

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)

RCVD 02.16.202

Building address 76 W. Market St. Bethlehem PA 18018  
 Owner of building The estate of Janice K. Galassi, deceased Phone [REDACTED]  
 Owner's email & mailing address 8 Poplar Place PO Box 280 Gouldsboro PA 18424  
 Applicant Rachel A Galassi Phone: [REDACTED]  
 Applicant's email & mailing address [REDACTED]

Street and Number 8 Poplar Place PO Box 280 City Gouldsboro State PA Zip Code 18424

**APPLICANT MUST ATTEND MEETING FOR CASE TO BE HEARD.**

**USE THE CHECKLIST ON THE BACK OF THIS APPLICATION TO ENSURE YOUR SUBMISSION IS COMPLETE.**

*Historic & Architectural Review Board – Application form, photographs, and drawings must be submitted 2 weeks prior to the regular scheduled meeting in order to be placed on the agenda for the next meeting.*

*South Bethlehem & Mount Airy Historic Conservation Commission - Application form, photographs, and drawings must be submitted 2 weeks prior to the regular scheduled meeting in order to be placed on the agenda for the next meeting.*

1. **PHOTOGRAPHS** - Photographs of your building and neighboring buildings **must accompany** your application.

2. **TYPE OF WORK PROPOSED** – Check all that apply. Please bring any samples or manufactures specifications for products you will use in this project.

- |   |   |
|---|---|
| <input type="checkbox"/> Trim and decorative woodwork                       | <input type="checkbox"/> Skylights      |
| <input type="checkbox"/> Siding and Masonry                                 | <input type="checkbox"/> Metal work     |
| <input type="checkbox"/> Roofing, gutter and downspout                      | <input type="checkbox"/> Light fixtures |
| <input checked="" type="checkbox"/> Windows, doors, and associated hardware | <input type="checkbox"/> Signs          |
| <input type="checkbox"/> Storm windows and storm doors                      | <input type="checkbox"/> Demolition     |
| <input type="checkbox"/> Shutters and associated hardware                   | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Paint (Submit color chips – HARB only)             |   |

3. **DRAWINGS OF PROPOSED WORK** – Required drawings **must accompany** your application. Please submit **ONE ORIGINAL AND TEN (10) COPIES OF DRAWINGS, PHOTOGRAPHS, APPLICATION FORM, AND ANY SPECIFICATIONS**

- Alteration, renovation, restoration (1/4 or 1/8"=1'0" scale drawings required IF walls or openings altered.)
- New addition (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- New building or structure (1/4" or 1/8"=1'0" scale drawings: elevations, floor plans, site plan)
- Demolition, removal of building features or building (1/4" or 1/8"=1'0" scale drawings: elevation of remaining site and site plan)
- A scale drawing, with an elevation view, is required for all sign submittals

4. **DESCRIBE PROJECT** – Describe any work checked in #2 and #3 above. Attach additional sheets as needed.

*I would like to replace 4 attic windows which are broken and leaking air in order to better the property in aesthetics and energy efficiency.*

5. **APPLICANT'S SIGNATURE** Rachel A. Galassi DATE: 2/15/21

6. **OWNER'S SIGNATURE** Rachel A Galassi, executor DATE: 2/15/21

HARB Board

February 15, 2021

To the Members of the Board:

As the daughter of the late Janice K. Galassi, and the executor of her estate, I would like to make the following improvements to her property at 76 West Market Street in

Bethlehem PA. On the 3rd floor attic, there are 4 windows which are in disrepair. They have broken panes of glass along with dry rot in the wood of the windows themselves.

As the tenant never alerted my mother to this problem, he put plastic over the windows which leak air and over the broken glass. While I was taking the pictures of the windows I witnessed cold air coming through the closed lower window as well as coming out of the outside wood. As these windows have dry rotted wood, I would like to have them completely replaced without changing the look of the house from the street. This will also fix the damaged chipped paint as shown in the attached photos. I have attached my mother's death certificate as well as the short certificate proving that I am legally able to have these repairs made to the property.

