

## ACi Professional Services Agreement Owner Authorization Form (PSA)

<b>Owner:</b>	City of Maitland, Florida
<b>Owner Request Date:</b>	March 2, 2009
<b>ACi Project Name/Description:</b>	City of Maitland Continuing Services Contract
<b>Date of Original Contract:</b>	May 13, 2008
<b>ACi Project Number:</b>	0807
<b>PSA Number:</b>	0807I – CRA District Design Review

### Owner's request and description of architectural services and tasks:

Background and Contract Responsibilities:

Based on the request of Verl Emrick, CRA Director, City of Maitland, the City requires ACi, in connection with its on-going consulting services to conduct design reviews for compliance with City Design Standards. ACi's scope shall include the following specific work:

1. Attend Meetings: As requested by the City.
2. Architecture Design Review: A general assessment of proposed developer design documents for compliance with "City Design Standards and Development Pattern Book." If required, recommend potential revisions in terms of composition, building materials, design details that align proposed architectural solutions with design intent contained in City approved standards and patterns. The goal here is to enrich the quality and basis-of-design standards required by the City codes, standards and guidelines.
3. Deliverables: If required, Architectural sketches, notes on drawings submitted by the developer/applicant.

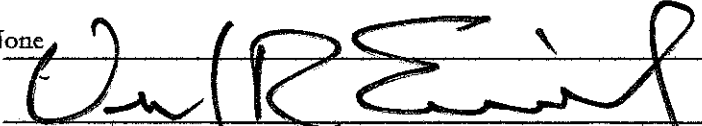
ACi shall take direction from and report to Mr. Emrick on a day-to-day basis as the City's authorized representative.

Compensation:

ACi's labor shall be compensated for labor on an hourly rate basis not to exceed \$5,000.00 as an initial budgeted amount. When ACi reaches this limit, it will notify Owner and upon receiving authorization for additional scope, this budget shall be increased as mutually agreed to. Any reimbursable costs requested by the City and as described in the continuing services agreement referenced above are in addition to the labor fee compensation specified herein.

**Services Compensation (Fee) Amount:** Hourly not-to-exceed \$5,000.00.

**Initial Payment Amount:** None

**Owner's Acceptance and Authorization:** 

**Owner's Printed Name/Title:** VERL R. EMRICK / CRA DIR

**Date:** JAN 6, 2010

**NOTE:** Upon receiving an executed original (or facsimile thereof) of this form from the Owner and specified retainer payment, ACi will proceed with the scope of work described above.