



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (626) 458-5100
<http://dpw.lacounty.gov>

MARK PESTRELLA, Director

ADDRESS ALL CORRESPONDENCE TO:
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE

REFER TO FILE: **BRC-2**

September 6, 2023

DEL VALLE GRADING PROJECT SPECS. NO. 7875; C.P. NO. 89159

NOTICE TO BIDDERS "B"

This Notice to Bidders "B" clarifies certain portions of the bid documents and provides responses to questions received, all of which are hereby made part of the contract documents.

PROJECT MANUAL:

1. Refer to Section 00 03 00, Form of Bid. **Delete** the Section in its entirety and **replace** with the attached revised Section 00 03 00 (Attachment 1).
2. Refer to Section 01 50 00, Temporary Facilities. **Delete** Articles 1.02 (01 50 00-1), Office, 1.04 (01 50 00-1-2), Telecommunications, and 1.05 (01 50 00-2-3), Hardware and Software Requirements, in its entirety.

QUESTIONS:

Question 1: Can we use (E) fire hydrant for water use in construction?

Answer: Yes, however, the Contractor is responsible for payment of water.

Question 2: Please confirm if office and toilet are required per Specification Section 01 50 00, Temporary Facilities.

Answer: Refer to revised Section 01 50 00, Temporary Facilities.

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Question 3: Please confirm if there are any permit/inspection by contractor per Section 00 07 00, General Conditions, Article 19, Permits, Licenses, and Inspections.

Answer: This project requires the contractor to obtain "no-fee" permits from County Building and Safety. However, if any permits, or fees are required by any jurisdictions other than Building and Safety, such costs will be paid as a reimbursable with no mark-up. The County will provide on site inspection of the Work and will arrange for off site inspection when noted on the drawings. Refer to Section 00 07 00, General Conditions, Article 19, Permits, Licenses, and Inspections for additional information.

Question 4: What are the working hours and access for deliveries?

Answer: The working hours and access for deliveries are Monday – Friday, 6:30 a.m. – 6:00 p.m. pending daylight and weekends by request.

Kindly notify your subcontractors to this effect. If you have any questions, please contact Mr. Joseph Chang at (626) 300-2346 or jochang@pw.lacounty.gov.

Very truly yours,

MARK PESTRELLA, PE
Director of Public Works

Brian Soria

BRIAN SORIA
Administrative Services Manager III
Business Relations and Contracts Division

BS:jc

Attach.

Business Enterprise check "yes" in the box below. Section 00 04 38 Request for County Program Preference Consideration must be submitted at the time of bid with a copy of the certification letter issued by the County of Los Angeles Department of Consumer and Business Affairs. If non-qualifying, check "no" in the appropriate box.

LSBE Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
SE Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
DVBE Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4. RECEIPT OF NOTICE TO BIDDERS:

I hereby certify and declare that I have received, reviewed and incorporated Notice to Bidders A dated August 21, 2023, and Notice to Bidders B dated September 6, 2023, into my Bid.

Executed this day of _____ (Month and Year)

By: _____
(Authorized Signature of a Principal Owner, Officer, or Manager)

NOTE: Any alteration or addition to the Form of Bid may invalidate same. All blank spaces shall be filled out completely. Line out nonapplicable blanks. An incomplete form may invalidate bid. The County reserves the right to waive any informalities or to reject any or all bids or to accept any alternatives when called for.

I (We) certify that on _____, 20____, License No. _____, license classification(s) _____, was issued to me (us), in the name of _____, by the Contractors' State License Board, pursuant to California Statutes of 1929, as amended, and that said license has not been revoked.

Firm Ownership Information
Check where applicable:

- 1. Minority-Owned
- Woman-Owned
- Disadvantaged-Owned
- Disabled Veteran-Owned
- LGBTQQ-Owned

- 2. An individual
- A corporation. Name
 state or territory of
 Incorporation
- _____
- A copartnership
- A joint venture

Race/Ethnic Composition

For statistical purposes only.

- Black/African American
- Hispanic/Latino
- Asian or Pacific Islander
- Native Americans
- Subcontinent Asian
- White

If a copartnership or joint venture, list names of individuals comprising same below

Date signed _____, 20____

Respectfully submitted,

Place _____
 City and State

Firm Name (if applicable)

Bidder's address, E-mail address, and telephone:

Number and Street

Signature and Print Name

City and State Zip Code

Title and E-mail Address

Telephone

Signature and Print Name

Fax

Title and E-mail Address