

ADDENDUM NUMBER FIVE (5)



Project: Nancy Lopez Elementary School
1600 E. Tilden Street
Roswell, New Mexico

Date: April 12, 2024

From: PA Architects

To: Prospective Proposers

This addendum forms a part of the Contract Documents and modifies the original Proposal Documents (construction drawings and the Project Manual), dated December 22, 2023, as noted below. Acknowledge receipt of this Addendum in the space provided on the Proposal Form. Failure to do so may subject the Proposer to disqualification.

This Addendum consists of 5 pages plus referenced attachments.

RFP QUESTIONS

1. **Q:** "How many sliding boards are required on the locations where sliding marker boards are called out?" **ANSWER:** Three (3) sliding marker boards are required at each unit. See specification Section 10 1100 VISUAL DISPLAY SURFACES 2.4.G.
2. **Q:** "What is the height of the Display cases?" **ANSWER:** See specification Section 10 4100 DISPLAY CASES (issued in Addendum #4), item 2.4 SCHEDULE for display case sizes.
3. **Q:** "Specifications for lockers only call out one size but drawing show multiple size and tier layouts. Are we to scale based on the elevations shown in drawings?" **ANSWER:** See Addendum #3 ARCHITECTURAL - CHANGES TO THE SPECIFICATIONS, item d.
4. **Q:** "Sheet A301/ B1 shows keyed note 35 for "signage" pointing towards the "Gym/Dine/Media" and "Classrooms" with directional arrows. Are these to be cast aluminum letters or applied vinyl. Please clarify." **ANSWER:** See the attached revised specification Section 10 1400 SIGNAGE.
5. **Q:** "For fire hydrant on southeast corner of property please supply brand and depth of the hydrant. Please verify gate valve brand." **ANSWER:** The City of Roswell allows both Mueller fire hydrants and gate valves. The fire hydrants must have the Roswell threads as noted in the specifications. The fire hydrant shall have a 4'-0" bury depth.
6. **Q:** "6" sewer line does not show cleanouts. Please provide location, quantity, and type." **ANSWER:** The sewer cleanout locations shall be double cleanouts, located per the Uniform Plumbing Code (UPC) latest addition.

ARCHITECTURAL

1. CHANGES TO THE SPECIFICATIONS:

- a. DIVISION 00 – PROCUREMENT AND CONTRACTING REQUIREMENTS, 1. Procurement Requirements, SECTION 00 4334, insert the following: TAB 2A; GENERAL CONTRACTOR QUALIFICATIONS STATEMENT pages 1-19, and TAB 2B: SUBCONTRACTOR QUALIFICATION STATEMENT pages 20-34, attached.
- b. SECTION 04 2000 UNIT MASONRY, PART 2 – PRODUCTS, 2.1 BASIS OF DESIGN A. Change to read: "Utility Block Company, Inc. 505.344.2368. CMU in configuration as shown on drawings. Color and Finish: Burnished 260 Chestnut all exposed faces, (match color sample in Architect's office)."

- c. SECTION 07 7200 ROOF ACCESSORIES, PART 2 – PRODUCTS 2.1. MANUFACTURERS A. Basis of Design:
 - i. 1. Change to read: “Acudor G3862 (30” x 54”) G-Series Roof Hatch and coordinating Roof Hatch Safety Rail #RHSR as manufactured by Acudor Products, www.acudor.com.
 - ii. Add: “2. Ships Ladder: H70-70 degrees, ALACO Ladder Company, 909.591.7561, www.alacoladder.com.”
 - iii. Add: “3. Fall arrest system: #727620 Retractable Lifeline, and #6101-GHL Super Anchor Deluxe Harness, as manufactured by FallProtectionPros.com, 888.412.7289.”
- d. SECTION 08 3300 ROLLING DOORS:
 - i. PART 2 – PRODUCTS: Change 2.1.C. Models to:
 - 1. ESD 10 for interior Door #416D
 - 2. ESD 10 Insulated for exterior Door #416E
 - ii. Change 2.2 MATERIALS to read: “MATERIALS – ESD 10 for interior Door #416D”
 - iii. 2.3 ACCESSORIES:
 - 1. Change to read: “ACCESSORIES – ESD-10 for interior Door #416D”
 - 2. Add: “2. Chain basket”
 - 3. Add: “Contact safety device - activated when the bottom bar of the door makes contact with an object obstructing its path and automatically reverses the door if the device detects an obstruction in the downward travel of the door.”
 - iv. Add: 2.5 MATERIALS – ESD 10 Insulated for exterior Door #416E:
 - 1. Electric motor (see 2.4 OPERATION)
 - 2. Slats: Galvanized Steel: No. 5F, minimum 24 gauge (prefinished with GalvaNex™ Coating System), Grade 40 steel, ASTM A 653 galvanized steel zinc coating, with SpectraShield color as selected by Architect from manufacturer's color range, more than 180 colors, slats separated by a minimum of 13/16” of rigid insulation.
 - 3. Contact safety device - activated when the bottom bar of the door contacts an object obstructing its path and automatically reverses the door if the device detects an obstruction in the downward travel of the door.
 - 4. Guides: Fabrication - Minimum 3/16 inch (4.76 mm) structural steel. Finish: factor primed.
 - 5. Brackets: Fabricate from minimum 3/16” steel plate with permanently lubricated ball or roller bearings at rotation support points support counterbalance shaft assembly and for end closures. Finish: factory primed.
 - 6. Hood: Minimum 24-gauge galvanized steel with reinforced top and bottom edges. Provide minimum ¼” steel intermediate support brackets.
 - 7. Weatherstripping:
 - a. Bottom Bar: Sensing/weather edge within neoprene astragal extending full width of door bottom bar.
 - b. Guides: Vinyl strip sealing against fascia side of curtain.
 - c. Hood: Neoprene/rayon baffle to impede air flow above coil.
 - d. Lintel Seal: Nylon brush seal fitted at door header to impede air flow.
 - 8. Note: Coordinate motor location with Fly Fan, Item #11 on QFS drawing sheets.
- e. SECTION 08 7100 DOOR HARDWARE, HARDWARE SET: 13, change BOLLARD designation to model #B-8RD-AT-PC-SM-RD17, Mill Aluminum, powder coated Dark Bonze, with flat recessed area for 4 devices: intercom, card reader, ADA switch and Knox Box on the front of the pedestal, as manufactured by Wikk Industries 877.421.9490, customerservice@wikk.com”.
- f. SECTION 08 8100 SOLAR CONTROL COATED GLASS, 3.4 FIELD QUALITY CONTROL: Add the following: “C. Water Test: ASTM E1105-15 (2023) Standard Test Method for Field Determination of Water Penetration of all Installed Exterior Windows.”

- g. SECTION 09 5426 – SUSPENDED WOOD GRILLE CEILING:
 - i. Change the title of this specification to “SUSPENDED WOOD CEILING”.
 - ii. WARRANTY 1.8 B.1 and 1.8.B.2: Change warranty period to “One (1) year” for the wood veneer panels and grid installation.
 - iii. 2.3.1. METAL SUSPENSION SYSTEMS, A. Components: Change paragraph b. to read “b. Color: Black.”
- h. SECTION 10 1400 SIGNAGE – Delete this section in its entirety and replace with the attached specification Section 10 1400 SIGNAGE (4 pages).
- i. SECTION 32 3113 GALVANIZED CHAIN LINK FENCES AND GATES:
 - i. PART 2- PRODUCTS, A. Manufacturer, 1. Change to read: “Chain link fence, gates and cantilever gate design is based on products manufactured by American Fence Company, 9634 2nd St NW, Albuquerque, NM; Brian Nickell 505.897.3103.”
 - ii. Add the following: “F. Cantilever gate: pipe: AP-40, chain link: 9 gauge. See attached SKA-4, and Sheet AS-101 SITE PLAN, keyed note 58.”

2. CHANGES TO THE DRAWINGS:

- a. SHEET AS-101 SITE PLAN:
 - i. To keyed note 27 “Security access bollard” add: “See specification section 08 7100 DOOR HARDWARE, HARDWARE SET 13.”
 - ii. Clarification: keyed note 35 “Fixed Security bollard, quantity, 25.” refers to Specification Section 32 3913.21 SURFACE MOUNT METAL BOLLARDS.
 - iii. Change keyed note 54 to read: “Play equipment, backstop fence, quantity two (2), model BSP-40-66, 4 panels, 2 centers, as manufactured by Jaypro Sports www.jaypro.com, 1.800.243.0533, or approved equal.”
- b. SHEET AS-501 SITE DETAILS:
 - i. Detail C4/ AS-501: add a matching burnished CMU cap block 16” L x 8” W x 8” H, typical, on top of the bond beam shown, for total overall height of 8’-0” above finished grade.
- c. SHEETS A-101 and A-102 FLOOR PLANS: Change keyed note 44 to read: “8-inch x 8-inch structural column, painted, with 4 corner guards.
- d. SHEET A-101 FLOOR PLAN – EAST: In Custodial room #101 change keyed note 9 to 17 and keyed note 17 to 9.
- e. SHEET A-102 FLOOR PLAN- WEST: Change keyed note 53 to read: “Security access bollard as specified in SECTION 08 7100 DOOR HARDWARE, Hardware Set 13.
- f. SHEET A-105 REFLECTED CEILING PLAN – WEST: Change keyed note 7 to read: “1/2-inch gypsum board soffit. Fascia wall: 6” metal studs at 16” o.c. to deck. Curved fascia composition: Acrylic Venetian Plaster over primed 1/2” gypsum board, over metal stud framing. Extend finished system 6” above suspended wood ceiling. Finish shall be smooth radius, NOT segmented.
- g. SHEETS A-106 and A-107 ROOF PLANS: On keyed note 18 delete reference to fall arrester.
- h. SHEET A-401 ENLARGED PLANS: Change keyed note 6 to read: “Electric Hi-Lo Changing Table, 30’ x 68” as manufactured by Hausmann Industries and available through RehabMart.com, 1-800-827-8283, SKU# HAU-4702. Coordinate with electrical.”
- i. SHEET A-502 DETAILS- DOOR + WINDOW: Add the following note to BR details D3, D4, E3 + E4: “Bullet resistant window framing system - Ballistic Resistant UL 752 Level 3, BL 1.75 Framing System, Dark Bronze Anodic Finish, with 5 year finish warranty, as manufactured by Total Security Solutions, Inc., 935 Garden Lane, Fowlerville, MI 48836, 866 734-6277, www.tssbulletproof.com, or approved equal.”
- j. SHEET A-601 ROOM FINISH SCHEDULE:
 - i. Clarification: MATERIAL KEY: SWGCS - Suspended Wood Grille Ceiling System references specification section 09 5426 – SUSPENDED WOOD CEILING.
 - ii. To the Room Finish Schedule add finishes to Room 419: “419 - Fire Riser and Mech – Floor: EPT, All Walls: PT, Ceiling: PT.

- k. SHEET A-602 DOOR SCHEDULES, HM WINDOW FRAME TYPES, DOOR + GATE TYPES:
 - i. Change keyed note 8 to read: “6-inch diameter bullet resistant UL 752 Level 3, stainless steel speaker port, 5” diameter mounting hole, model MK-1, with 5 year Finish Warranty, as manufactured by Total Security Solutions, Inc., 935 Garden Lane, Fowlerville, MI 48836, 866 734-6277, www.tssbulletproof.com, or approved equal.”
 - ii. Change keyed note 9 to read: “Bullet resistant UL 752 Level 3, flat bottom recessed deal tray, 16” X 8” x 1 ½”, as manufactured by Total Security Solutions, Inc., 935 Garden Lane, Fowlerville, MI 48836, 866 734-6277, www.tssbulletproof.com, or approved equal.”
 - iii. Change Glazing Schedule Type F to read: “Ballistic Resistant Glazing: glass-clad polycarbonate low spall glass, UL 752 Level 3, with 5 year finish warranty, as manufactured by Total Security Solutions, Inc., 935 Garden Lane, Fowlerville, MI 48836, 866 734-6277, www.tssbulletproof.com, or approved equal.”

- 3. **MANUFACTURER’S PRIOR APPROVALS:** (The following manufacturers are approved to submit pricing in accordance with Sections 01 6300 and 01 6301):
 - a. SECTION 07 5423 – 80 MIL INDUCTION WELDED TPO SYSTEM: VersiWeld 80 mil TPO model number 1271-1149 is prior approved for materials and must meet all specification and drawing requirements.
 - b. SECTION 08 3300 – ROLLING DOORS: Overhead Door is prior approved for materials and must meet all specification requirements.
 - c. SECTION 10 1100 - VISUAL DISPLAY SURFACES: ASI model 9800 Series, provided components and products meet criteria in the specification.
 - d. SECTION 11 6600 - ATHLETIC EQUIPMENT: Porter Athletic, provided components and products meet criteria in the specification.

4. CLARIFICATIONS:

- a. See attached sketch SKA-3 for Light Fixtures Type “M” and “N” installation details.

CIVIL

1. CHANGES TO THE DRAWINGS:

- a. SHEET C-501- CIVIL DETAILS:
 - i. Detail D1 - SITE SIGNAGE: Change the signpost note to read: “2-inch outside diameter powder coated dark bronze signpost, typical all signs.”
 - ii. IN-LINE DRAIN detail: Add the following note: “Coordinate with Architectural drawings for relationship of drain detail to building.”

STRUCTURAL

1. CHANGES TO THE DRAWINGS:

- a. Delete sheets S-201, S-202, and S-401 in their entirety and replace with the attached sheets S-201, S-202, and S-401, dated 4/12/2024.

FOOD SERVICE EQUIPMENT

1. CHANGES TO THE SPECIFICATIONS:

SECTION 11 400 FOOD SERVICE EQUIPMENT - PART 3 – ITEMIZED EQUIPMENT SPECIFICATIONS:

- a. ITEM NUMBER 9 – HEATED CABINETS: Add the following Factory Accessory Package:

Model #: RISD Package

-paddle latch

-cord winding bracket

-top & bottom super duty bumper

-rear tubular handle

-2 vertical tubular handles per side

-6 extra shelves

-6" casters

- b. ITEM NUMBER 11 – FLY FAN: Change the model number to read: "PH 1060-2EEN-PW"

2. CHANGES TO THE DRAWINGS:

- a. SHEET QFS-101- KITCHEN EQUIPMENT PLAN, EQUIPMENT SCHEDULE: Change Item No. 11 Model Number to read; "PH 1060-2EEN-PW"

PLUMBING:

1. CHANGES TO THE DRAWINGS:

- a. SHEET P-202 - PLUMBING FLOOR PLAN – WEST: Change note 8 to read: "Install roof drain RD-1 at this approximate location per all manufacturer's requirements and clearances. Rain leader is 4" in diameter. Extend rain leader horizontally as shown and turn down 4" past soffit line (shade canopy ceiling). Provide "transition boot" to connect 4" diameter rain leader pipe to 6" square wall mounted downspout. Coordinate exact routing of rain leader with Architect and Civil. Provide horizontal rain leader with heat tape. Refer to Electrical for heat tape connection. Coordinate materials with Architect.

ELECTRICAL:

1. CHANGES TO THE DRAWINGS:

- a. Delete sheets E-102, E-103, E-104, E-601 in their entirety and replace with the attached sheets E-102, E-103, E-104, E-601 dated 4/12/2024.

ALL OTHER TERMS AND CONDITIONS OF THE CONTRACT DOCUMENTS REMAIN UNCHANGED

Attachment 47 pages

END OF ADDENDUM

TAB 2A: GENERAL CONTRACTOR QUALIFICATIONS STATEMENT

Project Name: _____

1. OFFEROR INFORMATION

Name: _____

Address: _____

Principal Office: _____

Corporation Partnership Sole Proprietorship Joint Venture

Other

a. How many years has your organization been in business as a Contractor? _____

b. How many years has your organization been in business under its present business name?

c. Under what other or former names has your organization operated? _____

d. DUNS Number, if applicable _____

2. LICENSING

a. Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division: _____

b. License Classification: _____ License Code: _____

c. License Number: _____

d. Issue Date: _____ Expiration Date: _____

e. Is the firm's contractor's license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

Yes, free of suspension or revocation No IF no, attach explanation.

f. Does your firm hold all applicable Business licenses required by State of New Mexico?

License Number: _____ Jurisdiction: _____

Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

(Name)

Issue Date: _____ Expiration Date: _____

License Number: _____ Jurisdiction: _____

Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

(Name)

Issue Date: _____ Expiration Date: _____

License Number: _____ Jurisdiction: _____

Fill in name of license holder, exactly as it appears on file with jurisdictional authorities:

(Name)

Issue Date: _____ Expiration Date: _____

- g. Is your firm free from formal debarment from public works, federal, state or local public works jurisdictions?

Yes No (Attach explanation)

3. EXPERIENCE

- a. Has your firm completed one (1) or more educational facility, addition and/or renovation project(s) of similar complexity totaling 53,000 square feet or more since 2015, as the proposed project? Complete **Attachment A** for five (5) maximum projects listed:

Yes Number of Projects: _____ No

Project 1 Name: _____

Project 2 Name: _____

Project 3 Name: _____

Project 4 Name: _____

Project 5 Name: _____

- b. State the average annual amount of construction work performed during the past five years:
- \$ _____
- c. Also, on **Attachment A**, list major construction project your organization has in progress, giving the name of the project, owner, architect, contract amount, percent of completion, and scheduled completion date.
- d. List the categories of work that your organization normally performs with its own forces.

4. KEY PERSONNEL EXPERIENCE

Please note that more consideration will be given to those meeting or exceeding the required qualifications below:

- a. Does your assigned Project Manager have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)

- (1) At least ten (10) years' experience in the construction industry?

Yes Number of Years: _____ No

- (2) Experience on at least one (1) construction type as identified in 3. EXPERIENCE item a

Yes Number of Projects _____ No

- (3) Experience as a Project Manager on one (1) or more construction projects totaling 53,000 square feet or more?

Yes Number of Projects _____ No

- b. Does your assigned Project Foreman/Superintendent have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)

- (1) At least ten (10) years' experience in the construction industry?

Yes Number of Years: _____ No

- (2) Experience on at least one (1) construction type as identified in 3a.?

Yes Number of Projects _____ No

- (3) Experience as a Project Manager on one (1) or more construction projects totaling 53,000 square feet or more?

Yes Number of Projects _____ No

c. Does your Safety Program Manager have the following minimum qualifications and experience? (Attach Resume to **Attachment B**)

(1) At least five (5) years' experience in a safety management role?

Yes Number of Years: _____ No

(2) Experience on at least one (1) construction type as identified in 3a?

Yes Number of Projects _____ No

d. Does your Quality Assurance/Quality Control (QA/QC) Manager have the following minimum qualifications and experience? (Attach Resume to **Attachment B**)

(1) At least five (5) years' experience in a safety management role?

Yes Number of Years: _____ No

(2) Experience on at least one (1) construction type as identified in 3a?

Yes Number of Projects _____ No

Name: _____ Years with your firm: _____

Present Position/Job Title: _____ Years in position: _____

List other project(s) this person has had a similar role for the past five (5) years:

Is your QA/QC a Principal or Officer of the firm? Yes No

e. Please include an Organizational Chart (**Attachment C**) of the Management Team that will be assigned to this project. Identify relationships, duties and responsibilities and key roles of each individual.

5. CAPACITY AND CAPABILITY TO PERFORM THE WORK

a. Resources: Total number of current employees: Project Managers _____
Estimator's _____
Superintendent's _____
Foremen _____

Tradesmen _____

Administration _____

Other _____

b. Does your firm have the immediate capacity to perform the work required for this project:

Yes No

c. Please list all projects currently under contract totaling over 53,000 square feet with scheduled completion dates (**Attachment D**)

See Attachment D None

6. SURETY

a. Firm's current surety company:

Will this surety be used for the construction contract for this project?

Yes No (attach explanation)

Contact Agent Name: _____ Telephone: _____

Years utilizing this surety: _____ Maximum Capacity: _____

Aggregate Total of current surety in force: _____

b. Is the surety company to be used on this project licensed to do business in the State of New Mexico?

Yes No (attach explanation)

c. Is your firm free of having any construction contracts taken over by a surety for completion in the past five (5) years?

Yes No (attach explanation)

d. Has your firm used other surety companies since 2008? Yes (list) No

Surety Company

Contact

Surety Company

Contact

Surety Company

Contact

- e. Is your firm able to obtain bonding in the amount required for the completion of this project? Provide a notarized declaration from the surety identified above, stating the amount of bonding capacity available to your firm for this project at **Attachment E**.

Yes No (attach explanation)

7. SAFETY

- a. Does your firm have a written safety program compliant with current State regulations? Provide one (1) copy of your firm’s written safety program at **Attachment F**.

Yes No (attach explanation)

- b. Provide a list of key safety personnel, including the designated safety manager who will be assigned to this project, and list specific duties.

Name: _____ Title: _____

Specific Duties: _____

Name: _____ Title: _____

Specific Duties: _____

Name: _____ Title: _____

Specific Duties: _____

- c. Provide the experience modification Rate for the past five (5) years:

_____ / _____ / _____ / _____ / _____ /

- d. Provide the Recordable Incident Rate for the past calendar year: _____

- e. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?

Yes

No (attach explanation)

8. INSURANCE & CLAIMS HISTORY

- a. Is your firm free of any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party?

Yes

No (attach explanation)

- b. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that is filed a false claim with any federal, state or local government entity?

Yes

No (attach explanation)

- c. Does your firm have the ability to provide the required insurance in the limit stated in the project documents (General Liability and Comprehensive Auto at \$1 Million per occurrence and \$1 Million in the aggregate)?

Yes

No (attach explanation)

- d. Please provide a letter from an insurance carrier stating that the firm is able to obtain insurance in the limits stated as **Attachment G**.

9. QUALITY ASSURANCE – ATTACHMENT H

- a. Does your firm have a written Quality Assurance Program?

Yes

No

- b. Provide one (1) copy of the written Assurance Program for **Attachment H**

10. PROJECT SCHEDULING

- a. Does your firm use computerized scheduling? Yes No

- b. If YES, which programs and versions are used? Please list:

- c. Has the firm been involved with a construction project within the past five (5) years, where the schedule was not met? Yes No

d. If YES, please indicate the project (refer to **Attachment A**)

(1) Project:

Reason for Delay:

(2) Project:

Reason for Delay:

(3) Project:

Reason for Delay:

e. Has the firm been assessed liquidated damages due to scheduling for any project in the past five (5) years? (Refer to **Attachment A**) Yes No

If YES, please list projects

(1) Project: _____ Amount \$ _____

Reason for assessment _____

(2) Project: _____ Amount \$ _____

Reason for assessment _____

(3) Project: _____ Amount \$ _____

Reason for assessment _____

11. LABOR CODE VIOLATIONS

a. Has your firm during the past five (5) years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects? Refer to **Attachment I** Yes No

b. Is the firm free of all Subcontractor Fair Practices Act violations for the past five (5) years?

