



**Accessibility Checks and  
Controls  
Registered Accessibility Specialist  
#00000097**



401 Southgate Circle  
Weslaco, Texas 78596  
Off: (956)968-3887  
Cell: (956)279-0910

e-mail:Covacevich@aol.com

May 6, 2015

Ms. Lupita Garcia  
Urban County Program  
427 E. Duranta Ave.  
Suite 107  
Alamo, TX 78516

Re: TAS Review and Inspection of Brewster Park

Ms. Garcia:

Attached are the documents I was informed that were needed for the TAS Review and Inspection of Brewster Park. I hope you find everything in order.

I have included the invoice for the services to be rendered. As per TDLR requirements all fees are pre-paid. If you would send me a purchase order, I can proceed with the work while you process payment.

**68.80. Fees.** (Effective June 1, 1994, 19 TexReg 3485; amended effective October 1, 1995, 20 TexReg 7279; amended effective May 6, 1998, 23 TexReg 4263; amended effective December 5, 1999, 24 TexReg 10855; amended effective April 18, 2000, 25 TexReg 3248; amended effective December 1, 2000, 25 TexReg 10729; amended effective September 1, 2001, 26 TexReg 6011; emergency adoption effective November 7, 2001, expiration date, March 6, 2002; amended effective May 7, 2002, 27 TexReg 4565; amended effective September 1, 2003, 28 TexReg 7364; amended effective February 1, 2005, 30 TexReg 382; amended effective March 1, 2007, 32 TexReg 884; amended effective March 15, 2012, 37 TexReg 677)

68.80 (g) All fees are non refundable and must be paid prior to service being performed.

Sincerely,

  
Anthony Covacevich  
RAS 00000097

Anthony Covacevich Consultant

401 Southgate Circle  
Weslaco, TX 78596

# Invoice

Date	Invoice #
5/6/2015	810

Bill To
Urban County Program 427 E. Duranta Ave. Suite 107 Alamo, Tx. 78516

Description	Amount
Review of TAS Project # Brewster Park	600.00
TDLR Filing Fee	175.00
Inspection of TAS project	700.00
TDLR requires payment prior to plan review and inspections.	
<b>Total</b>	<b>\$1,475.00</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/22/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

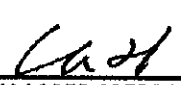
<b>PRODUCER</b> DELTA GENERAL AGENCY CORPORATION 4848 LOOP CENTRAL DR SUITE 1000 HOUSTON TX 77081		<b>CONTACT NAME:</b> MONTALVO INS AGENCY INC <b>PHONE (A/C, No, Ext):</b> 956-968-5521 <b>FAX (A/C, No):</b> (956) 959-9198 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> COVACEVICH, ANTHONY 401 SOUTHGATE CIRCLE WESLACO TX 78596		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> UNITED SPECIALTY INSURANCE COMPANY <b>NAIC #</b> 12537 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		USA4010162	05/16/2014	05/16/2015	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALLOWED AUTOS <input type="checkbox"/> HIREDAUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
Hidalgo County 2812 S. Business Hwy 281 EDINBURG TX 78539		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 	



PO Box 799100  
Dallas TX 75379

NAMED INSURED AND MAILING ADDRESS

AT2 53-6040-2 A A  
000653 0058  
COVACEVICH, ANTHONY & LETICIA  
401 SOUTHGATE CIR  
WESLACO TX 78596-7024



DECLARATIONS PAGE

POLICY NUMBER 228 6059-B21-53A  
POLICY PERIOD FEB 16 2015 to AUG 21 2015

STATE FARM PAYMENT PLAN NUMBER  
0048569525

AGENT  
RUBEN CARDENAS  
603 N TEXAS BLVD  
WESLACO, TX 78596-4803

PHONE: (956)968-4554

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.  
SEPARATE STATEMENT ENCLOSED IF AMOUNT DUE.

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS	TERRITORY
2008	DODGE	DAKOTA	PICKUP	1D7HE38K58S570187		6600110F00

SYMBOLS	COVERAGES	PREMIUMS
	See policy for coverage details.	2008 DODGE
A	Bodily Injury Liability Limits of Liability-Coverage A Each Person, Each Accident \$1,000,000/\$200,000	\$415.58
	Property Damage Liability Limits of Liability-Coverage A Each Accident \$1,000,000	\$225.53
B2	Personal Injury Protection Limits of Liability-Coverage B2 Each Person \$5,000 Sewing and Labor Costs (\$120 Per Day/Day Part)	\$63.73
C	Uninsured/Underinsured Motorists Limits of Liability-C-Severity Injury Each Person, Each Accident \$100,000/\$200,000	\$24.00
	Limits of Liability-C-Property Damage Each Accident \$100,000	\$23.44

Total premium for FEB 16 2015 to AUG 21 2015 \$765.41 THIS IS NOT A BILL

ST-B  
0104-0016

**Fwd: Brewster Park -ADA**

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**From :** Maria Lucio  
<maria.lucio@co.hidalgo.tx.us>

Thu, Apr 30, 2015 03:21 PM

📎 1 attachment

**Subject :** Fwd: Brewster Park -ADA

**To :** Guadalupe V. Garcia  
<guadalupe.garcia@co.hidalgo.tx.us>,  
Jesus Ozuna  
<jesus.ozuna@co.hidalgo.tx.us>

Please see response

Respectfully,

Lulu Lucio  
Hidalgo County Precinct #4  
Ph: 956- 292-7000 Ext. 4026  
Fax:956-381-5905  
maria.lucio@co.hidalgo.tx.us

---

**From:** "Rudy Molina" <rudym@milnet-archservices.com>

**To:** "Maria Lucio" <maria.lucio@co.hidalgo.tx.us>

**Sent:** Thursday, April 30, 2015 3:22:46 PM

**Subject:** RE: Brewster Park -ADA

Ms. Lucio,

Thank you for the request and your interest in our firm. However, at the moment we have too much architectural work. We will not be doing the ADA project.