I thank you for your time and consideration.

Sincerely,

Rachel A. Galassi-executor

*Rachel A. Galassi - executor*

# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

## P 26445092

Certification Number

*Linda M. Vay*  
Local Registrar

**JUL 01 2019**  
Date Issued

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS  
**CERTIFICATE OF DEATH** State File Number **343475-2019**

1. Decedent's Legal Name (First, Middle, Last, Suffix) **Janice K. Galassi** 2. Sex **Female** 3. Social Security Number **197-38-1890** 4. Date of Death (Month, Day, Year) **June 26, 2019**

5a. Age Last Birthday (Yrs) **72** 5b. Under 1 Year: Months **0** Days **0** 5c. Under 1 Day: Hours **0** Minutes **0** 6. Date of Birth (Mo/Day/Year) (Spell Month) **March 09, 1947** 7a. Birthplace (City and State or Foreign Country) **Bethlehem, Pennsylvania** 7b. Birthplace (County) **Unrecorded**

8a. Residence (State or Foreign Country) **Pennsylvania** 8b. Residence (Street and Number - include Apt. No.) **1465 Dartmouth Drive** 8c. Did Decedent Live in a Township? **Yes, Decedent Lived in Hanover Township**

9a. Residence (County) **Northampton** 9b. Residence (Zip Code) **18017** 10. Marital Status at Time of Death:  Never Married  Married  Widowed  Divorced  Unknown 11. Surviving Spouse's Name (If wife, give name prior to first marriage) \_\_\_\_\_

12. Father / Parent's Name (First, Middle, Last, Suffix) **Royce M. Bachman** 13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) **Virginia J. Caywood**

14a. Informant's Name **Rachel Galassi** 14b. Relationship to Decedent **Daughter** 14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) **68 Sylvanus Street Wilkes-Barre Township, PA 18702**

15a. Place of Death (Check only one):  Death Occurred in a Hospital:  Emergency Room/Outpatient  Inpatient  Dead on Arrival  If Death Occurred Somewhere Other Than a Hospital:  Nursing Home/Long-Term Care Facility  Hospice Facility  Decedent's Home  Other (Specify) \_\_\_\_\_

15b. Facility Name (if not institution, give street and number) **1465 Dartmouth Drive** 15c. City or Town, State, and Zip Code **Hanover Township, Pennsylvania 18017** 15d. County of Death **Northampton**

16a. Method of Disposition:  Removal from State  Burial  Cremation  Other (Specify) \_\_\_\_\_ 16b. Date of Disposition **June 28, 2019** 16c. Place of Disposition (Name of cemetery, crematory, or other place) **East Penn Crematory**

16d. Location of Disposition (City or Town, State, and Zip) **Hellertown, Pennsylvania 18055** 17a. Signature of Funeral Service Licensee or Person in Charge of Interment *Peter J. Campagna (Electronically Signed)* 17b. License Number **FD139109**

17c. Name and Complete Address of Funeral Facility **Falk Funeral Homes And Crematory Inc (Hellertown) 1418 Main Street Hellertown, Pennsylvania 18055**

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.  8th grade or less  No diploma, 9th - 12th grade  High school graduate or GED completed  Some college credit, but no degree  Associate degree (e.g. AA, AS)  Bachelor's degree (e.g. BA, AB, BS)  Master's degree (e.g. MA, MS, MEd, MEng, MBA)  Doctorate (e.g. PhD, EdD) or professional degree (e.g. MD, DDS, DVM, LLB, JD)

19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.  No, not Spanish/Hispanic/Latino  Yes, Mexican, Mexican American, Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.  White  Black or African American  American Indian or Alaska Native  Asian Indian  Chinese  Filipino  Japanese  Korean  Other Pacific Islander  Vietnamese  Don't Know/Not Sure  Refused  Other (Specify) \_\_\_\_\_

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.  White  Black or African American  American Indian or Alaska Native  Asian Indian  Chinese  Filipino  Japanese  Korean  Other Pacific Islander  Vietnamese  Don't Know/Not Sure  Refused  Other (Specify) \_\_\_\_\_