() Yes () No (explain)

12. JUDGEMENTS/BREACH OF CONTRACT/ MEDIATIONS AND ARBITRATIONS
Attachment J

- a. List any judgments against the firm during the past 5 years.
Who initiated? What was the outcome?
- b. List any other actions brought against you for breach of contract during the past 5 years,
Who initiated? What was the outcome or current status?
- c. List all mediations/arbitrations in the last 5 years.
Who initiated? What was the outcome?

13. CONTRACTOR COMMENTS/OTHER INFORMATION

- a. Certify and/or documentation that the firm possesses the necessary equipment, financial resources, technical resources, management, professional and craft personnel resources and other required capabilities to successfully perform the contract, or will achieve same through its pre-listed subcontractors. Additional information, pictures, diagrams, reports, etc. may provide as outlined in the Request for Proposal (written qualification) limitation of 5 pages may be attached as **Attachment K.**

THE UNDERSIGNED CERTIFIES THAT ALL OF THE QUALIFICATION INFORMATION SUBMITTED WITH THIS FORM IS TRUE AND CORRECT.

Name and Title

Firm Name

Signature

Address of Firm

E-mail Address

City/State/Zip

Telephone Number

Fax Number

ATTACHMENT A
General Contractor
Project Experience of Similar Complexity and Scope/Qualifications
Complete ONE form for each project listed (Maximum of 5)

PROJECT DESCRIPTION

Project Type: _____ Contact Name: _____
Project Name: _____ Contact Title: _____
Owner: _____ Contact Phone No.: _____

DESIGN PROFESSIONAL

Name of Firm: _____ Contact Name: _____
Contact Phone No.: _____ Contact Title: _____
Gross Building Area (Sq. Ft.) _____ (New) (Addition) (Renovation)
Project Start Date: _____ Completion Date: _____
Original Contract Amt.: \$ _____ Original No. of Days to Complete: _____
Final Contract Amount Final Contract Days to Complete:
With all Change Orders: \$ _____ with all Time Extensions: _____

PROJECT EXECUTION

Were Liquidated Damages assessed on this Project? (No) (Yes) Days ____
\$ _____

Percentage of Work Subcontracted: _____ % Contract Type: (Competitive Bid
Lump Sum (Negotiated Lump Sum (Guaranteed Maximum Price

Major Subcontractors:
(Other (Describe) _____

Mechanical: _____
Electrical: _____
Plumbing: _____
Concrete: _____

CUSTOMER SATISFACTION

How was this measured? (Customer Survey) (Attached) (Yes) (No) (Other
(Describe)

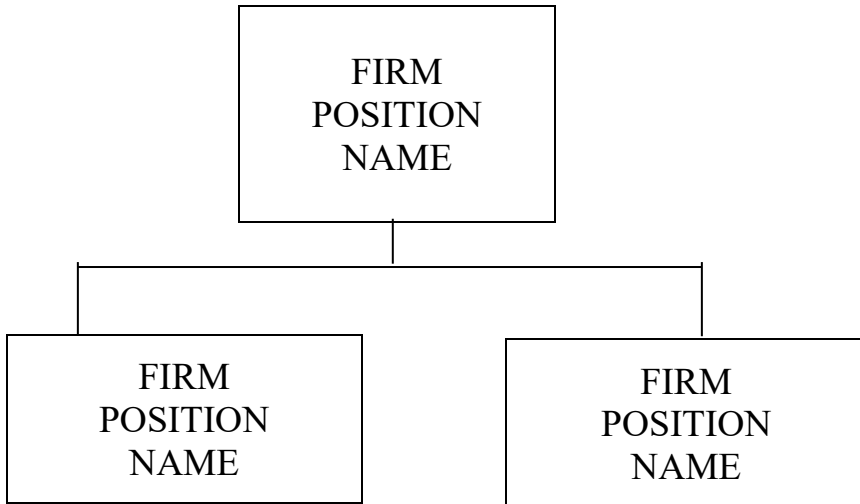
ATTACHMENT B
General Contractor
Resumes for Project Manager, Superintendent, Safety, Other Key Personnel

Attach one (1) page Resumes of the Proposed:
Project Manager
Project Superintendent
Safety Program Manager
Other Key Personnel (Optional)

1. EDUCATION
High School, College, Trade Schools, Trade Seminars, Trade/Management Specialized Courses, Etc.
2. RELATED EXPERIENCE
Related experience should include the following:
 - a. Position Title
 - b. Duties and Responsibilities
 - c. Major accomplishments
 - d. Number of personnel supervised
3. PROJECT EXPERIENCE
Identify project experience requested in the Statement at 4.a. (2) (3), 4.b. (2) (3), and 4.c. (2). Include the project Title and Location.
4. Other information that demonstrates the individual's strengths for this project.
5. Project Professionals and Project Owner Reference may be included.

ATTACHMENT C
General Contractor
Organizational Chart of Project Management Team

Chart should include the entire Project Team, Subcontractor Key Personnel and Supervision:



1. Indicate the relationship between PM/Supt. of the Subcontractors and the General contractor's PM/SUPT.
2. Indicate the relationship of the Safety Manager of the Subcontractors and General Contractor, and the relationship of the Safety Manager with others on the job site.
3. Indicate the relationship between the QA/QC Manager with other personnel on the job site.

ATTACHMENT D
General Contractor
Projects currently under construction totaling 50,000 Square Feet.

<u>Project Title and Location</u>	<u>Start Date</u>	<u>Projected Completion Date</u>

ATTACHMENT E
General Contractor
Notarized Declaration of Surety

DOCUMENTATION FROM SURETY

ATTACHMENT F
General Contractor
One (1) Copy of Firm's Written Safety Plan

Include Work Loss Incidents and History

ATTACHMENT G
General Contractor
Letter from Insurance Carrier on Their Letterhead

DOCUMENTATION OF INSURABILITY

ATTACHMENT H
General Contractor
Written Quality Assurance Program

**ATTACHMENT I
General Contractor
Affidavit of Non-Violation of Labor Codes**

Name of Firm: _____

Address: _____

Project Reference: _____ **Request for Proposal #** _____

Affidavit of Non-Violation of Labor Codes

**To: The Board of Education
 ROSWELL INDEPENDENT SCHOOL DISTRICT**

The undersigned officer of _____ hereby states that

_____ has, during the past five (5) years, been free of any determinations by a court or an administrative agency, of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects.

Name

Title

Signature

NOTARY:

State of _____

County of _____

Signed or attested before me on _____ by _____
Date Name

Seal

Notary Signature

My Commission Expires: _____
Date

ATTACHMENT J
General Contractor
Judgments/Breach of Contract/Protests

- a. List any judgments against the firm during the past five (5) years.
Who initiated? What was the outcome?

- b. List any other actions brought against you for breach of contract during the past five (5) years.
Who initiated? What was the outcome or current status?

- c. List all mediations/arbitrations in the last five (5) years.
Who initiated? What was the outcome?

TAB 2B: SUBCONTRACTOR QUALIFICATION STATEMENT

Project Name: _____

1. **OFFEROR INFORMATION**

Firm Name: _____

Type of Firm:

Corporation Partnership Sole Proprietorship Joint Venture

Other

a. Year Firm was established: _____

b. Parent Company (if applicable) _____

c. All former names during the past 10 years your organization has operated?

2. **LICENSING**

Provide your team's New Mexico contractor's license, which is current and in good standing with the State of New Mexico Construction Industries Division (CID).

a. Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:

b. License Classification: _____ License Code: _____

c. License Number: _____

d. Issue Date: _____ Expiration Date:

e. Is the firm's contractor's license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

Yes, free of suspension/revocation No IF no, attach explanation

3. EXPERIENCE

- a. Has your firm completed one (1) or more educational facility, addition and/or renovation project of similar complexity and of 40,000 square feet or more since 2008, as the proposed project? Complete **Attachment A** for three (3) maximum projects listed:

Yes Number of Projects: _____ No

Project 1 Name: _____

Project 2 Name: _____

Project 3 Name: _____

Provide copies of Performance Evaluation Reports prepared in connection with projects described in Para. 3.a above.

- b. State the average annual amount of construction work performed during the past five years: \$ _____
- c. Also, on **Attachment A**, list major construction project your organization has in progress, giving the name of the project, owner, architect, contract amount, percent of completion, and scheduled completion date.

4. KEY PERSONNEL EXPERIENCE

Please note that more consideration will be given to those meeting or exceeding the required qualifications below:

- a. Does your assigned Project Manager have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)

- (1) At least ten (10) years' experience in the construction industry?

Yes Number of Years: _____ No

- (2) Experience on at least one (1) construction type as identified in 3a?

Yes Number of Projects _____ No

- (3) Experience as a Project Manager on one (1) or more construction projects valued at \$1.1 Million or more?

Yes Number of Projects _____ No

- b. Does your assigned Project Foreman/Superintendent have the following minimum qualifications and experience? (Attach Resume at **Attachment B**)

- (1) At least ten (10) years' experience in the construction industry?

Yes Number of Years: _____ No

(2) Experience on at least one (1) construction type as identified in 3a?

Yes Number of Projects _____ No

(3) Experience as a Project Foreman/Superintendent on one (1) or more construction projects valued at \$1.1 Million or more?

Yes Number of Projects _____ No

c. Does your Firm have a Quality Assurance/Quality Control (QA/QC) Manager:

Yes No

Name: _____ Years with your firm: _____

Present Position/Job Title: _____ Years in position: _____

List other project(s) this person has had a similar role for the past five (5) years:

Is your QA/QC a Principal or Officer of the firm? Yes No

5. **CAPACITY AND CAPABILITY TO PERFORM THE WORK**

a. Resources

(1) Total number of current employees: Project Managers _____

Estimator's _____

Foremen _____

Tradesmen _____

Administration _____

Other _____

b. Please list all projects currently under contract at square footage listed in 3a. with scheduled completion dates (**Attachment C**)

See Attachment E None

6. **SAFETY**

- a. Does your firm have a written safety program compliant with current State regulations?
Provide one (1) copy of your firm's written safety program at **Attachment D**.

Yes No (attach explanation)

- b. Provide your Experience Modification Rate for the past five (5) years:

_____ / _____ / _____ / _____ / _____ /

- c. Provide the Recordable Incident Rate for the past calendar year: _____

- d. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final non-appealable decision of a court or government agency?

Yes No (attach explanation)

7. **INSURANCE & CLAIMS HISTORY**

- a. Is your firm free of any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party?

Yes No (attach explanation)

- b. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that is filed a false claim with any federal, state or local government entity?

Yes No (attach explanation)

- c. Does your firm have the ability to provide the required insurance in the limit stated in the project documents (General Liability and Comprehensive Auto at \$1 Million per occurrence and \$1 Million in the aggregate)?

Yes No (attach explanation)

8. **QUALITY ASSURANCE**

- a. Does your firm have a written Quality Assurance Program?

Yes No

- b. Note: If you have a Quality Assurance Program, please provide one (1) copy of the written Assurance Program for **Attachment E**

9. LABOR CODE VIOLATIONS

- a. Has your firm during the past five (5) years, been free of any determinations by a court or an administrative agency of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects? Refer to **Attachment F**
 Yes No

- b. Is the firm free of all Subcontractor Fair Practices Act violations for the past five (5) years?
 Yes No (explain)

10. JUDGEMENTS/BREACH OF CONTRACT, MEDIATIONS AND ARBITRATIONS. Refer to **Attachment G**

- a. List any judgments against the firm during the past 5 years.
Who initiated? What was the outcome?

- b. List any other actions brought against you for breach of contract during the past 5 years,
Who initiated? What was the outcome or current status?

- c. List all mediations/arbitrations in the last 5 years,
Who initiated? What was the outcome?

11. SUBCONTRACTOR COMMENTS

Please provide further explanation of any of the attachments/items indicated, or other additional information you may want to submit to further clarify any of the information provided in this questionnaire as **Attachment H.**

12. OTHER INFORMATION

- a. Certify and/or documentation that the firm possesses the necessary equipment, financial resources, technical resources, management, professional and craft personnel resources and other required capabilities to successfully perform the contract, or will achieve same through its pre-listed subcontractors. Refer to **Attachment I**

- b. Additional information, pictures, diagrams, reports, etc. may provide as outlined in the Request for Proposal (written qualification limitation of 5 pages will be attached as **Attachment J**

THE UNDERSIGNED CERTIFIES THAT ALL OF THE QUALIFICATION INFORMATION SUBMITTED WITH THIS FORM IS TRUE AND CORRECT.

Name and Title

Firm Name

Signature

Address of Firm

E-mail Address

City/State/Zip

Telephone Number

Fax Number

ATTACHMENT A
Subcontractor
Project Experience of Similar Complexity and Scope/Qualifications
Complete ONE form for each project listed (Maximum of 3)

PROJECT DESCRIPTION

Project Type: _____ Owner: _____

Project Name and
Location: _____

Gross Building Area (Sq. Ft.) _____ (New) (Addition) (Renovation)

Original Contract Amt.: \$ _____ Completion Date/Percentage Complete: _____

DESIGN PROFESSIONAL

Name of Firm: _____ Contact Name: _____

GENERAL CONTRACTOR

Name of Firm: _____ Contact Name: _____

CUSTOMER SATISFACTION

How was this measured? (Customer Survey) (Attached) (Yes) (No) (Other
(Describe)

ATTACHMENT B
Subcontractor
Resumes for Project Manager, Superintendent, Other Key Personnel

Attach One (1) Page Resumes of the Proposed:

1. PROJECT MANAGER
2. PROJECT FOREMAN/SUPERINTENDENT
3. OTHER KEY PERSONNEL (OPTIONAL)

4. EDUCATION:
High School, College, Trade Schools, Trade Seminars, Trade/Management Specialized Courses, Etc.

5. RELATED EXPERIENCE:
Related experience should include the following:
 - a. Position Title
 - b. Duties and Responsibilities
 - c. Major accomplishments
 - d. Number of personnel supervised

6. PROJECT EXPERIENCE:
Identify project experience requested in the Statement at 4.a. (2) (3), 4.b. (2) (3), and 4.c. (2).
Include the project Title and Location.

7. Other information that demonstrates the individual's strengths for this project.

8. Project Professionals and Project Owner Reference may be included.

ATTACHMENT C
Subcontractor
Similar Projects

<u>PROJECT TITLE AND LOCATION</u>	<u>START DATE</u>	<u>PROJECTED COMPLETION</u>

ATTACHMENT D
Subcontractor
Written Safety Plan

Include Work Loss Incidents & History

ATTACHMENT E
Subcontractor
Written Quality Assurance Program

ATTACHMENT F
Subcontractor
Affidavit of Non-Violation of Labor Codes

Name of Firm: _____

Address: _____

Project Reference: _____ **Request for Proposal #** _____

Affidavit of Non-Violation of Labor Codes

To: **The Board of Education**
 ROSWELL INDEPENDENT SCHOOL DISTRICT

The undersigned officer of _____ hereby states that

_____ has, during the past five (5) years, been free of any determinations by a court or an administrative agency, of repeated or willful violations of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices of public works projects.

Name

Title

Signature

NOTARY:

State of _____

County of _____

Signed or attested before me on _____ by _____
Date Name

Seal

Notary Signature

My Commission Expires: _____
Date

ATTACHMENT G
Subcontractor
Judgments/Breach of Contract, Mediation and Arbitrations

- a. List any judgments against the firm during the past five (5) years.
Who initiated? What was the outcome?

- b. List any other actions brought against you for breach of contract during the past five (5) years.
Who initiated? What was the outcome or current status?

- c. List all mediations/arbitrations in the last five (5) years.
Who initiated? What was the outcome?

ATTACHMENT H
Subcontractor
Comments/Other Information

Additional written explanations or comments required for clarification of items contained in the Statement of Qualifications.

Item Reference.

Number

Comments

ATTACHMENT I
Subcontractor
Certify and/or Documentation

Certify and/or documentation that the firm possesses the necessary equipment, financial resources, technical resources, management, professional and craft personnel resources, and other required capabilities, to successfully perform the contract.

SECTION 10 1400-SIGNAGE

PART 1 GENERAL

1.1 SECTION INCLUDES

- A. Interior room signage.
- B. Interior wayfinding signage: independent mounted backlit letters, film artwork on glass; signage to incorporate logo artwork (concept furnished by Architect).
- C. Exterior Dimensional Characters.

1.2 RELATED SECTIONS

- A. Section 10 14 16 Building Plaque.

1.3 REFERENCES

- A. ICC/ANSI A117.1 - Accessible and Useable Buildings and Facilities.

1.4 SUBMITTALS

- A. Submit under provisions of Section 01 33 00 Submittal Procedures.
- B. Product Data: Manufacturer's descriptive literature.
- C. Shop Drawings: Illustrate sign design, letter spacing/layout/font size, confirm sign locations, and dimensions of all signage; provide scale graphic design of film application to be installed to interior glass window wall (Lobby 313).
- D. Selection Samples: One complete set of color chips representing manufacturer's full range of available colors.
- E. Verification Samples: Two full size samples, representing type, style, and color specified including method of attachment.

1.5 QUALITY ASSURANCE

- A. Regulatory Requirements: Comply with requirements of ICC/ANSI A117.1 and ADAAG.

1.6 DELIVERY, STORAGE, AND HANDLING

- A. Inspect products upon receipt. Store products in manufacturer's packaging until ready for installation.

1.7 PROJECT CONDITIONS

- A. Maintain environmental conditions (temperature, humidity, and ventilation) within limits recommended by manufacturer for optimum results.

PART 2 PRODUCTS

2.1 BASIS OF DESIGN

- A. SignPlex, LLC – 4901 Edith Blvd NE, Albuquerque, NM 87107 – 505-341-0213 Attn Gabriel Campolla gabriel@signplex.biz

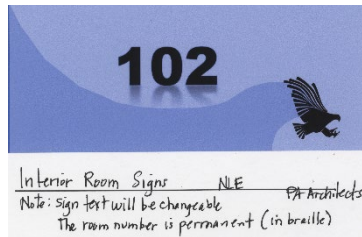
- B. Requests for substitutions will be considered in accordance with provisions of Section 01 63 00 Product Substitution Procedures.

2.2 SIGNS

- A. ADA-Compliant Interior Signage.

2.3 INTERIOR ROOM SIGNAGE SCHEDULE

- A. Style: Vista System V150 curved aluminum frame with:
 1. ADA Insert; clear, non-glare plastic with ADA compliant Grade 2 Braille, and Black raised tactile lettering 1.25 inches tall. Font Jost.
 2. Transparency Inserts
 3. Paper Insert Artwork background include Logo artwork (concept furnished by Architect, see below of this section).
 4. Provide one sign for each interior door. ADA tactile insert with room number.
 5. Provide one tactile exit sign for the interior of each exterior door
 6. Provide signs (two each) for each group Restroom (total of 8 signs).

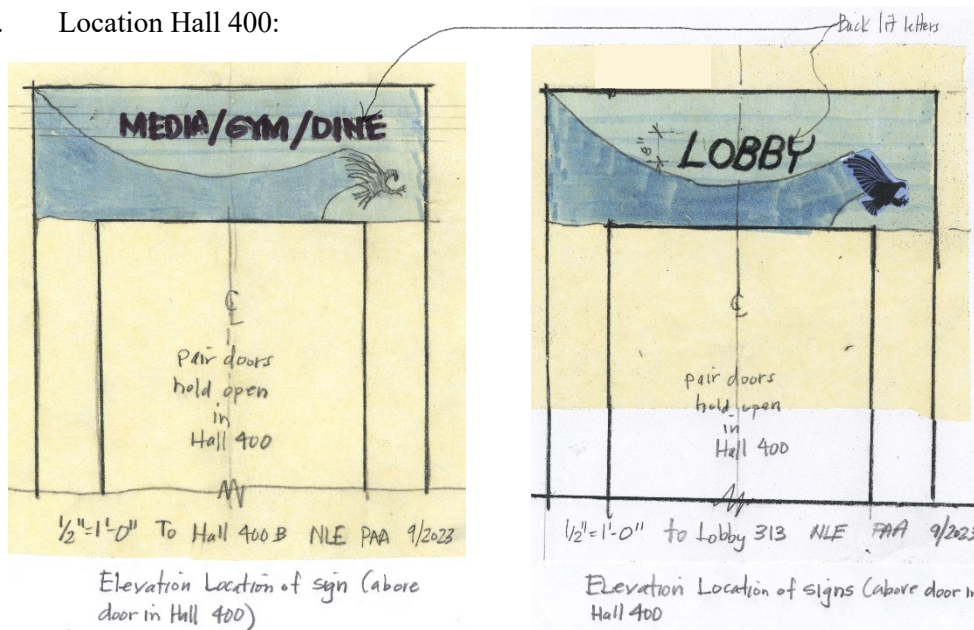


Typical Room Sign

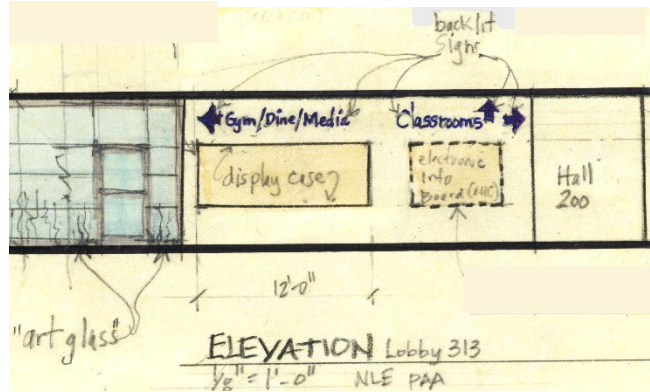
2.4 INTERIOR WAYFINDING SIGNAGE SCHEDULE

- A. Style: Raised letters, cast aluminum, bronze finish, 1/4" thick, font: Jost, LED backlit, and polycarbonate logo graphic (falcon + "swoop" path).

