
SECTION 7
SPECIFIC PROJECT REQUIREMENTS

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1 - CONTACT DURING BIDDING

- 1.1 All questions during bidding should be addressed to Joe Young, P.E., who can be reached at CT Consultants, Inc., 2001 Main Street, Suite 202, Wheeling, West Virginia 26003 at 304.214.6651, ext. 675.

2 - INSURANCE

- 2.1 Section SC-5.04(D) of the Supplementary Conditions shall be deleted and no "all risk builders risk" or "installation floater" insurance need be purchased by the Contractor.

3 - WORKING HOURS

- 3.1 No work shall be performed between the hours of 7:30 PM and 7:30 AM nor on Saturday, Sunday, or legal Holidays, without written permission of the Owner.

4 - PROJECT COMPLETION

- 4.1 All work including restoration and clean-up shall be completed no later than the contract completion date. Failure to complete all work within the allotted time will result in assessment of liquidated damages. Upon completion of all work and written notification of same by the Contractor, the Engineer and Owner will compile a punch list. The punch list will be sent to the Contractor. All punch list work shall be completed to the satisfaction of the Engineer and the Owner within 14 days after receipt of the punch list. Failure to complete the punch list work within the allotted time will result in assessment of liquidated damages.

5 - ASPHALT GRINDINGS

- 5.1 All grindings shall become property of the Contractor.

6 - TAXES

- 6.1 This project is sales-tax exempt, but there is a 2% B&O tax.
- 6.2 This project shall be Class Code 6611-6630. Refer to Business & Occupation Tax Return Form.
- 6.3 The Contractor shall pay the City Service Fee. Refer to City Service Fee Overview sheet.
- 6.4 Tax releases from both City and State must be received before the release of the final payment will be made.

CLASS CODE	BUSINESS CLASSIFICATIONS	RATE PER \$100
1000	OTHER NATURAL RESOURCE PRODUCTS	1.00
2111-3999	MANUFACTURED PRODUCTS	.28
5212-5999	RETAILERS AND OTHERS	.365
5111-5199	WHOLESALERS	.15
*6611-6630	CONTRACTING BUSINESS * (List Specific Project/s in excess of \$5,000 Separately)	2.00
*6147-6151	RENTAL/LEASE INCOME PROPERTY FOR HIRE * (List all Rental Property Owned within City Limits)	.73
6211-6599	SERVICES AND ALL OTHER BUSINESS	.88
6111-6152	BANKING AND OTHER FINANCIAL INSTITUTIONS	.94
6600	SHARED SERVICES	.15

EXEMPTION TYPE	AMOUNT	EXEMPTION TYPE	AMOUNT

*IF REPORTING INCOME UNDER CLASS 6611-6630 (CONTRACTING BUSINESS) IT IS NECESSARY FOR YOU TO SEPARATELY LIST SPECIFIC PROJECT(S) IN EXCESS OF \$5000

PROJECT NAME (ADDRESS OR JOB SITE)	Completion date, if complete	Gross Amount
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) TOTAL OF ALL OTHER GROSS CONTRACTING INCOME RECEIVED (FOR JOBS LESS THAN \$5000)		\$ _____
TOTAL REVENUE THIS QUARTER FOR "CONTRACTING BUSINESS"		\$ _____

(CARRY TOTAL AMOUNT RECEIVED TO FRONT OF FORM UNDER "TAXABLE AMOUNT" COLUMN-CLASS 6611-6630)

*IF REPORTING INCOME UNDER CLASS 6151 "RENTAL BUSINESS" IT IS NECESSARY FOR YOU TO UPDATE AND LIST ALL RENTAL PROPERTY YOU OWN WITHIN THE CITY LIMITS OF WHEELING (USE SEPARATE SHEET IF NECESSARY)

PROPERTY ADDRESS	# OF UNITS	(Circle One)	GROSS RENT COLLECTED
1) _____	_____	Commercial (or) Residential	\$) _____
2) _____	_____	Commercial (or) Residential	\$) _____
3) _____	_____	Commercial (or) Residential	\$) _____
4) _____	_____	Commercial (or) Residential	\$) _____



CITY SERVICE FEE OVERVIEW

The City of Wheeling imposes a two dollar (\$2.00) per week City Service Fee (“CSF”) upon all full-time employees, part-time employees, and self-employed individuals who regularly report to work at a physical location or work from home within the City of Wheeling. Employers are required to withhold \$2.00 per week from each employee's pay. Withheld fees are remitted quarterly to the City Finance Department. Self-employed individuals are responsible for remitting their own fees. CSF payments not received within one month following the end of the calendar quarter will be subject to penalties.

If you work multiple jobs in Wheeling, and the fee is being deducted by more than one employer, complete a *Prior Payment Form* (CSF-1). Fill out areas one (1) and two (2) and sign area three (3). Your primary employer must sign area four (4). Once the form is completed, it should then be given to your secondary employer(s) and retained by them. ***THE PRIOR PAYMENT FORM SHOULD NOT BE SENT TO THE CITY FINANCE DEPARTMENT.***

If the fee is withheld from your pay in error, complete a *Refund Claim Form* (CSF-4), attach a copy of your pay stub or other employer-provided documentation showing the fee was deducted in error, and return the form to the City Finance Department. This form must be received within thirty (30) days following the receipt of payment from your employer.

Businesses exempt from Wheeling Business & Occupation Tax, but that maintain offices / locations in Wheeling, are required to withhold the fee from employees.