Thanks,



Rudy Molina, AIA  
Milnet Architectural Services, PLLC  
608 S. 12th St  
McAllen, TX 78501  
P: 956-688-5656  
F: 956-687-9289

**Re: Brewster Park ADA**

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**From :** Juan Martinez

Mon, Apr 27, 2015 05:40 PM

&lt;jmaccessibility@yahoo.com&gt;

**Subject :** Re: Brewster Park ADA**To :** Guadalupe V. Garcia

&lt;guadalupe.garcia@co.hidalgo.tx.us&gt;

**Reply To :** Juan Martinez

&lt;jmaccessibility@yahoo.com&gt;

Mrs. Garcia,

I don't think I will be able to get you the additional information requested before tomorrow, I just recently became a RAS and was not able to meet the requirements for this project. I will still try to get everything in order for future projects, our clients normally do not have as many requirements as being requested for this project. I will keep an eye out for any future projects once I meet all your requirements, thank you for your patience and help.

Thank you,

Juan Martinez

On Monday, April 27, 2015 4:39 PM, Guadalupe V. Garcia  
<guadalupe.garcia@co.hidalgo.tx.us> wrote:

Tomorrow the latest!! I need to issue the purchase order, talk to the precinct, they are really wanting to get this project started.  
please let me know.

**Guadalupe V. Garcia**

**URBAN COUNTY PROGRAM**  
**Hidalgo County Commissioners' Court**  
**Agenda Request Form**

No. AI-49201

Name: Lupita V. Garcia

Date: March 30, 2015  
Deadline for Action: April 14, 2015  
Department: Urban County Program

Meeting Date Request: April 14, 2015  
Contact Person: Diana R. Serna  
Phone: (956) 787-8127 Fax: (956) 318-2988

*Diana R. Serna, UCP Director* DRS

**Caption:**

Urban County Program on behalf of the Hidalgo County Precinct No. 4 is requesting authority to issue purchase order to JM Accessibility for ADA Plan review for the Brewster Park Improvements project in the amount of \$1,175.00, utilizing FY 26 (2013) Parks Recreational Facility Improvements funds- (Brewster Park Project).

**Background:**

Hidalgo County Precinct No. 4 obtained three written quotes of which JM Accessibility was the lowest quote received. (See attached quotes.)

Vendor: **JM Accessibility**  
Purchase Amount: \$ **1,175.00**  
Funds Available: \$ **163,303.00** FY 26 (2013) Parks, Recreational Facility Improvements  
(Brewster Park)

APPROVED  
County Commissioners' Court  
DATE: 4-14-15 DRS

Deputy Director ES  
Finance LF

Please initial for approval:

Legal Counsel \_\_\_\_\_ Budget \_\_\_\_\_ Human Resources \_\_\_\_\_

Dept./Fund No: \_\_\_\_\_ Amt. Expended: \$ \_\_\_\_\_ Funds/Staffing Budgeted: Yes \_\_\_\_\_ No \_\_\_\_\_

Account code: \_\_\_\_\_ Impact on Future budget: Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:**

Action taken by Commissioner's Court:

Approved \_\_\_\_\_ Tabled \_\_\_\_\_ Denied \_\_\_\_\_ Motion made by \_\_\_\_\_ Seconded \_\_\_\_\_ Vote \_\_\_\_\_

**RECEIVED**  
**APR 20 2015**  
**FINANCE DIVISION**

**URBAN COUNTY PROGRAM  
COUNTY OF HIDALGO**

**Price Quotations**

**VENDOR #1**

Name: JM Accessibility Person Contacted: Juan Martinez RAS 1398 Phone: 784-0266

Item#	Quantity	Description	Amount
1	1	TDLR Project Registration, ADA Plan Review, Project Site Final Inspection	\$1,175.00

**VENDOR #2**

Name: Milnet Architectural Services PLLC Person Contacted: Rodolfo Molina Phone: 680-5656

Item#	Quantity	Description	Amount
1	1	TDLR Project Registration, ADA Plan Review, Project Site Final Inspection	\$1,275.00

**VENDOR #3**

Name: Accessibility Checks & Controls Person Contacted: Anthony Covacevich Phone: 279-0910

Item#	Quantity	Description	Amount
1	1	TDLR Project Registration, ADA Plan Review, Project Site Final Inspection	\$1,475. <sup>00</sup>
		(as per letter / quote submitted)	

Recommendation: JM Accessibility - lowest bid

Requested by: Jesse Ozuna 3/27/15 Date  
 Approved by: [Signature] 3/27/15 Date