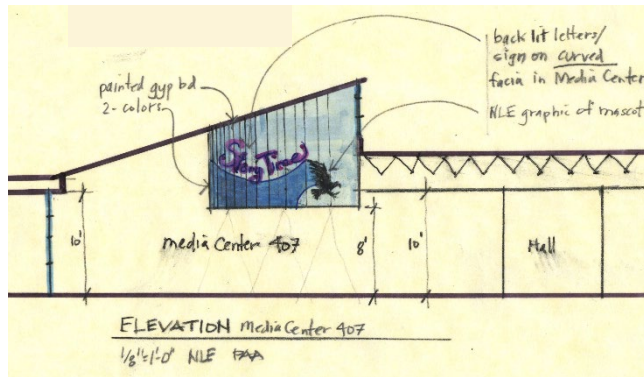
- 1. Location Hall 400:



2. Location Lobby 313:



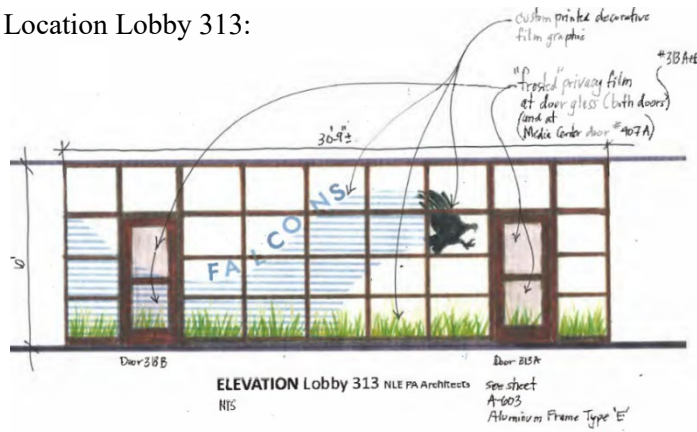
3. Location Media Center 407:



2.5 INTERIOR GRAPHIC FILM ON GLASS

A. Style: Graphic Film on all glass surfaces (interior), including doors.

1. Location Lobby 313:



2.6 EXTERIOR MONUMENT AND INFORMATION SIGNAGE

- A. Style: Cast Aluminum, brushed finish, raised letters/numbers, font: Jost, and polycarbonate logo graphic (falcon + “swoop” path).
 - 1. Location: Freestanding building Monument signs with graphics, total of 5. See Drawing AS-101 SITE PLAN, AS-501 SITE DETAILS.
 - 2. Location: Building Face, three sides, identical sign information/ design. See drawings, A-201 + A-202 BUILDING ELEVATIONS..
- B. Style: Plastic Laminate exterior door signs
 - 1. Location: door signage Rooms 416, 417, 418, 419 (max 18 characters per sign).
- C. Provide all necessary components needed for complete installation of backlighting signage; and connectivity to nearest power supply (see Electrical Drawings for location of nearest power source, power connection by sign installer).

PART 3 EXECUTION

3.1 EXAMINATION

- A. Examine installation areas to ensure that conditions are suitable for installation.
- B. Examine signage for defects prior to installation. Do not install damaged signage.

3.2 PREPARATION

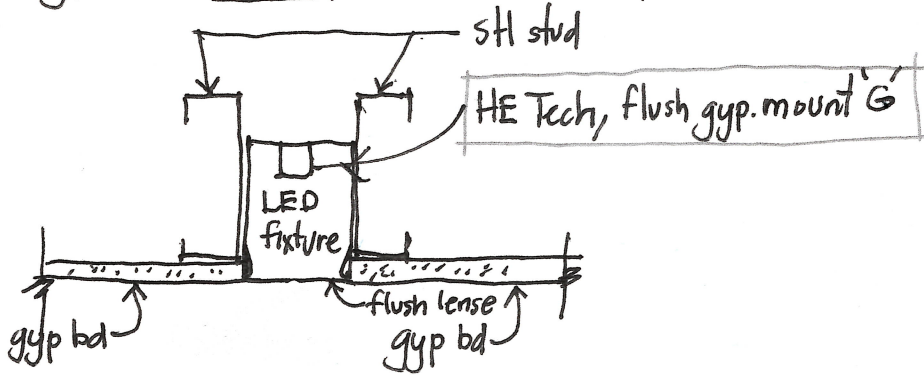
- A. Verify mounting heights and locations for interior signage will comply with referenced standards.
- B. Clean mounting locations of dirt, dust, grease, or similar conditions that would prevent proper installation.

3.3 INSTALLATION

- A. Install signs level, plumb, without distortion, and in proper relationship with adjacent surfaces using manufacturer's recommended standard mounting system dependent upon sign location.
 - 1. Mount with vinyl foam tape.
 - 2. Mount with screws.
 - 3. Mount with silicone and vinyl foam tape.
- B. Remove adhesive from exposed sign surfaces as recommended by manufacturer.
- C. Clean signs after installation as recommended by manufacturer.

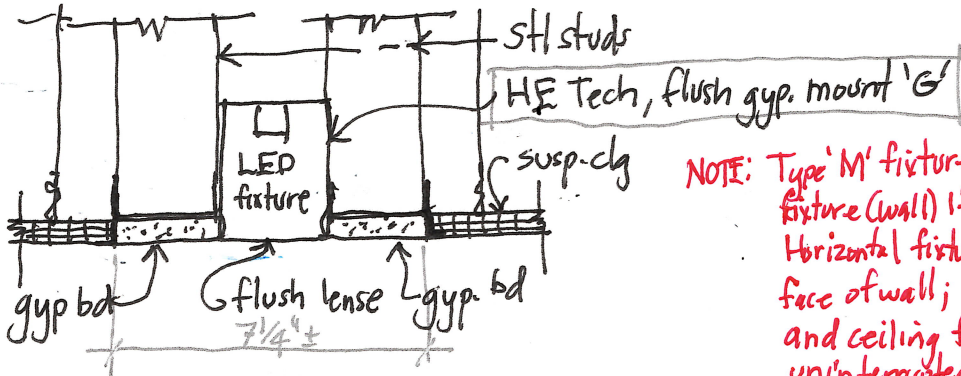
END OF SECTION 10 1400

Type 'M' (vertical install in Hall 100 & 200, total of 10)



WALL in HALL 100 & 200
see sheet A-104, E101, note 16, for intervals and locations

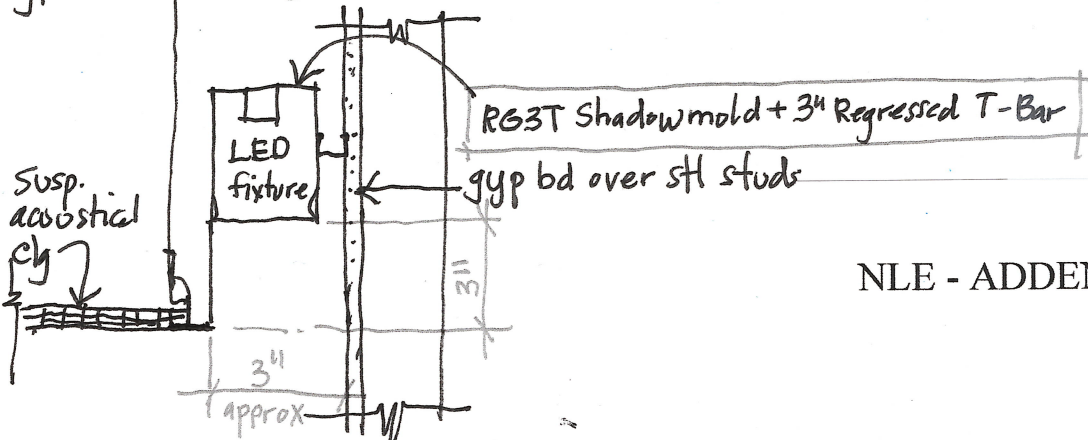
Type 'M' (horizontal install in Hall 100 & 200, total of 10)



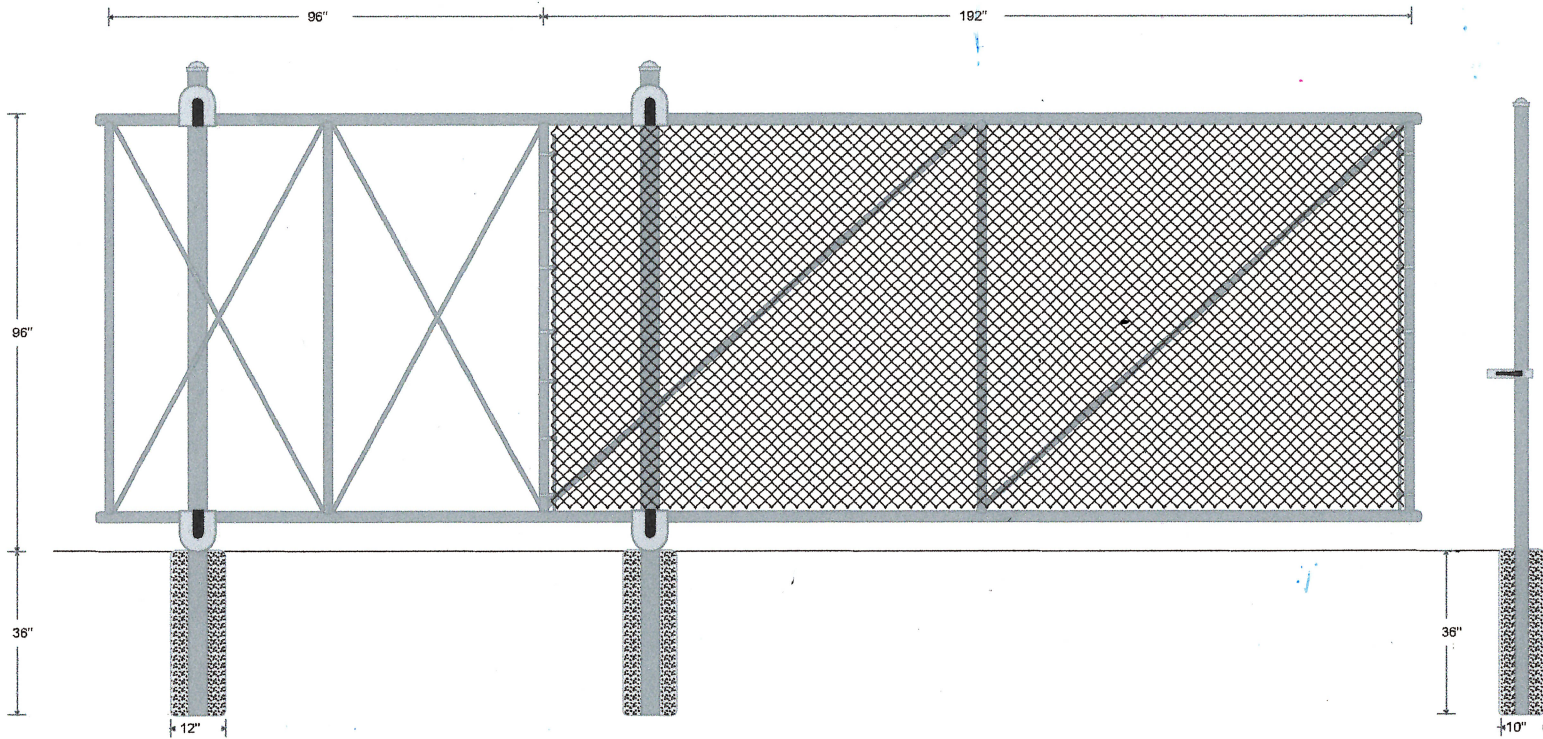
NOTE: Type 'M' fixture installation: Vertical fixture (wall) 1'-0" up from finish floor; Horizontal fixture (ceiling) 2'-0" from face of wall; the intersection of wall and ceiling fixtures shall be uninterrupted (no gap) for continuous appearance.

CEILING in Hall 100 & 200
see sheet A-104, E101, note 16, for intervals and locations

Type 'N' (ceiling continuous pocket in Hall)



CEILING in Hall 100 & 200
see sheet A-104, A-301, note 30 Section E1, sheet E101



96" tall Chainlink Fabric with Knuckle / Knuckle Selvage and 2" Mesh Size.

140" tall, 4" diameter Gate Posts with 12" post footing diameter and 36" post footing depth.

132" tall, 2 7/8" diameter Latch Post with 10" post footing diameter and 36" post footing depth.

The opening width of the Cantilever Gate is 16' *field verify.*

The gate frame is constructed with 2 3/8" pipe for the horizontals, 1 7/8" pipe for the verticals, 1 5/8" pipe for the diagonals.

Gate is hung using Cantilever Gate Rollers with Covers. Gate is secured with a Cantilever Latch.

Maximum Brace Spacing on Gate Side: 160"

Maximum Brace Spacing on Brace Side: 60"

Tie Wire Spacing is every 24" on Rails.

AMERICAN
FENCE COMPANY
Securing America Since 1948

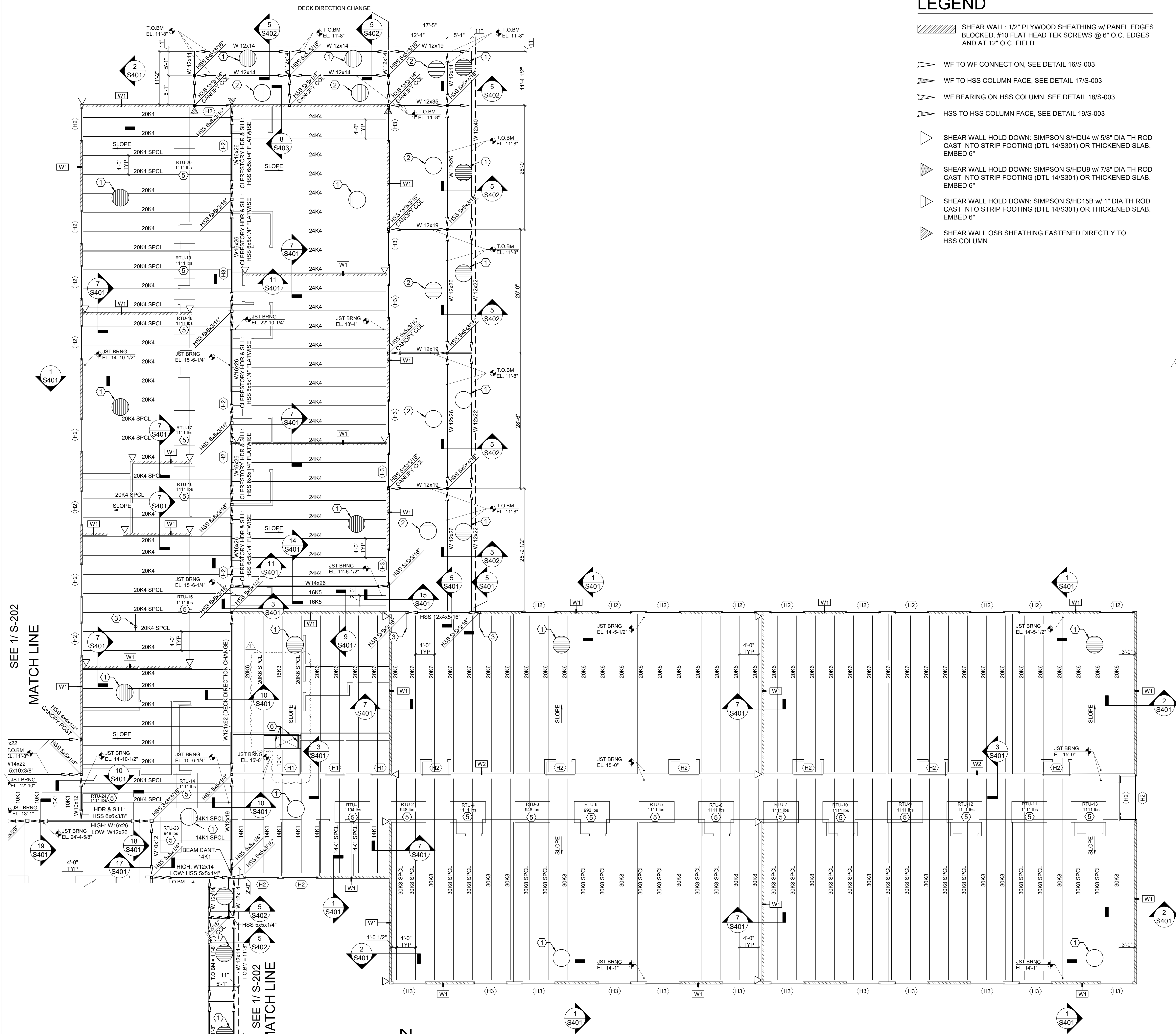
AMERICAN FENCE COMPANY
9634 2nd St
ALBUQUERQUE, NM 87114
(602) 272-2333

NANCY LOPEZ ES
ADDENDUM #5

96" X 16' Chainlink Cantilever Gate

Drawn: 4/9/2024
File:

SKA-4



LEGEND

- SHEAR WALL: 1/2" PLYWOOD SHEATHING w/ PANEL EDGES BLOCKED. #10 FLAT HEAD TEK SCREWS @ 6" O.C. EDGES AND AT 12" O.C. FIELD
- WF TO WF CONNECTION, SEE DETAIL 16/S-003
- WF TO HSS COLUMN FACE, SEE DETAIL 17/S-003
- WF BEARING ON HSS COLUMN, SEE DETAIL 18/S-003
- HSS TO HSS COLUMN FACE, SEE DETAIL 19/S-003
- SHEAR WALL HOLD DOWN: SIMPSON S/HDU4 w/ 5/8" DIA TH ROD CAST INTO STRIP FOOTING (DTL 14/S301) OR THICKENED SLAB. EMBED 6"
- SHEAR WALL HOLD DOWN: SIMPSON S/HDU9 w/ 7/8" DIA TH ROD CAST INTO STRIP FOOTING (DTL 14/S301) OR THICKENED SLAB. EMBED 6"
- SHEAR WALL HOLD DOWN: SIMPSON S/HD15B w/ 1" DIA TH ROD CAST INTO STRIP FOOTING (DTL 14/S301) OR THICKENED SLAB. EMBED 6"
- SHEAR WALL OSB SHEATHING FASTENED DIRECTLY TO HSS COLUMN

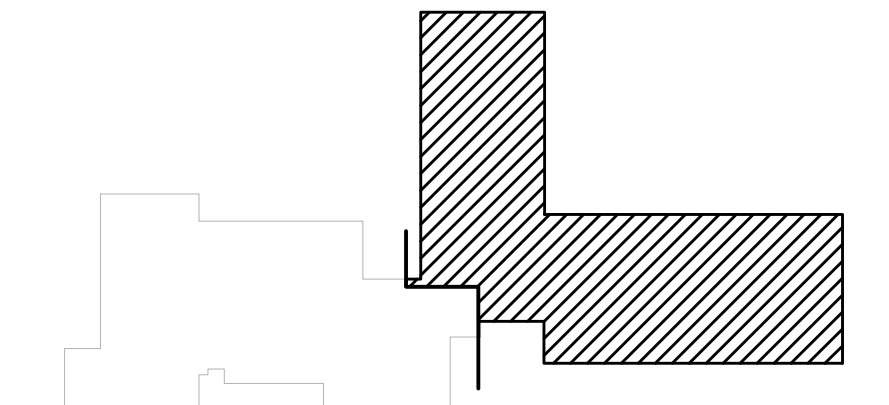
KEYED NOTES:

- 1 1-1/2" TYPE "B", 20 GAUGE, GALV & PAINTED METAL DECK WITH NESTABLE SIDELAPS. FASTEN DECK TO SUPPORTS PERPENDICULAR TO RIBS w/ (4) 5/8" DIA PUDDLE WELDS PER 36" WIDE SHEET AND TO SUPPORTS PARALLEL TO RIBS w/ 5/8" DIA PUDDLE WELDS @ 12" O.C. ATTACH SIDELAPS w/ #10 TEK SCREWS @ 12" O.C.
 - 2 3" TYPE "3N", 16 GAUGE, GALV & PAINTED METAL DECK WITH NESTABLE SIDELAPS. FASTEN DECK TO SUPPORTS PERPENDICULAR TO RIBS w/ (4) 5/8" DIA PUDDLE WELDS PER 36" WIDE SHEET AND TO SUPPORTS PARALLEL TO RIBS w/ 5/8" DIA PUDDLE WELDS @ 12" O.C. ATTACH SIDELAPS w/ #10 TEK SCREWS @ 12" O.C.
 - 3 DRAG STRUT TO METAL DECK, SEE DETAIL 13/S401
 - 4 CEILING HOOK FOR PHYSICAL THERAPY APPARATUS. COORDINATE EXACT LOCATION w/ ARCH. SEE DETAIL 4/S-403 FOR ATTACHMENT.
 - 5 ROOF TOP MECHANICAL UNIT. COORDINATE EXACT LOCATION AND WEIGHT w/ ARCH. DECK PENETRATION IN ACCORDANCE WITH DETAIL 12/S003.
 - 6 K-SERIES JOIST HEADER FOR OPENING. SEE DETAIL 16/S-401. COORDINATE EXACT LOCATION w/ ARCH. DECK PENETRATION IN ACCORDANCE WITH DETAIL 12/S003.
- H1** BOX HEADER: VERT: (2) 600S200-43mil, 33ksi w/ SIMPSON SHH6 AT EACH END. LATERAL: 600T150-54mil TOP & BOTTOM TRACK. SILL: 600T150-43mil. JAMB: (2) 600S200-43mil BACK-TO-BACK)
- H2** BOX HEADER: VERT: (2) 800S200-54mil, 50ksi w/ SIMPSON SHH6 AT EACH END. LATERAL: 600T150-54mil TOP & BOTTOM TRACK. SILL: 600T150-43mil. JAMB: (2) 600S162-54mil 50ksi BACK-TO-BACK)
- H3** BOX HEADER: VERT: (2) 1000S200-68mil, 50ksi w/ SIMPSON SHH6 AT EACH END. LATERAL: 600T150-54mil TOP & BOTTOM TRACK. SILL: 600T200-54mil. JAMB: (2) 600S250-54mil 50ksi BACK-TO-BACK)
- W1** 6" LIGHT GAUGE STUDS
STUDS: 600S200-43mil, 33ksi @ 16" O.C.
BRIDGING: SEE 5/S003
TOP TRACK: 600T200-43mil, 33ksi
BTM TRACK: 600T150-43mil, 33ksi w/ 5/8" DIA ANCHORS @ 32" O.C.
NOTE: THIS WALL TYPE IS APPLICABLE TO EXTERIOR INFILL WALLS UP TO 12FT. SEE DTL 11/S-401.
- W2** 6" LIGHT GAUGE STUDS
STUDS: 600S250-68mil, 50ksi @ 16" O.C.
BRIDGING: SEE 5/S003
TOP TRACK: 600T150-68mil, 50ksi
BTM TRACK: 600T150-43mil, 33ksi w/ 5/8" DIA ANCHORS @ 32" O.C.
- W3** 8" LIGHT GAUGE STUDS
STUDS: 800S250-54mil, 50ksi @ 16" O.C.
BRIDGING: SEE 5/S003
TOP TRACK: 800T200-43mil, 33ksi
BTM TRACK: 800T200-43mil, 33ksi

SEE 1/S-202
MATCH LINE

SEE 1/S-202
MATCH LINE

A1 EAST ROOF FRAMING PLAN
SCALE: 1/8" = 1'-0"



KEY PLAN
NTS

architects
PA ARCHITECTS
12400 MENAUL NE
ALBUQUERQUE
NEW MEXICO 87112
PHONE: 505.275.3880
FAX: 505.234.1633
WWW.PAARCHITECTS.NET

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Structural Engineers
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6913 Shoshone Rd NE
Albuquerque, NM 87110
INFO@LTSNG.COM
505.424.3332 www.LTSNG.com

