



TREE REMOVAL AT COWEE SCHOOL

ISSUED BY: MACON COUNTY FINANCE DEPARTMENT
5 WEST MAIN STREET
FRANKLIN, NC 28734
PHONE: (828) 524-1640
LINDSAY LEOPARD, ACCOUNTANT / PURCHASING AGENT

ISSUE DATE: MARCH 21, 2025

BIDS WILL BE RECEIVED UNTIL APRIL 2, 2025 AT 4:00pm.



MAILING INSTRUCTIONS

1. If mailed, quote should be forwarded by certified U.S. Postal Service. Please address as shown below.

<p>MACON COUNTY FINANCE DEPARTMENT ATTN: LINDSAY LEOPARD 5 WEST MAIN STREET FRANKLIN, NC 28734</p>
--

2. If forwarded other than by U.S. Postal Service, delivery must be made directly to Macon County Finance Department, 5 West Main Street, Franklin, NC 28734.
3. Electronic quotes will be accepted, email lleopard@maconnc.org

NOTE: IF MAIL OR DELIVERY BY ANY OTHER MEANS IS DELAYED BEYOND THE DATE AND HOUR SET, QUOTE THUS DELAYED WILL NOT BE CONSIDERED.

Request for Informal Bids

Tree Removal

March 21, 2025

Macon County is hereby requesting informal bids for the removal of specified trees behind the school cafeteria at Cowee School, 51 Cowee School Dr., Franklin, NC 28734. All bidders must meet the conditions of this bid request. The conditions are:

- 1) Scope of work:
 - The scope of work includes all work associated with the removal of approximately 33 trees.
 - Trees are mostly white pine and all are marked with yellow flagging tape.
 - Contractor can choose their own method of clean-up (log truck, mulch, etc).
 - All stumps are to be cut to within 12" of ground.
 - No ground impact.
 - All brush and debris must be cleaned up and removed from site.
- 2) The contractor shall provide all labor, equipment, and material necessary to complete the work.
- 3) Site visits are encouraged. For technical questions, bidders may contact Travis Waldroop at 828-421-0057.
- 4) The Contractor shall comply with the North Carolina Workers' Compensation Act and shall provide the payment of workers' compensation to its employees in the manner and to the extent required by such Act. Contractor shall maintain, at its expense, the following minimum insurance coverage: \$1,000,000 Bodily Injury Liability, \$100,000 Property Damage Liability, \$1,000,000 Combined Single Limit Bodily Injury and Property Damage. Contractor must submit certificate of insurance with bid and list Macon County as an additional insured.
- 5) The Contractor hereby agrees to indemnify and hold the County harmless from and against any and all loss, cost, damage, suit, liability, claim, settlement cost, or expense, for loss of, or damage to, property, including Contractor's or County's employees, incidental to the work performed under this contract.
- 6) Work will be awarded to the lowest responsible bidder based on total bid.

**STANDARD BID FORM
Tree Removal at Cowee School**

BID OF: _____
(Contractor)

BASE BID:

The undersigned, having examined all the Bid Documents and acknowledging all Addenda as follows:

ADDENDA (if none, state "N/A") _____

Shall execute the entire work as described in the bid package for the lump sum of:

\$ _____ which sum is hereafter called the **BASE BID**.

This Bid shall remain open for acceptance for a period of sixty (30) calendar days from the Bid due date unless otherwise indicated.

(PROVIDE CERTIFICATES OF INSURANCE WITH BID SUBMISSION)

Terms & Conditions Acceptance: By signing below, the individual accepts and verifies:

- That he/she is a duly authorized representative of the company and is able to legally bind the company to this agreement.
- Understanding of all terms and conditions contained within this solicitation and that this solicitation, its terms and conditions, become the entire contract to which Macon County and contractor will be bound for this project, and shall override and supersede all other terms and conditions, regardless of form or delivery.
- That this offer is not a "sham" offer and is made without collusion.
- Acceptance of and agreement to fulfill the insurance & risk requirements set forth within the bid documents.

AUTHORIZATION:

(Name of Contractor)

(Address/City/State/Zip)

(Phone Number)

(Email address)

Printed Name of Authorized Individual

Title

Signature of Authorized Individual

Date