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. **Musician** 22b. Kind of Business/Industry **Entertainment**

23a. Date Pronounced Dead (Mo/Day/Yr) **June 26, 2019** 23b. Signature of Person Pronouncing Death (Only when applicable) \_\_\_\_\_ 23c. License Number \_\_\_\_\_

23d. Date Signed (Mo/Day/Yr) \_\_\_\_\_ 24. Time of Death **0645 PM** 25. Was Medical Examiner or Coroner Contacted?  Yes  No

**CAUSE OF DEATH**

26. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. Metastatic Pancreatic Cancer** Due to (or as a consequence of): \_\_\_\_\_

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. **b. Pancreatic Cancer** Due to (or as a consequence of): \_\_\_\_\_

c. \_\_\_\_\_ Due to (or as a consequence of): \_\_\_\_\_

d. \_\_\_\_\_ Due to (or as a consequence of): \_\_\_\_\_

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I \_\_\_\_\_

27. Was an autopsy performed?  Yes  No 28. Were autopsy findings available to complete the cause of death?  Yes  No

29. If Female:  Not pregnant within past year  Pregnant at time of death  Not pregnant, but pregnant within 42 days of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year

30. Did Tobacco Use Contribute to Death?  Yes  Probably  Unknown  No

31. Manner of Death:  Natural  Accident  Suicide  Homicide  Pending Investigation  Could not be determined

32. Date of Injury (Mo/Day/Yr) (Spell Month) \_\_\_\_\_ 33. Time of Injury \_\_\_\_\_

34. Place of Injury (e.g. home; construction site; farm; school) \_\_\_\_\_ 35. Location of Injury (Street and Number, City, State, Zip Code) \_\_\_\_\_

36. Injury at Work?  Yes  No  Driver/Operator  Pedestrian  Passenger  Other (Specify) \_\_\_\_\_ 38. Describe How Injury Occurred: \_\_\_\_\_

39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one)  Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier: **Ranju Gupta (Signature on File)** Title of certifier: **MD** License Number: **MD433682**

39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 78) **Ranju Gupta 2545 Schoenersville Road Bethlehem, Pennsylvania 18017** 39c. Date Signed (Mo/Day/Yr) **June 28, 2019**

40. Registrar's District Number **09-106** 41. Registrar's Signature *Linda Vay (Signature on File)* 42. Registrar File Date (Mo/Day/Yr) **June 28, 2019**

43. Amendments \_\_\_\_\_

NAME OF DECEDENT: Janice K. Galassi

**COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY PENNSYLVANIA  
REGISTER OF WILLS**

**SHORT CERTIFICATE**

ESTATE OF                    **JANICE K. GALASSI**  
FILE                            **2019-0942**  
STATE FILE NO.            **4819-0942**  
S.S.N.                         **197-38-1890**

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I, Gina X. Gibbs , Register of Wills in and for the County of Northampton, do hereby certify that on the 8th of July, 2019, **LETTERS TESTAMENTARY** on the Estate of:

**JANICE K. GALASSI,**

Deceased, were granted to:

**RACHEL A. GALASSI**

Having first been qualified well and truly to administer the same.  
I further Certify that no revocation of said letters appears of record in my office.

**DATE OF DEATH: June 26, 2019**  
**S.S.N: 197-38-1890**



In testimony whereof, I have hereunto set my hand  
and seal this 9th day of July, 2019.

  
\_\_\_\_\_  
Gina X. Gibbs, Register of Wills

Michele L. Gubish, Deputy

NOT VALID WITHOUT ORIGINAL SIGNATURE  
AND IMPRESSED SEAL



# Proposal - Detailed

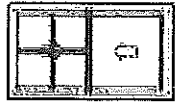
Pella Window and Door Showroom of Whitehall  
2221 Macarthur Road  
Whitehall, PA 18052-4522

Sales Rep Name: Staub, Paul  
Sales Rep Phone: 610-496-5273  
Sales Rep E-Mail: paul\_staub@gunton.com  
Sales Rep Fax:

