100.00	
Demolition Quotes	\$ 53,200.00 (see quotes)	
Demolition Permit Fee	\$ 381.00	
Impact Fee auto dealership	\$2,587.00 (if applicable)	
Metal & wood fence estimates	\$38,900.00 (see quotes)	
Permit Fee	\$150.00	
=	\$121,318.00	Total Site Preparation
	\$50,000.00	Grant Requested

CURRENT STRUCTURES TO BE DEMOLISHED:

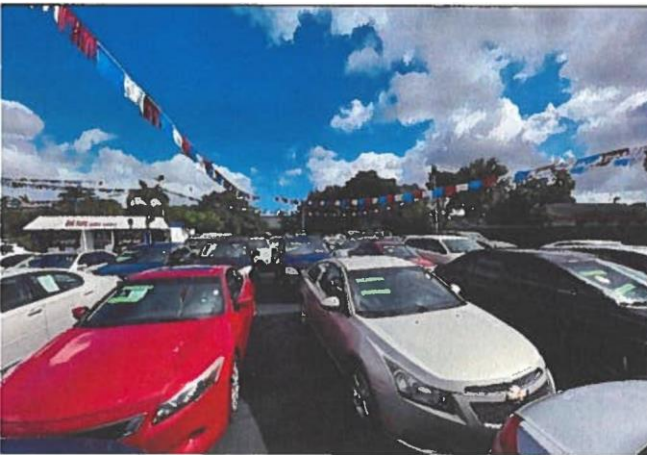


815 E Sagamore Ave



820 E Sugarland Hwy

Site of Demolition for New Auto & Golf Cart Dealership



Inventory to be seen from the highway.



City Of Clewiston

Community Development Department

121 Central Avenue Clewiston, Florida 33440 • Phone: 863-983-1500

www.clewiston-fl.gov •

permittng@clewiston-fl.gov

FENCE PERMIT APPLICATION

All fence permit applications must be accompanied by survey or plot" drawing showing the property and all buildings, streets, and easements, with the desired location of the proposed fence.

Date: 07/01/2025 Property owner: 820 SUGARLAND LLC Value \$ 38000

Property Owner Address: 820 E SUGARLAND HWY. 815 E SAGAMORE AVE

Email Address: ereztohol@aol.com Phone Number: 78 66832486

Height/type/# of fence: 6 foot / metal / 270 ft - 6 foot / wood / 700 ft

Contractor Name: ARDEN CONTRUCTION INC

Lie #: CGC1530998

Address: 15712 98TH TRAIL N

City: JUPITER

State: FL

Zip: 3 34 7 8

Phone #: 5612395884

Email: ARDENC9N@HOTMAIL.COM

All chain link fences (including all poles, rails, gates, supports and the link), except those used by single family dwellings and industrial uses, shall be green, brown, or black plastic or vinyl-coated material only.

Fence Requirements:

1. Applicant must call for **"locate 1-80 432-4770"** to identify underground utilities. Applicant is responsible for any damages to utilities.
2. No electric or barbed wire fences in residentially zoned districts.
3. All fences must have a three-foot gate or opening at rear for utilities access.
4. Fences **cannot** be placed in or on any utility easement **WITHOUT PRIOR APPROVAL**.
5. All fences must be constructed with-in the property boundaries clearly marked on a survey.
6. Residential Fences or hedges in front of the house setback can be up to 4 feet in height (max.).
7. Residential Fences or hedges behind the house setback line can be up to 6 feet in height (max.).
8. All Fences must be constructed of decay or corrosion resistant materials.
9. Visibility triangles must be maintained at driveways and comers as per Clewiston City Ordinance 102.83.

Commercial and Public Zoning

1. Commercial and Public Zoning side and rear setback shall not exceed **8** feet in height (max.).
2. Commercial and Public Zoning solid fencing in front setback can be 4 feet in height (max.).
3. Commercial and Public Zoning clear fencing in front setback can be 5 feet in height (max.).

****Please Note****

**Any work valued over \$2500 requires you to file a Notice of Commencement with
The County Clerk, per FL Statue 713.13 (l)(b)**

Revised 01/2024

Additional Fence Requirements:

Section 110-524 Fences Walls and Hedges

1. Pennit Required. No person shall erect, move, add to or structurally alter any fence in the city without first obtaining a permit for such purposes issued by the building official. Fence pennits will only be issued to the owner of the property, or to a licensed or bonded contractor acting as his agent. A pennit fee shall be charged in accordance with city ordinance.
2. Plot plan. The applicant shall submit a sketch or plot plan-which shows the location of all property lines, easements, rights-of-way and utility lines, all structures, and existing fences and walls. The plot plan shall also show the location of all proposed fences. When doubt exists as to the exact location of property lines, the building official shall require a survey by ta licensed surveyor.

General Regulations

All Fences and walls constructed and maintained within the city shall comply with the state building code and a building pennit shall be required for the construction of any such wall or fence.

The posts and fence material of any such fence or wall must be resistant to decay, corrosion, and termite infestation. Posts containing wood shall be pressure-treated for strength and durability.

All fences, walls, hedges, and trees must be located completely within the boundary limits of the property on which they are located, and must not encroach into any city road right-of-way, alleyway or public utility easement.

- Barbed wire may be utilized as part of fences or walls in commercial and industrial sites or may be incorporated in fences and walls on property in a mixed used or adjacent to residential use zoning only when approved by the planning commission.
- Maximwn height in residential zoned property including single-family, multi-family, and mobile home residential districts. Except otherwise provided in this section, fences, and hedges located within the front yard adjoining front setbacks shall not exceed a height of four feet above the existing ground grade prior to site alteration. Fences and hedges located within the side and rear setbacks shall not exceed a height above six feet above the existing ground grade prior to any site alteration.
- Maximum height in commercial and public zoned property. Fences and hedges located within a side and rear setbacks shall not exceed a height of eight feet above the existing ground grade, except that such fence or hedge, if located within the front setbacks shall not exceed the height of four feet for a solid fence or hedge or five feet for a clear fence.

I have read, understand, and will comply with all of the above requirements for a fence permit:

Signature: _____

Date: 7-8-11

Fence Estimate 1

*

'01

1:s·rllv 1.\·rl:

TRAVIS PERRY

CERTIFIED MANAGEMENT, UC
1830 N.UNIVERSITY DRIVE
SOX 213
PLANTATION,FI33322

*

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Bill TO

ESTIMATE#

00377

820 Sugar Ln LLC

ESTIMATE DATE

04/15/2025

815 E Sagamore Ave
Clewiston. FL 33440
United States

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
	Wooden fence 900 linger feet installed	38,90000	38,900 00
	Demo		
	2 x 6 x 16		
	4x4x8		
	Bags of concrete		
	Screws and nails		
	Two double door gates		
	TOTAL		\$38,900.00

»->- - - - -

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TERMS 6 CONDmons

Thank you for your time and interest. Any questions feel
free to call.

deposit of half or balance required starting date of job

Travis Pony
Zelle (754)422-7632
Cash app SCMG16

Fence Estimate 2

Secure Checkout

Sign and Approve

ESTIMATE

Print Download



Logo

Estimate# 491

5 E Saga Jo, eFI 33440 03/13/2025
(954) 806-4364
ail.com (mailto:viCtorgolan001@gmail.com)

Finance Your Home
Project
PAYMEKTS STARTING FROM
\$416/month

Get Started

Cltedng 11res won'r fferct aedit sco,e

. 2.

Description	Total
wood fence	\$40,500.00
Budding a new wood fence	
Material*	
Posts-ground contact p.t 4/4 4feet on center	
Fence boards- 2/6	
High-7 feet	
Estimated measurement-900 linear feet	

es the final cost of the project will be

\$1,500.00

Subtotal \$42,000.00
Total \$42,000.00
Deposit Due \$21,000.00

Capr, Trading Uc

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MAHN, STEPHEN MICHAEL

STORY PRO OFICE BUILDING LLC

1519 NE 207 ST GAINES FL 32609

FL 32609

License Number: 00000000000000000000000000000000

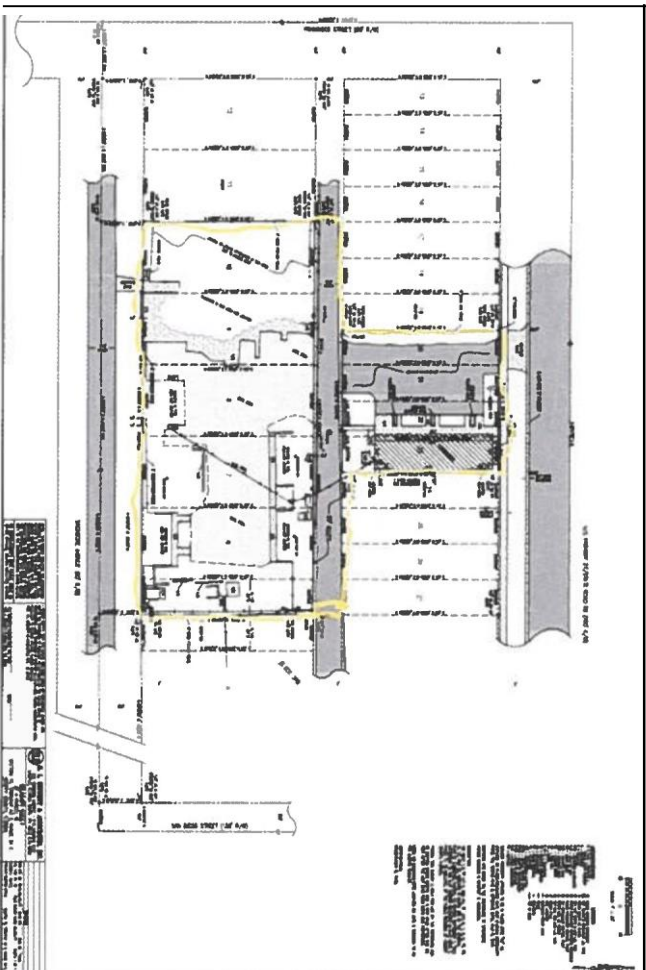
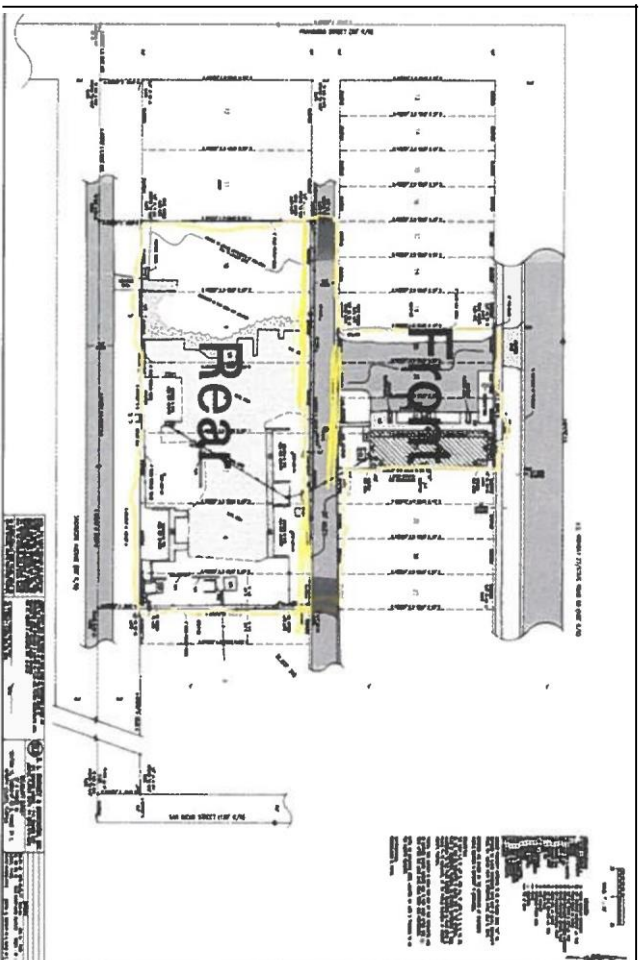
Expiration Date: August 31, 2024

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II

no. -

Hwy Frontage Fence & Wood/ Rear





City Of Clewiston
Community Development Department
 121 Central Avenue, Suite 100, Clewiston, FL 33430 • Phone: 888-933-1121
www.clewistonfl.gov
permits@clewistonfl.gov

GENERAL PERMIT APPLICATION

Please Complete All Sections

Application Date: **4-11-25**

TYPE OF PERMIT: Residential ☐ (see number 7 on Notice of Intent to Sue)

Commercial ☒ (see number 8 on reverse side)

Unloading ☐	Electrical ☐	Plumbing ☐	Mechanical ☐	Roofing ☐	Shed ☐
Paint ☐	Farmhouse ☐	Other ☒ BC: 01-10N			

Constructional Address: **820 E. ST Sv6A LAflJb -\w,1**

Parcel Control # _____

Owner name: DZG & Son Construction
Address: 1015 NW 81st CO FL
City: PLANTATION State: FL Zip: 33323
Phone#: (813) 832-2481 Email: LDV@TFLS.AOL.COM

Company: DZG & Son Construction
Address: 00 5th RD
City: WINTER OIL State: FL Zip: 33400
Qualification Name: OSAS Address: _____
License #: (FL) OS704 Phone: _____
Contractor License #: 10000000000000000000
Email: LDV@TFLS.AOL.COM

Description of proposed improvement:
REMOVAL OF EXISTING RELAX INN S. McTVACS
REMOVAL NORTH STRUCTURE
REMOVAL SOUTH STRUCTURE
REMOVAL FOUR (4) COTTAGES
REMOVAL WEST CONCRETE SLAB

Sq. Ft of improvement: _____ **Estimated value of:** \$ **33,000.00**

••Please Note..

Any work valued over \$2500 requires you to file a Notice of Commencement with the County Clerk, per FL Statute 713.13 (1)(b)

DEMOLITION PERMIT: PAID AND APPROVED 4L22/2025



Leslie Almanza

4/22/25

To: Kersten Maxson Sells ACRES CR... > @

**FW: 820 E. Sugarland Hwy :
Receipt**

Good afternoon, the contractor has been notified that the permit is ready.

Attached is the receipt for your records.



Leslie Almanza

**ICC Certified Permit Tech, City
of Clewiston**

K [863-983-1500](tel:863-983-1500) ext: 400

@ www.clewiston-fl.gov

leslie.almanza@clewiston-fl.gov

121 Central Ave Clewiston, FL 33440

Demolition Estimate 1

March 11, 2025

Enc Reztobol

Rldgdlll & Son, Inc.
P.O. Box447
Clewiston, FL 33440
863-983-3136

Demolish Relax Inn

Complete Demolition		\$53,200.00
	North Building	
	South Building	
	West Concrete Slab	
	4 Cottages	

Exclusions:
Permits
Asbestos Inspection
Asbestos Removal
Utility Work

We look forward to working with you on this project.
If you have any questions, please do not hesitate to call.

Ridgdill & son, Inc.

Thomas Waddell,
Vice President

Demolition Quote 2 plus added services

WW Companies, Inc
PO Box 115
Cottonwood FL 33000 US
www.companies1@yahoo.com
CGC15100&l

Estimate

ADDRESS
Harry Palel

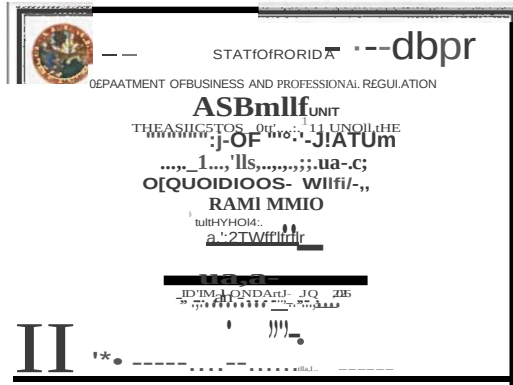
ESTIMATE 1115
DATE 01/26/2024

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Services	Demolition and removal of buildings and concrete of Relax Inn @820 E. Sugartown Hwy. & 815 E Sagamore Ave.			0.00
	Services	Demolition of buildings		74,750.00	74,750.00
	Services	Removal of concrete		19,500.00	19,500.00
	Services	Asbestos Survey of Motel & Buildings		5,167.00	5,167.00
	Services	Permitting		500.00	500.00
		WNV Companies will demolish and remove buildings and concrete. We will grade area if any other materials are needed it will be a separate charge.			
		TOTAL			\$99,917.00

Accepted By

Accepted Date

HEALTHY OME 111



Oijuldcbooks

You piild \$2,000.00

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Master Fee Schedule

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PATEI MINESHKUMAR B 412WSUGARLAND HWY CLEWISTON, FL 33440 REAL ESTATE PROPERTY ID 11: 3014334-01003850030 TAX YEAR: 2024 0	
PROPERTY ADDRESS: 815 E SAGAMORE AVE CLEWISTON STATUS: Peld LEGAL DESCRIPTION: CLEWISTON BU< 385 W 112 OF IOT 5 + All IOTS 8 TO 10 PRIOR YEARS DUE:	
Market Value:	244,850
Assessed Value:	244,850
EXEMPTIONS: EI CORRECTION:	
Illixing Authority	Bd of County Comm - Caunty
Asaeaaed Value	217,028.00
Exemptions	0.00
Iuablao Value	217,028.00
MUlage Rate	8.8022
Taxe• Levied	1,476.27
Taxing Authority	H C Hospital Au111 - ISO
AuessadValue	217,028.00
Eaemptiono	0.00
Taxab., Value	1111 11111 1111

PATEL MINESHKUMAA B 412 W SUGARI.AND HWY CLEW1STON. FL 33440	
REAL ESTATE PROPERTY ID II: 3014334-01003850032	
TAX YEAR:	2024 0
PROPERTY ADDRESS: 820 E SUGARLAND HWY CLEW1STON	
STATUS: "I-IJ	
LEGAL DESCRIPTION: CLEW1STON BLK 385 LOTS 20 TO 23	
PRIOR'nARSDUE:	
Market Value:	117,143
Assesoeo Value:	117,143
EXEMPTIONS:	
EI CORRECTION:	
Tulng Aulhot'y	Bd of County Convn - County
Assessed Value	91,699.00
Exemptions	0.00
Taxable Value	91,699.00
Millage Reta	6.8022
Taxealev.,d	623.75
Illxbtg Autt,ority	H C Hospital Aull, - ISO
Assessed Value	91,699.00
ExemptloM	0.00
Illxable Value	21,556.00

Property Taxes Both Parcels: PAID

Project Schedule:

Asbestos Removal: One Week

Demolition: 2 weeks

Fencing: 2 weeks

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430

**CITY OF CLEWISTON
FINANCE DEPARTMENT**

SEP 11 2025

RECEIVED



COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM

DEMOLITION, FAÇADE IMPROVEMENTS, AND MURAL INSTALLATION

(Please print or type requested information)

APPLICANT NAME: Kevin VanDyke

BUSINESS NAME (If applicable): Kevin VanDyke LLC

MAILING ADDRESS: 010 vj b-e-n' Loop Clewiston FL 33440

PHONE: 863-983-1500 EMAIL ADDRESS: KevinVanDyke@gmail.com

PROPERTY ADDRESS: 00 E Vilti... Hwy Clewiston FL 33440

PROJECT BUDGET: \$ 2,000 REQUESTED GRANT AMOUNT: \$ 2,000

LEASE TERM (If applicable):

PROPERTY OWNER'S NAME: Kevin VanDyke LLC

PROPERTY OWNER'S MAILING ADDRESS: 010 vj b-e-n' Loop Clewiston FL 33440

PID NUMBER: 507

LOT: 2.3.2

BLOCK: 3

PHONE: 863-983-1500

EMAIL ADDRESS: KevinVanDyke@gmail.com

BUILDING'S EXISTING USE (S): Commercial

BUILDING'S NEW USE (S):

General description of proposed improvements:

☒ New Construction ☒ Rehabilitation

☐ Façade

☐ Awnings/Canopies

☐ Signs

☐ Walls/Fencing/Landscaping

☒ Electric

☐ HVAC

☒ Plumbing

☒ Fire Suppression

☒ Mural

☐ Demolition

☐ Other

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

Gray and Teal color.

@ Bo 1st SS s. 1st Cl e. at- (q \-wc\uy:) k\

TOTAL COST OF PROPOSED IMPROVEMENT: \$ 2,000 AMOUNT OF FUNDING

REQUESTED: \$ 2,000 (subject to CRA Board approval) *

*Maximum of \$2,500 available for improvements to multiple storefronts in the same building.

