

FOX PLUMBING

PROPOSAL AND ACCEPTANCE

5575 Magnatron Blvd, Suite i
San Diego, CA 92111

(619) 286-6325
info@foxplumbing.com

Plumbing Lic. #789831
Fax: (619) 615-2080

PROPOSAL SUBMITTED TO <i>Norma Moondeck</i>		PHONE	BID NO.
STREET <i>3451 Fairway Dr.</i>		JOB NAME	DATE
CITY, STATE, ZIP CODE <i>La Mesa CA 91941</i>		JOB LOCATION	
EMAIL			JOB PHONE

We hereby submit specification and estimates for:

PROJECT SPECIFICATION: *Excavate main line on side of home to expose main sewer. Cut and remove section of pipe to prep line for CIPP liner. Hydro jet line to prep for CIPP liner. Install approx 62' of 4" CIPP liner to city tie in. Camera inspect liner after installation. Install cleanout in trench for upstream maintenance. Back fill and compact trench.*
Includes 20 year warranty on liner installation.

CALIFORNIA ONLY

NOTICE TO OWNER: Contractors are required by law to be licensed and regulated by the contractors' state license board. Any questions concerning a contractor may be referred to the registrar of the board whose address is: Contractors' State License Board, 3132 Bradshaw Road, P.O. Box 26000 Sacramento, CA 92586.

NOT INCLUDED IN BID:

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: _____ dollars (\$ 13,330).

Payment to be made as follows: The entire amount of contract to be paid after completion.

WARRANTY: _____

All material is guaranteed to as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature _____

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The undersigned hereby authorizes you to furnish all materials and labor required to complete the work mentioned in the herein above proposal. The undersigned agrees to pay the amount stated in said proposal upon presentation of billing. In the event it becomes necessary to refer said proposal to an attorney, the undersigned agrees to pay attorney's fees and all costs incurred in the collection of the monies due under said proposal.

Date of Acceptance _____

Signature _____



SBF Inc. dba Fox Plumbing
 3914 Murphy Canyon Rd. #A103
 San Diego, CA 92123
 (619) 286-6325 or (800) 335-0806
 info@foxplumbing.com
 License #789831

CHANGE ORDER

Number _____

TO Norma Mondeck
3451 Fairway Dr
La Mesa CA

PHONE	DATE
JOB NAME/LOCATION	
JOB NUMBER	JOB PHONE
EXISTING CONTRACT NO.	DATE OF EXISTING CONTRACT

We hereby agree to make the change(s) specified below:

Replace existing cast iron closet bend and flange
 in master bath due to crack in low heel fitting.
 New 4" ABS installed for master bath toilet.
 Reseal toilet with new wax ring.

4/19/2022

10,800.00 check

12,975.00 credit card

NOTE: This Change Order becomes part of and in conformance with the existing contract.

WE AGREE hereby to make the change(s) specified above at this price

\$ ~~22,800~~ 800

Date: 4-19-22

PREVIOUS CONTRACT AMOUNT \$ 22,975

AUTHORIZED SIGNATURE (CONTRACTOR)

REVISED CONTRACT TOTAL \$ 23,775

ACCEPTED - The above prices and specifications of this Change Order are satisfactory and are hereby accepted. All work to be performed under the same terms and conditions as specified in original contract unless otherwise stipulated.

Date of acceptance: 04/19/22

Signature: Norma J. Mondeck
 (OWNER)



We Provide Peace of Mind!

(619) 286-6325

(800) 335-0806

5575 Magnatron Blvd, Suite i
San Diego, CA 92111

www.foxpumpsystems.com



Lic. #789831

CONTRACT # 22640

DATE	8/20/19
CUSTOMER	106274
PLUMBING	<input checked="" type="checkbox"/> RES <input type="checkbox"/> COM'L
PUMP	<input type="checkbox"/> RES <input type="checkbox"/> COM'L
TECH	ABC TRUCK # 19
CALL	251190
PO#	
START DATE	FINISH DATE
MAP	
PAID BY	<input type="checkbox"/> CHECK <input type="checkbox"/> CC <input type="checkbox"/> CASH
CC #	
CDL #	
EXP.	AUTH. #
CDL #	
CALL SOURCE	S.A. #
WATER PRESSURE TEST	ES
WARRANTY	2 year warranty on work
NATIONAL ASSOCIATION	
WATER QUALITY TEST	
PH:	CL:
TOTAL	728
AMOUNT PAID	728
AMOUNT DUE	0

SOLD TO	NAME	Norma Mondock		
	ADDRESS	3451 Fairway Dr		
	CITY	STATE	ZIP	
	HOME PHONE	WORK PHONE		
	EMAIL			