Customer Information	Project/Delivery Address	Order Information
Primary Phone: Mobile Phone: Fax Number: E-Mail: Contact Name: Great Plains #: Customer Number: Customer Account:	Rachel Galassi  Lot # County: Owner Name: Owner Phone:	Quote Name: 3rd Floor  Order Number: 791 Quote Number: 13389983 Order Type: Installed Sales Wall Depth: Payment Terms: PAINSTALL Tax Code: None Cust Delivery Date: 11/16/2020 Quoted Date: Contracted Date: Booked Date: Customer PO #:

Customer Notes: Insert Installation with Aluminum Capping  
Replace interior window stops - Pre-Painted

Line #	Location:	Attributes	Item Price	Qty	Ext'd Price
10	None Assigned		\$2,049.00	4	\$8,196.00



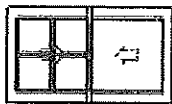
PK #  
2075

**Pella® Reserve, Traditional, Double Hung, Classic White**

1: Non-Standard Size Non-Standard Size Double Hung, Equal  
 General Information: Standard, Luxury, Clad, Pine, 5", 3 11/16", No Certification  
 Exterior Color / Finish: Painted, Standard EnduraClad, Classic White  
 Interior Color / Finish: Bright White Paint Interior  
 Sash / Panel: Putty Glaze, Ogee, Standard, No Sash Lugs  
 Glass: Insulated Dual Low-E Advanced Low-E Insulating Glass Argon Non High Altitude  
 Hardware Options: Spoon-Style Lock, Matte Black, No Window Opening Control Device, No Limited Opening Hardware, Order Sash Lift, No Integrated Sensor  
 Screen: Half Screen, Standard EnduraClad, Classic White, Premium, InView™  
 Performance Information: U-Factor 0.29, SHGC 0.25, VLT 0.47, CPD PEL-N-232-00255-00001, Performance Class CW, PG 50, Calculated Positive DP Rating 50, Calculated Negative DP Rating 50, Year Rated 08|11, Egress Does not meet typical United States egress, but may comply with local code requirements  
 Grille: ILT, No Custom Grille, 7/8", Traditional (2W2H / 0W0H), Putty Glaze, Ogee

Viewed From Exterior

Line #	Location:	Attributes	Item Price	Qty	Ext'd Price
15	None Assigned		\$1,290.50	4	\$5,162.00



PK #  
2075

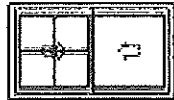
**Pella 250 Series, Double Hung, White**

1: Size Non-Standard Size Double Hung, Equal  
 General Information: Standard, Vinyl, Block, No Foam Insulated, 3 1/4", 3 1/4", Sill Adapter Included, No Head Expander  
 Exterior Color / Finish: White  
 Interior Color / Finish: White  
 Glass: Insulated Dual Low-E Advanced Low-E Insulating Glass Argon Non High Altitude  
 Hardware Options: Cam-Action Lock, White, Standard Vent Stop, No Limited Opening Hardware  
 Screen: Half Screen, Conventional Fiberglass  
 Performance Information: U-Factor 0.29, SHGC 0.25, VLT 0.47, CPD PEL-N-211-00057-00003, Performance Class R, PG 35, Calculated Positive DP Rating 35, Calculated Negative DP Rating 35, Year Rated 08|11, Egress Does not meet typical United States egress, but may comply with local code requirements  
 Grille: SDL, No Custom Grille, 7/8" Contour, Traditional (2W2H / 0W0H), White, White

Viewed From Exterior

Line # Location:

20 None Assigned



PK #  
2075

Viewed From Exterior

Attributes

Vinyl Windows / Doors By Pella, Double Hung, White

1: Size Non-Standard Size Double Hung, Equal

General Information: Standard, Vinyl, Block Frame With Mull Groove, 3 1/4", 3 1/4", Sill Adapter Included, No Head Expander

Exterior Color / Finish: White

Interior Color / Finish: White

Glass: Insulated Low-E Advanced Low-E Insulating Glass Argon Non High Altitude

Hardware Options: Cam-Action Lock, White, Standard Vent Stop, No Limited Opening Hardware