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



Required Documentation

☐ Project schedule

☐ Proposed budget

☐ Three cost estimates

☐ Schematic drawings illustrating proposed site plan/floorplan

☐ Description of materials to be used, the construction procedure and colors

photographs of the existing building and the proposed project area

Notarized letter from property owner

Qv-9

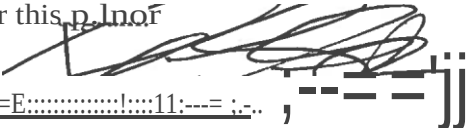
☐ Food-related services resume(s) - if applicable

Dendering of proposed artwork- if applicable

Number of Full-Time jobs created - if applicable

CONTRACT ACKNOWLEDGEMENT

I/we acknowledge, as evidenced by my/our signature(s) below, that I/we have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide. I/We further acknowledge that any breach **o r a y** result in my/our being required to refund any funds awarded to me/us under this p. Inoif

APPLICANT SIGN  DATE

PROPERTY OWNER SIGN
(If other than applicant) DATE

For CRA Use Only

Date Received by CRA _____

Date Considered by CRA Advisory Committee _____

Date Approved by CRA _____

ESTIMATE

AquaLink LLC
4, 7 W Sugarland C,r
Clew1st n FL 33440

info@aqualinkfl.com
863-228-1863
www.aqualinkfl.com



Bill to

Dr. Kevin Van
Captivating Dental
100 E Sugarland Hwy
Clewiston, Florida 33440
United States

Ship to

Dr. Kevin Van
Captivating Dental
100 E Sugarland Hwy
Clewiston, Florida 33440
United States

Estimate details

Estimate no.: 1120
Estimate date: 12/22/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Commerical Soft Wash	Soft Wash Cleaning of paint surface (6,629 sq ft @ \$0.20 per sq ft) Cleaning process to include exterior walls of building, windows, entryways of front, rear, and side doors. This process removes algae, grime, and dirt with low impact chemicals (sodium hypochlorite and surfactant) in preparation of surface for paint application.		\$994.35	\$994.35
2.		Paint Application	Paint Application Process to include: Preparation: Removing all uplifted paint on building's surface and filling in all hair-line cracks surrounding building utilizing Sherwin Williams Conflex Sherlastic-Elastomeric Coating. Masking of surface areas: 4 windows (3'x6') 2 glass door (5'x7') Exterior lights Digital signs (2) Dentist sign- rear (1) Paint Application- Initial coat: Spray chosen paint color Sherwin Williams SuperPaint (recommended Satin) with Graco Ultra Max 495 High Boy paint sprayer.		\$13,258.00	\$13,258.00

Second Coat:
Backrolled with 18" rollers.

Application will include: exterior walls of building, all trimming, gutters, and all doors

Includes:
Duration: 5-7 days (weather permitting)
Labor: 4 employees
Material: preparation supplies and chosen paint colors
Aerial Lift

Total square ft of paint surface area:
(6,629 sq ft @ \$2.00 per sq ft)

3.	Concrete Cleaning	Concrete Cleaning: Deep cleaning process of all concrete sidewalk surrounding building and walkways utilizing 24" surface cleaner to remove dirt and grime accumulation. Deep cleaning process of parking bumpers in parking lot	\$450.00	\$450.00
4.	Military/Medical/Law Enforcement Discount		-\$500.00	-\$500.00
5.		upon approval of services a 50% deposit is requested to initiate job \$6,101.18		
6.	Services	Price Adjustment	-\$2,000.00	-\$2,000.00
Total			\$12,202.35	

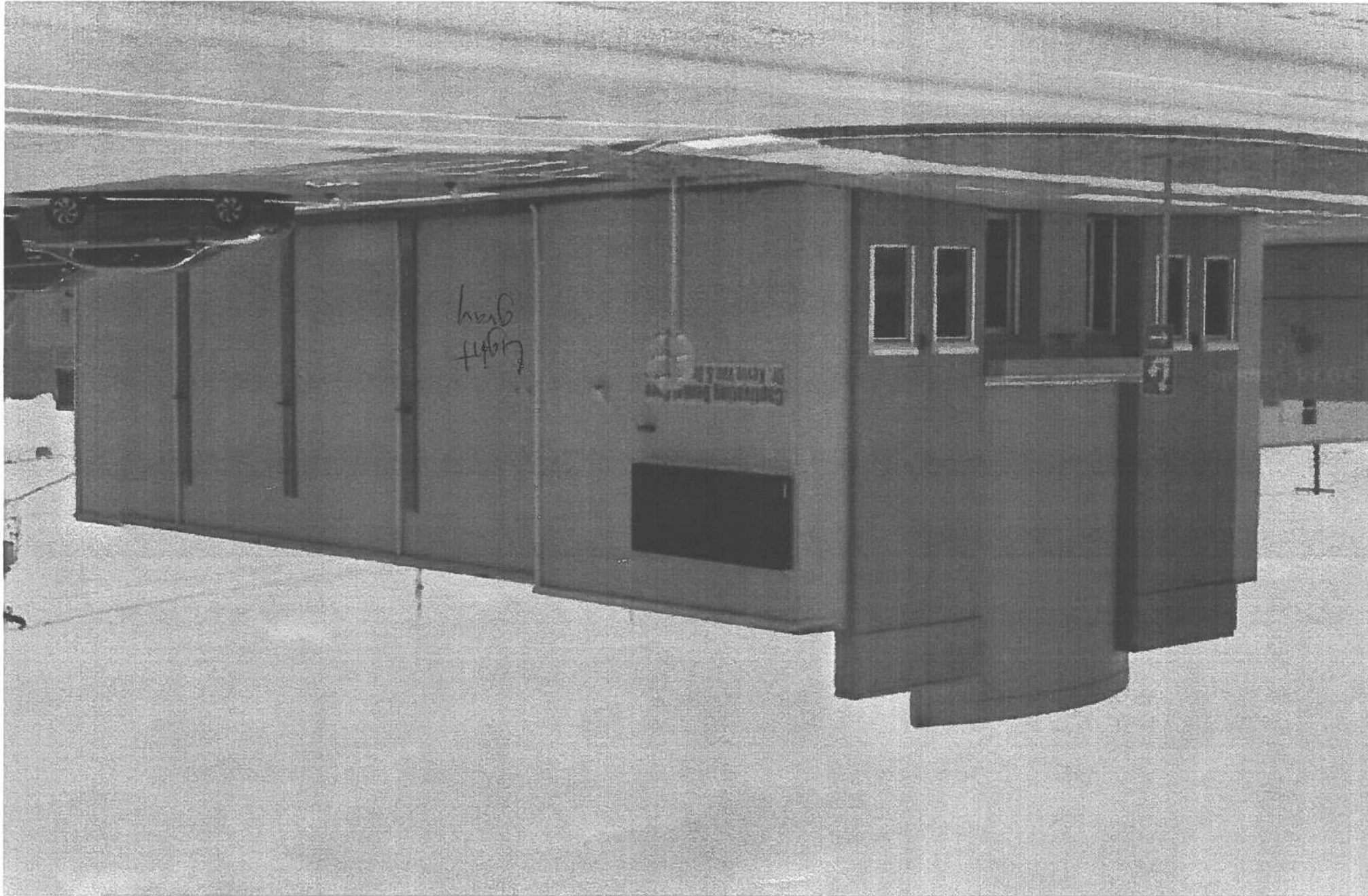
Note to customer

We appreciate your business and look forward to helping you again soon.

Accepted date

Accepted by

P10



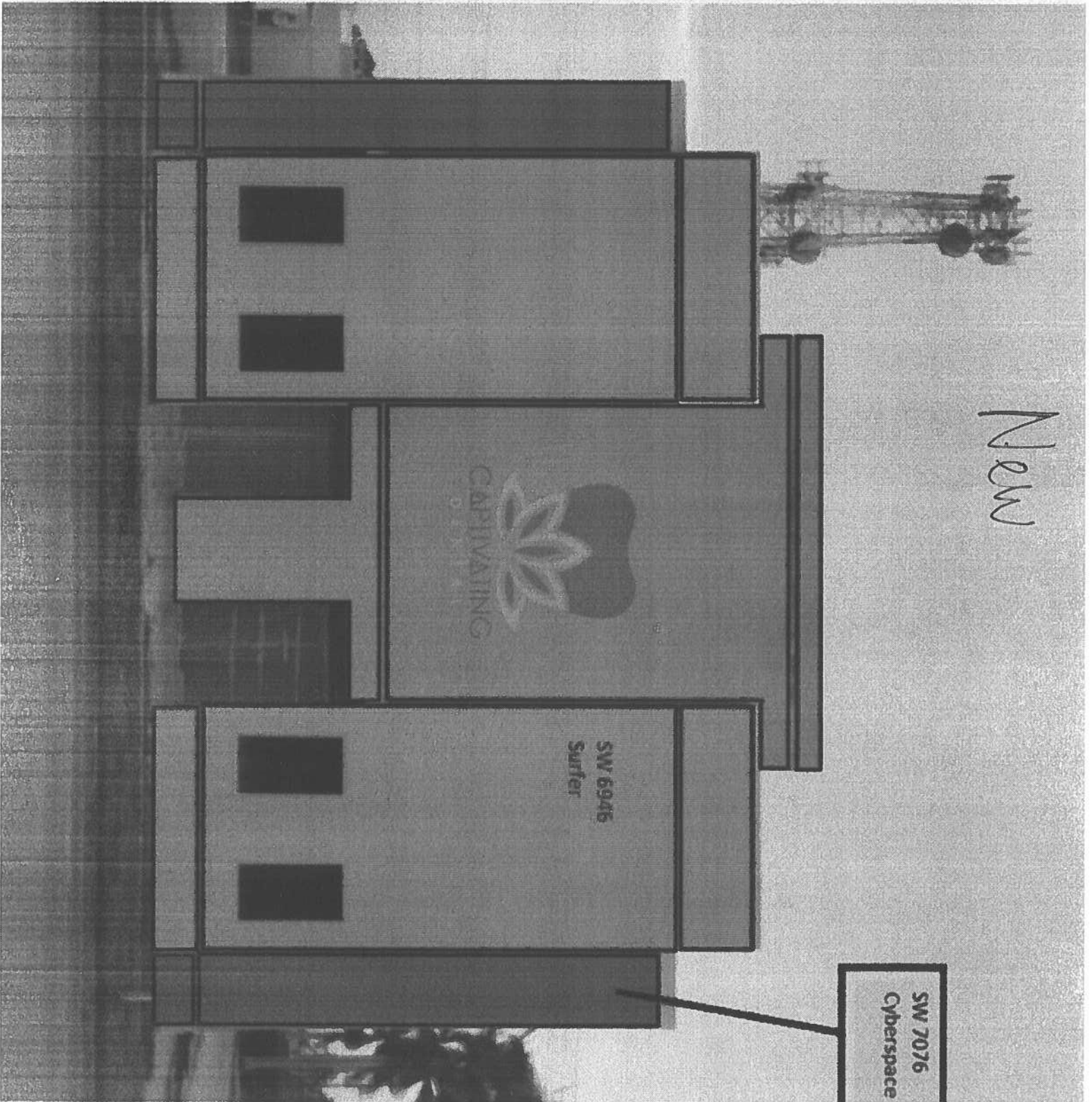
New



CAPITAINING

SW 6946
Surfer

SW 7076
Cyberspace



* Picking -- 0.11s one

45'-0"

13'-5"

13'-5"-----1



1fCAPTIVATING (1
1D E N T A L t

prod artwork req'd

UL LISTED EXTERNAL
DISCONNECT SWITCH

D

CHANNEL LETTER LOGO

ONE (1) SET Required

scale: 1/4" = 1'

3/16" 7328 WHITE ACRYLIC FACES

8500 VINYL GRAPHICS

1" BLACK TRIMCAP

5" X 0.040" ALUMINUM RETURNS, BLACK

INTERNALLY ILLUMINATED w/

7000K WHITE 12V LEDS

MOUNTED TO WALL w/ STANDOFFS TO MATCH CURVED WALL

INSTALLED w/ EXTERNAL DISCONNECT SWITCH

120V -20A

MAX SIGN AREA: 100.00 sq ft

SIGN AREA: 98.38 sq. ft.

scale: 1/8" = 1'

D

FRONT ELEVATION: CHANNEL LETTER LOGO

NOTE: THE SIGN DISCONNECT SHALL BE LOCATED AT THE POINT WHERE THE BRANCH CIRCUIT ENTERS THE SIGN ENCLOSURE AND SHALL DISCONNECT ALL WIRING WHERE IT ENTERS THE SIGN. 600.6(A)(1)

This sign, including but not limited to, all plastic or similar components thereof, has been designed in compliance with the 2023 Florida Building Code 8th EDITION, 1609 Wind Loads, ASCE/SEI 7-22 Wind Loads, 3107, NFPA 70-20 NEC 2020

CITY OF CLEWISTON

25% OF THE AREA OF THE WALL ON WHICH THE SIGN IS PLACED,
UP TO A MAXIMUM OF 100 SQUARE FEET

CUSTOMER APPROVAL:

SIGNATURE

DATE

PROJECT MANAGER
ELISHA WHITE

DESIGNER
EIMH

JOB DESCRIPTION

CHANNEL LETTER LOGO

CONTACT
Captivating Dental

ADDRESS

100 E Sugarland Hwy. Clewiston, FL 33440

DRAWING NUMBER: 25-0530_01c

DATE: 5.21.2025

REVISION DATE: 5.27.2025

PROJECT: 1E/VIAIL:

EPATH:

ALL ELECTRICAL WORK TO BE DONE
IN COMPLIANCE WITH NFPA 70-20 NEC2020



MEMBER

A(GM, U1&U)

THIS DISK IS THE EXCLUSIVE PROPERTY OF LEE DESIGNS LLC AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, WITHOUT PERMISSION IN WRITING FROM LEE DESIGNS LLC. DIMENSIONS AND COLORS MAY VARY SLIGHTLY DUE TO LIMITATIONS WITH FABRICATION MATERIALS.

Sheet 1-of-1



3300 Palm Ave.
Ft Myers, Fl. 33901
www.lee-designsllc.com
239-278-4245

PROPOSAL

250126-01

Date: 06/01/2025

Expires: 06/16/2025

Drawing Numbers:

Project: Captivating Dental
100 E Sugarland Hwy.
Clewiston, FL 33440

Client: Captivating Dental
100 E Sugarland Hwy.
Clewiston, FL 33440

Contact: Kevin Van DDS

We are pleased to offer this proposal for the following services at the above location.

Project Description:	Item Total:
Manufacture and Install the following:	\$9,790.00
a. Internally Illuminated Channel Letters & Logo	
Deposit Rate: 50%	Subtotal: \$9,790.00
Deposit: \$4,895.00	
	Total: \$9,790.00

Contract price above does not include applicable taxes, permit and acquisition fees. Payment shall be made to Lee Designs, LLC in the full amount above plus applicable taxes, permit and acquisition fees upon the completion of the services of this contract. A 50% deposit along with a signed approval of the drawings is required to start the process. After 30 days, price is subject to change.

Signing of this document constitutes a legal and binding contract between parties named on this agreement. Goods sold remain the property of the seller until paid in full. If final payment is not received within 14 days of invoice date, the signage will be scheduled for immediate removal. No warranties will be honored while balance is unpaid.

ALL WORK CONTINGENT ON APPROVAL OF NECESSARY PERMITS. Once signs have been installed, permits are to remain visible on site until all inspections are signed off by inspector. If removal and a re-inspection is required, any/all additional fees will be paid by the customer. Upon completion of the inspection, keep the approved permits for your records.

**Power and access to the power is to be provided by others and located directly behind the signs supporting wall or structure unless otherwise noted. Failure to have power to the site at the time of installation may result in additional charges.*

****Customer is responsible for landlord / property owner approval on selection of sign placement & design.*

***ELECTRONIC MESSAGE BOARDS: All LED Electronic Message Displays require a dedicated 120 volt circuit or circuits provided by customer at customer's expense.*

When this contract is being signed by a duly authorized person of each party, all provisions contained herein become integral of this Contract and there is no other agreement or understanding of any nature concerning same unless such agreement or understanding, if any is specifically incorporated herein.

TERMS & CONDITIONS

1. **PAYMENT.** Payment shall be made to Lee Designs, LLC in the specified amount upon completion of the services of this contract, If the final payment is not received within 14 days of invoice date, your sign will be scheduled for immediate removal. A 50% deposit along with signed, dated and approval of drawings is required to start process. No warranties will be honored while the balance for the sign is outstanding.

Salesperson: Elisha White

Buyer _____ Seller _____



3300 Palm Ave.
Ft Myers, Fl. 33901
www.lee-designs.com
239-278-4245

PROPOSAL

250126-01

Date: 06/01/2025
Expires: 06/16/2025

Drawing Numbers:

Project: Captivating Dental
100 E Sugarland Hwy.
Clewiston, FL 33440

Client: Captivating Dental
100 E Sugarland Hwy.
Clewiston, FL 33440

Contact: Kevin Van DDS

a. If any Invoice is not paid when due, interest will be added to and payable on all overdue amounts at 9.99 percent per year, or the maximum percentage allowed under applicable laws, whichever is less. The customer shall pay all costs collection, including without limitation, reasonable attorney fees.

b. In addition to any other right or remedy provided by law, if the customer fails to pay for the Services when due, Lee Designs LLC has the option to treat such failure to pay as a material breach of this Contract, and may cancel this Contract and/or seek legal remedies.

c. When paying by credit card, there will be no additional fees assessed to the customer. If deposit payment is made by credit card, the customer agrees to allow Lee Designs, LLC to place final payment on the credit card used for the deposit payment.

2. **TERM.** This Contract will terminate automatically in 90 days.

3. **WORK PRODUCT OWNERSHIP.** Any copyrightable works, ideas, discoveries, inventions, patents, products, or other information (collectively the "Work Product") developed in whole or in part by Lee Designs, LLC in connection with the Services will be the exclusive property of Lee Designs, LLC. Upon request, Lee Designs, LLC will execute documents necessary to confirm or perfect the exclusive ownership to the Work Product.

4. **CANCELLATIONS.** This proposal is made for specially constructed equipment and when accepted is not subject to cancellation.

5. **ELECTRICAL.** All necessary electrical wiring, outlets, and connections to the display from the building meter and or fuse panel will be properly fused and installed at the expense of the buyer. Power and access to the power is to be provided by others and located directly behind the signs supporting wall or structure unless otherwise noted. Failure to have power to the site at the time of installation may result in additional charges.

6. **INSTALLATION.** Installation prices quoted are subject to revision where excess rock or other unforeseeable foundation conditions are encountered. Lee Designs, LLC will not be held responsible or liable for any damage incurred by unmarked underground utilities or unmarked irrigation systems. All and any repairs will be the customer's responsibility. Lee Designs will not be responsible for any landscaping items that may be damaged or removed during excavation and installation of any signs.

7. **PERMITS.** The Seller agrees to secure all necessary governmental permits and/or all necessary permits from the building owner whose permission is required for the installation of this display and he assumes all liability with regard to same and liability, public and otherwise, for damages caused by the display or redson of it being on or attached to the premises. Buyer agrees to secure all necessary permission for use of all registered trademarks or copy-rights used on the display.

8. **DELAYS.** The Seller will not be responsible for delays in shipments caused by delays created by supplies or transportation services or by labor disputes or due to any other circumstances beyond its control. Lee Designs LLC will not be liable for any delays in job completion caused by the customer, its subcontractors, acts of God, or inaccessibility to the job site. Jobs completed on schedule, but not able to be shipped and/or installed due to delays caused by the customer will be invoiced (except shipping and installation) on schedule and demurrage charges will be incurred.

9. **CONFIDENTIALITY.** Lee Designs, LLC and its employees, agents, or representatives will not at any time or in any manner, either directly or indirectly, use for the personal benefit, or divulge, disclose, or communicate in any manner, any information that is proprietary to Lee Designs, LLC and its employees, agents, and representatives will protect such information and treat it as strictly confidential. This provision will continue to be effective after the termination of this Contract.

10. **INDEMNIFICATION.** The customer agrees to indemnify and hold Lee Designs, LLC harmless from all claims, losses, expenses, fees, including attorney fees, costs and judgments that may be asserted against Lee Designs, LLC that result from the acts or omissions of Lee Designs, LLC's employees, agents, or representatives.

11. **WARRANTY.** Lee Designs, LLC shall provide its services and meet its obligations under this Contract in a timely and workmanlike manner, using knowledge and recommendations for performing the services which meet generally acceptable standards in the community and region, and will provide a standard of care equal to, or superior to, care used by service providers similar to Lee Designs, LLC on similar projects.

a. **Workmanship.** All signs or fixtures fabricated and installed by Lee Designs LLC are warranted against defects in material and workmanship for one year, parts and labor.

b. **Materials.** All electrical materials used shall be covered by manufacturer's warranty for up to one year, excluding labor.

c. **Insurance.** Lee Designs, LLC provides liability insurance coverage for all work performed by Lee Designs, LLC and coverage shall be in the name of Lee Designs, LLC only.

d. **If the balance of the agreement is not paid within 30 days of completion the warranty mentioned above will be void,**

12. **OWNERSHIP.** Title to all materials and property covered by the Contract shall remain in Seller's name and shall not be deemed to constitute a part of the realty in which it may be attached until the purchase price is paid in full. Seller is given and express security interest in said material and property both erected and unerected notwithstanding the manner in which such personal property shall be annexed or attached to the realty. In the event of default by BUYER, including, but not limited to, payment of any amounts due and payable, Seller may once (and without process of law) take possession and/or remove as and when it sees fit and wherever found, all materials used or intended for use in the construction of said equipment and any and all property called for in this Contract without being deemed guilty of trespass.

13. **DEFAULT.** The occurrence of any of the following shall constitute a material default under this Contract:

a. The failure to make a required payment when due.

b. The insolvency or bankruptcy of either party.

c. The subjection of any of either party's property to any levy, seizure, general assignment for the benefit of creditors, application or sale for or by any creditor or government agency.

d. The failure to make available or deliver the Services in the time and manner provided for in this Contract.

e. This proposal is made for specially constructed equipment and when accepted is not subject to cancellations.

f. Should Buyer fail to perform any terms of this agreement, and should Seller be obligated to employ an attorney to enforce performance or collection thereof, reasonable attorney fees and costs or collection shall be added to the balance due thereon.