CONSULTANTS
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NANCY LOPEZ
ELEMENTARY
SCHOOL

1600 E. TILDEN
STREET
ROSWELL,
NEW MEXICO
88203

OWNER:
ROSWELL
INDEPENDENT
SCHOOL
DISTRICT

MARK	DATE	DESCRIPTION
1	04/12/2024	ADDENDUM 5
2	12/22/2023	PERMIT

LEGEND

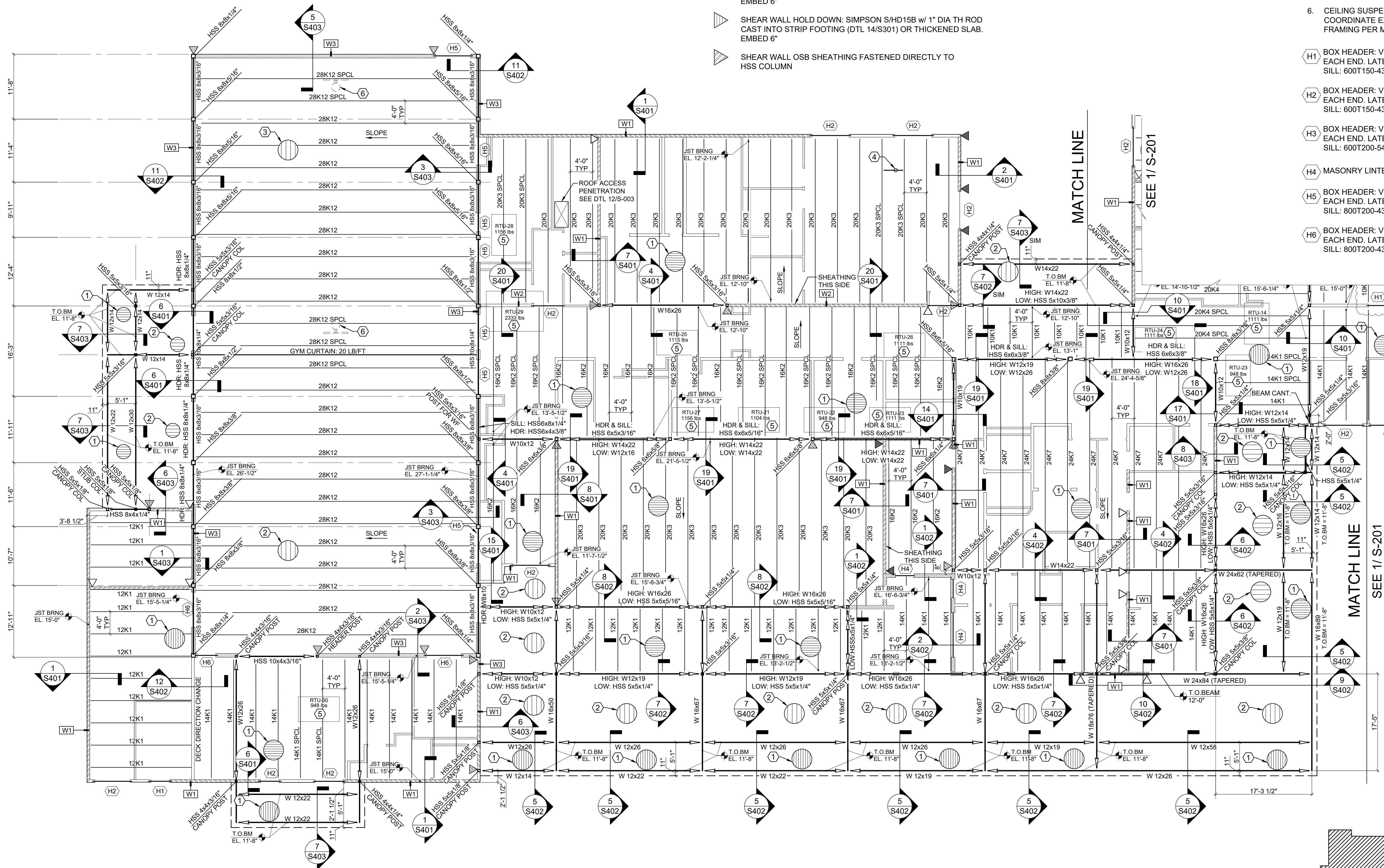
- SHEAR WALL: 1/2" PLYWOOD SHEATHING w/ PANEL EDGES BLOCKED, #10 FLAT HEAD TEK SCREWS @ 6" O.C. EDGES AND @ 12" O.C. FIELD
- SHEAR WALL: BOTH SIDES OF WALL w/ 1/2" PLYWOOD SHEATHING w/ PANEL EDGES BLOCKED, #10 FLAT HEAD TEK SCREWS @ 6" O.C. EDGES AND @ 12" O.C. FIELD
- 8" CMU w/ #5 VERTICAL @ 8" O.C. AND DURO-Q-WALL LADDER TYPE REINFORCING EVERY COURSE. SOLID GROUT
- WF TO WF CONNECTION, SEE DETAIL 16/S-003
- WF TO HSS COLUMN FACE, SEE DETAIL 17/S-003
- WF BEARING ON HSS COLUMN, SEE DETAIL 18/S-003
- HSS TO HSS COLUMN FACE, SEE DETAIL 19/S-003
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- SHEAR WALL OSB SHEATHING FASTENED DIRECTLY TO HSS COLUMN

KEYED NOTES:

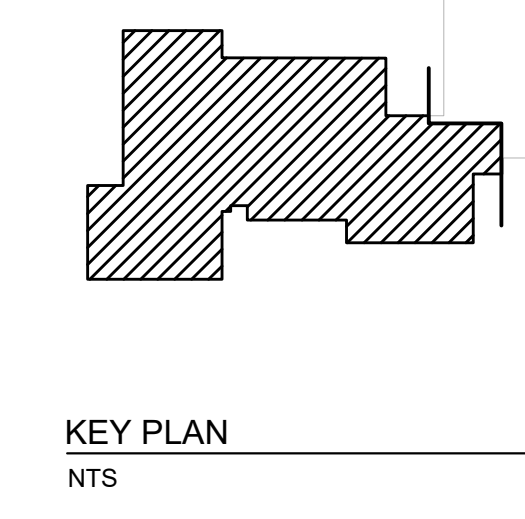
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NOTE: THIS WALL TYPE IS APPLICABLE TO EXTERIOR INFILL WALLS UP TO 12 FT. SEE DTL 11/S-401.
- W2** 6" LIGHT GAUGE STUDS
STUDS: 600S250-54mil, 50ksi @ 16" O.C.
BRIDGING: SEE 5/S003
TOP TRACK: 600T150-68mil, 50ksi
BTM TRACK: 600T150-43mil, 33ksi w/ 5/8" DIA ANCHORS @ 32" O.C.
- W3** 8" LIGHT GAUGE STUDS
STUDS: 800S250-54mil, 50ksi @ 16" O.C.
BRIDGING: SEE 5/S003
TOP TRACK: 800T200-43mil, 33ksi
BTM TRACK: 800T200-43mil, 33ksi

KEYED NOTES:

- 1 1-1/2" TYPE "B", 20 GAUGE, GALV & PAINTED METAL DECK WITH NESTABLE SIDELAPS. FASTEN DECK TO SUPPORTS PERPENDICULAR TO RIBS w/ (4) 5/8" DIA PUDDLE WELDS PER 36" WIDE SHEET AND TO SUPPORTS PARALLEL TO RIBS w/ 5/8" DIA PUDDLE WELDS @ 12" O.C. ATTACH SIDELAPS w/ #10 TEK SCREWS @ 12" O.C.
 - 2 3" TYPE "3N", 16 GAUGE, GALV & PAINTED METAL DECK WITH NESTABLE SIDELAPS. FASTEN DECK TO SUPPORTS PERPENDICULAR TO RIBS w/ (4) 5/8" DIA PUDDLE WELDS PER 36" WIDE SHEET AND TO SUPPORTS PARALLEL TO RIBS w/ 5/8" DIA PUDDLE WELDS @ 12" O.C. ATTACH SIDELAPS w/ #10 TEK SCREWS @ 12" O.C.
 - 3 3" TYPE "3NA", ACOUSTIC, 20 GAUGE, GALV & PAINTED METAL DECK WITH NESTABLE SIDELAPS. FASTEN DECK TO SUPPORTS PERPENDICULAR TO RIBS w/ (4) 5/8" DIA PUDDLE WELDS PER 36" WIDE SHEET AND TO SUPPORTS PARALLEL TO RIBS w/ 5/8" DIA PUDDLE WELDS @ 12" O.C. CLINCH OR BUTTON PUNCH SIDE LAPS @ 12" O.C.
 - 4 CEILING HOOK FOR PHYSICAL THERAPY APPARATUS. COORDINATE EXACT LOCATION w/ ARCH. SEE DETAIL 4/S-403 FOR ATTACHMENT.
 - 5 ROOF TOP MECHANICAL UNIT. COORDINATE EXACT LOCATION AND WEIGHT w/ ARCH. DECK PENETRATION IN ACCORDANCE WITH DETAIL 12/S003.
 - 6 CEILING SUSPENDED BASKETBALL HOOP AND BACKBOARD. COORDINATE EXACT LOCATION w/ ARCH. ATTACHMENT TO ROOF FRAMING PER MANUFACTURER.
- H1** BOX HEADER: VERT: (2) 600S200-43mil, 33ksi w/ SIMPSON SHH6 AT EACH END. LATERAL: 600T150-54mil TOP & BOTTOM TRACK. SILL: 600T150-43mil. JAMB: (2) 600S200-43mil BACK-TO-BACK)
 - H2** BOX HEADER: VERT: (2) 800S200-54mil, 50ksi w/ SIMPSON SHH6 AT EACH END. LATERAL: 600T150-54mil TOP & BOTTOM TRACK. SILL: 600T150-43mil. JAMB: (2) 800S250-54mil 50ksi BACK-TO-BACK)
 - H3** BOX HEADER: VERT: (2) 1000S200-68mil, 50ksi w/ SIMPSON SHH6 AT EACH END. LATERAL: 600T150-54mil TOP & BOTTOM TRACK. SILL: 600T200-54mil. JAMB: (2) 800S250-54mil 50ksi BACK-TO-BACK)
 - H4** MASONRY LINTEL - SEE DETAIL 3/S402
 - H5** BOX HEADER: VERT: (2) 600S200-43mil, 33ksi w/ SIMPSON SHH6 AT EACH END. LATERAL: 600T200-43mil TOP & BOTTOM TRACK. SILL: 800T200-43mil. JAMB: (2) 800S250-54mil 50ksi BACK-TO-BACK)
 - H6** BOX HEADER: VERT: (2) 800S250-54mil, 33ksi w/ SIMPSON SHH6 AT EACH END. LATERAL: 800T200-43mil TOP & BOTTOM TRACK. SILL: 800T200-43mil. JAMB: (2) 800S250-54mil 50ksi BACK-TO-BACK)



1 WEST ROOF FRAMING PLAN
SCALE: 1/8" = 1'-0"



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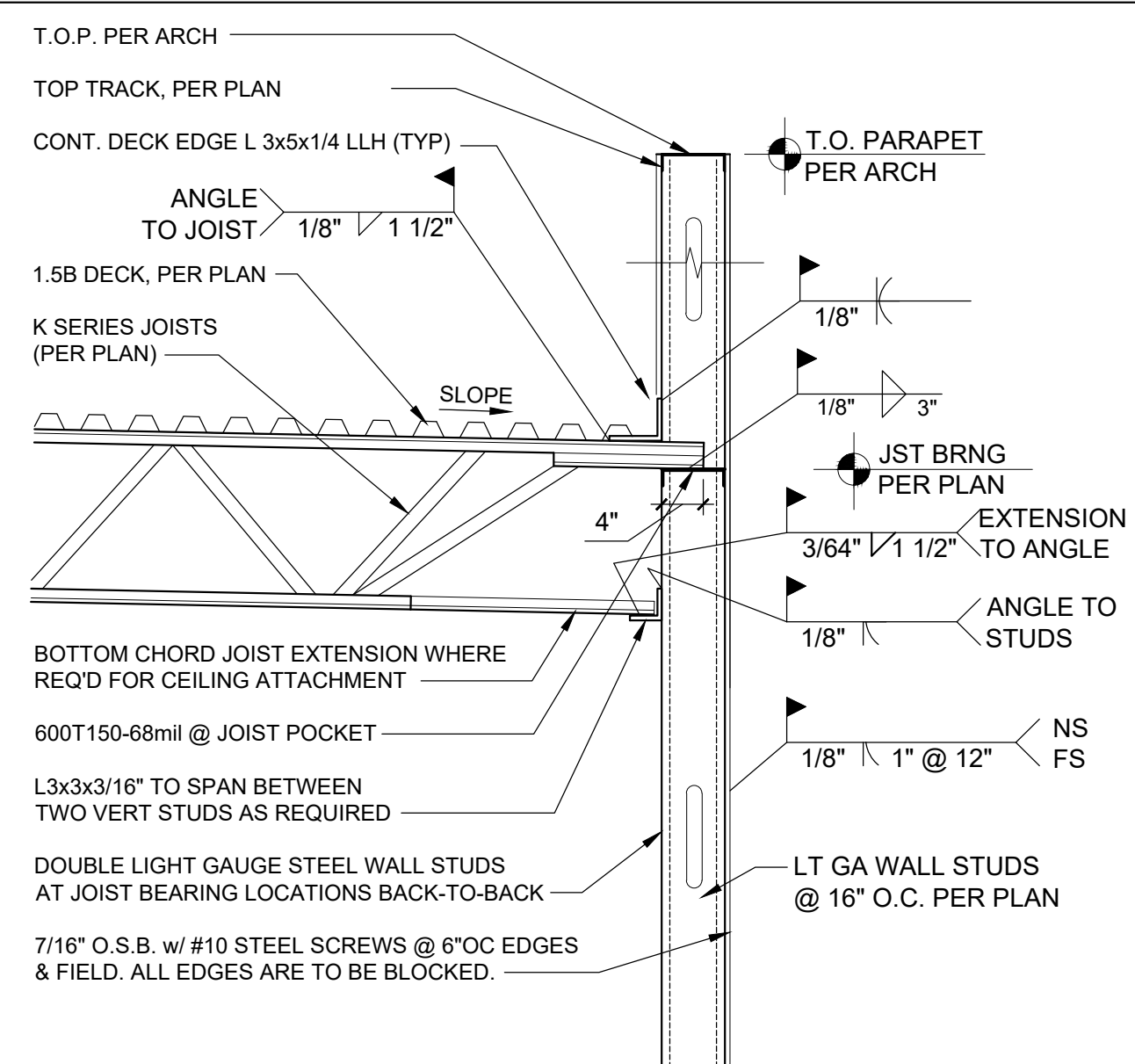
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03	12/22/2023	PERMIT

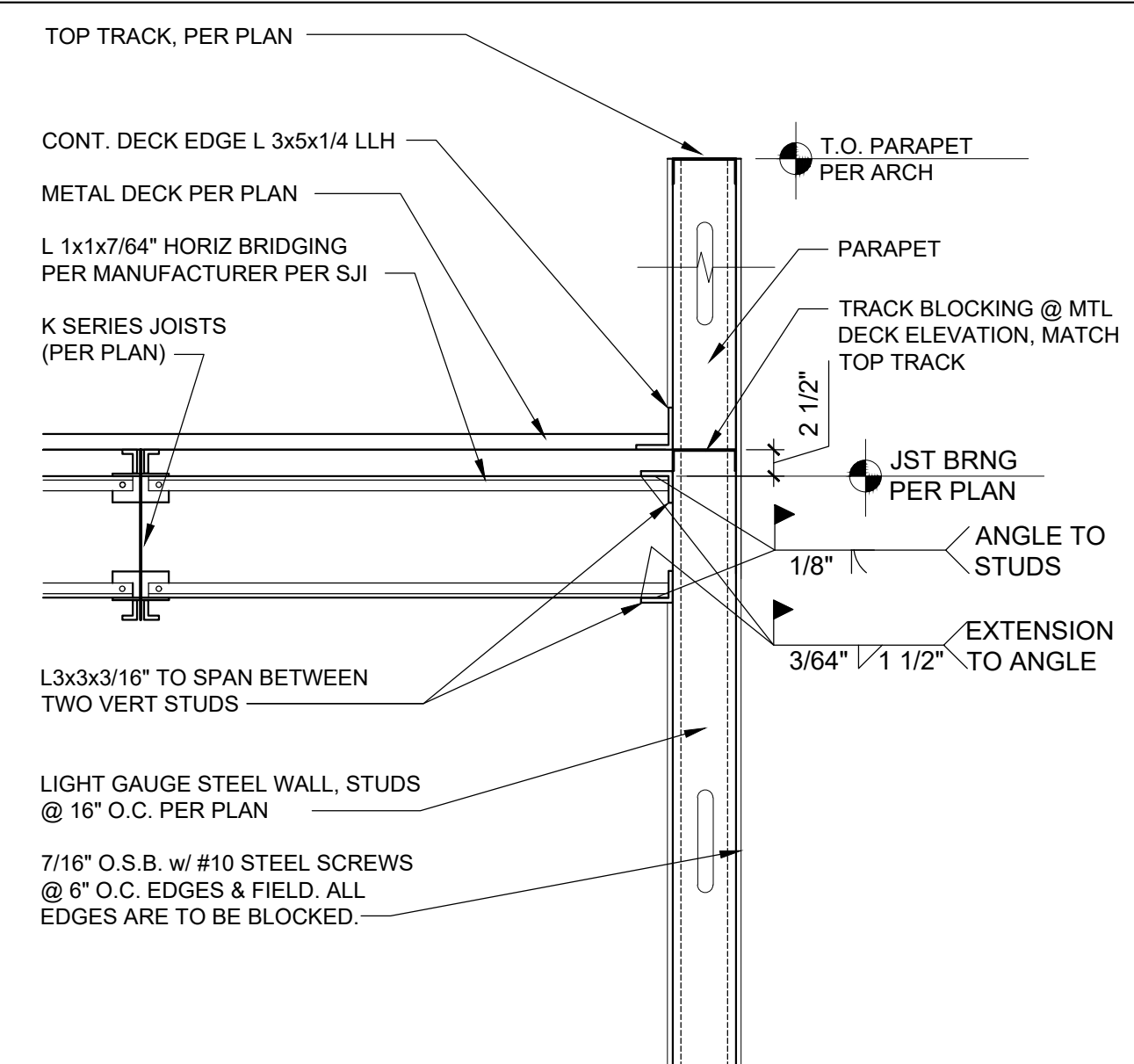
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WEST ROOF
FRAMING
PLAN

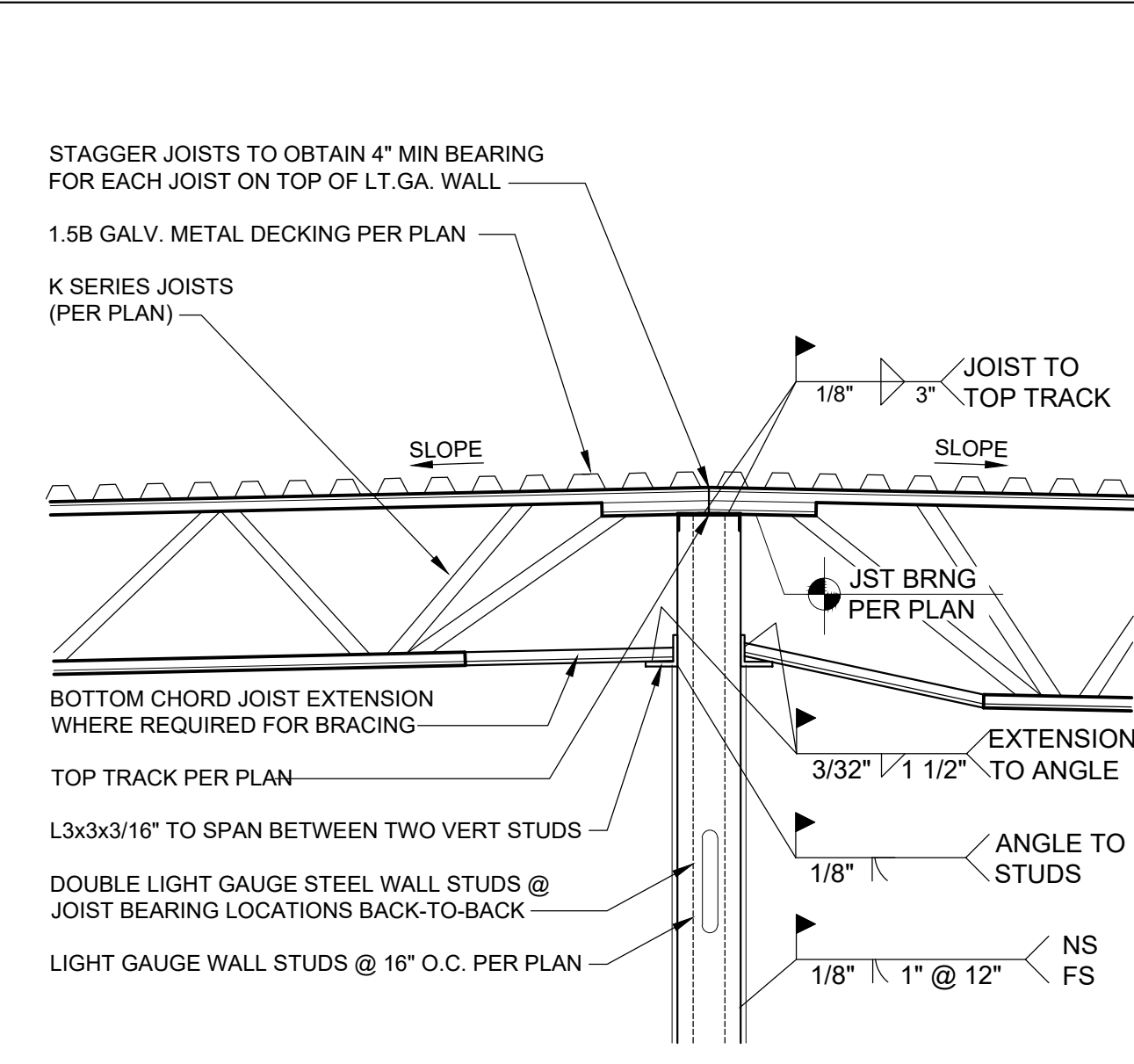
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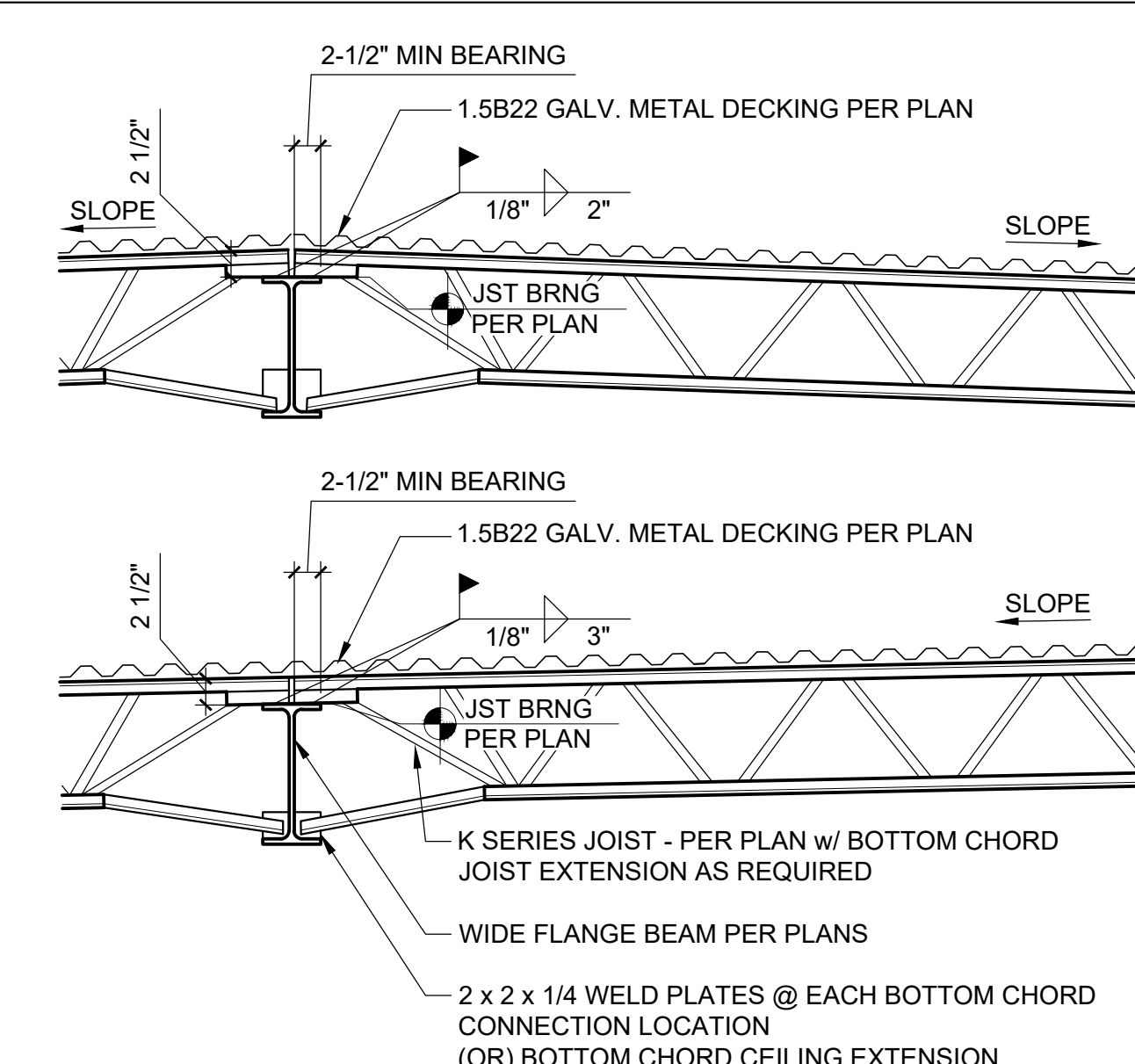
1 K SERIES JOIST BEARING ON LT GAUGE WALL
S401/ 3/4" = 1'-0"