Screen: Half Screen

Performance Information: U-Factor 0.30, SHGC 0.26, VLT 0.47, CPD PEL-N-108-00135-00002, Performance Class LC, PG 35, Calculated Positive DP Rating 35, Calculated Negative DP Rating 35, Year Rated 08/1, Egress Does not meet typical United States egress, but may comply with local code requirements

Grille: GBG, No Custom Grille, 3/4" Contour, Traditional (2W2H / 0W0H)

Item Price	Qty	Ext'd Price
\$974.50	4	\$3,898.00

Thank You For Your Interest In Pella® Products

**PELLA WARRANTY:**

Pella products are covered by Pella's limited warranties in effect at the time of sale. All applicable product warranties are incorporated into and become a part of this contract. Please see the warranties for complete details, taking special note of the two important notice sections regarding installation of Pella products and proper management of moisture within the wall system. Neither Pella Corporation nor the Seller will be bound by any other warranty unless specifically set out in this contract. However, Pella Corporation will not be liable for branch warranties which create obligations in addition to or obligations which are inconsistent with Pella written warranties.

Clear opening (egress) information does not take into consideration the addition of a Rolscreen [or any other accessory] to the product. You should consult your local building code to ensure your Pella products meet local egress requirements.

Per the manufacturer's limited warranty, unfinished mahogany exterior windows and doors must be finished upon receipt prior to installing and refinished annually, thereafter. Variations in wood grain, color, texture or natural characteristics are not covered under the limited warranty.

**INSYNCTIVE PRODUCTS:** In addition, Pella Insynctive Products are covered by the Pella Insynctive Products Software License Agreement and Pella Insynctive Products Privacy Policy in effect at the time of sale, which can be found at [Insynctive.pella.com](https://www.pella.com). By installing or using Your Insynctive Products you are acknowledging the Insynctive Software Agreement and Privacy Policy are part of the terms of sale.

Notice of Collection of Personal Information: We may collect your personal information when you interact with us. Under the California Consumer Privacy Act (CCPA), California residents have specific rights to request this information, request to delete this information, and opt out of the sharing or sale of this information to third parties. To learn more about our collection practices and your rights under the CCPA please visit our link <https://www.pella.com/california-rights-policy/> at [pella.com](https://www.pella.com).

**ARBITRATION AND CLASS ACTION WAIVER ("ARBITRATION AGREEMENT")**

**YOU and Pella and its subsidiaries and the Pella Branded Distributor AGREE TO ARBITRATE DISPUTES ARISING OUT OF OR RELATING TO YOUR PELLA PRODUCTS (INCLUDES PELLA GOODS AND PELLA SERVICES) AND WAIVE THE RIGHT TO HAVE A COURT OR JURY DECIDE DISPUTES. YOU WAIVE ALL RIGHTS TO PROCEED AS A MEMBER OR REPRESENTATIVE OF A CLASS ACTION, INCLUDING CLASS ARBITRATION, REGARDING DISPUTES ARISING OUT OF OR RELATING TO YOUR PELLA PRODUCTS.** You may opt out of this Arbitration Agreement by providing notice to Pella no later than ninety (90) calendar days from the date You purchased or otherwise took ownership of Your Pella Goods. To opt out, You must send notice by e-mail to [pellawebsupport@pella.com](mailto:pellawebsupport@pella.com), with the subject line: "Arbitration Opt Out" or by calling (877) 473-5527. Opting out of the Arbitration Agreement will not affect the coverage provided by any applicable limited warranty pertaining to Your Pella Products. For complete information, including the full terms and conditions of this Arbitration Agreement, which are incorporated herein by reference, please visit [www.pella.com/arbitration](https://www.pella.com/arbitration) or e-mail to [pellawebsupport@pella.com](mailto:pellawebsupport@pella.com), with the subject line: "Arbitration Details" or call (877) 473-5527. D'ARBITRAGE ET RENONCIATION AU RECOURS COLLECTIF ("convention d'arbitrage") EN FRANÇAIS SEE [PELLA.COM/ARBITRATION](https://www.pella.com/arbitration). DE ARBITRAJE Y RENUNCIA COLECTIVA ("acuerdo de arbitraje") EN ESPAÑOL VER [PELLA.COM/ARBITRATION](https://www.pella.com/arbitration).