REMEDIES. In addition to any and all other rights a party may have available according to law, if a party defaults by failing to substantially perform any provision, term or condition of this Contract (including without limitation the failure to make a monetary payment when due), the other party may terminate the Contract by providing written notice to the defaulting party. This notice shall describe with sufficient detail the nature of the default. The party receiving such notice shall have 15 days from the effective date of such notice to cure the default(s). Unless waived by a party providing notice, the failure to cure the default(s) within such time period shall result in the automatic termination of this Contract.

14. **FORCE MAJEURE.** If performance of this Contract or any obligation under this Contract is prevented, restricted, or interfered with by causes beyond either party's reasonable control ("Force Majeure"), and if the party unable to carry out its obligations gives the other party prompt written notice of such event, then the obligations of the party invoking this provision shall be suspended to the extent necessary by such event. The term Force Majeure shall include without limitation, acts of God, fire, explosion, vandalism, store or other similar occurrence, orders or acts of military or civil authority, or by national emergencies, insurrections, riots, or wars, or strikes, lock-outs, work stoppages. The excused party shall use reasonable efforts under the circumstances to avoid or remove such causes of non-performance and shall proceed to perform with reasonable dispatch whenever such causes are removed or ceased. An act or omission shall be deemed within the reasonable control of a

Salesperson: Elisha White

Buyer _____ **Seller** _____



3300 Palm Ave.
Ft Myers, Fl. 33901
www.lee-designsllc.com
239-278-4245

PROPOSAL

250126-01

Date: 06/01/2025

Expires: 06/16/2025

Drawing Numbers:

Project: Captivating Dental
100 E Sugarland Hwy.
Clewiston, FL 33440

Client: Captivating Dental
100 E Sugarland Hwy.
Clewiston, FL 33440

Contact: Kevin Van DDS

party of committed, omitted, or caused by such party, employees, officers, agents or affiliates.

15. ARBITRATION. Any controversies or disputes arising out of or relating to this Contract shall be resolved by bonding arbitration in accordance with the then-current Commercial Arbitration Rules of the American Arbitration Association. The parties shall select a mutually acceptable arbitrator knowledgeable about issues relating to the subject matter of this Contract. In the event the parties are unable to agree to such a selection, each party will select an arbitrator and the two arbitrators in turn shall select a third arbitrator, all three of whom shall preside jointly over the matter. The arbitration shall take place at a location that is reasonably centrally located between the parties, or otherwise mutually agreed upon by the parties. All documents, materials and information in the possession of each party that are in any way relevant to the dispute shall be made available to the other party for review and copying no later than 30 days after the notice of arbitration is served. The arbitrator(s) shall not have the authority to modify any provisions of this Contract or award punitive damages. The arbitrator(s) shall have the power to issue mandatory orders and restraint orders in connection with the arbitration. The decision rendered by the arbitrator(s) shall be final and binding on the parties and judgments may be entered in conformity with the decision in any court having jurisdiction. The agreement to arbitration shall be specifically enforceable under the prevailing arbitration law. During the continuance of any arbitration proceeding, the parties shall continue to perform their respective obligations under this Contract.

16. ENTIRE AGREEMENT. This Contract contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement whether oral or written concerning the subject matter of this Contract. This Contract supersedes any prior written or oral agreements between the parties.

17. SEVERABILITY. If any provisions of this Contract will be held to be invalid for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provisions of this Contract is invalid or unenforceable, but that by limiting such provision, it would become valid and enforceable, the such provision will be deemed to be written, construed, and enforced as so limited.

18. AMENDMENT. This contract may be modified or amended in writing, if the writing is signed by the party obliged under the amendment.

19. GOVERNING LAW. This Contract shall be construed in accordance with the laws of the State of Florida.

20. NOTICE. Any notice or communication required or permitted under this Contract shall be sufficiently given of delivered in person or by certified mail, return receipt requested to the address set forth in the opening paragraph or to such other address as one party may have furnished to the other in writing.

21. WAIVER OF CONTRACTUAL RIGHT. The failure of either party to enforce any provision of this Contract shall not be construed as a waiver or limitation of that party's right subsequently enforce and compel strict compliance with every provision of this Contract.

Salesperson: Elisha White

Buyer's Acceptance _____ Title _____ Date _____

Seller's Acceptance _____ Title _____ Date _____

Estimate 1021 from RCWAY LLC

RCWAY LLC <no_reply@intuit.com>
To: kevinvandds@gmail.com

Tue, Feb 18, 2025 at 8:58 PM



Your estimate is ready!

Total Estimate

\$5,199.60

or starting at \$164.00/month with financing (36 mo)*

[Review and accept](#)

Dear Customer,

Below are your estimate details. To move forward with this estimate, please review and select **Accept** and RCWAY LLC will reach out with next steps.

There are various payment methods available for you, you also have the

option to **pay this monthly.**

Have a great day!

Estimate #64

RCWAYLLC

Parts	\$3,409.60
8 X \$426.20	
Plasma Table work	\$1,020.00
12 X \$85.00	
Parts	\$120.00
1 X \$120.00	
Services	\$650.00
1 X \$650.00	

Total **\$5,199.60**
or starting at \$164.00/month with financing (36 mo)*

RCWAYLLC

Sept9,2025

Subject: Grant Application - Community Redevelopment

Dear Grant Committee,

I am submitting this application regarding the available grant for community redevelopment. Over the past several years, I have acquired a few properties in town. Like many of the buildings in the area, they have aged and required significant improvements. I have been steadily investing in them to help restore and revitalize these spaces.

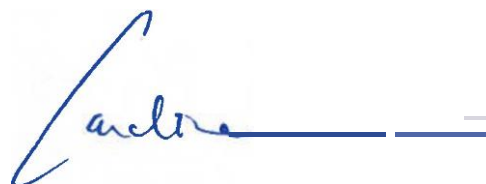
Recently, I completed roof replacements on two properties and repainted the dental building. My hope is that this grant can be applied toward these completed projects, which would allow me to continue reinvesting in and improving the properties for the benefit of our community.

Thank you very much for your consideration.



Sincerely,
Kevin Van

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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity name on line 2.) err : OW ,LLC-
2	Business name/disregarded entity name, if different from above.
3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/Vestate ☒ LLC . Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)
4	Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
3b	If on line 3a you checked "Partnership" or "Trust/Vestate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐ 0 (Applies to accounts maintained outside the United States.)
5	Requester's name and address (optional) nno(nuu v suit ttWjr
6	GA#J e. L ? 44-0
7	List account number(s) here (optional)

Taxpayer Identification Number (TIN)	Social security number
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	OIJ-ITJ-1
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	or
	Employer identification number
	-13 qle 2.3 o 2

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, and for payments to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, but you must provide your correct TIN. See the instructions for Part III, later.	
Sign Here 	Date Sept 9, 'W-Z-S

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430

CITY OF CLEWISTON
FINANCE DEPARTMENT

SEP 11 2025

RECEIVED



COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM

DEMOLITION, FACILITY IMPROVEMENTS, AND MURAL INSTALLATION

(Please print or type requested information)

APPLICANT NAME: Q J \ f \ V CL \

BUSINESS NAME (If applicable):

MAILING ADDRESS: 1010 "Jex-r 1 Lc.100 C.li.U tv/" .1?L-- '.:?:HL-O

PHONE: gL((2/4fJ S::'70':f 1 ErvIAIADDRESS: 1/4,VtV\VttlAbD e!'Y''''''''i co,'h

PROPERTY ADDRESS: /Og £ vjavla n.t 1±,vy C.4i.\> 'n. '=L "s ::\YO

PROJECT BUDGET: \$ (t-'l, CV 1..-3, ..-2j REQUESTED GRANT AMOUNT: \$ 12..1£V v

LEASE TERM (If applicable):

PROPERTY OWNER'S NAME: V.I.V \ V fltV l

PROPERTY OWNER'S MAILING ADDRESS: LO C.t(,1h " L 3'-l'f D

PID NUMBER: 3.3 {0} LOT: 2-(o LOCK: 0

PHONE: EMAIL ADDRESS: \<.,t.v1nvc''''l)P S.(-J wi.,\, c..CkV\

BUILDING'S EXISTING USE (S): f o ue,v\ \-

BUILDING'S NEW USE (S): fv& \-... . = \ 1/2 \ \

General description of proposed improvements:

☒ New Construction ☒ Rehabilitation
☒ Facade ☐ Awnings/Canopies ☒ Signs ☐ Walls/Fencing/Landscaping
☒ Electric ☒ HVAC ☒ Dumping ☒ Fire Suppression
☐ Mural ☐ Demolition ☒ Other -f

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

NtW (Dof. ::t:k1.+ - d(c.k t- \?l'') Mo m5.+{v1.c.\

TOTAL COST OF PROPOSED IMPROVEMENT: \$ fOj, 0'2...3. - : o AMOUNT OF FUNDING REQUESTED: \$ 1-Z... 1 t:o (subject to CRA Board approval)*

*Maximum of \$12,500 available for improvements to multiple store fronts in the same building.

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



Required Documentation

☐ Project schedule

☐ Proposed budget

☒ Three cost estimates

☒ Schematic drawings illustrating proposed site plan/floorplan

☒ Description of materials to be used, the construction procedure and colors

☐ Photographs of the existing building and the proposed project area

☐ Notarized letter from property owner

Dv-9

☐ Food-related services resume(s) - if applicable

☐ Rendering of proposed artwork- if applicable

☐ Number of Full-Time jobs created - if applicable

CONTRACT ACKNOWLEDGEMENT

I/we acknowledge, as evidenced by my/our signature(s) below, that I/we have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide. I/We further acknowledge that any breach of this contract may result in my/our being required to refund any funds awarded to me/us under _____

APPLICANT SIGNATURE _____ DATE 12/25

PROPERTY OWNER SIGNATURE [Signature] DATE 12/25
(If other than applicant)

For CRA Use Only

Date Received by CRA _____

Date Considered by CRA Advisory Committee _____

Date Approved by CRA _____



Superior Contracting of South Florida

141 South Deane Duff Avenue
Clewiston, FL 33440
Ph:8635998141

Customer
None, CLEWISTON TWO LLC Job#: 2016500 108 East Sugarland Highway Clewiston, FL 33440 None kevinvands@gmail.com

Superior Contracting of South Florida Representative:
Luis Vallejo (863) 599-1718 luis@yourroofingexperts.com

Description	Quantity	Price	Amt Due
ROOFING			
COMPLETED Modified Bitumen Polyglass 2 Ply Low Slope Roof System -Remove existing roofing material -Inspection of decking -renail decking per code -Install base ply -Install White Cap Sheet -Install Flashing on the perimeter -Install 2- and 4- metal roll paneling on parapet wall -Install Coping on parapet wall	33.00 SQ	\$18,150.00	\$18,150.00
COMPLETED Metal Roofing Generic L-549 Steel Sidewall Flashing	200.00 EA	\$2,100.00	\$2,100.00
COMPLETED Roofing System Superior Contracting of South Florida Wall Steel Coping Includes- Steel wall coping, fastening cleats and installation labor. Labor cost to remove wall coping and to discard in a job-site waste receptacle. Quality: Up to 12" wide, 24 gauge steel wall coping	170.00 LF	\$700.00	\$700.00
COMPLETED Sheathing Additional Damage- Change Order 3/4" COX 6 sheets of 3/4 plywood	6.00 EA	\$840.00	\$840.00
COMPLETED Roofing System Superior Contracting of South Florida Additional Repairs-Trusses 2x4	20.00 LF	\$180.00	\$180.00
COMPLETED Roofing System Superior Contracting of South Florida Additional Repairs-Trusses 2x6	16.00 LF	\$132.00	\$132.00
Grand Total		\$19,823.38	\$19,823.38
Payments received:			\$5,985.00

Total Balance: \$13,838.38

Balance Due Now On Work Completed: \$13,838.38

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PO Box 216
Clewiston, FL 33440
Phone: 863-805-0001
Fax: 863-805-0002

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License# CBCI261932
License#: CCC1331431

CONTRACTOR AGREEMENT

This Contractor Agreement is entered into this 7th day of November 2024.

ARTICLE 1: PARTIES

- 1.1 Contractor, Clyde Johnson Contracting & Roofing, Inc. ("Contractor"), agrees to provide the following described labor, materials, and construction by plans and specifications as may be referred to herein by reference, upon the following described property.
- 1.2 Name(s) of Owner(s)/Company: Dr. Van
- 1.3 Any above-named Owners affirm that they are the sole owners of the real property upon which the Services are to be performed. Owner's failure to disclose to Contractor the name of a co-owner of the real property constitutes a material breach of this Agreement.

Site Address: 108 E Sugarland Hwy Clewiston, FL 33440
Job Name: Dr. Van
Phone Number: 941-268-5704
Email: kevinvands@gmail.com

ARTICLE 2: CONTRACT AMOUNT/DRAW SCHEDULE

2.1 Total Contract Amount: \$62,530.00

2.2 The Owner agrees to pay the Contractor for the satisfactory performance of the Contractor's work the sum of Sixty-two thousand five hundred and thirty Dollars 00/100 (\$62,530.00) by the following terms and conditions:

DRAW SCHEDULE DEPOSIT

- 30% When contract is Signed-S18,759.00
30% When the Job is started, and all materials are on-site • m759.00
30% When Complete - S18,759.00
10% When Final Inspection passes- \$6,253.00

2.3 The Owner agrees that if it fails to make payments to the Contractor as specified in this contract, it will be responsible for any and all collection charges, lien-related costs, attorney's fees, and court costs.

ARTICLE 3: SCOPE OF CONTRACTOR'S SERVICES

3.1 DESCRIPTION OF WORK

1. Remove 3,500 square feet of moo-bit roofing to plywood decking.
2. Furnish and install 3,500 square feet of mechanically fastened cover-board.
3. Furnish and install 3,500 square feet of mechanically fastened ISO board.
4. Furnish and install 3,500 square feet 3 ply modified bit to meet Florida building codes.
5. Furnish and install all pipe boots for penetration and all other flashing required by the manufacturer and local Building Codes.
6. Proposal includes taxes, permit fee, trash removal, clean up, dump fees, labor, and materials

Includes the following:

10-Year workmanship warranty
All Labor, Materials, dumpsters & equipment to complete the project according to the agreed-upon specifications.

Exclusions:

Clyde Johnson Contracting & Roofing is not responsible for any other areas not repaired unless it's billed as a change order according to ARTICLE 5 - 5.1.

Supervisor requirements:

All work will be done according to Manufacturer Product Approval, f-BC, or NOA.

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PO Box 216
Clewiston, FL 33440
Phone: 863-805-0001
Fax: 863-805-0002

License# CBCI261932
License#: CCC1331431

CONTRACTOR AGREEMENT

All work will comply with Osha's requirements.
Keep the job free of debris daily.

ARTICLE 4: Management

4.1 Project Manager:

1. Coordinate pre-planning meetings for project safety.
2. To ensure that Safety and Health issues are managed with the same priority as production and quality, safety will take priority when they conflict
3. Dedicate project resources for safety.

4.2 Project Coordinator/Tradesman:

1. Implement Clyde Johnson Contracting safety program and policy.
2. Identify and correct possible hazards.
3. Aid in conducting safety meetings.
4. Notify the superintendent of any and all safety concerns in a timely fashion.
5. Conduct routine inspections of job sites.

ARTICLE 5: OTHER SPECIAL PROVISIONS

5.1

Replacing rotten or necessary 3/4" plywood - \$100.00 per 4 ft. x 8 ft. sheet.
Removing and replacing defective/wet insulation costs- \$1.85 per square foot for one inch thick.

Before replacing plywood/insulation, Express Remediation & Reconstruction, LLC. Shall approve.

ARTICLE 6: SCHEDULE OF PAYMENTS

6.1 Owner's obligation to pay Contractor when payments are due.

ARTICLE 8: SOLE AGREEMENT

8.1 This Agreement, including all terms and conditions hereof, is expressly agreed to and constitutes the entire Agreement as of this date. No other Agreement or understandings, verbal or written, expressed or implied, are a part of this Agreement unless specified herein.

8.2 IN WITNESS WHEREOF, the parties have accepted this Agreement the day and year first above written.

Name of Contractor's authorized agent printed: Titus Johnson

Contractor's License Number: CCC1331431

Contractor's Address: P.O. BOX 216, Clewiston, FL 33440

Signature of Contractor or Contractor's agent

Date signed

Authorized Agents Position

Owner's or Authorized Agents Signature

Date signed

Authorized Agents Position



License# CBCI261932
License#: CCCL331431

PO Box 216
Clewiston, FL 33440
Phone: 863-805-0001
Fax: 863-805-0002

CONTRACTOR AGREEMENT

WORKMANSHIP WARRANTY. 10-Year Limited Workmanship Warranty

J. Limited Warranty Coverage:

- a) Clyde Johnson Contracting & Roofing, Inc. (CJC&R) warrants to the purchaser and all transferees of the structures to which products are installed and/or repaired; are made as; follows: • Product Installation (Roofing): CJC&R warrants the installation of products to be free from defects in workmanship from the date the installation of the product is completed for a period of 10 years of normal use. This workmanship warranty does not include any damages or defects in the product except to the extent solely caused by CJC&R's installation of the product. • Repairs (Structural, Roofing): CJC&R warrants the repairs made to be free from defects in workmanship from the date the repair is completed for a period of 10 years of normal use. This workmanship warranty does not include any damages or defects in the products used to make the repair except to the extent solely caused by CJC&R's installation of the product.
- b) CJC&R will have the right to inspect the areas at issue to determine the cause of the alleged defects. If the defects are determined to be within the scope of the workmanship warranty, CJC&R will make the necessary repairs at CJC&R's expense. CJC&R specifically does not warrant the installed products.
- c) CJC&R's repair of the defect SHALL BE THE SOLE EXCLUSIVE REMEDY available to the covered person or entity with respect to any defect. CJC&R will not refund or pay any costs in connection with repairs made by anyone other than CJC&R.

2. Conditions of Warranty:

- a) CJC&R's liability to the covered person or entity shall be subject to the following terms and conditions:
- b) The claimant must provide proof that they are the covered person/entity. b) The covered person/entity must provide written notice to CJC&R within 30 days after discovery of any claimed defect covered by this warranty and before beginning any permanent repair. The notice must describe the location and details of the defect and such information as is necessary for CJC&R to investigate the claim. c) Upon discovery of a possible defect, the covered person/entity must immediately, and at the covered person/entity's expense, provide for protection of all property that could be affected until the defect is remedied.

3. Exclusions:

- a) This Warranty does not cover damage or defects resulting from or in any way attributable to (a) neglect, (b) misuse, (c) abuse, (d) repair or alteration made by anyone other than CJC&R (e) settlement or structural movement and/or movement of materials to which installed products are attached, (f) damage from incorrect design of the structure, (h) acts of God including, but not limited to, hurricanes, tornados, floods, earthquakes, severe weather or natural phenomena, (including, but not limited to, unusual climate conditions), (i) lack of proper maintenance, (j) any cause other than workmanship defects attributable to CJC&R.

4. Disclaimer:

- a) The statements in this Warranty constitute the only warranty extended by CJC&R for its workmanship. NO OTHER WARRANTY SHALL BE MADE BY OR ON BEHALF OF CJC&R.

5. Settlement of Claim:

- a) Any repairs made by CJC&R pursuant to Section 1 of this document shall constitute a full settlement and release of all claims of any covered person/entity hereunder for damages or other relief and shall be a complete bar to any litigation filed subsequently to the covered person/entity's acceptance of such an agreement.