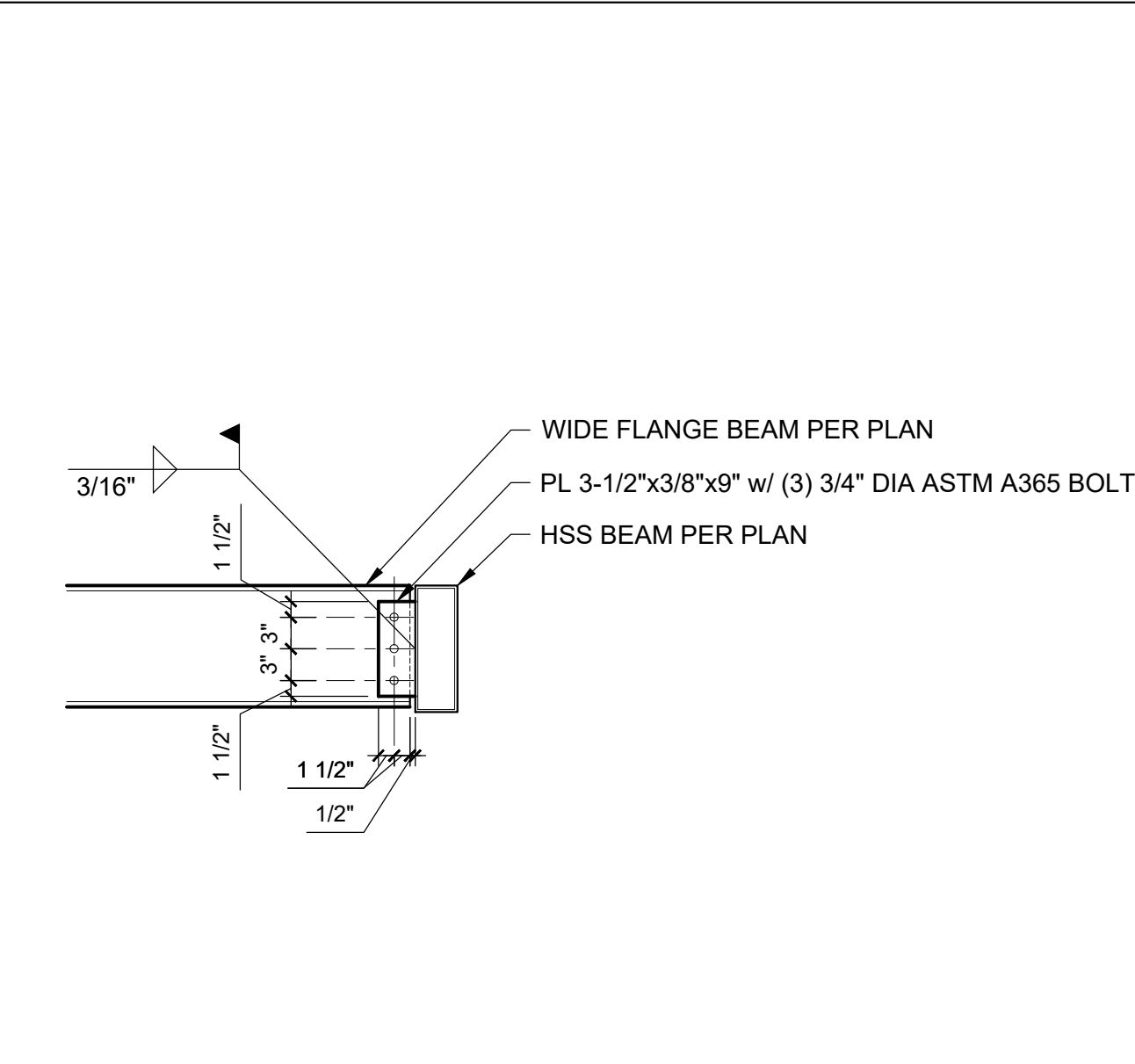
2 K SERIES JOIST PARALLEL TO EXTERIOR WALL
S401/ 3/4" = 1'-0" LIGHT GA. STEEL WALL



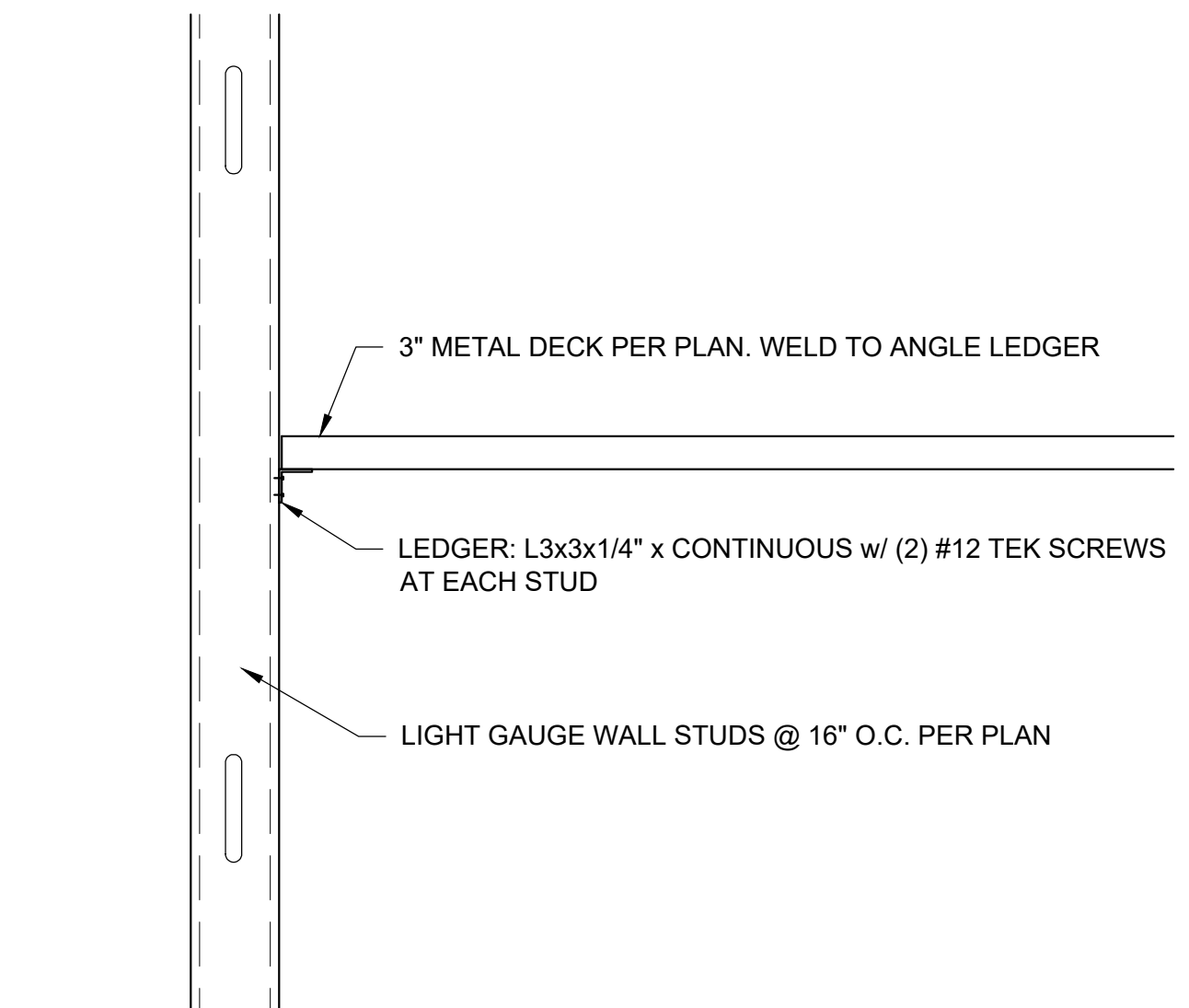
3 K SERIES JOIST TO LT GAUGE STEEL STUDS
S401/ 3/4" = 1'-0" INTERIOR LOAD BEARING WALL



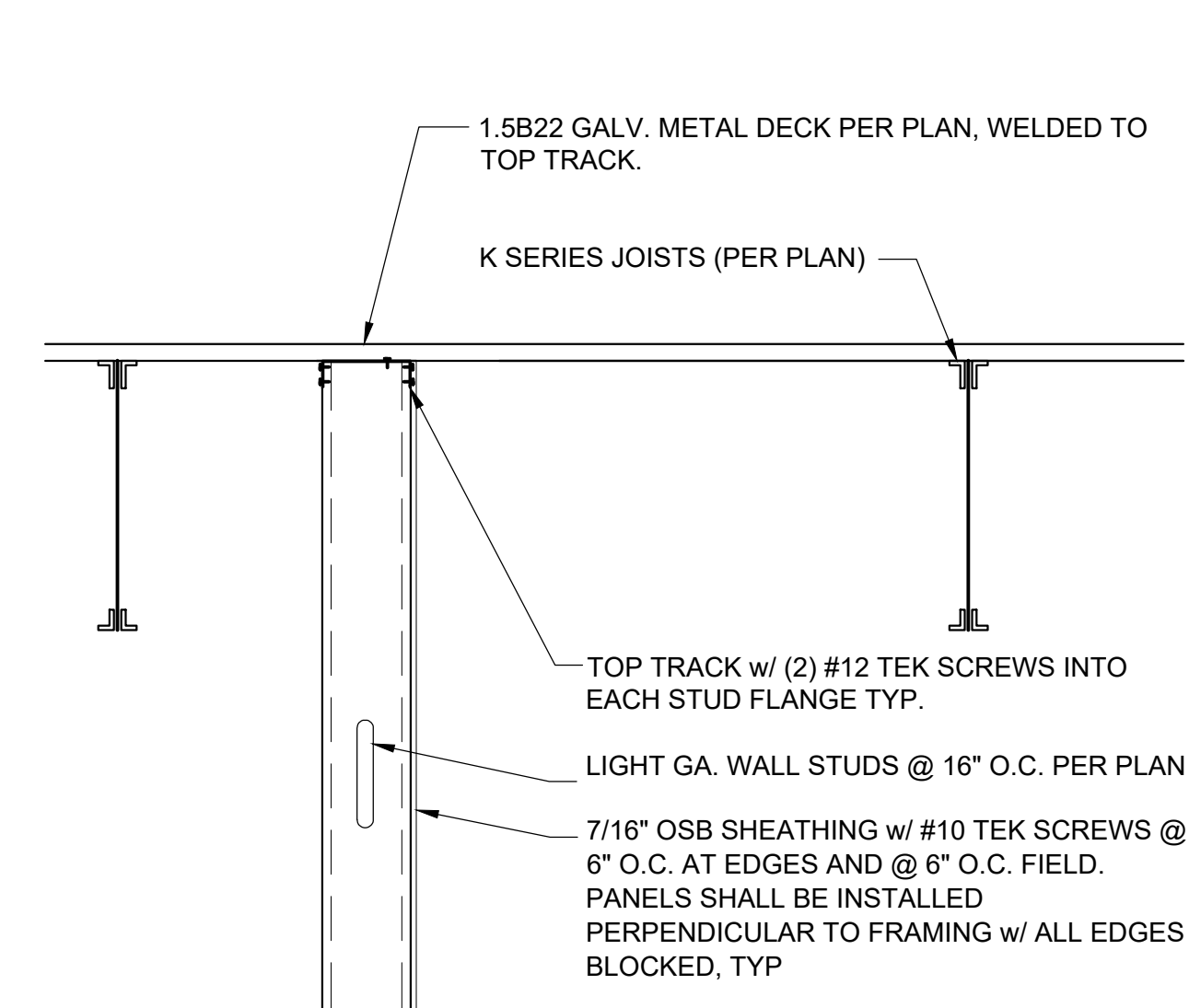
4 K SERIES JOISTS TO WIDE FLANGE BEAM
S401/ 3/4" = 1'-0"



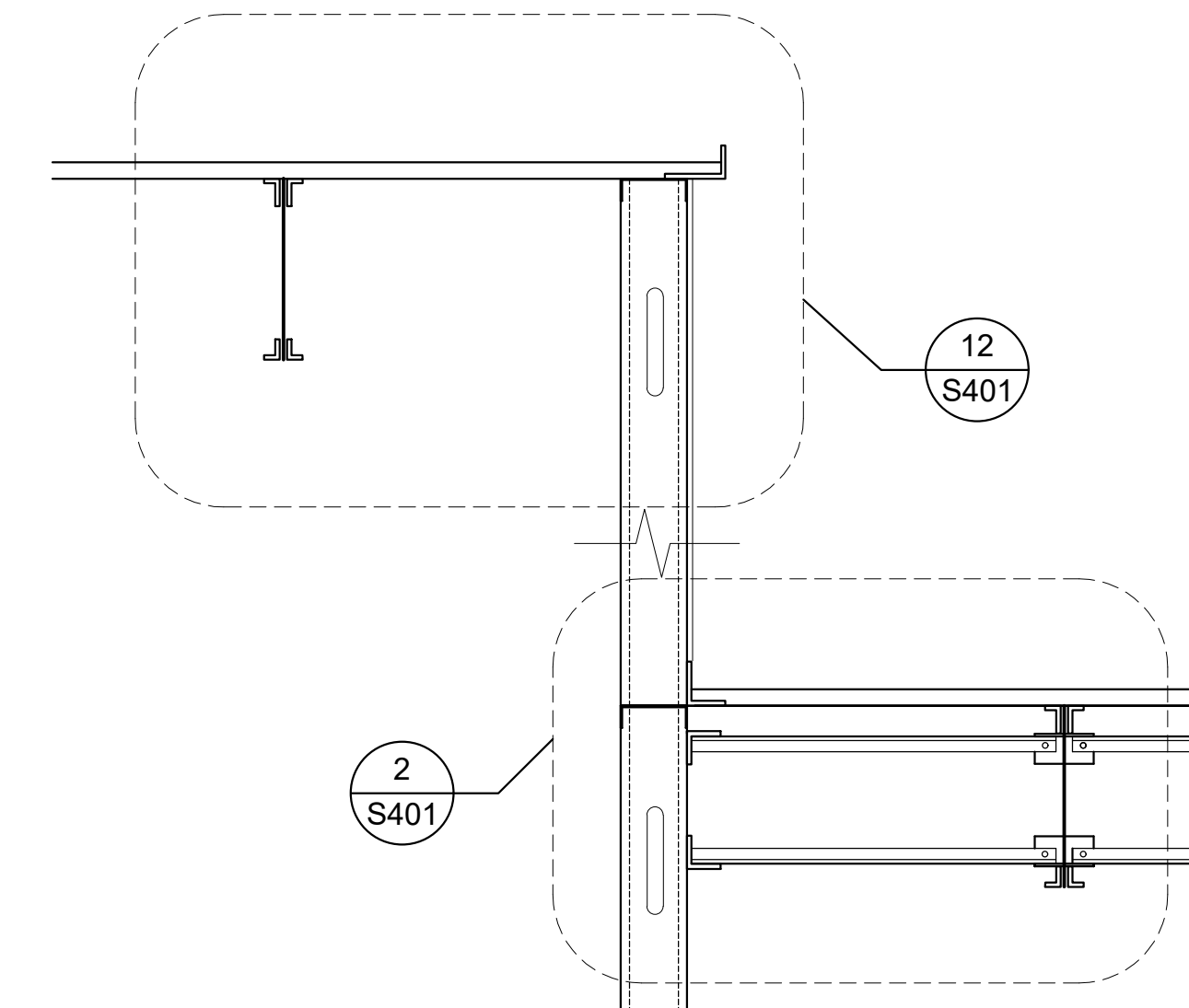
5 WIDE FLANGE BEAM TO HSS BEAM CONNECTION
S401/ 3/4" = 1'-0"



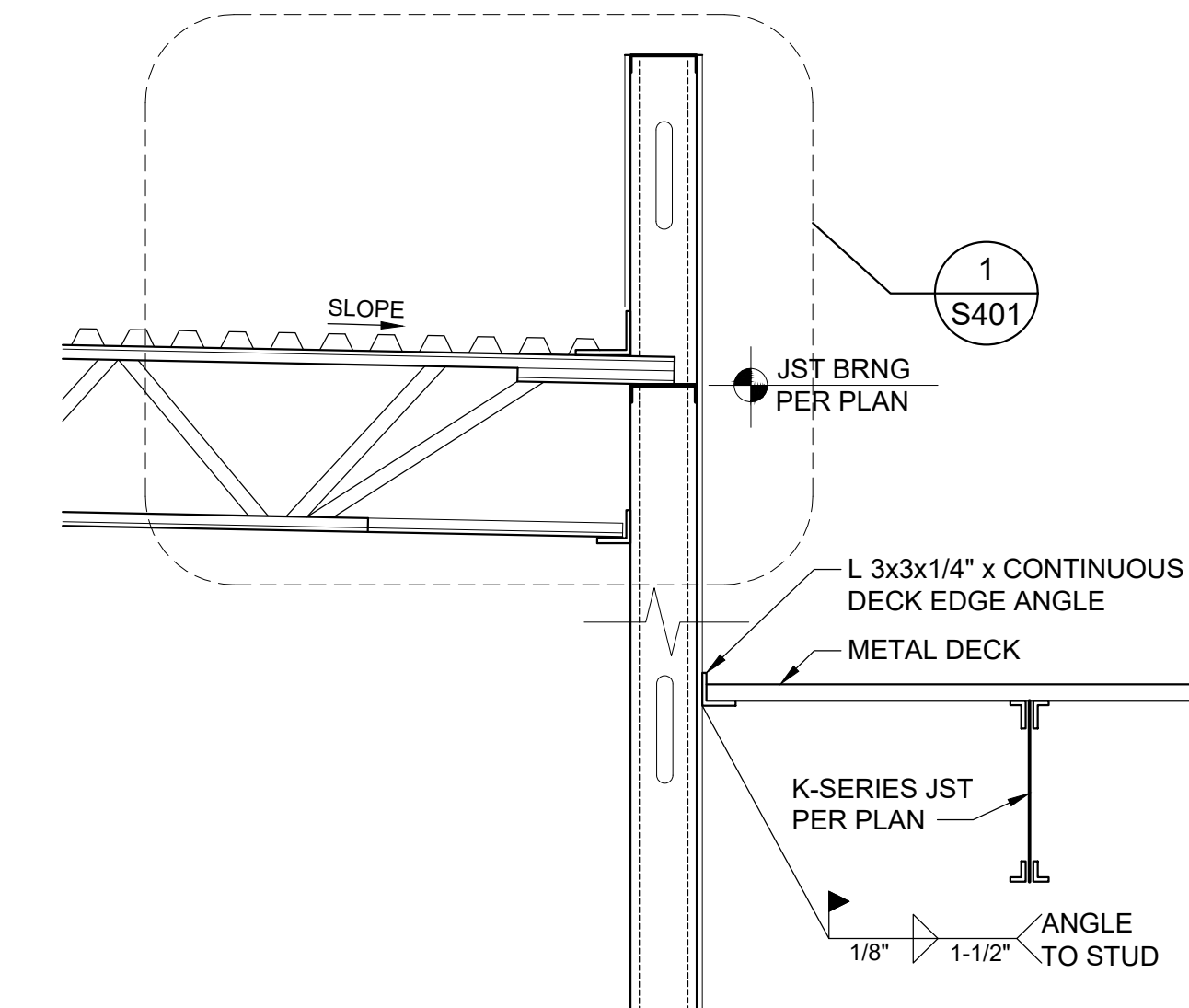
6 CANOPY DECK TO EXTERIOR WALL
S401/ 3/4" = 1'-0"