Seller shall not be held liable for failure or delay in the performance of its obligations under this Agreement, if such performance is hindered or delayed by the occurrence of an act or event beyond the Seller's reasonable control (force majeure event), including but not limited to earthquakes, unusually severe weather and other Acts of God, fire, strikes and labor unrest, epidemics, riots, war, civil unrest, and government interventions. Seller shall give timely notice of a force majeure event and take such reasonable action to mitigate the impacts of such an event.

**Product Performance Information:**

**U-Factor, Solar Heat Gain Coefficient (SHGC), and Visible Light Transmittance (VLT) are certified by the National Fenestration Rating Council (NFRC).**

For more information regarding the finishing, maintenance, service and warranty of all Pella® products, visit the Pella® website at [www.pella.com](https://www.pella.com)

Manufacturer stipulates that these ratings conform to applicable NFRC procedures for determining whole product performance. NFRC ratings are determined for a fixed set of environmental conditions and a specific product size. NFRC does not recommend any products and does not warrant the suitability of any product for any specific use.

Design Pressure (DP), Performance Class, and Performance Grade (PG) are certified by a third party organization, in many cases the Window and Door Manufacturers Association (WDMA). The certification requires the performance of at least one product of the product line to be tested in accordance with the applicable performance standards and verified by an independent party. The certification indicates that the product(s) of the product line passed the applicable tests. The certification does not apply to mullled and/or product combinations unless noted. Actual product results will vary and change over the products life.

For more performance information along with information on Florida Product Approval System (FPAS) Number and Texas Dept. of Insurance (TDI) number go to [www.pella.com/performance](http://www.pella.com/performance).

#### TERMS & CONDITIONS:

Quote good for 30 days.



6776 Hamilton Boulevard  
 Allentown PA 18106  
 Phone 610-398-2430  
 Fax 610-398-7334  
 www.abedoors.com  
 PA# 344  
 NJ# 13VH05455500

# PROPOSAL 30426

Customer Name: Rachel Galassi  
 P O Box 280  
 GOULDSBORO, PA 18424  
 (570) 762-2152

Job Site Name: Galassi, Rachel - rental property  
 76 W Market Street  
 BETHLEHEM, PA 18018

A.B.E. Doors & Windows (ABE) submits specifications and estimate for:

Date: 2/8/2021

Proposal # 30426

Quantity	Items	Price	Amount
1.00	Lead safe work practices	\$200.00	\$200.00
4.00	We will remove and dispose of the existing attic windows and related debris.	\$0.00	\$0.00
1.00	ATTIC STAIRWAY - Andersen 400 Series WoodWright Double-Hung Insert Window, white exterior, pre-finished white interior, High-Performance Low-E4, white traditional sash lock, white traditional series hand lift, half standard insect screen	\$1,351.00	\$1,351.00
3.00	ATTIC BEDROOM - Andersen 400 Series WoodWright Double-Hung Insert Window, white exterior, pre-finished white interior, High-Performance Low-E4, white traditional sash lock, white traditional series hand lift, half standard insect screen	\$1,351.00	\$4,053.00
1.00	We will reuse existing interior wood trim, customer will be responsible for touch up painting existing interior wood trim. In the event the existing trim is broken or damaged during removal, we will replace trim with similiar style.	\$0.00	\$0.00
1.00	Customer will be responsible for painting around the exterior of the new windows	\$0.00	\$0.00

ABE proposes to furnish material and labor complete in accordance with the above specifications for the sum of \$5,604.00. A deposit of \$1,868.00 is required at the time of order. The balance is due the date of completion. Accounts past due will be charged interest at the rate of 1-1/2% per month (18% annual rate).

Customer Initials \_\_\_\_\_