Clyde Johnson Contracting & Roofing, Inc
Physical Address: 206 Lotus St, Clewiston FL 33440
Mailing Address: P.O. Box 216, Clewiston FL 33440
863-805-0001

City of
Clewiston

REROOF
Building Permit

Community Development
121 Central Avenue
Clewiston, Florida 33440
Phone: 1-863-983-1500
Fax: 1-863-983-1430

PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE	FEE	SUBD BY
25-0023	01/23/2025	07/22/2025	19950.00	leslie

LOCATION: **108 E Sugarland Hwy**
Clewiston, FL 33440

SUBD. 3-34-43-01-010-0358-010.o
GPOC

LOT #: 27 (part of 26 & 28)

Company Name:
Superior Contracting of South Florida

BLOCK# 358

OWNER: Clewiston Two LLC

SELECTED CHARACTERISTICS OF WORK

ATURE OF WORK	DESCRIPTION OF WORK
Repair/Replace OCCUPANCY TYPE Business	Flat Deck 2 Ply MOD material. NOA No.: 22-0706.08

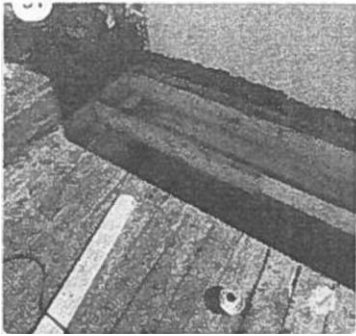
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

1. All work must be inspected before covering. Call for inspections. 1-863-983-1500
2. All work is to be done according to the Florida Building Codes and local Ordinances.
3. Call for "LOCATE" at 1-800-432-4770 before any digging, to protect utilities.
4. Damage to sidewalks, streets, utilities etc. must be repaired before C.O. is issued.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Inspections

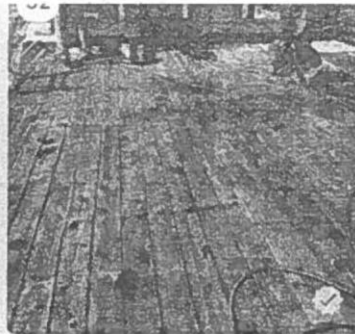
S	InspType	R	F	Status	ReqDate	InspDate	Inspld	InspDist
0	IN PROG			Pass	03/07/2025	03/07/2025	PrivateP	
3	FINAL		y	Pass	03/07/2025	03/07/2025	PrivateP	



108 E Sugarland Hwy

Clewiston, FL 33440

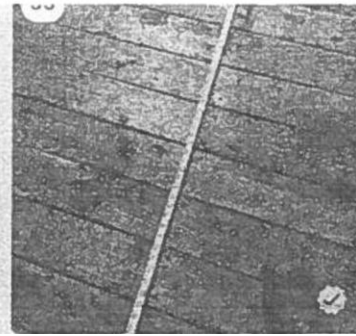
02-26-2025 11:51 AM by Darnel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440

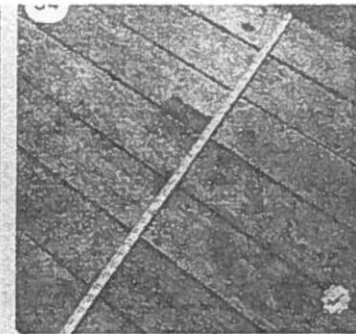
02-26-2025 11:36 AM by Luis Valle10



108 E Sugarland Hwy

Clewiston, FL 33440

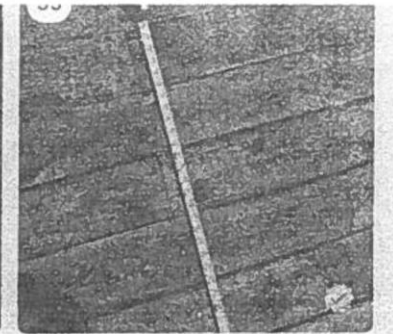
02-26-2025 11:36 AM by Luis Vallejo



108 E Sugarland Hwy

Clewiston, FL 33440

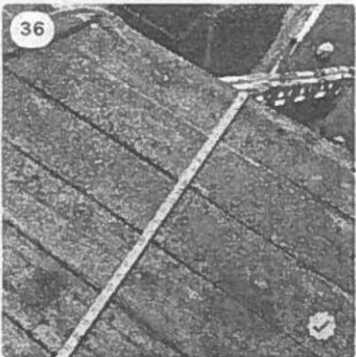
02-26-2025 11:36 AM by Luis Vallejo



108 E Sugarland Hwy

Clewiston, FL 33440

02-26-2025 11:36 AM by Luis Vallejo



108 E Sugarland Hwy

Clewiston, FL 33440

02-26-2025 11:36 AM by Luis Vallejo



108 E Sugarland Hwy

Clewiston, FL 33440

02-26-2025 11:09 AM by Darnel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440

02-26-2025 11:09 AM by Daniel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440

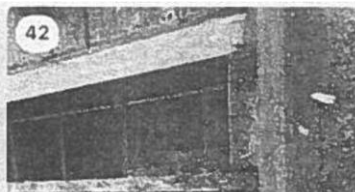
02-26-2025 11:09 AM by Daniel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440

02-26-2025 11:09 AM by Darnel Jimenez

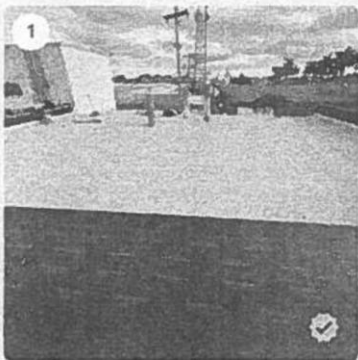


Old Roof



Superior Contracting of South Florida shared a gallery with you

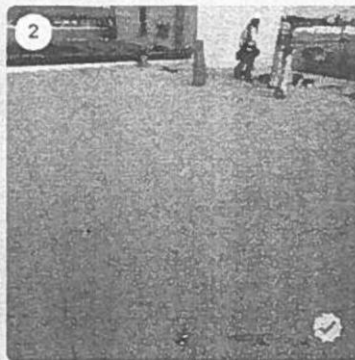
[Download All Photos](#)



108 E Sugarland Hwy

Clewiston, FL 33440

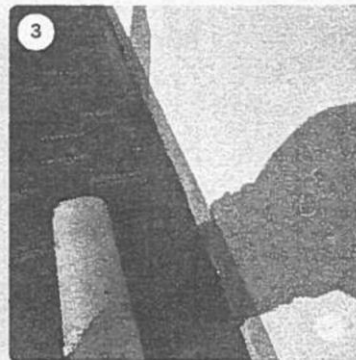
02-26-2025 06:36 PM by Daniel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440

02-26-2025 06:36 PM by Daniel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440

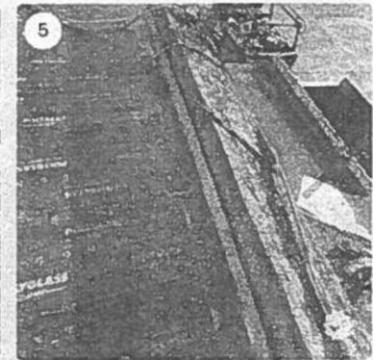
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108 E Sugarland Hwy

Clewiston, FL 33440

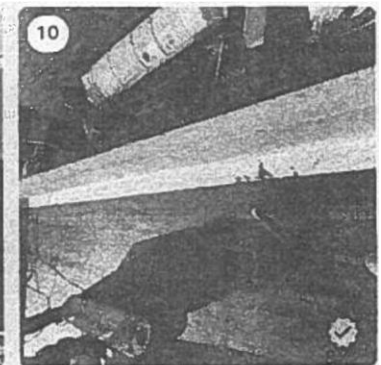
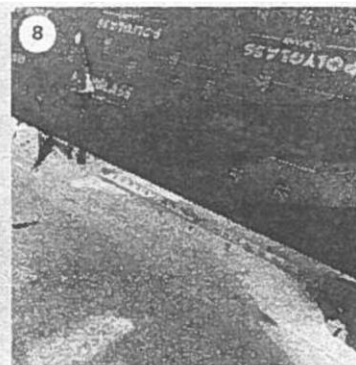
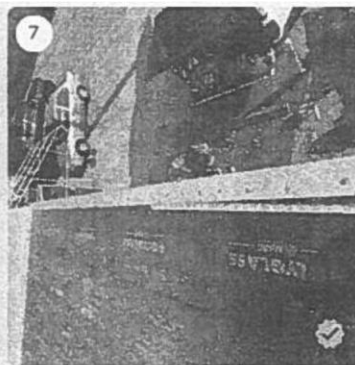
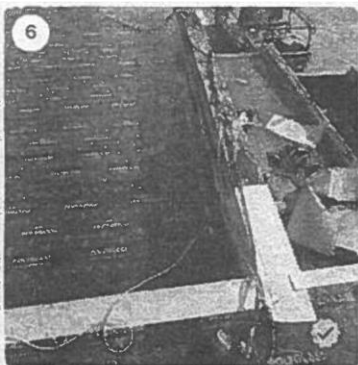
02-26-2025 04:17 PM by Daniel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440

02-26-2025 04:17 PM by Daniel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440
02-26-2025 04:17 PM by
Daniel Jimenez



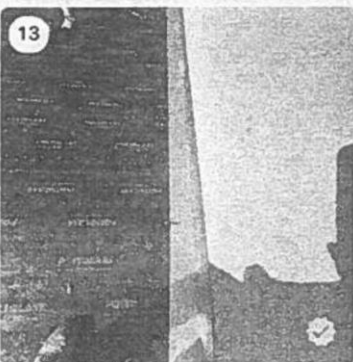
108 E Sugarland Hwy

Clewiston, FL 33440
02-26-2025 04:10 PM by
Daniel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440
02-26-2025 04:10 PM by
Daniel Jimenez



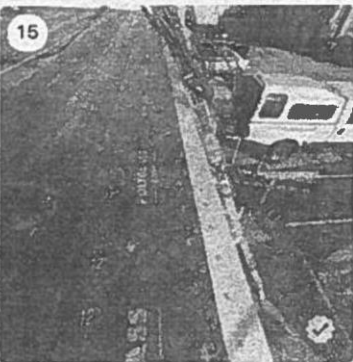
108 E Sugarland Hwy

Clewiston, FL 33440
02-26-2025 04:09 PM by
Daniel Jimenez



108 E Sugarland Hwy

Clewiston, FL 33440
02-26-2025 04:09 PM by
Daniel Jimenez



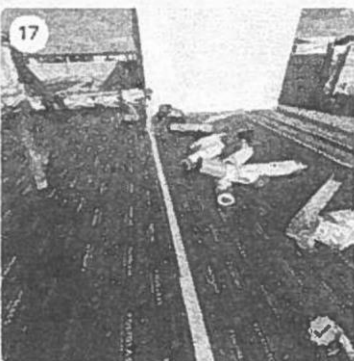
108 E Sugarland Hwy

Clewiston, FL 33440
02-26-2025 04:09 PM by
Daniel Jimenez



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Clewiston, FL 33440
02-26-2025 04:09 PM by
Daniel Jimenez



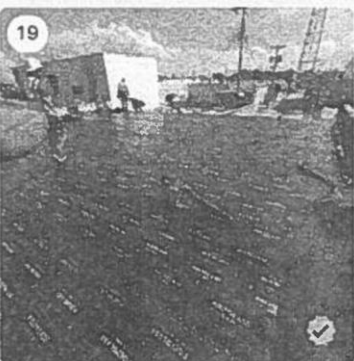
108 E Sugarland Hwy

Clewiston, FL 33440
02-26-2025 04:09 PM by
Daniel Jimenez



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02-26-2025 04:09 PM by
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108 E Sugarland Hwy

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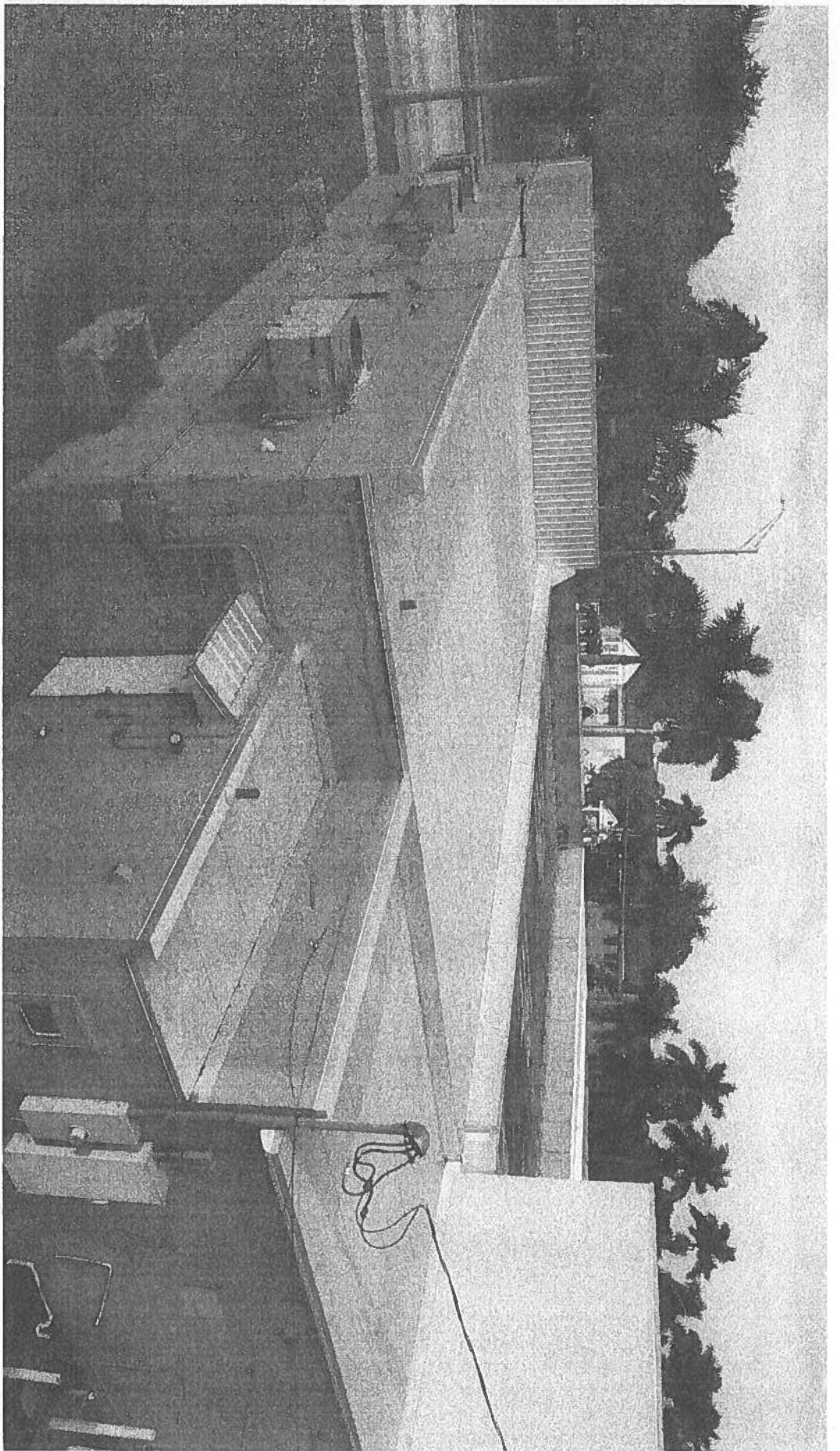
108 E Sugarland Hwy

Clewiston, FL 33440

108 E Sugarland Hwy

Clewiston, FL 33440

AFTER



**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity name on line 2.)	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☒ Individual sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust ☐ Estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership). Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)
3b If on line 3a you checked "Partnership" or "Trust/Estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
5a Enter the state and ZIP code.	
6 City or town, county, and ZIP code.	
7 List account number(s) here (optional).	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number
- [M-171sfii]
or
Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not subject to backup withholding. See the instructions for Part 11, later.

Date
03/15/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Sept 9, 2025

Subject: Grant Application - Community Redevelopment

Dear Grant Committee,

I am submitting this application regarding the available grant for community redevelopment. Over the past several years, I have acquired a few properties in town. Like many of the buildings in the area, they have aged and required significant improvements. I have been steadily investing in them to help restore and revitalize these spaces.

Recently, I completed roof replacements on two properties and repainted the dental building. My hope is that this grant can be applied toward these completed projects, which would allow me to continue reinvesting in and improving the properties for the benefit of our community.

Thank you very much for your consideration.

Sincerely,
Kevin Van



{7/4,/4...}

oq/11/,s.

fv fj;vi v'dlt •S l\y t 111t)

City of Clewiston, Florida
121 Central Avenue
Clewiston, FL 33440
(863) 983-1500 | Fax: (863) 983-1430

OFFICE OF CLEWISTON/5TON
NCEOE PARTMENT

SEP 11 2025

RECEIVED



COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM
DEMOLITION, FA<;ADE IMPROVEMENTS, AND MURAL INSTALLATION

(Please print or type requeKted inform tjon)

APPLICANT NAME: t..V.W V.CI-V\

BUSINESS NAME (If applicable): -----;:-----:ir-----=.-----C-----

MAILING ADDRESS: (010 WVi r:--1-f 0

PHONE: '141- U -'5'''0 ILADDRESS: q w.r'--"An\ .(L.Oi:'-\'

PROPERTY ADDRESS: 0 0 | f Vevrh.n.\ Ave Ct \-o\'- FL 35'4¼-0

PROJECT BUDGET:\$ "2..1 J3i.<o, f.t.Z.. REQUESTED GRANT AMOUNT:\$ 12...;-:00

LEASE TERM (If applicable): -----

PROPERTY OWNER'S NAME: ktv\ VecV\

PROPERTY OWNER'S MAILIN G A D-D RE-S-S:---(0 0-----t=-----:--"- ----(4- --------1\¼r-t---1--L: \ --h;>-t\'-R-

PIDNUMBER: 3'3.(oit1 LOT: io 10 BLOCJt.: '? I "11.fc

PHONE: ----- EMAIL ADDRESS: \<VI-v\W:Ct\N.b\5 €.%•1Mt• I (. f?)

BUILDING'S EXISTING USE (S): Va.CC\vt

BUILDING'S NEW USE (S): \>J1\\-);x.-.,e.,nt -.J,- -c-vf=.- --

General description of proposed improvements:

ONew Construction ☒ Rehabilitation

OFai;ade ☐ Awnings/Canopies

☒ Signs Owalls/Fencing/Landscaping

☐ Plumbing OFire Suppression

☒ Demolition

Oother (soof

Please provide a brief description of the work to be performed, materials to be used, color and material samples

applicat. : :£\w\- ei.\tC-t 2 f\'1 Moo\ wud:.(rlc,\
ewi

TOTAL COST OF PROPOSED IMPROVEMENT: \$ '2--'1.:iZ.'o.(O'2AMOUNT OF FUNDING
REQUESTED: \$ 1z.,r b o (subject to CRA Board approval) *

*Maximum of \$2,500 available for improvements to multiple storefronts in the same building.

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



Required Documentation

☐

Project schedule

☐

Proposed budget

☐

Three cost estimates

☐

Schematic drawings illustrating proposed site plan/floorplan

☐

Description of materials to be used, the construction procedure and colors

☐

Photographs of the existing building and the proposed project area

☐

Notarized letter from property owner

☐

Qv-9

☐

Food-related services resume(s) - if applicable

☐

Rendering of proposed artwork- if applicable

☐

Number of Full-Time jobs created - if applicable

CONTRACT ACKNOWLEDGEMENT

I/we acknowledge, as evidenced by my/our signature(s) below, that I/we have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide. I/We further acknowledge that any breach of this contract may result in my/our being required to refund any funds awarded to me/us under this program.

APPLICANT SIGNATURE

DATE

8/25/2025

PROPERTY OWNER SIGNATURE

DATE

8/25/2025

(If other than applicant)

For CRA Use Only

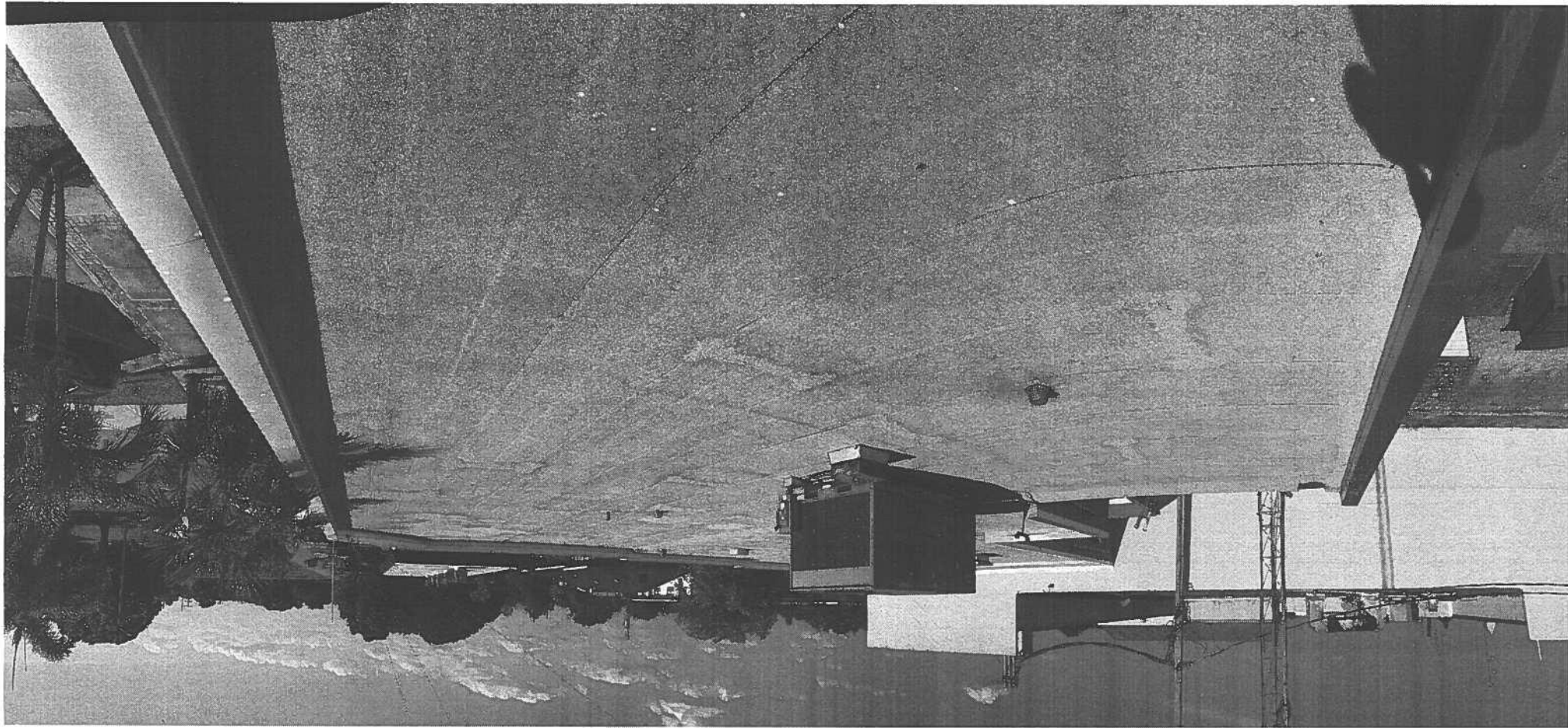
Date Received by CRA _____

Date Considered by CRA Advisory Committee _____

Date Approved by CRA _____

BEFORE





AFTER



Superior Contracting of South Florida

141 South Deane Duff Avenue
Clewiston, FL 33440
Ph:8635998141

Customer
Van, Kevin Job #: 2668050 201 East Ventura Avenue Clewiston, FL 33440 None kevinvands@gmail.com

Superior Contracting of South Florida Representative:
Luis Vallejo (863) 599-1718 luis@yourroofingexperts.com

Description	Quantity	Price	Amt Due
ROOFING			
COMPLETED Modified Bitumen Polyglass 2 Ply Low Slope Roof System -Remove existing roofing material -Inspection of decking -reinstall decking per code -Install 30# flt -Install White Cap Sheet -Install Flashing on the perimeter	38.00 SQ	\$25,863.75	\$25,863.75
COMPLETED Roofing System Superior Contracting of South Florida Wall Steel Coping Includes Steel wall coping, fastening cleats, and installation labor. Labor cost to remove wall coping and to discard in a Job-site waste receptacle. Quality. Up to 12" wide. 24 gauge steel wall coping	340.00 LF	\$1,500.00	\$1,500.00
COMPLETED Accessories Superior Contracting of South Florida Scupper-Roof to Wall Drain A prefabricated drain through wall scupper drain provides superior durability, multiple size options and efficient water removal for your parapet wall.	3.00 EA	\$1,500.00	\$1,500.00
COMPLETED Accessories Superior Contracting of South Florida Zurn Roof Drain These roof drains prevent water from pooling on roofs, which results in excessive weight, structural damage, and possible water leakage into the interior of the building. Drains include a dome grate that prevents clogs in the drainage system.	4.00 EA	\$1,800.00	\$1,800.00
Grand Total		\$27,328.62	\$27,328.62
Payments received:			\$7,815.00

Total Balance: \$19,513.62

Balance Due Now On Work Completed: \$19,513.62

City of
Clewiston

REROOF
Building Permit

Community Development
121 Central Avenue
Clewiston, Florida 33440
Phone: 1-863-983-1500
Fax: 1-863-983-1430

PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE	FEE	VALUATION	ISSUED BY
25-0015	01/16/2025	07/15/2025		27000.00	leslie

LOCATION: 201 E Ventura Ave
Clewiston, FL 33440

SUBD. 3-34-43-01-010-0361-004.0
Clewiston Pawn

LOT#: 8-10

BLOCK# 361

OWNER [REDACTED] K<-VII\ V'vl.