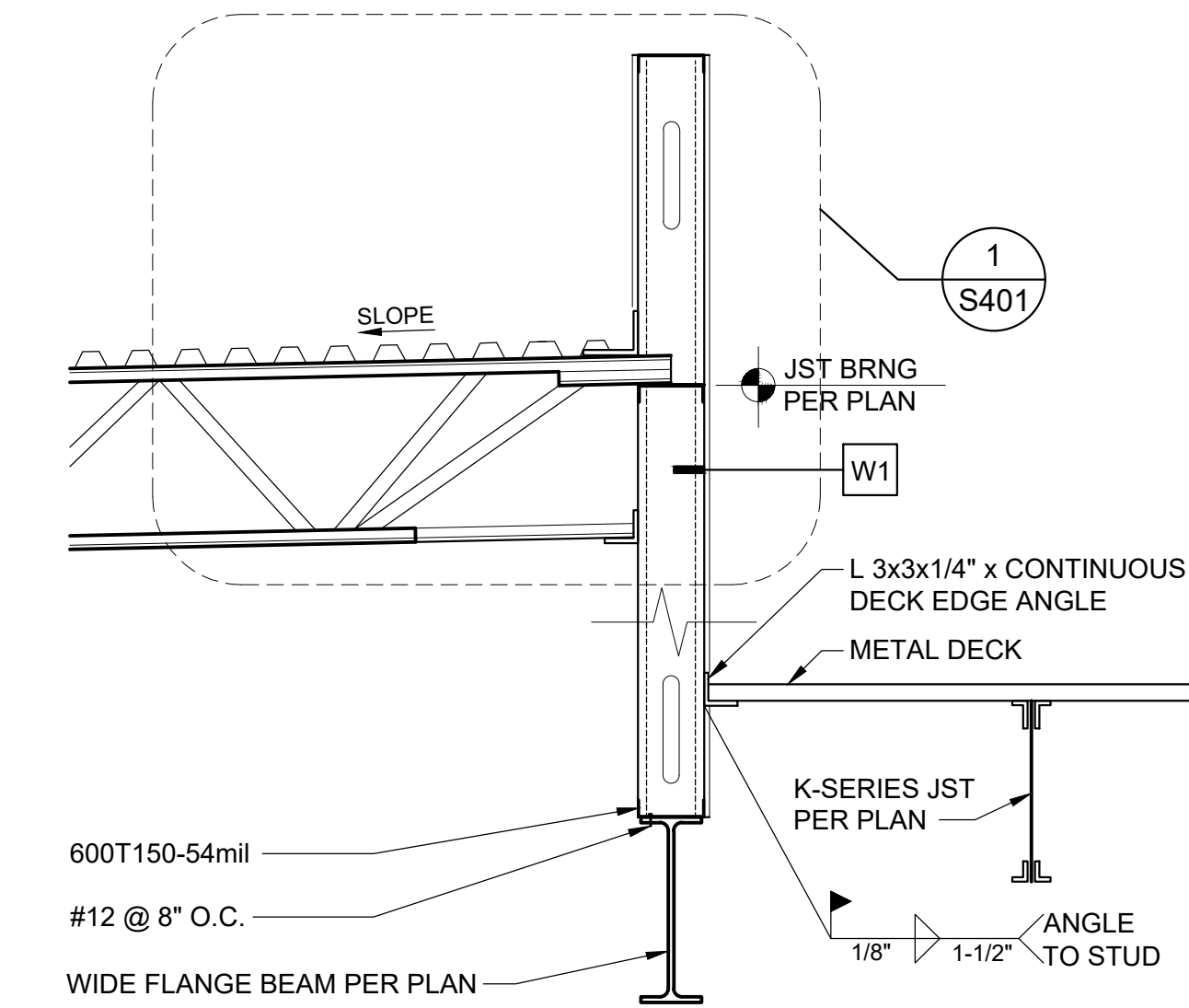
7 SHEAR WALL PARALLEL TO FRAMING
S401/ 3/4" = 1'-0"



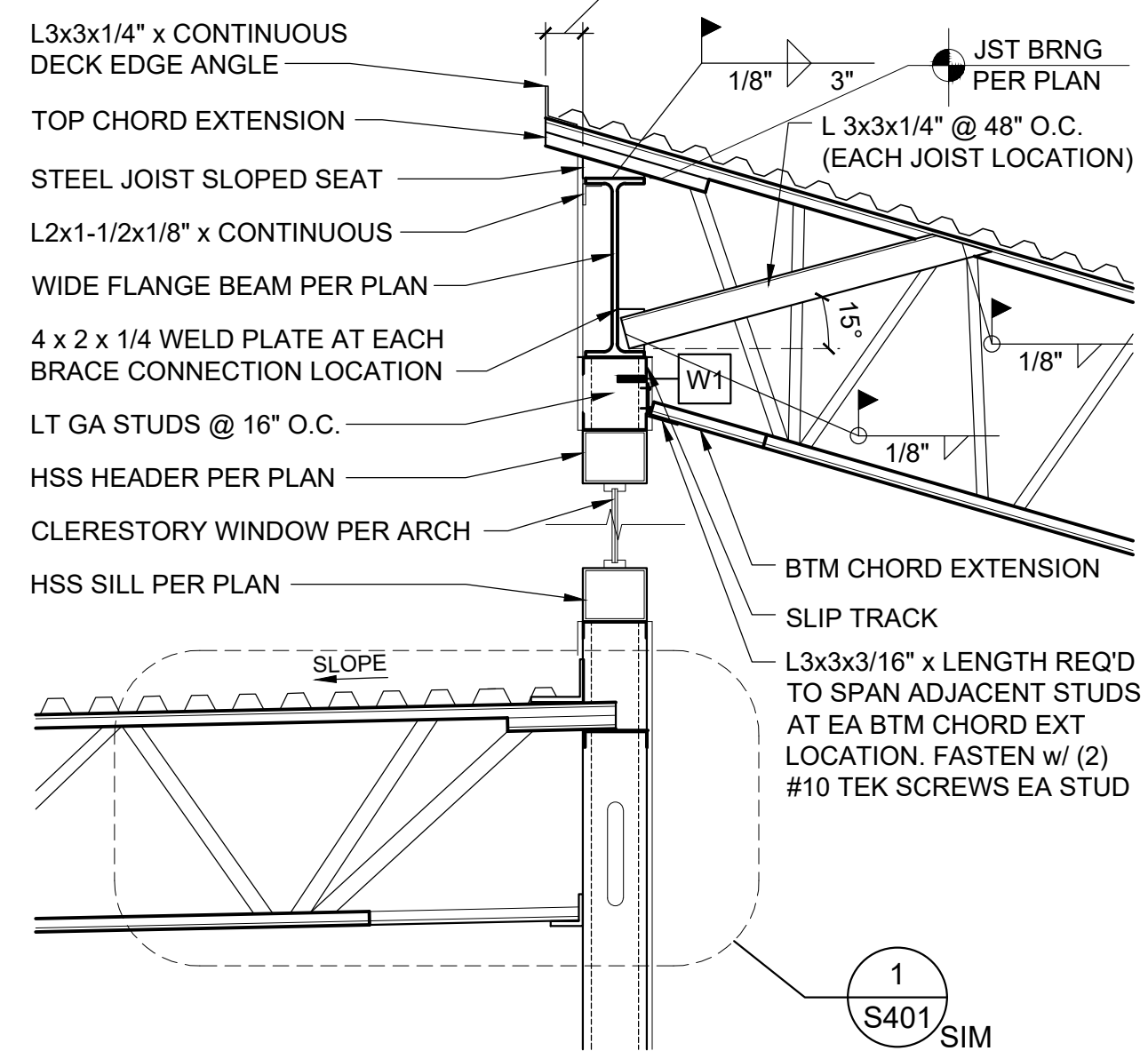
8 K-SERIES JOISTS AT VARYING ELEVATIONS
S401/ 3/4" = 1'-0"



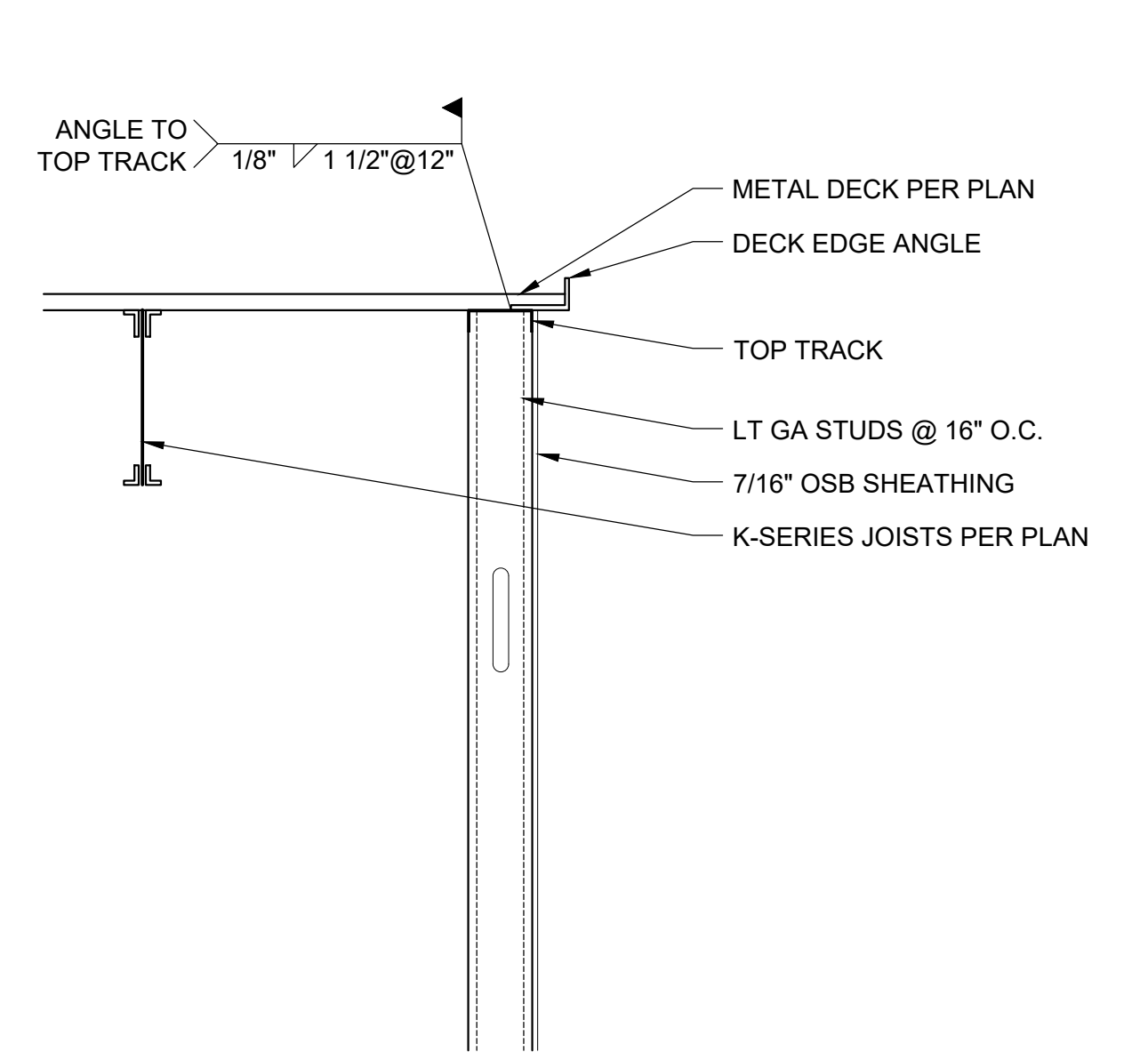
9 K-SERIES JOIST AT VARYING ORIENTATION
S401/ 3/4" = 1'-0"



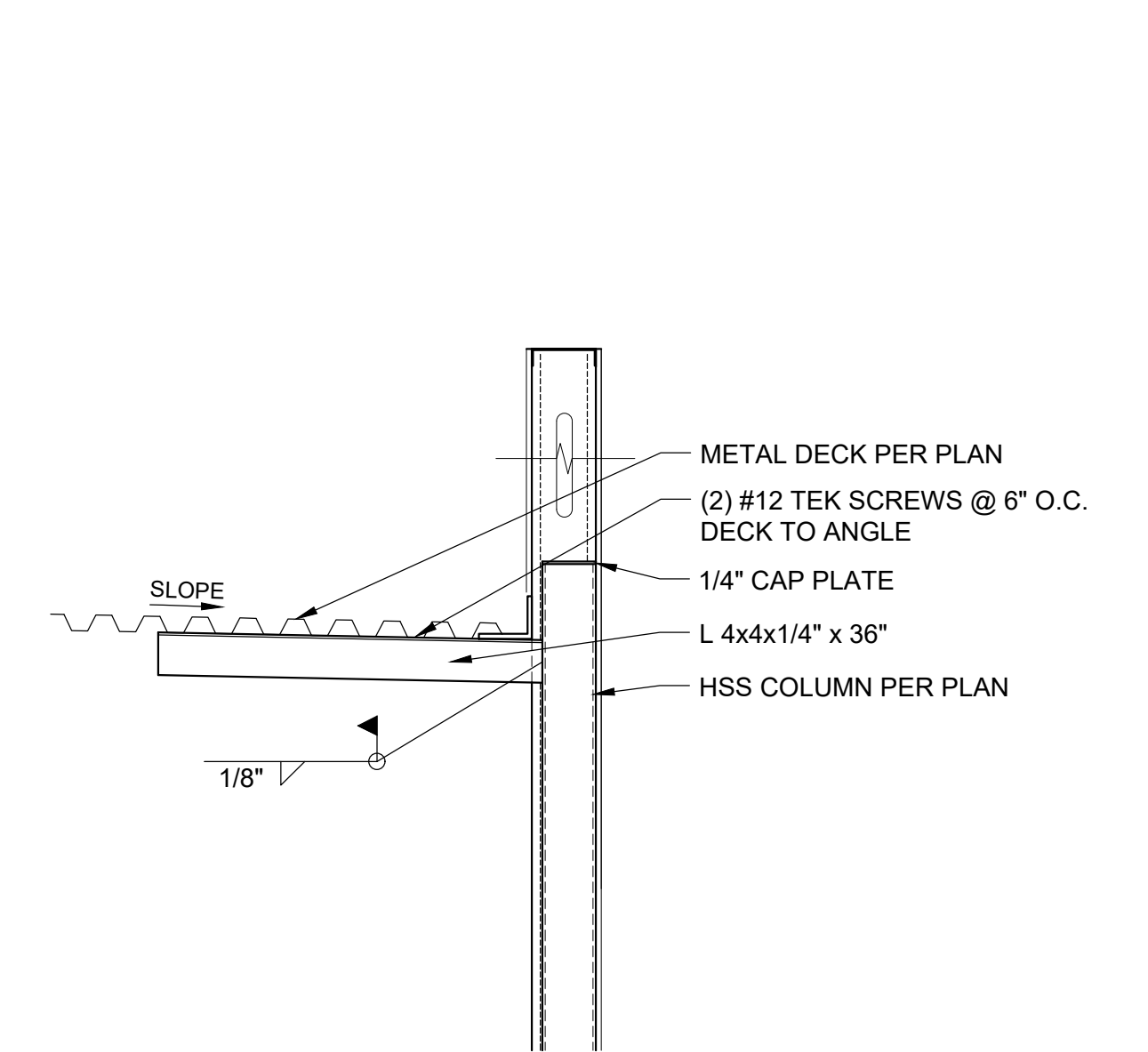
10 K-SERIES JOIST AT VARYING ORIENTATION
S401/ 3/4" = 1'-0"



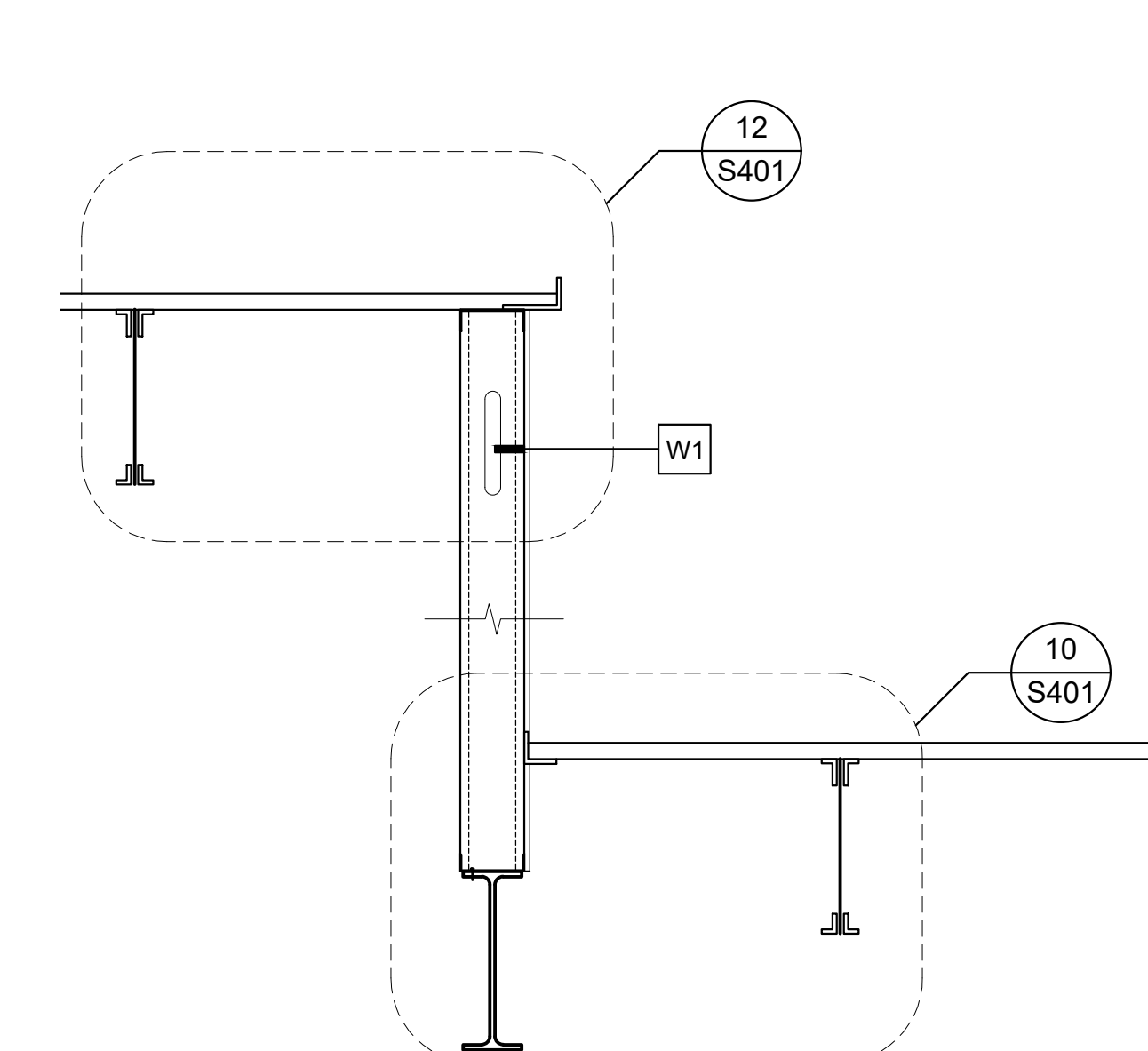
11 K-SERIES JOISTS BEARING AT CLERESTORY
S401/ 3/4" = 1'-0"



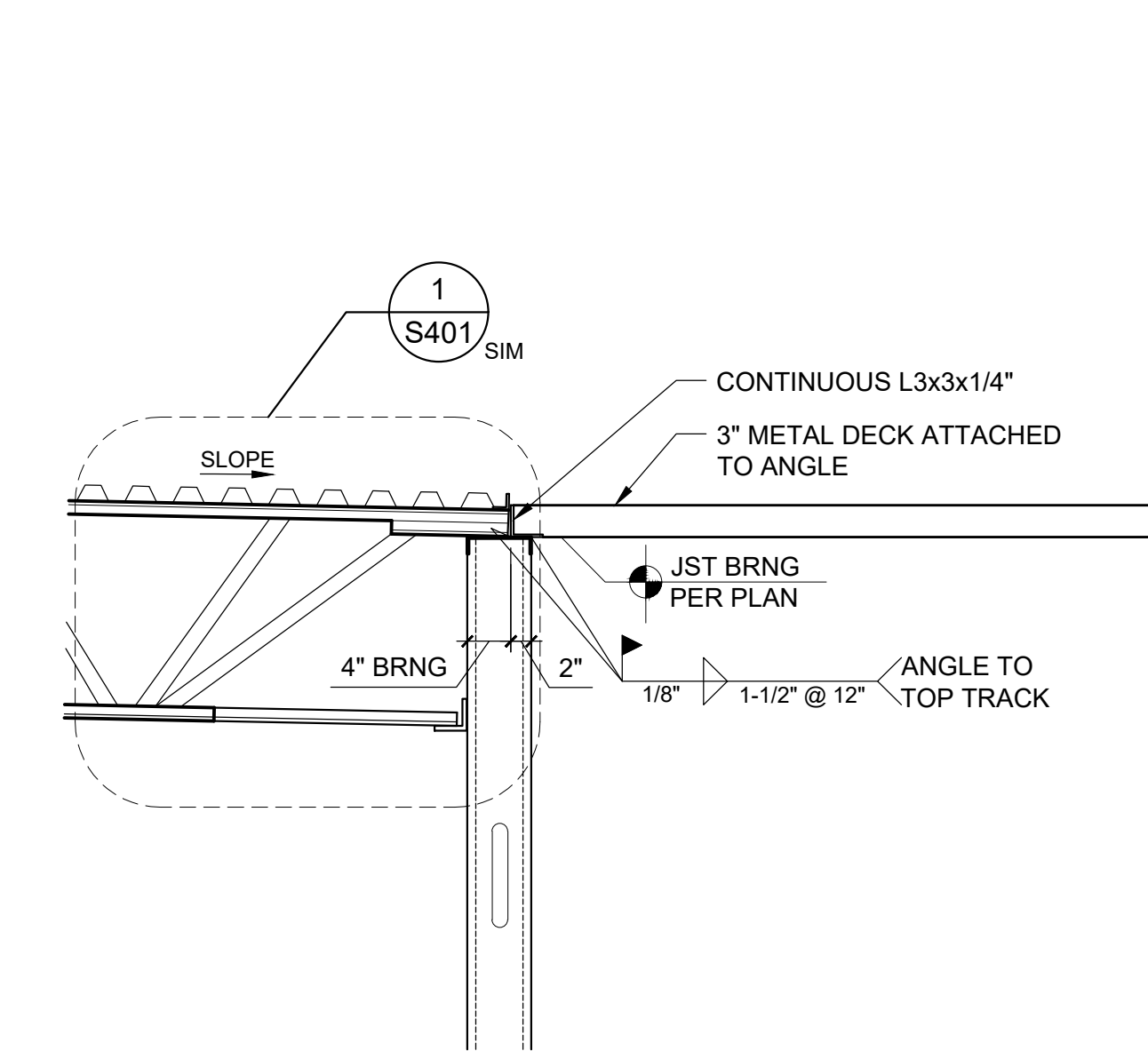
12 ROOF DECK EXTENSION OVER TOP OF WALL
S401/ 3/4" = 1'-0"



