

Blg 13

82 Modular Avenue, Commack, NY 11725 Phone: 631-993-3000 • Fax: 631-993-3060

	Phone: 631-993-300	00 · Fax: 631-993-3000	
OWNER'S NAME		PHONE DA	8/2/18
STREET		SECOUS FLG 00	JOB NUMBER
CITY	STATE	STREET	Mo C
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	СІТУ	STATE
You are authorized to perform the follow	ving specifically described add	litional work:	
50P(100R	Oree Mesolo	n° 3	
	?		
		£2.	
			*
ADDITIONAL CHARG	E FOR ABOVE	WORK IS: \$	
Payment will be made as follows: _			
Above additional work to be perform	ed under same conditions	as specified in original contract ur	nless otherwise stipulated.
Date 8/23/18 Autho		R.	
Date 823118 Autho	rizing Signature	(OWNER SIGNS HERE)	
We hereby agree to furnish labor an	d materials - complete in a	ccordance with the above specific	eations, at above stated price.
Authorized Signature		Date	
Additionzed Orginature	(CONTRACTOR SIGNS HERE)	- Date	

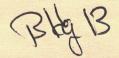


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Filotie: 031-993-3000 - Tax: 031-993-3000					
OWNER'S NAME		PHONE	DATE 122116		
STREET		JOB NAME	HOWOOD HOD NUMBER		
CITY	STATE	STREET			
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY	STATE		
You are authorized to perform the follow	ving specifically described add	itional work:			
	20000501	V. 2			
BARS					
	7				
	and the second s				
		4:			
		WADI IA			
ADDITIONAL CHARG	SE FOR ABOVE	WORK IS: \$_			
Payment will be made as follows: _					
Above additional work to be perform	ned under same conditions	as specified in original of	contract unless otherwise stipulated.		
24 423/10 MA	orizing Signature	25			
			R SIGNS HERE)		
We hereby agree to furnish labor ar	nd materials - complete in a	ccordance with the abo	ve specifications, at above stated price.		
Authorized Signature			Date 8/23/18		
/ tallong orginal orgi	(CONTRACTOR SIGNS HERE)				





82 Modular Avenue, Commack, NY 11725 Phone: 631-993-3000 • Fax: 631-993-3060

OWNER'S NAME		PHONE	DATE 8/20/18		
STREET		JOB NAME Seesons & ELWOOD 450			
CITY	Y STATE		STREET		
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY	STATE		
You are authorized to perform the follow	ring specifically described ad	ditional work:			
SUBFLOOR	e PREPARI	orions: 4			
and the second s					
	7				
ADDITIONAL CHARG	E FOR ABOVE	WORK IS: \$			
Payment will be made as follows: _					
Above additional work to be perform			act unless otherwise stipulated.		
Date 8/23/18 Autho	erizing Signature	Det do			
			American and the control of the cont		
We hereby agree to furnish labor an	nd materials - complete in	accordance with the above sp	pecifications, at above stated price.		
Authorized Signature		Da	te		
Authorized Signature	(CONTRACTOR SIGNS HERE)				



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	Filone: 031-	993-3000	· rax: 031-993-30	300	
OWNER'S NAME		PH	IONE	DATE 8/21/18	
STREET		10	JOB NAME SERSONS PLOJOD JOB NUMBER		
CITY	STATE	ST	REET		
EXISTING CONTRACT NUMBER	DATE OF EXISTING	G CONTRACT CIT	ry	STATE	
You are authorized to perform the follow	ing specifically des	scribed addition	nal work:		
SUBFLOOR !	biebon	08,00	1 3 A		
Blades 1					
		7			4
	······································				
ADDITIONAL CHARG	E FOR AB	OVE W	ORK IS: \$_		
Payment will be made as follows:					
Above additional work to be performed Date \$\23\18\ Author	ed under same co	onditions as	specified in original con	ntract unless otherwise stipu	ılated.
			(OWNER SIG		
We hereby agree to furnish labor and	d materials - com	plete in acco	rdance with the above	specifications, at above sta	ted price.
Authorized Signature	(00)	CIONE HEDE!		Date	