Company Name:
Superior Contracting of South Florida

SELECTED CHARACTERISTICS OF WORK

ATURE OF WORK	DESCRIPTION OF WORK
Repair/Replace OCCUPANCY TYPE -1 Residential, hotels	Flat Deck 2ply MOD Material. Per plans. NOA No.:22-0706.08

WARNING TO OWNER: Yo't.. R FAILURE TO RECORD A NOTICE OF COMMENCEMENT **MAY** RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECQ DED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMEff'.17.

1. All work must be inspected before covering. Call for inspections. 1-863-983-1500
2. All work is to be done according to the Florida Building Codes and local Ordinances.
3. Call for "LOCATE" at 1-800-432-4770 before any digging, to protect utilities.
4. Damage to sidewalks, streets, utilities etc. must be repaired before C.O. is issued.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Inspections

S	InspType	R	F	Status	ReqDate	InspDate	Inspld	InspDist
0	IN PROG			Pass	03/25/2025	03/25/2025	PrivateP	
3	FINAL		y	Pass	03/27/2025	03/27/2025	CAP	

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <u>Clewiston Two, LLC</u>	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/Vestate ☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/Vestate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
5 Address (number, street, and apt. or suite no.). See instructions. <u>1000 Bayberry Loop</u>	Requester's name and address (optional)
6 City, state, and ZIP code <u>Clewiston FL 33440</u>	
7 List additional count number(s) here (optional)	

Part I Taxpayer Identification Number (If any)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
ITIJ-ITJ-1	
or	
Employer identification number	
88-2887437	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part 11, later.

Signature of U.S. person
[Signature]

Date Sept 11 2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Sept9,2025

Subject: Grant Application - Community Redevelopment

Dear Grant Committee,

I am submitting this application regarding the available grant for community redevelopment. Over the past several years, I have acquired a few properties in town. Like many of the buildings in the area, they have aged and required significant improvements. I have been steadily investing in them to help restore and revitalize these spaces.

Recently, I completed roof replacements on two properties and repainted the dental building. My hope is that this grant can be applied toward these completed projects, which would allow me to continue reinvesting in and improving the properties for the benefit of our community.

Thank you very much for your consideration.

Sincerely,
Kevin Van

City of Clewiston, Florida

121 Central Avenue
Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430

**CITY OF CLEWISTON
FINANCE DEPARTMENT**

SEP 02 2025



RECEIVED

COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM
DEMOLITION, FAÇADE IMPROVEMENTS, AND MURAL INSTALLATION

(Please print or type requested information)

APPLICANT NAME: PABLO GARCIA

BUSINESS NAME (If applicable): SUGARLAND HOLDINGS LLC

MAILING ADDRESS: 8761 NW 170 TERRACE, HIALEAH, FL 33018

PHONE: 561-722-4287

EMAIL ADDRESS: PABLOJGARCIA1983@GMAIL.COM

PROPERTY ADDRESS: 806 E. SUGARLAND HWY, CLEWISTON, FL 33440

PROJECT BUDGET: \$ _____ REQUESTED GRANT AMOUNT: \$ _____

LEASE TERM (If applicable): N/A _____

PROPERTY OWNER'S NAME: PABLO GARCIA

PROPERTY OWNER'S MAILING ADDRESS: 8761 NW 170 TERRACE, HIALEAH, FL 33018

PID NUMBER: 3-34-43010100385-006.0

LOT: 13-19

BLOCK: 385

PHONE: 561-722-4287

EMAIL ADDRESS: PABLOJGARCIA1983@GMAIL.COM

BUILDING'S EXISTING USE (S): SUPERMARKET

BUILDING'S NEW USE (S): S_A_M_E_:s_u_P_E_R_M_A_R_K_E_T _____

General description of proposed improvements:

☐ New Construction ☒ Rehabilitation

☒ Façade

☐ Awnings/Canopies

☒ Signs

☐ Walls/Fencing/Landscaping

☒ Electric

☐ HVAC

☐ Plumbing

☐ Fire Suppression

☐ Mural

☐ Demolition

☒ Other PORCH ROOF, STUCCO OF FRONT ELEVATION, PORCH CONCRETE ENTRANCE

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

PROJECT TO BEA

PROJECT TO BEAUTIFY THE FRONT ENTRY OF THE SUPERMARKET. IMPROVEMENTS PROPOSED ARE TO REVITALIZE THE PORCH ROOF WITH ALUMINUM PANELS AND

REPLACEMENT OF WOODEN COLUMNS WITH IMPROVED SUSTAINABLE LIFE TIME WARRANTY COMPOSITE BOARD COLUMNS, TO REPLACE THE OLD BRICK AND REPLACE WITH

NEW STUCCO WALL, TO PAINT THE FRONT PORCH AND FRONTAGE SIDE OF THE BUILDING AND TO REPLACE THE ENTIRE COVERED WALKWAY AND ENTRY IF THE

PORCH WITH NEW CONCRETE

TOTAL COST OF PROPOSED IMPROVEMENT: \$ 30000.00

AMOUNT OF FUNDING

REQUESTED: \$ 7500.00

(subject to CRA Board approval) *

*Maximum of \$12,500 available for improvements to multiple store fronts in the same building.

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



Required Documentation

☐

Projected budget

☒

Three cost estimates

Schematic drawings illustrating proposed site plan/floorplan

Description of materials to be used, the construction procedure and colors

☐ Photographs of the existing building and the proposed project area

Notarized letter from property owner

Qv-9

☐

Food-related services resume(s) - if applicable

☐ Rendering of proposed artwork- if applicable

☐ Number of Full-Time jobs created - if applicable

CONTRACT ACKNOWLEDGEMENT

I/we acknowledge, as evidenced by my/our signature(s) below, that I/we have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide. I/We further acknowledge that any breach of this contract may result in my/our being required to refund any funds awarded to me/us under this program. _____

APPLICANTSIGNATURJL# :t

DATE 5

PROPERTY OWNER Sloku7

DATE _____

(If other than applicant)

For CRA Use Only

Date Received by CRA _____

Date Considered by CRA Advisory Committee _____

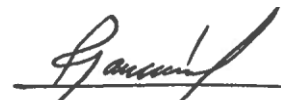
Date Approved by CRA _____

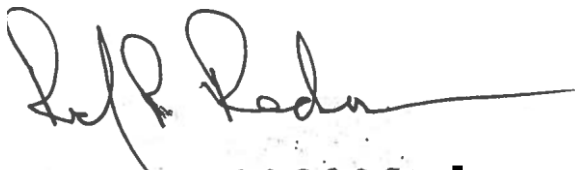
August 26, 2025

To whom it may concern:

Hereby I, Pablo J. Garcia, owner of Sugarland Holdings LLC, certify that I am submitting an application with the intention of receiving a CRA Grant from the City of Clewiston for the remodeling of the front entrance at the property located at 806 E. Sugarland Hwy.

Sincerely,


Pablo J. Garcia


Notary Public State of Florida
Ricky R Redl
My Commission HH 51072
Expires 9/29/2028

La frontera Supermarket #3

FRONT ENTANCE REMODELING
PROJECT SCHEDULE

START DATE: AUGUST 1, 2025

END DATE: **DECEMBER** 20TH , 2025

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) PABLO J. GARCIA		
2 Business name/disregarded entity name, if different from above. SUGARLAND HOLDINGS LLC.		
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ TrusVestate 0 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals: see instructions on page 3): Exempt payee code <i>Of any</i> _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
3b If on line 3a you checked "Partnership" or "TrusVestate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. D	(Applies to accounts maintained outside the United States.)	
5 Address (number, street, and apt. or suite no.). See instructions. 8761 NW 170 TERRACE	Requester's name and address (optional)	
6 City, state, and ZIP code HIALEAH FL 33018		
7 List account number(s) here (optional)		

Taxpayer Identification Number (TIN)

backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number
8TJ-[T]-15391
or
Employer identification number

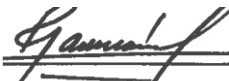
Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, u are not requir sign the certification, but you must provide your correct TIN. See the instructions for Part 11, later.

Sign Here Signature of U.S. person


Date **e-21,-2-s-**

General Instructions

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What's New

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New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

La Frontera,

Family established business since 1998.

Providing to our area: Meats, fresh produce and whole service groceries. Deli, hot food take out are also services provided. We are delighted to announce our recent interior renovations that include: new flooring and ceiling, new automatic front door as well as replacement of commercial refrigeration equipment to provide fresh service and broader variety of choices. We also added a new parking lot to the south to provide better service to our customers. We currently employ 19 full-time employees

"

51 A AJ1>1IG ~~SEAM~~
(UL.(LOK)

CONSTRUCTION
I: V

We Construct the Best & Remodel the Rest!

SPECIALIZING IN: ROOFS (SHINGLE, FLAT, METAL, TILE) - ROOM ADDITIONS - TILE INSTALLATION - DEMOLITION - CARPENTRY -
AIR CONDITIONING - PLUMBING - ELECTRICAL - WINDOWS - PAINT - PLASTERING - BATHROOMS - DRIVEWAYS - SCREEN PATIOS -
KITCHENS - FENCES (CHAIN, WOOD, IRON) - SHUTTERS - DESIGN & BUILD - NEW CONSTRUCTION - BUILDING VIOLATIONS

6 -1

ESTIMATE & AGREEMENT

NAME: 1 1/2 Y

DATE: dk<,,, - S=

ADDRESS: TELEPHONE:

JOB SPECIFICATION - NO ADDITIONAL WORK WILL BE CONSIDERED UNLESS WRITTEN HERE:

A467AL +2-,6 Rc0c2f

11
AND FLASHING TO CORNER
INSTALL DOOR AND STICK ON ALL PERIMETER
PERIMETER
MATERIAL, LABOR, AND PERMITS INCLUDED
10 years warranty Call Miguel (868 234 0975)
Pick up 1.1AVL 4-vvc1V Mt rt@tiEJtv6 TSE

THIS AGREEMENT, made and executed by the above named and signed party (hereinafter referred to as "Owner") and Universal Group, Inc. D.B.A. Universal Construction (hereinafter as "Contractor") Which parties for good and valuable consideration each to the other. The Contractor shall perform and complete the work in a good workmanlike manner.

NOTICE OF CANCELLATION

Pursuant to federal trade commission trade regulations rule One 7, 1974) you may cancel this contract, without penalty or obligation within three (3) business days from the above date. If the owner stops the contractor from beginning the work after the end of any cancellation period, which the owner has under federal state or local law and- or regulations or ordinances, the owner will be liable to and pay the contractor for all costs and expenses incurred (10% minimum) by arising out of or in connection with the work including but not limited to the execution of this contract, preparations and purchases made for the work, plus contractors loss of profits and reasonable attorney fees.

To cancel this contract, via certified or registered mail, deliver a signed and dated copy of this cancellation notice or any other written notice or send a telegram to Universal Group, Inc. no later than midnight of (DATE):

I hereby cancel this transaction (DATE):

Buyer's signature:

Any holder of this consumer contract is subject to all claims and defenses, which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.

In the event the buyer(s) request contractor to obtain financing, the various methods of computing loan costs by the numbers financial sources makes it impossible to furnish to full disclosure statement at this time. A full disclosure statement will be finished immediately upon obtaining an agreement to loan from on or another financial source. I/we authorize you and or proposed signee to verify my-our credit standing as deemed necessary.

The contract and all other contracts and agreements executed by the owner contemporaneously herewith shall constitute a single agreement and subject to credit division of Universal Group International, Inc.

CASH PRICE \$ TOTAL PRICE: PAYMENT PLAN:
DOWN PAYMENT \$ \$ ft: 2.g'cJ' c./ Months Approx. Monthly Payment
ON COMPLETION \$
..... /JJ) -1:/t.aL'2.L _/ ,/2..dO ..Eq.r... y- .. M / ...Ca<{OK. :;:_

PRESSHARD:

BUYER:

BY: L L - , , , =
REPRESENTATIVE

CO-BUYER:

STANDARD CONTRACT PROVISIONS

1. **PARTIES:** It is used in this contract the terms "Owner" shall include the person(s) who execute this agreement as owner, jointly and/or severally, and shall also include the use of the person(s) signing agreement and their heirs. IfUL-censors and aslg.gns. If the owner of record is different than person(s) executing agreement, then it is assumed that they are acting as agent for said owner.

2. **APPROVAL:** Owner shall provide UNIVERSAL GROUP INC (Contractor) with a complete set of plans design, construction drawings and/or specifications for use by Contractor. It is Owner's responsibility to expeditiously approve or to have approved within 14 days by its representative, architect, engineers or designer. Owner and its representatives shall expeditiously approve or disapprove with specificity the documents, and once same are approved the Contractor's sole responsibility shall be to perform the work describe on the enclosure side hereof (the work), in accordance with the approved documents.

3. **CHANGE ORDERS:** As directed by (Owner, construction lender, public body or inspector, any alteration or deviation from the construction drawings or the specifications that involves extra cost will be executed by the Contractor upon the parties entering into a written or verbal change order. A verbal change order may be used to execute work. Owner will pay for expenses incurred due to unusual or unanticipated conditions.

4. **ALLOWANCES:** If the Contract Amount includes allowances, and the cost of performing the work is greater than this allowance, then the Contract Amount will be adjusted accordingly.

5. **TAXES AND SSMF.NTS, BUILDING VIOLATIONS, CHARGES:** Permit fees, taxes, Building Violations, special assessments of all descriptions, and charges required by public bodies and utilities will be paid for by the Owner unless otherwise specified.

6. **ACCESS AND DAMAGE TO JOB SITE:** It is the (Owner's responsibility to provide the Contractor with access to the job site including neighboring property that needs to be accessed. Owner will indemnify and save harmless the Contractor, its employees, subcontractors and agents; from and against all claims for damage alleged to have been caused by Contractor's its employees, or agent's, for negligence, or will act or omission during performance of Work, including but not limited to, damage by water, damage by dust or falling debris, damage to sidewalk drive ways, sprinkler systems, drain fields, sewer lines, septic tanks, fences, utility lines, ceilings, landscaping, siding, pipes, cables, personal property, awnings, canopies, gutters, Skylights, pool, facilities, equipment and systems. It is the Owner's responsibility to protect all property. It is Owner's responsibility to provide any personal property and fixtures, which hinder the performance of the work.

7. **LIABILITY FOR ERROR AND OMISSIONS:** The Contractor shall not be responsible for design errors, without limitation, in those instances where the Contractor prepared or approved shop drawings or specifications, construction drawings and/or specifications furnished by Owner, subcontractor, or their representative, architect, engineers or other. Contractor does not warrant or certify that the construction shown on such shop drawings is in accordance with applicable building codes, industry standards, or norms of standard practice. The Owner shall be responsible for inspecting the materials prior to installation, and after installation, the Contractor shall not be liable for any necessary repairs or corrections to the material nor will Contractor be liable for any damages resulting from the use of such improper, defective or damaged materials as could be seen by inspection by Owner. It is Owner's responsibility to ensure that the structure is adequate to support the workmen and materials during and after work.

8. **CONTRACT PAYMENTS:** Failure to make payments as they become due shall entitle the Contractor, at its option to deliver to the shipper of materials and/or the construction of the Work until such payments are made, or at the option of the Contractor, it may consider this contract breached by the Owner and may rescind or terminate the Contractor's option. Any sums not paid when due shall bear interest at the prime rate permitted by law from date due until such time as they are fully paid.

9. **DELAYS IN DELIVERIES:** The Contractor shall not be liable to the Owner or others for any delay in performance caused in whole or in part by fires, strikes, lockouts, accidents, delays or failures in transportation, labor disputes, act of public authority, natural disasters and Acts of God, or any other circumstances beyond the control of the Contractor, including but not limited to, the default and supplies, subcontractors (or manufacturer's) that provide the Contractor with parts or materials or hardware and supplies or labor essential to the performance of the Contract.

10. **MARKET CONDITIONS:** This proposal was based on market conditions, on the date herein. If the Owner understands that any increase in cost of materials and/or labor shall be paid by the Owner to be executed by the Contractor upon written change order signed by the parties. Should extreme fluctuation in market prices occur, the Contractor might not be able to perform the Work at the Contract Amount, and to terminate the contract. In the event of termination due to substantially changed market conditions, the Owner agrees to compensate the Contractor for the value of the services performed to date of termination plus 5% reasonable overhead and profit. In any event, the Owner shall not be entitled to any damages from the Contractor. The Owner acknowledges and agrees that the unavailability of materials and materials may delay the time of completion.

11. **SUBSTITUTION OF MATERIALS:** Contractor may substitute material, of equal value with notice to Owner in order to allow work to proceed.

12. **WARRANTY BY CONTRACTOR:** Contractor agrees to perform the Work, which shall be constructed in a good and workmanlike manner. If different specifications are used they must be supplied prior to ordering or materials of labor. to the Contractor in writing and attached to this contract and made a part of it. All parts, materials, and subcontracted work purchased in connection with this contract are warranted only to the Contractor. The Contractor will look solely to the manufacturer, supplier's and subcontractor's warranties which Contractor will assign to the Contractor for the purpose of Owner making a claim against such manufacturer, supplier or subcontractor for breach of any warranty. Warranty does not cover any item to be used, lack of maintenance, Contractor's negligence, lack of ventilation, failure of any other components, affection Work or any adverse climatic and natural phenomenon. Contractor makes no warranty, express or implied, as to any other whatsoever, including without limitation to design or the condition of the job, their color, their merchantability or their fitness for any particular purpose, and to the maximum extent lawful, all such warranties, and

expressed or implied, and any warranties imposed by statute, are hereby specifically disclaimed. Contractor shall not be liable for any direct, indirect or consequential damages incurred by Owner as a result of a breach expressly disclaimed and the Owner hereby expressly waives, any and all warranties, express or implied, without limitation, warranties of merchantability, habitability, fitness and completion for any particular purpose with respect to the integrity of the structure, system and building components (collectively the Building Elements) in the area of the work with respect to areas of the Work. Furthermore, the Owner agrees and acknowledges that the existing conditions of the Building Element, may not be readily apparent by visual observation, that the Work may adversely impact, or cause the failure of the Building Elements, and the Contractor shall not be liable for any adverse impact, or failure of, the Building Elements. The Owner further agrees that the Owner shall be obligated to compensate the Contractor for the Work performed pursuant to this proposal even if the failure of the Building elements, or any portion thereof, causes damage or destruction to the Work. In such event, the Contractor agrees that the Contractor shall be entitled to additional compensation for the construction, repair or replacement of the damaged or destroyed Work. It is proposed, based on visual observation and the Owner agrees not to hold the Contractor responsible for correction any hidden or latent conditions or defects, or the cost of correction such conditions or defects, which may be revealed in the future or during the course of the performance of the Work.