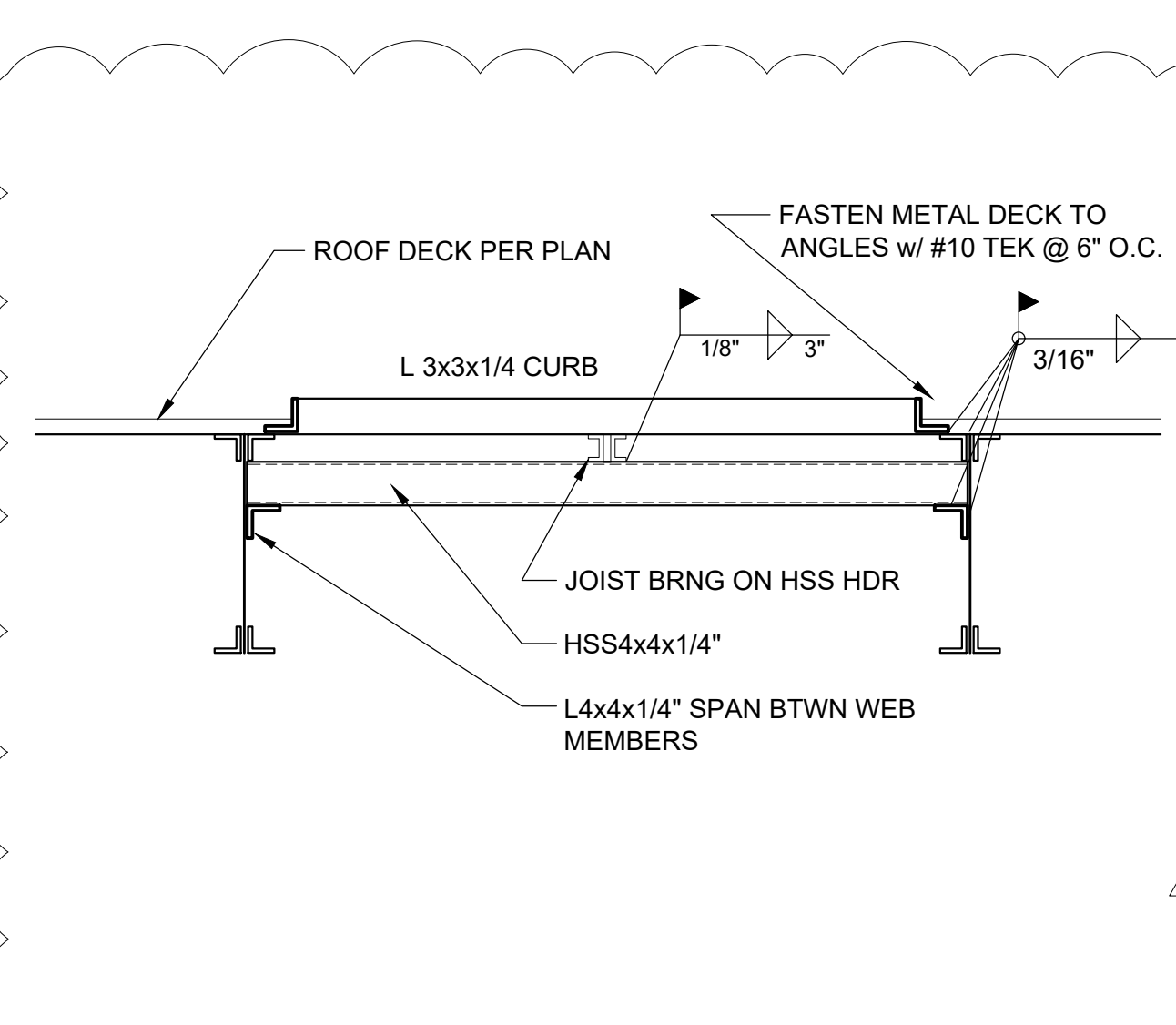
13 HSS COLUMN WITH DRAG STRUT
S401/ 3/4" = 1'-0"



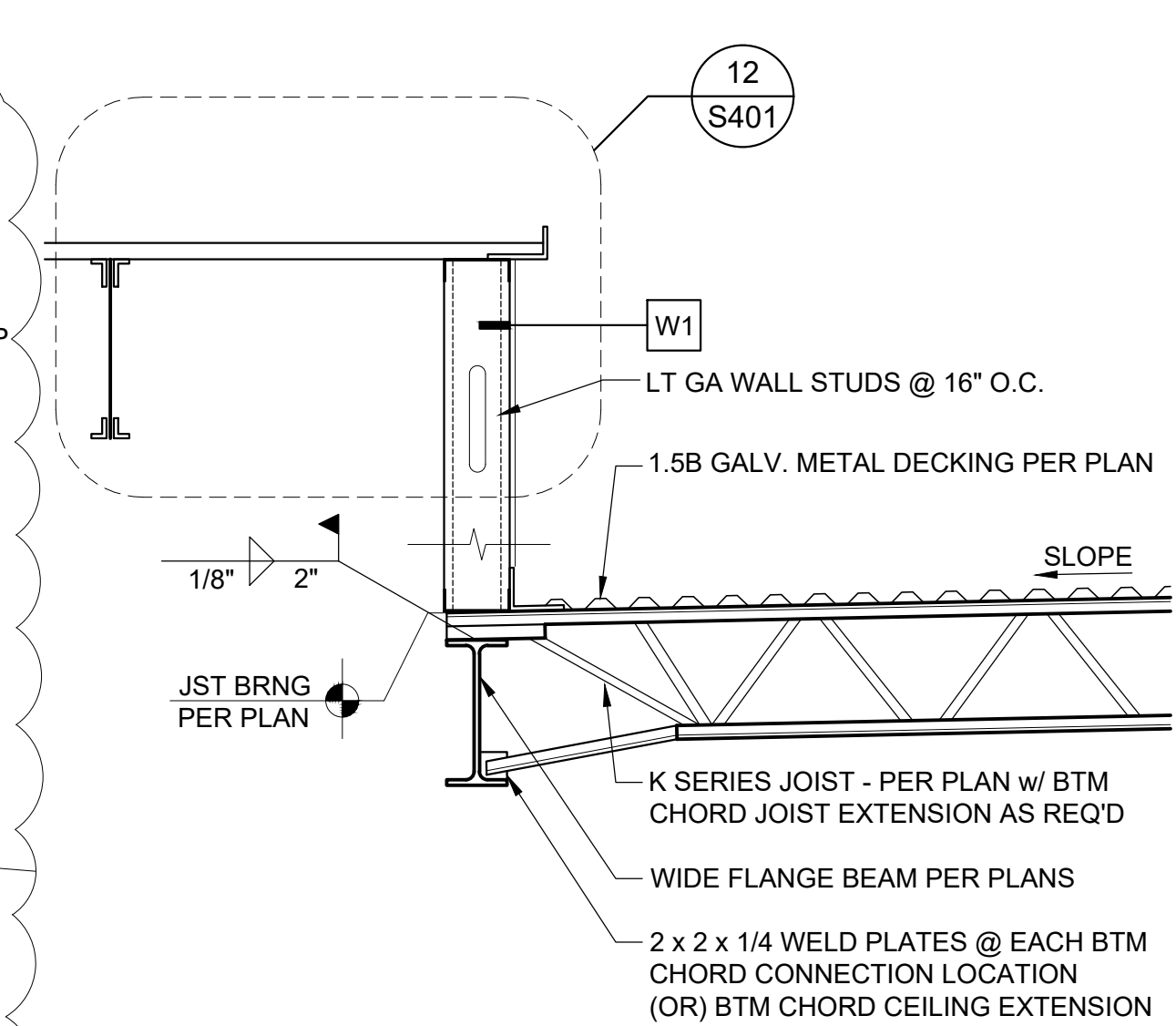
14 CHANGE IN ROOF ELEVATION AT WF BEAM
S401/ 3/4" = 1'-0"



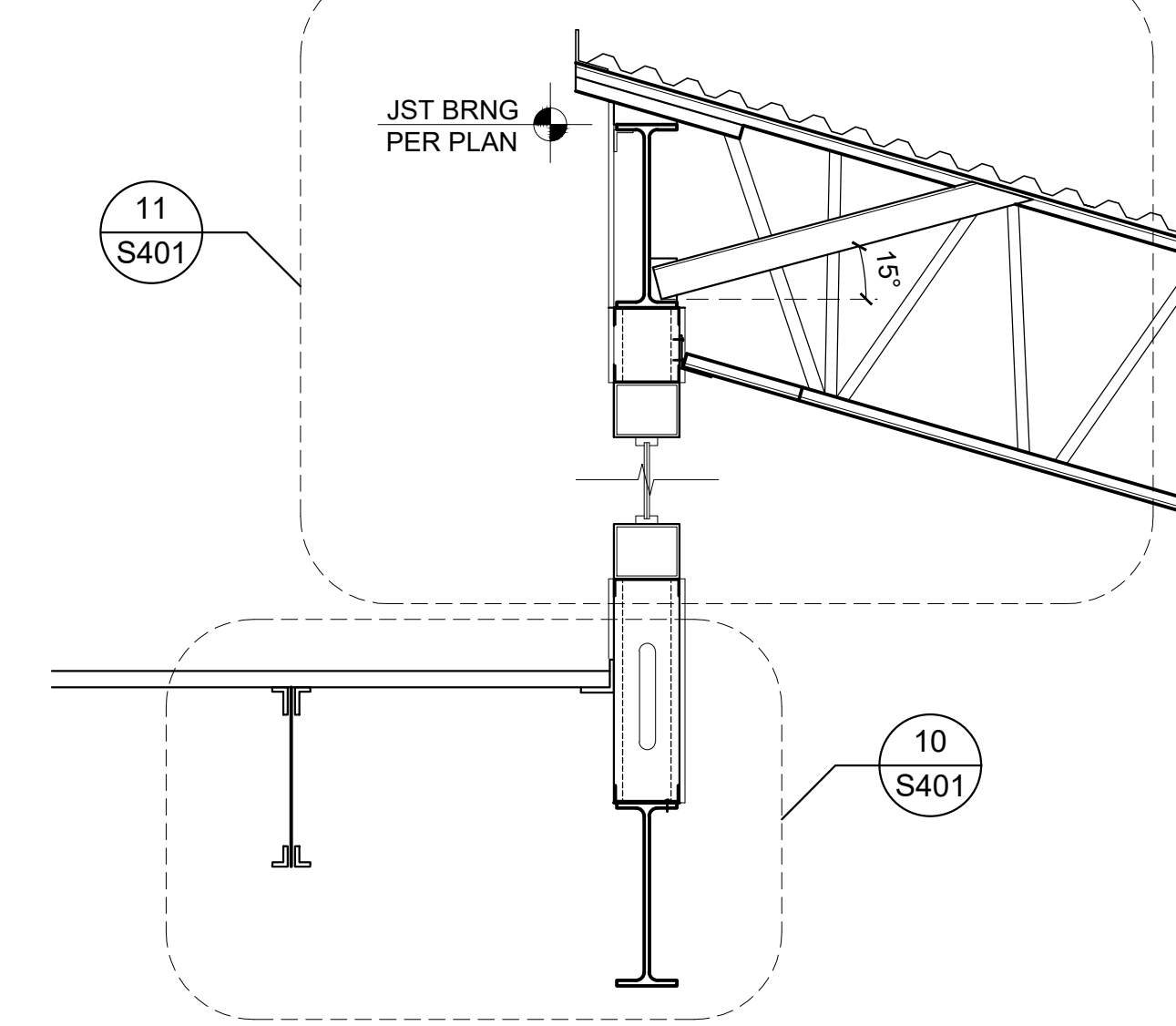
15 K-SERIES AND LT GA JOISTS TO EXTERIOR WALL
S401/ 3/4" = 1'-0" ROOF DECKING IS FLUSH AT BEARING



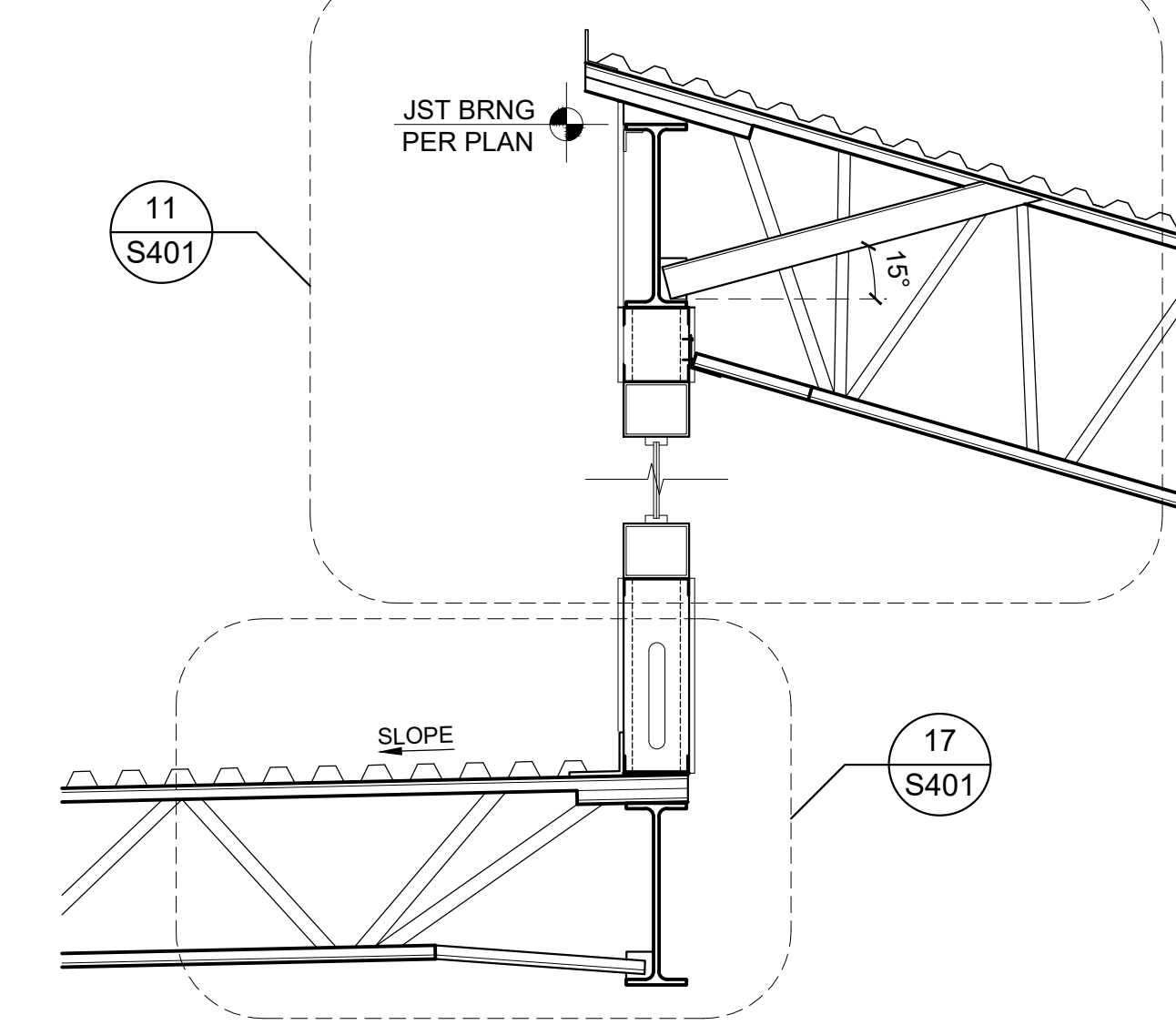
16 K-SERIS JOIST HDR @ OPENING
S401/ 3/4" = 1'-0"



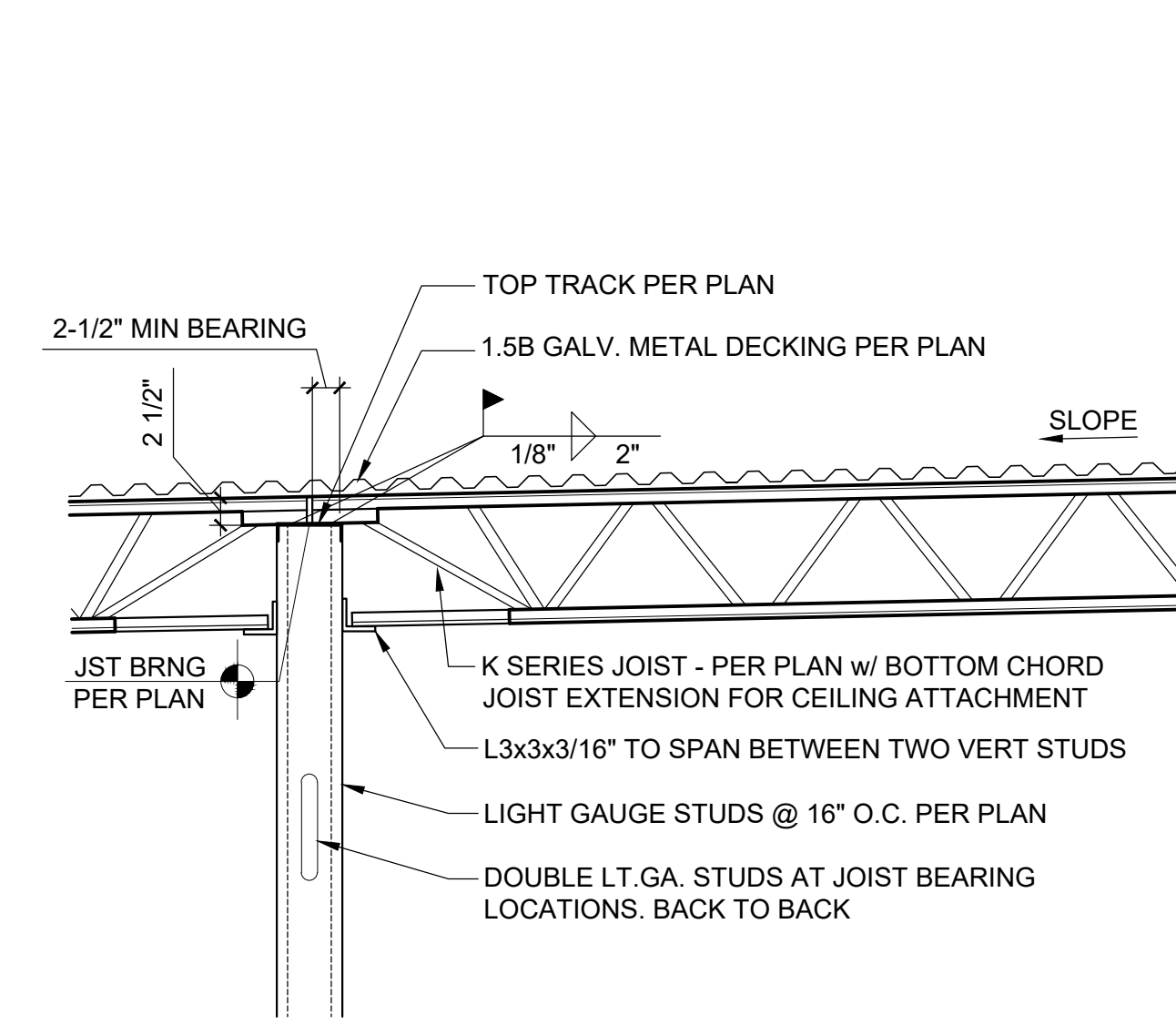
17 CHANGE IN ELEVATION AND DIRECTION AT WF BEAM
S401/ 3/4" = 1'-0"



18 FRAMING AT CLERESTORY
S401/ 3/4" = 1'-0"

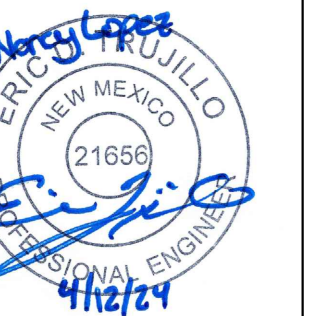


19 FRAMING AT CLERESTORY
S401/ 3/4" = 1'-0"



20 K SERIES JOISTS TO INTERMEDIATE BEARING WALL
S401/ 3/4" = 1'-0" JOISTS ARE SLOPED

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**FRAMING
DETAILS**

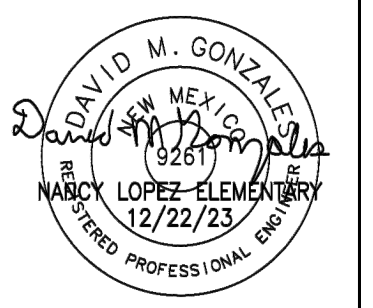
GENERAL NOTES:

1. ALL BRANCH CIRCUIT WIRING TO BE #12 THHN/THWN CU. AND ALL CONDUIT TO BE 1/2" EMT MINIMUM UNLESS NOTED OTHERWISE.
2. ALL ELECTRICAL TO MEET NATIONAL STATE AND LOCAL CODES.
3. ALL ELECTRICAL DEVICES TO BE U.L. LISTED FOR INTENDED USE.
4. ALL GROUNDING OF DEVICES TO MEET THE REQUIREMENTS OF ARTICLE 250 OF THE NEC.
5. ALL LIGHT FIXTURES THIS SHEET TO BE TYPE "A" UNLESS NOTED OTHERWISE.