JOB ADDRESS	NAME	SAME		
	ADDRESS	SAME		
	CITY	STATE	ZIP	
	HOME PHONE	WORK PHONE		
	EMAIL			

AUTHORIZATION TO PROCEED WITH DIAGNOSIS - I, the undersigned, am owner or the authorized agent of the premises listed herein. I hereby authorize you to perform said diagnoses to determine a solution. I agree upon completions to pay for said diagnosis at the listed rate:

SIGNATURE X *Norma J. Mondock*

AUTHORIZATION TO PROCEED WITH WORK - I hereby authorize the herein below described work at the below listed price. I agree to pay 1.75% per month for the past due contracts (minimum charge: \$15). In the event that collection efforts are initiated against me, I shall pay for all associated fees at the posted rates. By the addition of my signature below, I agree that I have received a copy of this contract, notice to owner, and that I have read, understand, and agree to the terms listed herein and the on the reverse side.

SIGNATURE X *[Signature]*

YOU, THE OWNER OR TENANT, HAVE THE RIGHT TO REQUIRE THE CONTRACTOR TO HAVE A PERFORMANCE AND PAYMENT BOND AND YOU MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MID-NIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION FOR AND EXPLANATION OF THIS RIGHT. SEE THE ATTACHED NOTICE OF CANCELLATION FORM. CANCELLING AFTER WORK HAS BEGUN, OR AFTER YOU HAVE WAIVED YOUR RIGHT TO CANCEL IS UNLAWFUL.

EVALUATION/SOLUTION: Hose bib at front house leaking as well as laundry cold hose bib. Found excessive water pressure at house (110 psi) - Replaced old shut off, pressure regulator, and hose bib all in 3/4". Laundry hose bib 1/2", check all work no issues found at this time.

Thank You!!!

JOB #	QTY.	DESCRIPTION	OUR PRICE
1005		5 VE/hose bibs	120
43410		3/4 ball valve (shut off)	229
53610		3/4 pressure regulator	404
		Discount	-25

ACCEPTANCE OF WORK PERFORMED - I acknowledge satisfactory completion of the above described work, and that the premises have been left in a satisfactory condition. I understand that if my check does not clear, I could be held liable for three times the amount of the check, in no case more than \$500, nor less than \$100, plus the face value of the check, as set forth in California Civil Code Section 1719. I agree that the amount set forth in the space marked "TOTAL", is the total flat price I have agreed to.

SIGNATURE X *Norma J. Mondock*

SERVICE TECHNICIAN - Prior to the customer entering into the contract, I have discussed the nature of the service and cost, have given the "Notice of Owner" form, and orally explained the right to cancel with the customer. I have given a copy of the contract to the customer. All work I have done has been in compliance with company standards in a workmanship manner, to building codes when applicable.

SIGNATURE X *[Signature]*

SBF Inc. DBA



FOX PLUMBING

5575 MAGNATRON BOULEVARD,
Suite i

SAN DIEGO, CA 92111

6192866325

<http://www.foxplumbing.com>

Cashier: Abraham

Transaction **100080**

Total **\$728.00**

CREDIT CARD SALE **\$728.00**
MASTERCARD 8329

20-Aug-2019 5:59:32P

\$728.00 | Method: EMV

MasterCard XXXXXXXXXXXXX8329

NORMA J MONDECK

Ref #: 923300500640

Auth #: 128717

MID: *****4881

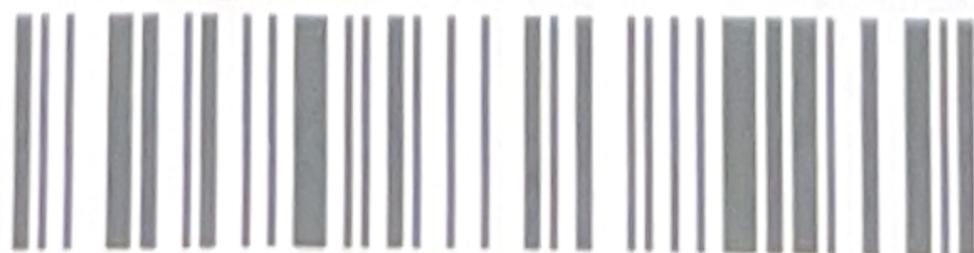
AID: A0000000041010

AthNtwkNm: MASTERCARD

SIGNATURE VERIFIED

Thank you for your continuing
business!

Online: [https://clover.com/p/
CZP0D2KTZCAY6](https://clover.com/p/CZP0D2KTZCAY6)



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