13. **PROPERTY LINES:** Owner shall locate and point out property lines to the Contractor, which Contractor may rely upon. **INSURANCE:** Owner will maintain property damage insurance at least equal to the Contract Amount plus the value of the improvement upon the property.

14. **CANCELLATION:** Once a contract has been entered into by the Owner, it may not be canceled except in writing and "such terms and conditions" will reimburse the Contractor for any and all costs incurred plus 25% of the Contract Amount. Failure to commence Work on approximate start date or finish Work on approximate completion date shall not void agreement.

15. **FINANCIAL CONDITION OF OWNER:** After this contract is accepted, should the Owner's financial position condition become unsatisfactory to the Contractor, the Contractor may demand preparation for the work to be performed. Owner may need to give some other security satisfactory to the Contractor, and should the Owner fail to do so, the Contractor may at its option declare this contract null and void and may terminate it. Notwithstanding the above, Contractor shall be liable to pay Contractor the amounts set forth in paragraph 15 herein.

16. **OWNER RESPONSIBILITY:** After delivery of any materials purchased to the job site as provided herein, the Owner shall assume full responsibility therefore, whether or not the Owner shall be on the job site receiving the materials. Upon delivery of the materials to the job site, the Owner shall indemnify and hold harmless the Contractor against all claims, and actions of third persons out of damage or injury to persons or property allegedly caused by or in connection with the materials delivered under this contract or by conditions cited thereby, including but not limited to attractive nuisances. The Owner agrees to defend all such claims or actions and to bring against the Contractor, with respect to the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed. Owner to provide Contractor with water and electricity necessary to perform Work.

17. **SALVAGE:** All salvage resulting from work under this contract is to be retained by the Contractor unless otherwise agreed to in writing.

18. **COMPLETION OF JOB:** Owner agrees to sign a Notice of Completion with 3 days after completion of Work. If Work passes final inspection and the Owner does not sign the Notice, the Contractor may act as the Owner's agent and sign the notice.

19. **COST OF COLLECTION:** If the Owner, due under this Contract are not paid within 15 days from date when they are due and payable, the Owner agrees to bear the cost of any collection expenses incurred by the Contractor, including court costs and reasonable attorney fees incurred.

20. **ATTORNEYS FEES AND COURT COSTS:** In the event any unfavorable legal action arises between the parties as a result of this contract, the prevailing party shall be entitled to recover from the other party, its attorney's fees, and court costs incurred. Any lawsuit occurred by Universal Group Inc. venue will be filed in Miami Dade County, FL.

21. **ENTIRE AGREEMENT:** This Contract and any exhibits attached hereto contain the entire agreement between the parties with respect to this transaction and either party those specifically made herein has relied upon no representations, warranties or agreements. This contract may only be amended, modified or supplemented by written instrument signed by both parties, unless otherwise agreed upon by both parties.

22. **CONTRACT ASSIGNMENT:** In the event of a contract between the printed provisions of the contract and the written provisions of the contract and the written provisions of the contract, the written provisions shall prevail.

23. **PERMIT PROCURING:** Owner agrees with the Contractor on or verbal agreement that Contractor may execute as agent for only contract work. This includes Building permit, notice of commencement, affidavits, forms in order to expedite permit approvals.

24. **CONSTRUCTION INDUSTRY'S RECOVERY FUND:** Payment may be made from the Construction Industry Recovery Fund. If you lose money on a project performed under contract, where the loss results from specified violations of Florida law by State Licensed contractor for information about the Recovery Fund and filing a claim, contact the Florida Construction Industry Licensing Board at the following telephone number and address: Department of Business and Professional Regulation, Construction Industry Council, 1940 North Monroe St., Tallahassee, FL 32399, Telephone (850) 921-6593

25. **DRAINAGE:** All docks and slopes must have preventive drainage, unless, otherwise specified. Contractor shall not be responsible for elimination of ponding.

26. **COST NOT INCLUDED:** Any cost associated with the removal of any toxic materials, asbestos, or any structural, mechanical, electrical, plumbing, air conditioning, solar systems, gas, painting work shall be the Owner's responsibility unless otherwise specified in writing.

27. **ADVERTISING:** Owner hereby grants to Contractor the right to display and advertise its services on job site.

IMC Services & Designs: CGC1517447

Quote

PO Box 3386
Clewiston, FL 33440 (863) 677-0514

SOLO TO:
La Frontera #3
806 E Sugarland
Clewiston, FL 33440

Quote# 2025_La Frontera #3
DATE June 16, 2025

Sales Tax Rate: 0.00%

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.0	Install New Metal Roof System: Standing Seam Gulflock Install new standing seam over adhesive underlayment, new dnp edge around perimeter of roof	10,000.00	10,000.00
	Color Metal Panels _ Additional	1,500.00	
		SUBTOTAL	10,000.00
		TAX	0.00
		FREIGHT	
		PAY THIS AMOUNT	\$10,000.00

DIRECT ALL INQUIRIES TO:
Maria Cardenas
863-677-0514
email: IMCSandD@gmail.com

MAKE ALL CHECKS PAYABLE TO:
IMC :->c-rvices & Desih'lls
PO Box 3386
Clewiston, FL 33440

THANK YOU FOR YOUR BUS/NESS!

IMC Services & Designs: CGC1517447

Quote

PO Box 3386
Clewiston, FL 33440

(863) 677-0514

SOLD TO:
La Frontera #3
806 E Sugarland
Clewiston, FL 33440

Quote# 2025_La Frontera #3
DATE June 16, 2025

Sales Tax Rate: 0.00%

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.0	New Stucco new stucco to front wall of the store	6,000.00	6,000.00
		SUBTOTAL	6,000.00
		TAX	0.00
		FREIGHT	
		PAY THIS AMOUNT	\$6,000.00

DIRECT ALL INQUIRIES TO:

Maria Cardenas
863-677-0514
email: IMCSandD@gmail.com

MAKE ALL CHECKS PAYABLE TO:

IMC Services & Designs
PO Box 3386
Clewiston, FL 33440

THANK YOU FOR YOUR BUSINESS!

RR BROTHERS DRYWALL INC

3550 Work Drive Ste B-9
Fort Myers, Fl. 33916

PROPOSAL

Date	Proposal#
6/11/2025	6529

Bill to:
Jose Garcia La Frontera Super Market #3

FEIN: 45-2506750
CGC License# 1510781

Any and all change orders must be approved
by Office prior to change. Change orders by
owner or builder to be \$40.00/man hour.

Adress	Project / Job
	J La Frontera Market #3

Item	Description	Rate	Total
Stucco / 3000	La Frontera Market #3 806 E Sugarland Hwy Clewiston, FL 33440 Supply and install comer beads, casing beads and stucco accessories to apply stucco with a standard finish, on the front of the store. As per page #6 Classic Stucco 2-3	4,700.00	4,700.00

The above pricing, specification and conditions are satisfactory and hereby accepted. Karr Bros. is hereby authorized to do the said job as specified. A signed proposal is to be on file with Karr Brothers Drywall Inc before the beginning of any work performed. Thank you.

Total \$4,700.00

Phone#	Fax#	E-mail
239-332-2488	239-332-4578	karr.roel@yahoo.com

Signature _____

Diaz Asphalt lie
740 E AVENIDA DEL RIO
Clewiston. FL 33440



**DIAZ
ASPHALT, LLC.**
863-228-0731

La Frontera
Clewiston Fl 33440

La Frontera
Clewiston Fl 33440

Estimate no.: 1292
Estimate date: 07/07/2025

Accepted date Accepted by

Accepted date

Prepared by:
J&L Sealcoating and Asphalt Repairs
Davenport, FL
jessica@jnlasphalt.com
321-503-4134

Date Prepared:
8/19/2025

J&L SEALCOAT AND ASPHALT
REPAIRS

Proposal Details

Prepared for:

La Frontera Grocery
806 E. Sugarland Hwy, Clewiston, FL

SEALCOATING	\$12,600
-------------	----------

We need 20 safety cones
The area to be sealcoated is approximately 11,000 square feet
We will clean the entire asphalt surface with high powered blowers to prep for the application of sealer
We will apply 2 coats of Starseal supreme seal via spray method with 3% FSA Co-Polymer added to sealer strictly to manufacturer's specifications with 2-3lbs of grade #2 silica sand added per gallon. Mechanically agitate sealer mix and apply at a speed rate of 1/6 of a gallon per square yard.
Heavy oil spots will be treated with a bonding agent
The area will be properly barricaded throughout the sealcoating process and until the area(s) that have been sealed are cured and ready for traffic.
Sealcoating will be completed in 1 mobilization(s), or as agreed to with Project Manager

fs ING(BE-STRIPE)	W•O
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Rec, tripe as existing using DOT approved latex traffic yellow, white, and/or blue paint.

Parking Stalls
ADA Stalls

GRAND TOTAL	\$12,600
-------------	----------

•••Pricing includes 1 mobilization fee(s)...

TERMS OF PA.YMENT

Payment is due immediately upon completion of project

IMC Services & Designs: CGC1517447

PO Box 3386
Clewiston, FL 33440

(863) 677-0514

Quote

SOLD TO:
La Frontera #3
806 E Sugarland
Clewiston, FL 33440

Quote# 12025_La Frontera #3
DATE June 16, 2025

Sales Tax Rate: 0.00%

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1.0	New Sidewalk Remove and replace sidewalk	10,700.00	10,700.00
		SUBTOTAL	10,700.00
		TAX	0.00
		FREIGHT	
		PAY THIS AMOUNT	\$10,700.00

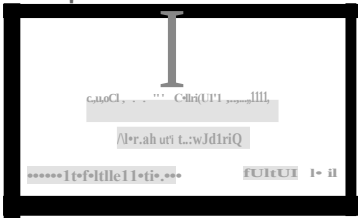
DIRECT ALL INQUIRIES TO:

Maria Cardenas
863-677-0514
email: IMCSandD@gmail.com

MAKE ALL CHECKS PAYABLE TO:

IMC Service<, & Designs
PO Box 3386
Clewiston, FL 33440

THANK YOU FOR YOUR BUSINESS(



ESTIMATE TO:
Sugarland Holdings LLC
806 E Sugarland Hwy Clewiston Fl 33440

EST001
Date: May 1, 2025

#	Item	Unit Price	Qty	Total
01	La frontera Grocery 806 E Sugarland Hwy Clewiston Fl 33440 Primera Que Nada Qu,ero Agradercerle Por La Oportunidad Que Me Esta Dando Para Hacer El Trabajo Espero Que Sea Lo Que U led Esta Buscando Aqui Vay A Explica1 Lo Que Se Va Hacer El Trabajo M1de 71ft X 6Ft=426 Sq Mano de obra ya incluido Material Remove el concrete viejo tirar el concrete viejo Preparar de nuevo la banqueta Instalar varilla cada dos pies ambas partes Echar Concreto nuevo Finichar el concrete nuevo Cortar el concreto Esta incluido todo el material que se va a ocupar.	\$9,000.00	1	\$9,000.00
Subtotal				\$9,000.00
Grand Total				\$9,000.00

Thank you!



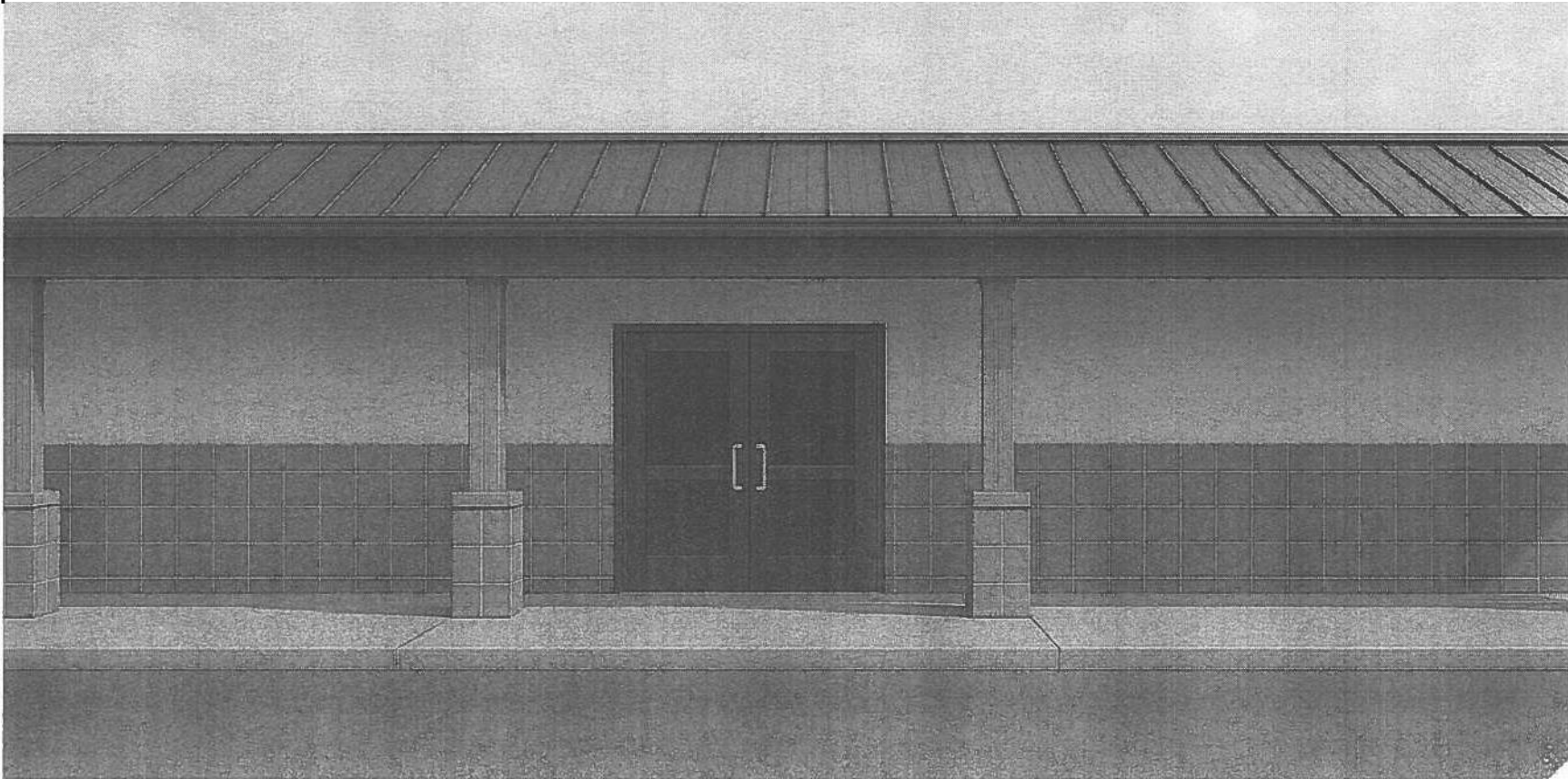
La Frontera FF&E Schedule

806 E. Sugarland Highway
Clewiston FL 33440



DESIGN STUDIO

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City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



COMMUNITY REDEVELOPMENT AGENCY GRANT APPLICATION FORM

DEMOLITION, FACILITY IMPROVEMENTS, AND MURAL INSTALLATION

(Please print or type requested information)

APPLICANT NAME: Clewis, Inc. Per JV, Inc. 1150 Ventura Ave
BUSINESS NAME (If applicable): _____
MAILING ADDRESS: PC 1: Lp. 10000 Cf: 101: x-0-- r-L 2/2/4/4
PHONE: ?>03 A:25 & 38'2(10,tlc\c- EMAIL ADDRESS: /d\5 C.i>---tl.,& g.n --.Cui. C oiv.
PROPERTY ADDRESS: 'AJ>2 1,u \ (,1 C,u ci 1/vt.
PROJECT BUDGET: \$ _____ REQUESTED GRANT AMOUNT: \$ _____
LEASE TERM (If applicable): _____

PROPERTY OWNER'S NAME: City of Clewiston
PROPERTY OWNER'S MAILING ADDRESS: 1150 Ventura Ave
PIO NUMBER: 3?JV> 10 LOT: 1000 BLOCK: 354
PHONE: (863) 983-1500 EMAIL ADDRESS: _____

BUILDING'S EXISTING USE (S): _____
BUILDING'S NEW USE (S): _____

General description of proposed improvements:

ONew Construction ☒ Rehabilitation ☐ Signs ☐ Walls/Fencing/Landscaping
☐ Awnings/Canopies ☐ Plumbing ☐ Fire Suppression
☐ Electric ☐ DHVAC ☐ Other _____
☐ Mural ☐ Demolition

Please provide a brief description of the work to be performed, materials to be used, color and material samples (if applicable).

Paint 1/4 paint Add Signage

TOTAL COST OF PROPOSED IMPROVEMENT: \$ 5,000 - AMOUNT OF FUNDING REQUESTED: \$ 10,500 (subject to CRA Board approval)*

*if maximum of \$12,500 available for improvements to multiple store fronts in the same building.

W'
11:z.

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



SWEE°1

Required Documentation

☐ Proposed budget

☐ Three cost estimates

☐ Schematic drawings illustrating proposed site plan/floorplan

☐ Description of materials to be used, the construction procedure and colors
☐ Photographs of the existing building and the proposed project area

☐ Notarized letter from property owner

☐ # - 9

☐ Food-related services resume(s) - if applicable

☐ Rendering of proposed artwork- if applicable

☐ Number of Full-Time jobs created- if applicable

CONTRACT ACKNOWLEDGEMENT

I/we acknowledge, as evidenced by my/our signature(s) below, that I/we have received, read, understand and agree to comply with the terms and conditions as set forth in the CRA's Grant Program Policy Guide. I/We further acknowledge that any breach of this contract may result in my/our being required to refund any funds awarded to me/us under this program.

APPLICANT SIGNATURE

DATE 04/25

PROPERTY OWNER SIGNATURE

DATE

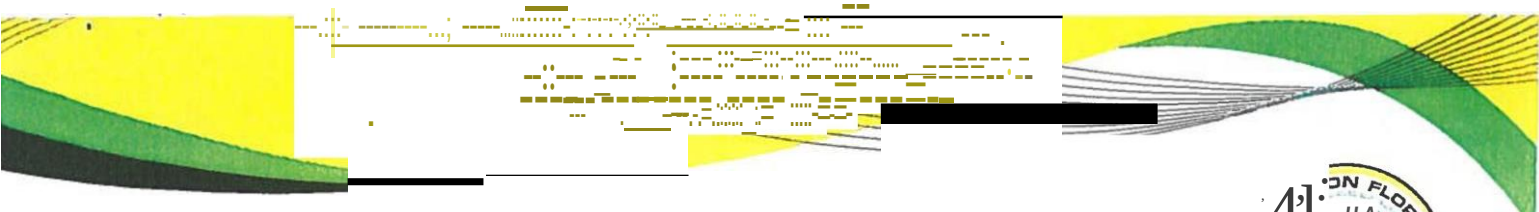
(If other than applicant)

For CRA Use Only

Date Received by CRA

Date Considered by CRA Advisory Committee

Date Approved by CRA



City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430

City of Clewiston CRA Grant Program - Guideline Form Introduction

Program Overview

As part of its outreach to business owners, Clewiston's Community Redevelopment Agency (CRA) offers technical and financial assistance for the exterior renovation of existing business buildings located within the Community Redevelopment Area (CRA). The program's goal is to support the implementation of the Community Redevelopment Plan, encouraging improvements through financial incentives aligned with Land Development Codes and Design Guidelines.

The term 'façade' is used broadly. While the program focuses on exterior improvements, it may cover a range of eligible enhancements, not limited to storefront façades.

Program Objective

By improving the visual appearance of downtown Clewiston, the CRA aims to:

- Attract new businesses and construction projects.
- Support the expansion of existing businesses.
- Create a more inviting environment for customers and investors.

Eligibility and Funding

Who is Eligible?

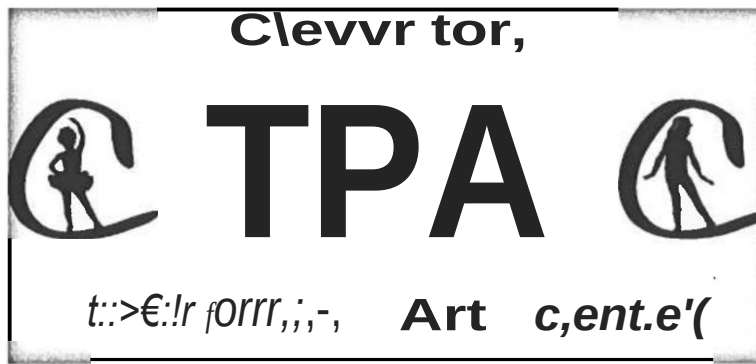
- Owners of existing business buildings located within the redevelopment area.
- Businesses must be conforming uses under CRA and City codes.

Funding Structure

- One-time grant every 3 years per storefront or business address.
- Reimbursement-based grants: 50% of eligible project costs (materials+ professional labor).
- Maximum Funding Limits for Façade, Mural or Demolition: (subject to CRA Board approval)
 - \$7,500 per storefront/business address.
 - Up to \$12,500 per property with multiple businesses.
 - For businesses improving both street entrance and public parking entrance, up to \$7,500 per entrance, with a cap of \$12,500 per business.

Award Process

- Grants are awarded on a first-come, first-completed basis within each fiscal year (Oct 1 - Sept 30).
- Projects completed during a fiscal year will be reimbursed at the beginning of the following fiscal year.
- Projects must be completed within 180 days of approval, or the grant is **null and void**.