KEYED NOTES:

1. FURNISH AND INSTALL INTERMATIC, 24HR/7-DAY ASTRONOMICAL TIMECLOCK WITH ETHERNET CAPABILITY AND BATTERY BACK-UP. TIMECLOCK TO BE 2-CIRCUIT, 277V RATED.
2. TYPE "Q" STARFIELD LIGHTING CONTROLLER ON WALL AT 7'-0". PROVIDE ALL CONDUIT, WIRING AND CONNECTIONS AS REQUIRED FOR TYPE "Q" FIXTURES.
3. FURNISH AND INSTALL LINE VOLTAGE KEYED SWITCH AHEAD OF POWER PACK TO CONTROL ON-OFF FUNCTION OF LIGHTS. DIMMING CONTROL TO BE VIA LOW VOLTAGE DIMMER SWITCH IN LOCATION AS SHOWN.
4. CONTRACTOR TO CONVENE A CONSTRUCTION MEETING WITH ARCHITECT/ENGINEER FOR DIRECTION AND INSTRUCTION ON INSTALLATION OF STAR FIELD LIGHTING (TYPE "Q") IN METAL CANOPY SOFFIT. STARFIELD INSTALLATION TO BE COMPLETED DURING INSTALLATION OF METAL SOFFIT CONSTRUCTION.
5. FURNISH AND INSTALL "AQUITY" FRESKO LIGHTING CONTROLLER #FCS 7TSX X DBL FOR CONTROL OF TYPE H1 AND H2 FIXTURES. EXTEND WIRING AS REQUIRED FOR COMPLETE CONNECTION AND OPERATION. COORDINATE START-UP AND TRAINING WITH MANUFACTURER'S REPRESENTATIVE.

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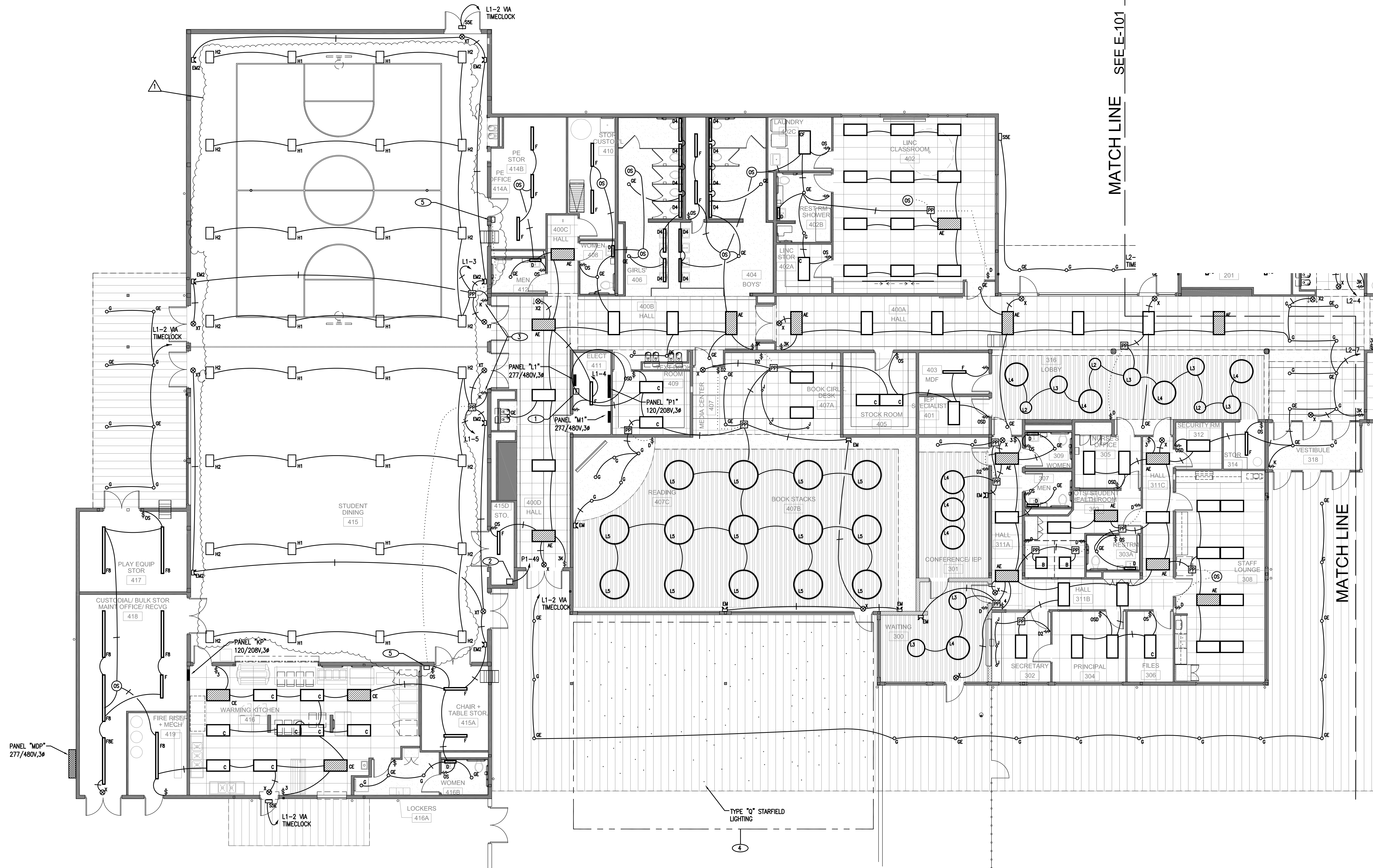
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SHEET TITLE	

WEST
 LIGHTING
 PLAN

SHEET NO.
 E-102

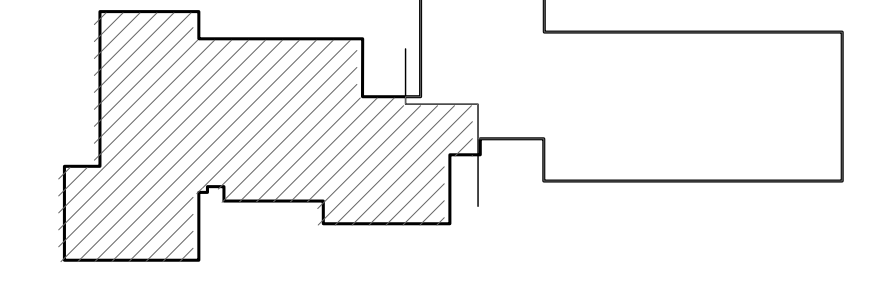


MATCH LINE SEE E-101

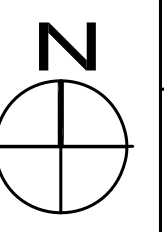
MATCH LINE

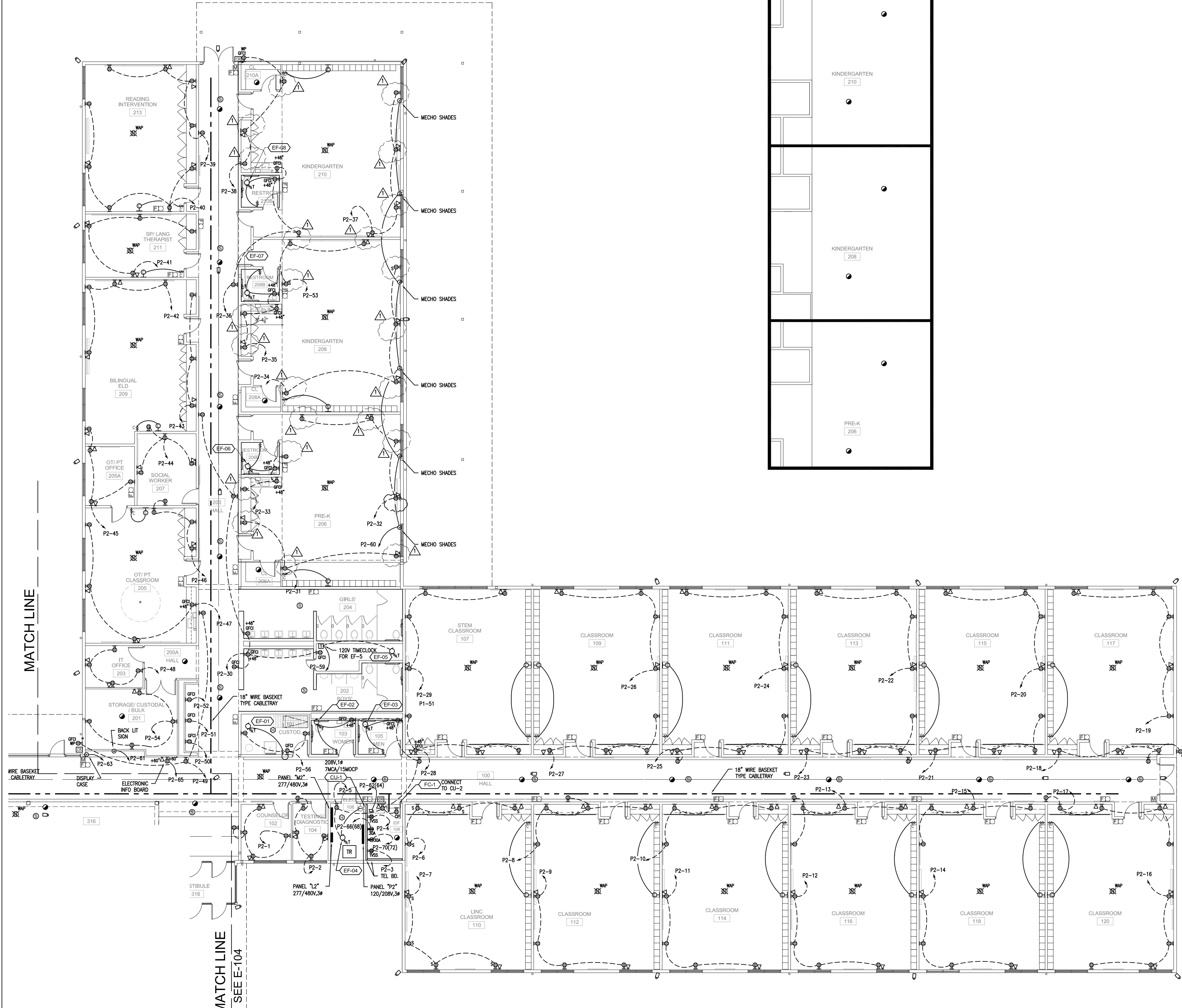
TYPE "Q" STARFIELD LIGHTING

A1 PARTIAL LIGHTING PLAN
 SCALE: 1/8" = 1'-0"



KEY PLAN
 NTS



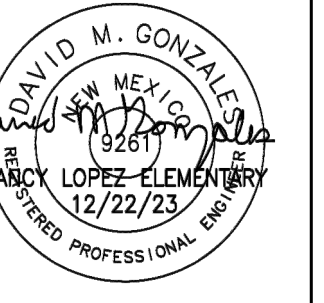


GENERAL NOTES:

1. ALL BRANCH CIRCUIT WIRING TO BE #12 THHN/THWN CU. AND ALL CONDUIT TO BE 1/2" EMT MINIMUM UNLESS NOTED OTHERWISE.
2. ALL ELECTRICAL TO MEET NATIONAL STATE AND LOCAL CODES.
3. ALL ELECTRICAL DEVICES TO BE U.L. LISTED FOR INTENDED USE.
4. ALL GROUNDING DEVICES TO MEET THE REQUIREMENTS OF ARTICLE 250 OF THE NEC.
5. ELECTRICAL CONTRACTOR TO PROVIDE ROUGH-IN FOR CARD READERS/DOOR HARDWARE PER ARCHITECTURAL SPECIFICATION SECTION 08 7100 "FINISH HARDWARE". PROVIDE ALL CONDUIT, J-BOXES, 120V POWER TO POWER SUPPLIES, ETC. AS REQUIRED.
6. CONTRACTOR TO PROVIDE ROUGH-IN FOR CCTV SYSTEM CAMERAS AS REQUIRED. COORDINATE WITH OWNER'S SECURITY SURVEILLANCE CONTRACTOR FOR ROUGH-IN REQUIREMENTS.
7. PROVIDE ROUGH-IN FOR ALL INTERCOM SYSTEM DEVICES AS REQUIRED. COORDINATE WITH INTERCOM SYSTEM CONTRACTOR FOR REQUIREMENTS.



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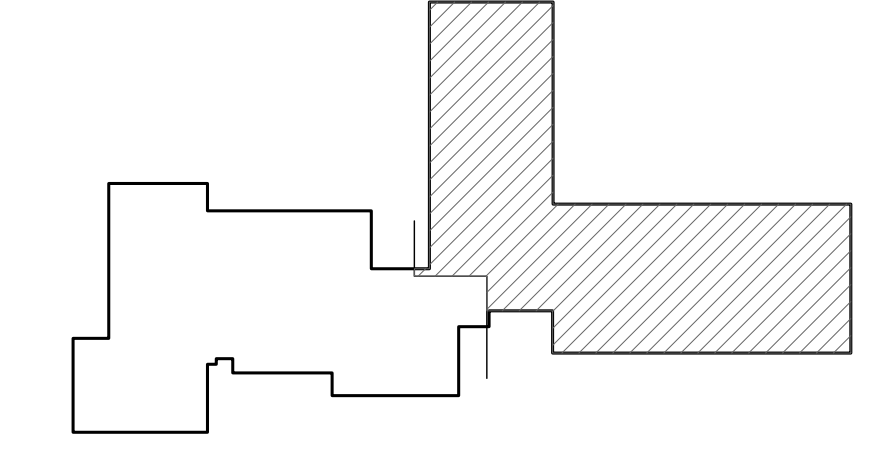
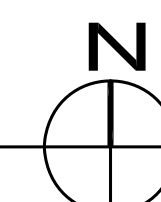
SHEET TITLE

EAST
POWER AND
SPECIAL
SYSTEMS
PLAN

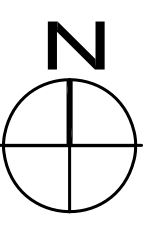
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E-103

A1 PARTIAL POWER AND SPECIAL SYSTEMS PLAN
SCALE: 1/8" = 1'-0"



KEY PLAN
NTS



GENERAL NOTES:

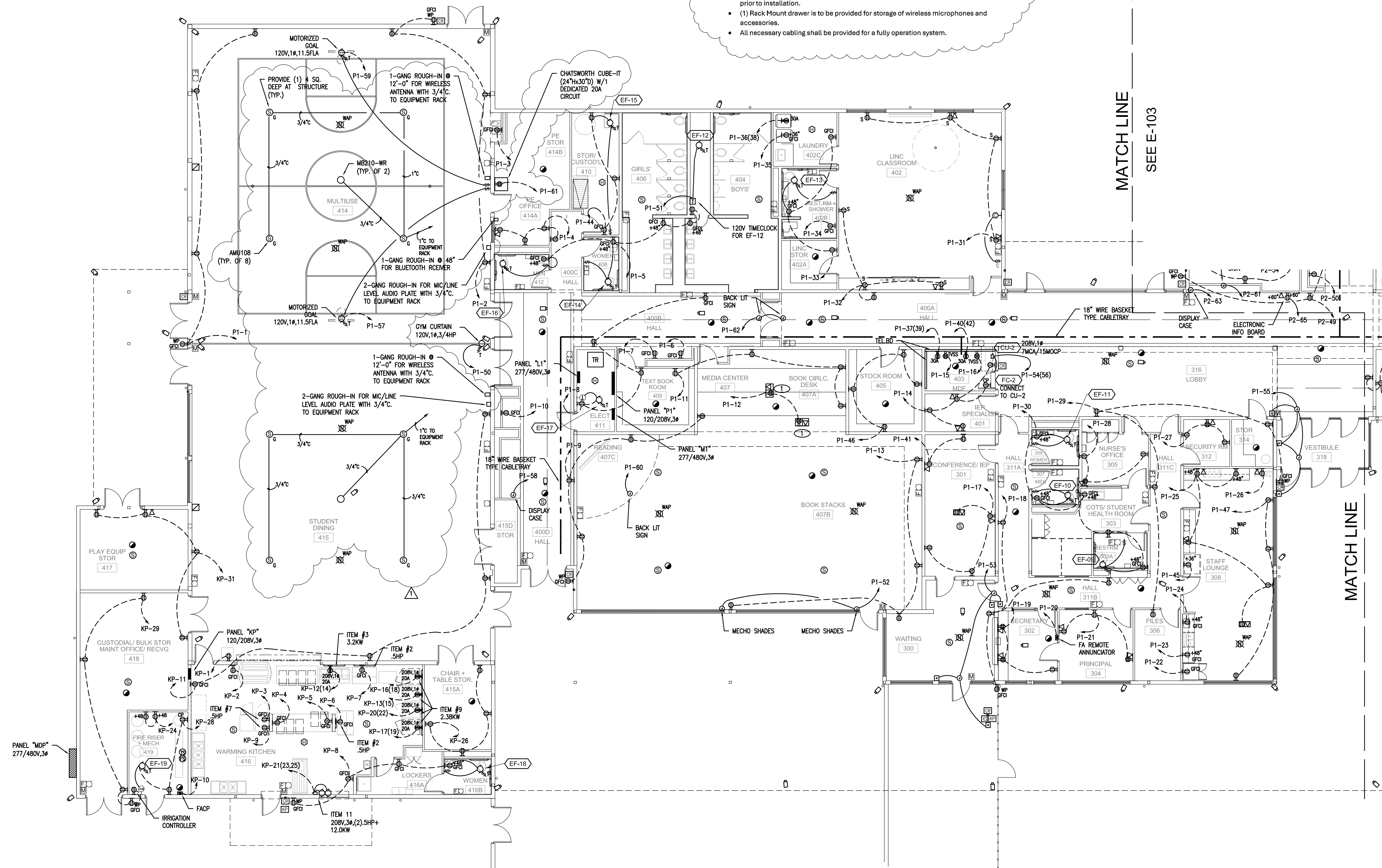
1. ALL BRANCH CIRCUIT WIRING TO BE #12 THHN/THWN CU. AND ALL CONDUIT TO BE 1/2" EMT MINIMUM UNLESS NOTED OTHERWISE.
2. ALL ELECTRICAL TO MEET NATIONAL STATE AND LOCAL CODES.
3. ALL ELECTRICAL DEVICES TO BE U.L. LISTED FOR INTENDED USE.
4. ALL GROUNDING OF DEVICES TO MEET THE REQUIREMENTS OF ARTICLE 250 OF THE NEC.
5. ELECTRICAL CONTRACTOR TO PROVIDE ROUGH-IN FOR CARD READERS/DOOR HARDWARE PER ARCHITECTURAL SPECIFICATION SECTION 08 7100 "FINISH HARDWARE". PROVIDE ALL CONDUIT, J-BOXES, 120V POWER TO POWER SUPPLIES, ETC. AS REQUIRED.
6. CONTRACTOR TO PROVIDE ROUGH-IN FOR CCTV SYSTEM CAMERAS AS REQUIRED. COORDINATE WITH OWNER'S SECURITY SURVEILLANCE CONTRACTOR FOR ROUGH-IN REQUIREMENTS.
7. PROVIDE ROUGH-IN FOR ALL INTERCOM SYSTEM DEVICES AS REQUIRED. COORDINATE WITH INTERCOM SYSTEM CONTRACTOR FOR REQUIREMENTS.

KEYED NOTES:

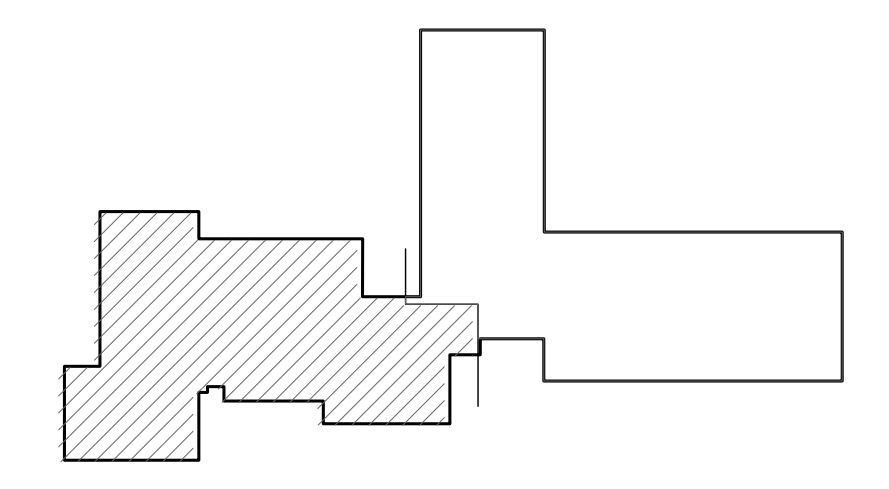
1. FURNISH AND INSTALL WIREMOLD RFB2 SERIES FLOOR BOX FOR POWER AND DATA. COORDINATE WITH FURNITURE LAYOUT FOR EXACT LOCATION. EXTEND 1.25" FROM FLOOR BOX TO WALL AND INTO CEILING SPACE FOR DATA CABLING.

NANCY LOPEZ ELEMENTARY GYM/DINING Sound Systems

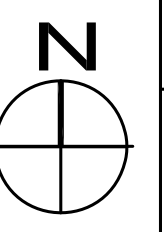
- Multiuse Space shall be provided with (4) Ceiling Mounted Bose AMU108 loudspeakers.
- Student Dining shall be provided with (4) Ceiling Mounted Bose RMU108 Subwoofers.
- Student Dining shall be provided with (1) Ceiling Mounted MB210 Subwoofer.
- A 24" Tall by 30" Deep Chatsworth Cube-It shall be provided in the PE Office (414A).
- The Bose 1280C Sound Processor shall be installed in the equipment cabinet.
- (1) Bose PM8500N Power Amplifier shall be installed in the equipment cabinet.
- The RMU Loudspeakers shall be cabled to parallel a maximum of 2 speakers.
- The MB210-WR subwoofers shall be independently powered by (2) bridged amplifier channels.
- A Bose MIMO Touch panel and custom rack mount plate shall be rack mounted for control of system volume and room combining.
- Room shall be operable together or independently with all room combining controls located on the touch panel.
- (2) Shure Wireless microphone receivers are to be provided in the equipment rack.
- (2) Shure Wireless Handheld microphones are to be provided.
- (2) Shure remote antennas are to be provided (one in each room) with the appropriately rated cable.
- (2) Atterotech unD8IO Dante input plate is to be provided (1 in each room for microphone and device connectivity)
- (1) Atterotech unD8IO-BT Dante input plate with Bluetooth is to be provided in the PE Office (414A).
- (1) PoE network switch is to be provided.
- Power Sequencing shall be provided in the equipment rack to ensure proper start-up and shutdown. A remote switch shall be provided so the sequencing can be initiated without access to the equipment rack. Location of switch shall be coordinated with the end user prior to installation.
- (1) Rack Mount drawer is to be provided for storage of wireless microphones and accessories.
- All necessary cabling shall be provided for a fully operation system.



A1 PARTIAL POWER AND SPECIAL SYSTEMS PLAN
SCALE: 1/8" = 1'-0"

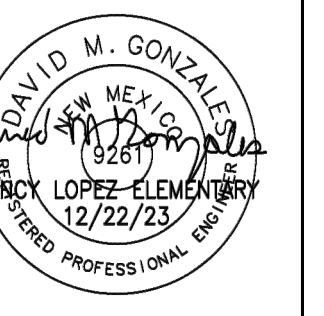


KEY PLAN
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SHEET TITLE
WEST POWER AND SPECIAL SYSTEMS PLAN
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E-104