205 W Ventura Ave
 PO Box 3613
 Clewiston, FL 33440
 863-228-6385 (Brenda Whidden, Treasurer)

Attn: Francesca
 City of Clewiston
 CRA Committee
 121 Central Ave
 Clewiston, FL 33440

To the Committee:

The Clewiston Performing Arts Center respectfully submits an application to update and fix the front and side of the building at 205 W Ventura Ave, still owned by the City of Clewiston, but donated to the studio for our use. This endeavor is to the benefit of the children and adults in Clewiston, as well as surrounding counties. At this time, we can only submit for the front (\$15,500 worth of improvements).

- Attached please find the application and drawings indicating the updates we wish to make to the front of the building. A picture of the existing building is attached as well.
- Two quotes have been obtained with all of the updates we hope to make, however we only intend to do the stucco and signage at this time, since the program is a reimbursement and that is all we have available right now.
- Colors will remain similar (tan or slightly darker). Since it is a city facility, input from the city is welcome for color choices as long as the current CPAC board approves them as well. 3 or- Suh
JD1 4 5 7e,r,-,.,.,..
- There are no structural changes.
- I attached all of the paperwork I could find online for the building and no taxes are set at zero on this building.
- Building permit application will be obtained upon approval.

It is our intent to continue to expand and improve this building (inside and out) as funds are available. The East side of the building has two a/c units that we would like to remove and repair the holes left from their removal. Phone equipment from the 911 equipment can be removed and any extra wires that take away from the look of the building. It would be advantageous to us if the city could apply for the CRA grant for some of these repairs as we only have \$15,000 in funds available to do the work at this time.

A BRIEF HISTORY of the Clewiston Performing Arts Center, Inc.

CPAC has been in existence since the school year Aug 1999- May 2000. Board members and instructors have changed throughout the years and we have occupied many different buildings. We began our relationship with the city with Angie Kelly, holding classes at the Youth Center. As our numbers and classes increased, we expanded into the school gymnasiums and auditoriums. USSC donated the American Legion building to the city for our use, and we began by installing a \$2,500 Harlequin dance floor (labor donated). In 2000 we applied for, and were awarded, a grant by the State of Florida but the 911 attack occurred and all grants were suspended. We have been an unofficial extension to the

Recreation department through Angie's employment, adhering to all the rules she laid out for us at the time. We are to keep the program affordable, remain a 501C3, and maintain accurate financials. At that time classes were \$25.00 per month with discounts for multiple classes. We have financial reports from the day of incorporation through current. Lance Ramer also acted as a guide throughout his time as Recreation Director and plans were made for USSC to donate the land behind our last location on Central, but never materialized as funds were not available to expand through the city or with our organization. The Youth Center allowed us to use their phone number and staff to answer questions, and to also disburse and accept registration applications.

25 Years later we have 8 different instructors, and with the donation of the new building we have two dance studios and one room exclusively for tumbling. We are a lot more self-sufficient with our own email, Facebook page, and online registration process. We spent \$59,111.51 on the interior of the building with \$29,775 of that donated by the local community and businesses. The rest was due to fund raisers, and money set aside for 25 years for building and maintenance expenses. The cost of the classes today are less than \$45 per month with discounts still available for multiple classes. This is less than half the amount of the closest dance studio, with quality instruction. We love and appreciate all of the instructors that have made the program successful throughout the years.

Even after all the work our board and instructors have done, we have a long way to go with the new building (we dream big for Clewiston), and yet there are people in the community that still do not know we exist. Signage on the front of our building would improve visibility and this program for our community.

Thank you in advance for considering us for this grant. It would be greatly appreciated.

Debbie McCarthy, President - Carlisa Lawson, Vice President - Michelle Pridgen, Secretary- Brenda Whidden, Treasurer

Current Instructors: Rachel Edmonds, Jackie Hesser, Baleigh Padgett, Corie Robertson, Valeria Cerda, Caylee Musgrave and possibly a new instructor this year Mileyka Mateo.

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E19

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity name on line 2.) <u>Llewiston Performing Arts Center Inc</u>	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check the box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
5 If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	
6 State, and ZIP code <u>U'ecu</u> <u>r.</u>	7 List account number(s) here (optional) <u>-v(-4%</u> <u>0i.-o--e fW</u> <u>(\+>01</u> <u>(.71.Lt4-6</u>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<u>00J-D-1111</u>	
or	
Employer identification number	
<u>65-1060111&13</u>	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person [Signature]

Date 9/1/25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8018518984C-7	01/17/2023	01/31/2028	ORG BENEFITTING MINORS
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

CLEWISTON PERFORMING ARTS CENTER INC
725 CENTRAL AVE
CLEWISTON FL 33440-4506

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

Important Information for Exempt Organizations

OR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before-making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

ESTIMATE

Everglades Development Group of
Florida LLC
153 S San Gabriel St
Clewiston, FL 33440-3904

ryan@edgflorida.com
+1 (863) 254-3028
CGC1538560



Bill to
CPAC

Estimate details

Estimate no.: 2106
Estimate date: 08/20/2025

#	Product or service	Description	Qty	Rate	Amount
1.	Repair and refresh front facade	Front of Building - Stucco the face of the right side (south side) to match the left side (less the windows). This will be smooth finish to match existing. Stucco over stone on left side and at entry way. Mirror the design on right side with stucco per sketch provided. Scaffolding required and included in estimate. Paint Front of building once complete. Sherwin Williams color per customer. New sign per drawings.		\$15,500.00	\$15,500.00

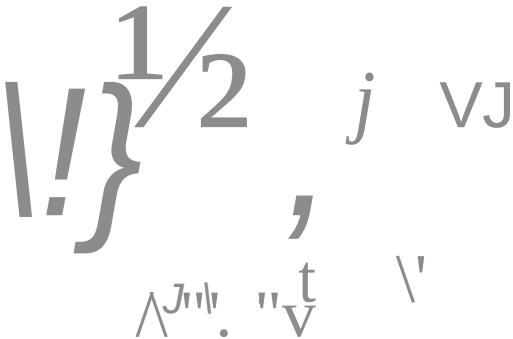
Total \$15,500.00

Note to customer

ADD ALTERNATE: Paint remainder of building to match front facade \$9,000
Repair and Replace ramp and handrail once renovations to main road have been completed: \$16,000 (includes ramp, rail, and paint)
Replace all the ceiling grids and accustical ceiling interior: \$8,500

Please see your estimate from Everglades Development Group of Florida. We are here to help if you have any questions or concerns regarding your quote.

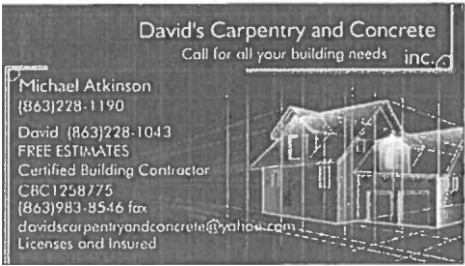
We look forward to serving you!



Everglades Development Group of Florida
CGC #1538560

Accepted date

Accepted by



1711 John Rd, Clewiston, FL, United States
davidscarpentryandconcrete@yahoo.com
863-228-1190
Tax Reg N': 0

Invoice over 15 days past due will be charged 2% interest

Dauids Carpentry And Concrete Inc.

Estimate

For: Cpac Estimate No: 504
Date: 06/10/2025

Description	Amount
Metal on the front on the right side where everything was screwed to the wall and down the right side of the building. Remove 2 ac units and block in patch hole.	\$13,050.00
Install wire lath and stucco. Section over front door and metal over front left windows install wire lath stucco. Prime and paint new stucco.	
Install aluminum awning that was taken down from other studio	\$1,500.00
Labor only	

Subtotal	\$14,550.00
TAX 0%	\$0.00
Total	\$14,550.00

Total \$14,550.00

ESTIMATE
Everglades Development Group of
Florida LLC
153 S San Gabriel St
Clewiston, FL 33440-3904

ryan@edgflorida.com
+1 (863) 254-3028
CGC1538560



Bill to
CPAC



Ship to
CPAC
CPAC

Estimate details
Estimate no.: 2106
Estimate date: 08/20/2025

#	Product or service	Description
1.	Repair and refresh front facade	Front of Building - Stucco the face of the right side (south side) to match the left side (less the windows). This will be smooth finish to match existing. Stucco over stone on left side and at entry way. Mirror the design on right side with stucco per sketch provided. Scaffolding required and included in estimate. Paint Front of building once complete. Sherwin Williams color per customer. New sign per drawings.
2.	Installation of aluminum Awning	retro fit existing awning over entry. This will require some external fabrication. The quote provided is strictly for labor to install existing awning. Any additional fabrication will be a change order. Prior to any work being performed said change order will need to be signed by client. Contractor to provide pricing within change order verbiage.
3.	Roofline and gutter/downspout repairs.	This estimate is to repair the visible damage. Anything additional (not exposed) will be an additional change order. Prior to any work being performed said change order will need to be signed by client. Contractor to provide pricing within change order verbiage.
4.	Paint east ode of building and lnt an	Paint east side of building. Add downspouts.
		Total \$25,400.00

Note to customer

Brenda Whidden

From: Everglades Development Group of Florida LLC <no_reply@intuit.com>
Sent: Aug 28, 2025 10:30 AM
To: Brenda Whidden
Subject: Estimate 2106 from Everglades Development Group of Florida LLC

Your estimate is ready!

Total Estimate

\$25,400.00

Dear CPAC,

Below are your estimate details. To move forward with this estimate, please review and select **Accept** and Everglades Development Group of Florida LLC will reach out with next steps.

Have a great day!

Estimate #2106

Everglades Development Group of Florida LLC

Repair and refresh front facade

\$15,500.00

1 X \$15,500.00

Installation of aluminum Awning

\$2,800.00

1 X \$2,800.00

Roofline and gutter/downspout repairs.

\$3,300.00

1 X \$3,300.00

Paint east side of building and install downspouts.

\$3,800.00

1 X \$3,800.00

Total \$25,400.00

Request a change

Please see your estimate from Everglades Development Group of Florida. We are here to help if you have any questions or concerns regarding your quote.

We look forward to serving you!
Everglades Development Group of Florida
CGC #1538560

Accepted date

Accepted by

Everglades Development Group of Florida LLC

amanda@edgflorida.com

o **QuickBooks account required!**

Finance this project over time with a business loan from our hand-picked partners*

Intuit

Opportunity provided by QuickBooks Capital

*;\d Disclosure:

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Intuit Financing, Inc. is a licensed broker in states that require a license. Our service is limited to commercial or business loans only. State licenses include: CA #6054856, NM #01899, ND #MBL 02690, RI I licensed Loan Broker #201531211, B. VI #I.SO-1136148, VI #I.SO-1136148-1. Partner loans are made or arranged pursuant to their applicable lending license(s).

2025 TRIM Notice

DO NOT PAY
THIS IS NOT A BILL

Hendry County Taxing Authorities
PO Box 1760
LaBelle, FL 33975-1760

NOTICE OF PROPOSED PROPERTY TAXES AND
PROPOSED OR ADOPTED NON-AD VALOREM
ASSESSMENTS HENDRY COUNTY TAXING AUTHORITIES

Tax Code: 15C

Site Address:
205 W VENTURA AVE CLEWISTON,
FL 33440

Prop ID: 33616
CITY OF CLEWISTON
115 W VENTURA AVE
CLEWISTON, FL 33440

Geo ID: 3 34 43 01 010 0354-001.0
Legal Description of Property:
CLEWISTON BLK 354 LOTS 1 TO 4

TAXING AUTHORITY TAX INFORMATION								
TAXING AUTHORITY	PRIOR (2024) TAXABLE VALUE	YOUR FINAL TAX RATE AND TAXES LAST YEAR (2024)		CURRENT (2025) TAXABLE VALUE	YOUR TAX RATE AND TAXES THIS YEAR IF NO BUDGET CHANGES MADE		YOUR TAX RATE AND TAXES THIS YEAR IF PROPOSED BUDGET CHANGE IS MADE	
	COLUMN 1	COLUMN 2 RATE	COLUMN 3 TAXES	COLUMN 4	COLUMN 5 RATE	COLUMN 6 TAXES	COLUMN 7 RATE	COLUMN 8 TAXES
County								
Bd of County Comm - County	0	6.8022	0.00	0	6.6104	0.00	6.8022	0.00
School								
School State Law S - School	0	2.9990	0.00	0	2.9275	0.00	3.09801	0.00
School Local Bd L - School	0	2.2480	0.00	0	2.1944	0.00	2.2480	0.00
Municipality								
City of Clewiston - Municipal	0	6.3743	0.00	0	6.3962	0.00	6.39621	0.00
Water Management District								
So Florida Water - WMO	0	0.0948	0.00	0	0.0889	0.00	0.09481	0.00
So Fl Ever Constr - ECP	0	0.0327	0.00	0	0.0306	0.00	0.0327	0.00
So Florida Water Okeechobee Basin	0	0.1026	0.00	0	0.0961	0.00	0.1026	0.00
Independent Special District								
H C Hospital Auth - County	0	3.2900	0.00	0	3.1898	0.00	3.2900	0.00
H C Hosp Debt Svc - County	0	0.2500	0.00	0	0.2800	0.00	0.2800	0.00
TOTAL AD VALOREM PROPERTY TAXES			0.00			0.00		0.00
TOTAL AD VALOREM PROPERTY TAXES			0.00			0.00		0.00
TOTAL NON-AD VALOREM PROPERTY TAXES			0.00			0.00		0.00
TOTAL TAXES			0.00			0.00		0.00

PROPERTY APPRAISER VALUE INFORMATION			
MARKET VALUE		ASSESSED VALUE APPLIES TO SCHOOL MILLAGE	ASSESSED VALUE APPLIES TO NON-SCHOOL MILLAGE
PRIOR YEAR (2024)	408,416	408,416	408,416
CURRENT YEAR (2025)	434,347	434,347	434,347

Applied Assessment Reductions	Applies To	Prior Value (2024)	Current Value (2025)
Save Our Homes	All Taxes	0	0
10% Cap on Non-Homestead	Non-School Taxes	0	0
Agricultural Classification	All Taxes	0	0
Other	All Taxes	0	0

If you feel that the market value of your property is Inaccurate or does not reflect fair market value, or if you are entitled to an exemption or classification that is not reflected above, contact your county Property Appraiser at 863-675-5270 • 25 E Hickpochee Ave LaBelle FL 33935 or P O Box 1840 LaBelle FL 33975.

If the Property Appraiser's Office is unable to resolve the matter as to market value, classification, or an exemption, you may file a petition for an adjustment with the Value Adjustment Board. Petition forms are available from the Property Appraiser and must be filed on or before September 12, 2025.

Exemptions	Applies To	Prior Value (2024)	Current Value (2025)
Homestead Exemption	All Taxes	0	0
Additional Homestead Exemption	Non-School Taxes	0	0
Senior Homestead Exemption	County Taxes	0	0
Other Exemptions	All Taxes	408,416	434,347
Other Exemptions	County Taxes	0	0

Hendry County Notice of Proposed Property Taxes

The taxing authorities which levy property taxes against your property will soon hold PUBLIC HEARINGS to adopt budgets and tax rates for the next year. The purpose of these PUBLIC HEARINGS is to receive opinions from the general public and to answer questions on the proposed tax change and budget PRIOR TO TAKING FINAL ACTION. Each Taxing Authority may AMEND OR ALTER its proposals at the hearing.

TAXING AUTHORITY HEARING INFORMATION

TAXING AUTHORITY	PUBLIC HEARING DATE, LOCATION AND TIME
County	
Bd of County Comm - County	09/08/2025 6:00PM EST Clewiston City Hall, 115 W Ventura Ave, Clewiston, FL 33440
School	
School Local Bd L - School	
School State Law S - School	09/09/2025 5:30PM EST Hendry County School Board Meeting Room 435 E Circle Dr Clewiston, FL 33440
Municipality	
City of Clewiston - Municipal	09/10/2025 5:01 PM EST Clewiston City Commission Chambers, 115 West Ventura Ave, Clewiston, FL 33440
Water Management District	
So Fl Ever Constr - ECP	
So Florida Water. WMD	09/11/2025 5:15PM EST South Florida Water Management District Auditorium, 3301 Gun Club Rd.. B-1 Bldg., West Palm Beach, FL 33406
So Florida Water Okeechobee Basin	
Independent Special District	
H C Hosp Debt Svc - County	
H C Hospital Auth - County	09/15/2025 5:01PM EST Hendry Regional Medical Center 524 W Sagamore Ave FL 33440

YOUR FINAL TAX BILL MAY CONTAIN NON-AD VALORUM ASSESSMENTS WHICH MAY NOT BE ON THIS NOTICE. SUCH AS ASSESSMENTS FOR ROADS, AIR, GARBAGE, UGKING, DRAINAGE, WATER, SANITARY OR OTHER GOVERNMENTAL SERVICES AND FACILITIES WHICH MAY BE LEVIED BY YOUR COUNTY, CITY, SPECIAL DISTRICTS OR OTHER TAXING AUTHORITY. Note: Non-Ad Valorem assessments placed on this bill are for the respective FY's: Calgovern, Ingboards, Yruntallac, wta belndwng lhetnon the Nowmbrtl modm. For details on p-u-a-a-j non-c n dnm Urtad: the leYing l e-a-a be anj.

NOTE: Amounts on this form do not reflect net, pyrrmentll, c Qunt you mghavt teefvaf e talybe to bdlm, (t:l&scwra n" of pette, c. «die MnOUnb hl" When this form)

PROPERTY TAX BILL

LEVYING AUTHORITY	PURPOSE OF ASSESSMENT	UNIT S	RATE	ASSESSMENT
	Provided on this notice at request of respective governing boards. Tax Collector will include on November tax notice.			
Clew Zone 1 561-996-2940	10-Clewiston Drainage District Zone 1	0.00	155.0000	0.00
Clewiston Fire 863-983-1484	CFPP-Per Parcel	0.00	103.3900	0.00
Clewiston Fire 863-983-1484	CFCM-Improved Com/Ind	0.00	80.2600	0.00
TOTAL ASSESSMENTS:				0.00

EXPLANATION OF

COLUMN 1 - "PRIOR TAXABLE VALUE"
This column shows the prior assessed value less any applicable exemptions used in the calculation of taxes for that specific taxing authority.
COLUMN 2 & 3 - "YOUR FINAL TAX RATE AND TAXES LAST YEAR"
These columns show the tax rate and taxes that applied last year to your property. These amounts were based on budgets adopted last year and your property's prior taxable value.
COLUMN 4 - "YOUR CURRENT TAXABLE VALUE"
This column shows the current assessed value, all applicable exemptions used in the calculation of taxes for that specific taxing authority. Various taxable values in this column may indicate the impact or Limited Income Senior or the Additional Homestead exemption. Current year taxable values are as of January 1, 2024.
COLUMN 5 & 6 - "YOUR TAX RATE AND TAXES IF NO BUDGET CHANGE IS MADE"
These columns show what your tax rate and taxes will be if each taxing authority does not change its property tax levy. These amounts are based on last year's budgets and your current assessment.
COLUMN 7 & 8 - "YOUR TAX RATE AND TAXES IF PROPOSED BUDGET CHANGE IS MADE"
These columns show what your tax rate and taxes will be this year under the BUDGET ACTUALLY PROPOSED by the taxing authority. The proposal is NOT final and may be amended at the public hearings shown at the top of this notice. The difference between columns 6 and 8 is the tax change proposed by each local taxing authority and is not the result of higher assessments.

EXPLANATION OF "PROPERTY APPRAISER VALUE INFORMATION" SECTION

MARKET (JUST) VALUE: The most probable sale price for a property in a competitive, open market involving a willing buyer and a willing seller.
ASSESSED VALUE: The value of your property after any assessment reductions have been applied. This value may also reflect an agricultural classification. If assessment reductions are applied or an agricultural classification is granted, the assessed value will be different for School versus Non-School taxing authorities and for the purpose of calculating tax levies.
APPLIED ASSESSMENT REDUCTION: Properties can receive an assessment reduction for a number of reasons including the Save Our Homes Benefit and the 10% non-homestead property assessment limitation. Agricultural Classification is not an assessment reduction, it is an assessment determined per Florida Statute 193.461.
EXEMPTIONS: Any exemption that impacts your property is listed in this section along with its corresponding exemption value. Specific dollar or percentage reductions in assessed value may be applicable to a property based upon certain qualifications of the property or property owner. In some cases, exemption's value may vary depending on the taxing authority.
TAXABLE VALUE: Taxable value is the value used to calculate the tax due on your property. Taxable value is the assessed value minus the value of your exemptions.

IMPROVEMENT VALUE	343,736
LAND MARKET	+ 64,680
TOTAL MARKET VALUE	408,416
AG VALUE	0.
PRODUCTIVITY LOSS	0.
ASSESSED VALUE	408,416
EXEMPTION VALUE	408,416
TAXABLE VALUE	0

A black and white photograph of a long, single-story building with a corrugated metal roof. The building features several large, dark, rectangular openings, possibly doors or windows, along its side. A large, leafy tree stands to the left of the building. In the foreground, there is a paved area, possibly a parking lot or street, with some white markings. The overall image has a grainy, high-contrast appearance.

LINE	TYPE	SHAPE	WIDTH	AREA	UNIP	PRICE	COND	VALUE	DEPR	COMP	F.I.J	ADJVALUE	IMPROVEMENT FEATURES							
													ROES	CRIP	ION	UNITS	CODE	DESCRIPTION	UNITS	CODE
1	UGR		0.00	4,079.0	77.28			315,225	33.00%		0.33	104,024	roes	CRIP	ION					
2	BAS		0.00	5,571.0	118.89	1987		662,336	33.00%	0%	0.33	218,571	#Fixtures	7.00	#Fixtures	Heat Index	0.00	Electric - No		
3	FOP	S SCS 1 ST	03	100		1987		3,091	33.00%	0%	0.33	1,020	#ofApts	0.00	0	HeatFuel	0.00	Electric		
4	PAVJ	1SC	03	100		1988	1988	2,761	40.00%	0%	0.40	1,104	#OfRooms	21.00	#Of Rooms	HeatType	0.00	None		
5	SLAB	SC	03	100	10.00	1987	1987	2,747	49.00%	0%	0.49	1,346	AirCond	0.00	None	HeatType2	100.00	Central Cool		
6	SLAB	ISC	03	100	7.00	1987	1987	1,709	49.00%	0%	0.49	837	ApartEqv	0.00	Apart Eqv	HVAC	0.00	Split HVAC		
7	CUR	SC	03	100	0.00	1987	1987	340	40.00%	0%	0.40	136	C&WQty	0.00	Ceiling & Wall F	Insulatn	0.00	Insulated Wa		
8	PCCS	SC	03	100	19.00	1987	1987	40	00.00%	0%	1.00	40	ElectricQ	0.00	Good	IntWall	50.00	Plywood Pan		
													Ex	18.00	CBS Slump or f	IntWall	50.00	Drywall		
													Ex	82.00	Prefinished Met	PlumbingQ	0.00	None		
													F100!Cov	50.00	Cork or Vinyl TI	RoofCovr	100.00	Prefinished t		
													F100!Cov	50.00	Carpet	RoofStr	100.00	SU I Beam/Tr		
													Front/Int	0.00	Front/Int	StrFrame	0.00	Standard		

AG UNIT PRC	AGVALUI!
0.00	0

11000.0000

[illegible]

REGION:		SUBD:		NBHD:		AJ'ATION		Oil Wells:		PRODUCTIVITY VALUE											
DESCRIPTION	ZONING	LUSE	SOIL	CLS	TABLE	HS	METH	UNITS	UNIT PRICE	GROSS VAL	ADJ	U.ND	AOJ	SRC	MKT VAL	AG	ACRES	AG USE	AG TABLE	AG UNIT PRC	AG VALUE

"I Ily VVifil L:»
"AX CdLLECTOR
roudly Serving Hendry County

HENDRY COUNTY 2024 REAL ESTATE

Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments

ACCOUNT NUMBER	CONTROL NUMBER	ESCROW	DELINQUENT TAX YEAR(S) NOT INCLUDED IN THIS BILL
3014334-01003540010	33616		

ACCOUNT NUMBER: 3014334-01003540010

Parcel 911 Address:
205 W VENTURA AVE CLEWISTON

CITY OF CLEWISTON
115 W VENTURA AVE
CLEWISTON, FL 33440

Property Description:
CLEWISTON BLK 354 LOTS 1 TO 4

AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE				
Bd of County Comm - County	0.0022	408,416	408,416	0	0.00
H C Hospital Auth - ISO	3.2900	408,416	408,416	0	0.00
H C Hosp Debt Svc - ISO	0.2500	408,416	408,416	0	0.00
School State Law S - School	2.9990	408,416	408,416	0	0.00
School Local Bd Capital Outlay	1.5000	408,416	408,416	0	0.00
School Local Bd Discretionary Operating	0.7480	408,416	408,416	0	0.00
City of Clewiston - Municipal	6.3743	408,416	408,416	0	0.00
So Florida Water - WMD	0.0948	408,416	408,416	0	0.00
So Florida Water Everglades Construction	0.0327	408,416	408,416	0	0.00
So Florida Water Okeechobee Basin	0.1026	408,416	408,416	0	0.00
CRA for 15C/17C- ISD					
TOTAL MILLAGE	22.0038	408,416	TOTAL AD VALOREM TAXES	0	\$0.00

EXEMPTIONS

EX-LGVT-SC * EX-LGVT-NS

SCAN TO PAY ONLINE



Save Time! Pay online
www.hendrycountytc.com

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NON AD VALOREM ASSESSMENTS

CLEWISTON DRAINAGE DISTRICT ZONE 1	0.00	0	0.00
CLEWISTON FIRE PER PARCEL	0.00	0	
CLEWISTON FIRE COMMERCIAL	0.00	0	

TOTAL NON-AD VALOREM ASSESSMENTS

\$0.00

COMBINED TAXES AND ASSESSMENTS

\$0.00

PLEASE PAY IN U.S. FUNDS FROM A U.S. BANK (NO POSTDATED CHECKS) TO: Hendry COUNTY TAX COLLECTOR

IF PAID BY
PLEASE PAY

Nov 30, 2024
\$0.00

Dec 31, 2024
\$0.00

Jan 31, 2025
\$0.00

Feb 28, 2025
\$0.00

Mar 31, 2025
\$0.00

April 1, 2025
Delinquent Penalties
and Fees Apply

3014334-01003540010

Hendry COUNTY 2024 REAL ESTATE

Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments

PROPERTY ADDRESS

205 W VENTURA AVE CLEWISTON

33616

CITY OF CLEWISTON
115 W VENTURA AVE
CLEWISTON, FL 33440

Amy Collins
TAX COLLECTOR

Proudly Serving Hendry County

P.O. BOX 1780

LaBelle, FL 33975

(863) 675-5280

Contact Phone Number:

RAY, J. Y. (O' E, M9U T)

Nov 30, 2024

\$0.00

Dec 31, 2024

\$0.00

Jan 31, 2025

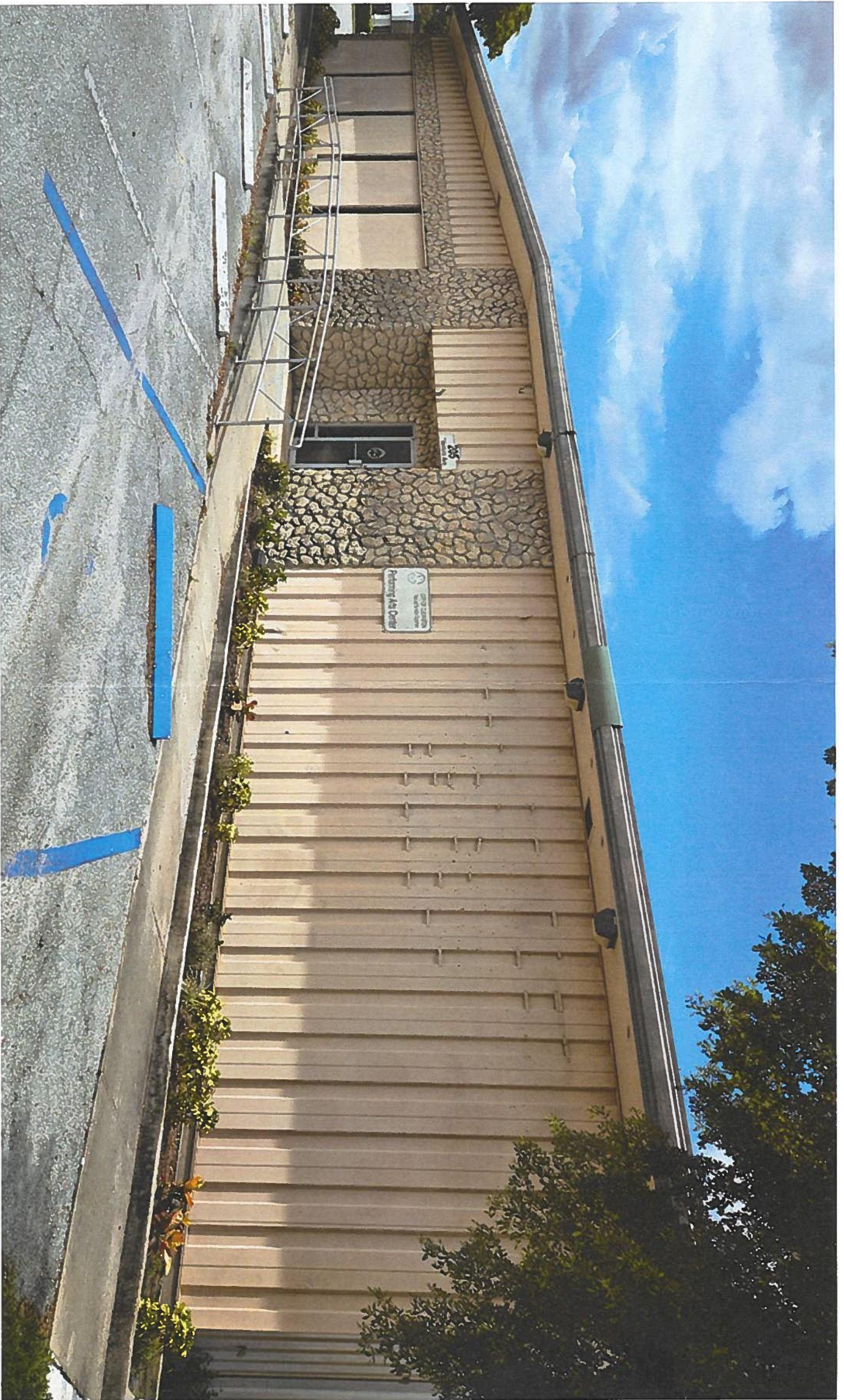
\$0.00

Feb 28, 2025

\$0.00

Mar 31, 2025

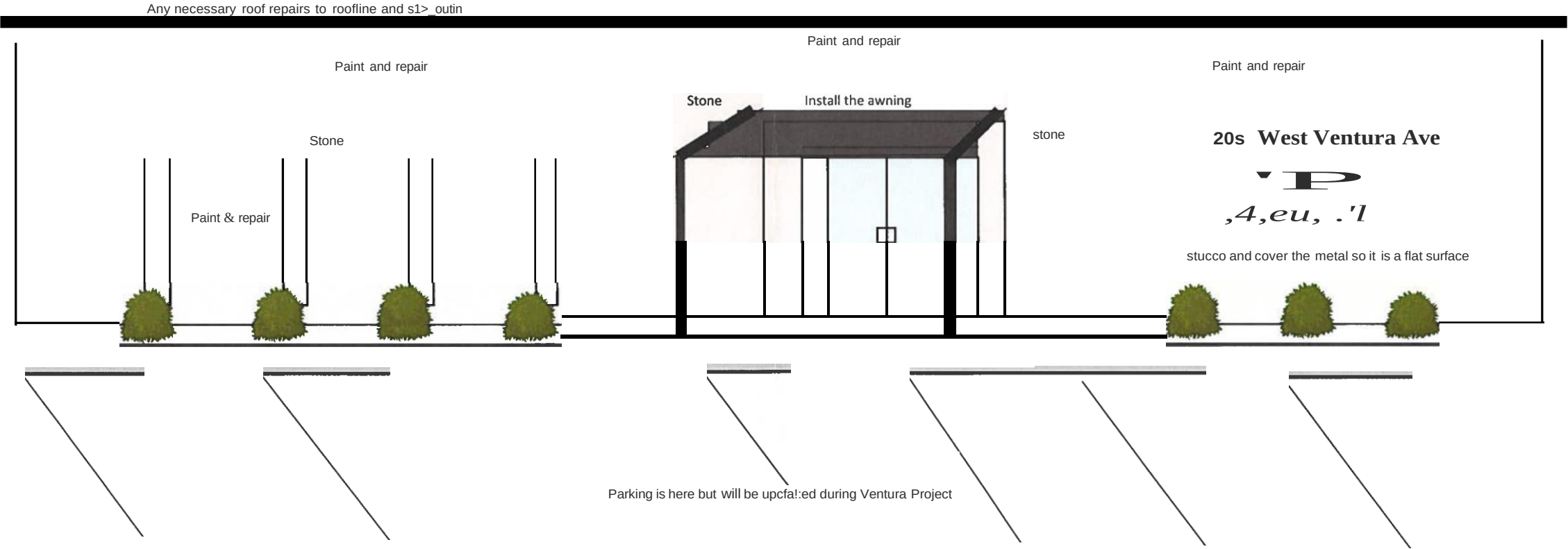
\$0.00

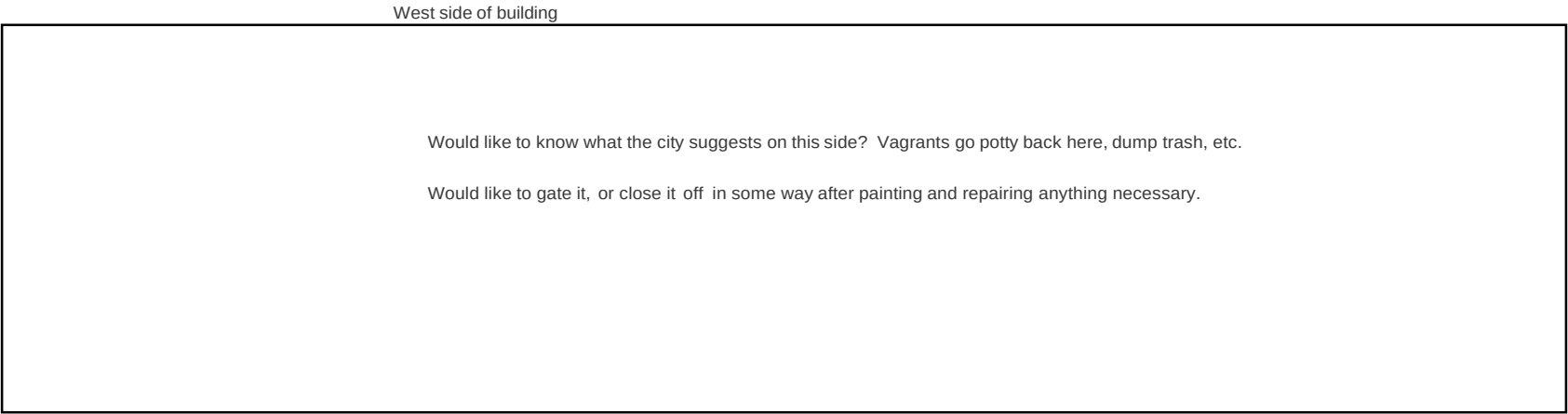
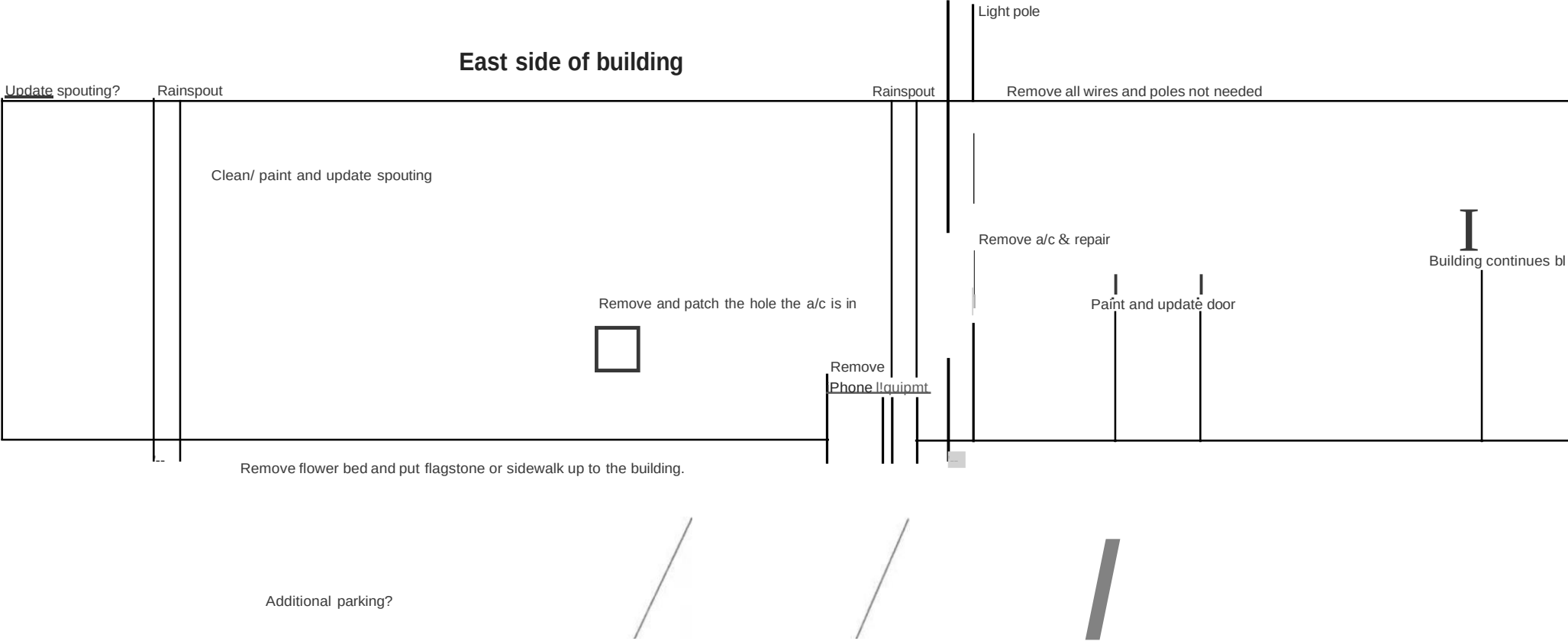




Front of building

Clean and paint the building





City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



City of Clewiston CRA Grant Program - Guideline Form Introduction

Program Overview

As part of its outreach to business owners, Clewiston's Community Redevelopment Agency (CRA) offers technical and financial assistance for the exterior renovation of existing business buildings located within the Community Redevelopment Area (CRA). The program's goal is to support the implementation of the Community Redevelopment Plan, encouraging improvements through financial incentives aligned with Land Development Codes and Design Guidelines.

The term 'fa,ade' is used broadly. While the program focuses on exterior improvements, it may cover a range of eligible enhancements, not limited to storefront fa,ades.

Program Objective

By improving the visual appearance of downtown Clewiston, the CRA aims to:

- Attract new businesses and construction projects.
- Support the expansion of existing businesses.
- Create a more inviting environment for customers and investors.

Eligibility and Funding

Who is Eligible?

- Owners of existing business buildings located within the redevelopment area.
- Businesses must be conforming uses under CRA and City codes.

Funding Structure

- One-time grant every 3 years per storefront or business address.
- Reimbursement-based grants: 50% of eligible project costs (materials + professional labor).
- Maximum Funding Limits for Fa9ade, Mural or Demolition: (subject to CRA Board approval)
 - \$7,500 per storefront/business address.
 - Up to \$12,500 per property with multiple businesses.
 - For businesses improving both street entrance and public parking entrance, up to \$7,500 per entrance, with a cap of \$12,500 per business.

Award Process

- Grants are awarded on a first-come, first-completed basis within each fiscal year (Oct 1 - Sept 30).
- Projects completed during a fiscal year will be reimbursed at the beginning of the following fiscal year.
- Projects must be completed within 180 days of approval, or the grant is **null and void**.

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



Eligible Expenditures

- Removal of deteriorated materials (plywood, metal, stucco)
- New or repaired stucco
- Painting (pre-approved colors)
- Window and door replacements
- Architectural woodwork and details
- Masonry work
- Signage (removal and installation)
- Awning replacement
- Entrance reconfiguration
- Landscaping, irrigation, and screening
- Exterior lighting
- Brick/textured pavement
- Professional design services
- Removal of curb cuts
- Parking lot improvements (excluding sealing/stripping)
- Courtyard/outdoor dining development
- Barrel tile or standing seam roof work

Ineligible Expenditures

- Work completed before approval
- Interior renovations
- Flat roof repairs
- Debt refinancing
- Non-fixed improvements
- Inventory, fixtures, or equipment
- Sweat equity (self-labor)
- Payroll or wages
- Routine maintenance
- Work not consistent with Design Guidelines or zoning
- New buildings or additions

City of Clewiston, Florida

121 Central Avenue

Clewiston, FL 33440

(863) 983-1500 | Fax: (863) 983-1430



Application Procedure

Step 1: Submit Application

Deliver all required documentation to CRA at 115 West Ventura Avenue:

- Completed application form.
- Two (2) competitive bids from licensed contractors
- Paint color chips.
- Photographs of current building conditions
- Sketches for non-structural changes
- Architectural/engineering plans for structural changes
- Building permit application
- Proof of paid taxes, fees, and assessments

Step 2: Project Approval

- All renovations must be reviewed and approved by the City Building Official.
- The applicant is responsible for acquiring all necessary permits.
- Any scope changes or change orders must receive CRA Board approval before proceeding.

Step 3: Completion and Reimbursement

- Submit photographs of completed work.
- Provide receipts and proof of payment (must include the contractor's name, address, phone, and license number).
- Provide City inspection records for completed work.

Quality Assurance

All work must be:

- Professionally and skillfully executed.
- Fully permitted and inspected.
- In compliance with Federal, State, County, and City regulations

The CRA reserves the right to withhold reimbursement if work fails inspections or quality standards.

Post-Award Obligations

Alterations

- Recipients must maintain the approved improvements without alteration for three (3) years, unless written permission is obtained from the CRA.
- Maintenance
- Improvements, including landscaping, must be maintained by the recipient for three (3) years from the date of the grant award.