

From: Buck, Michelle
To: "AMARA, ROBERT"
Subject: RE: Public Record Request
Date: Wednesday, March 3, 2021 1:19:00 PM
Attachments: [Building Permit 18-036.pdf](#)
[P18-011 - 49 Salminen Road.pdf](#)

Attached are the requested documents.

Michelle R. Buck, AICP
Leicester Town Planner/Director of Inspectional Services
508-892-7007

buckm@leicesterma.org

Please note that Leicester Town Hall is closed on Fridays.

From: AMARA, ROBERT <RAMARA@HANOVER.COM>
Sent: Friday, February 19, 2021 1:03 PM
To: Buck, Michelle <BuckM@leicesterma.org>
Cc: BRUNO, JOHN H. <JBRUNO@hanover.com>; FLATTERY, LINDA M. <LFLATTERY@hanover.com>
Subject: Public Record Request

Dear Ms. Buck –

Attached is a public records request related to certain permits for a property in Leicester. Please let us know if there is a charge for the records. Thank you for your assistance and have a good weekend.

Robert

Robert J. Amara, Esq.
Attorney at Law
Admitted in MA and RI

50 Resnik Road
Suite 201B
Plymouth, MA 02360
(Direct Dial) 508 591 6911
(Office) 508 747 5277
(Fax) 508 926 1583
(Cell) 617 347 2872

NOTICE—COVID 19

All employees of the Hanover Law Office are currently working remotely in response to Government executive orders in both Rhode Island and Massachusetts closing all non COVID-19 essential businesses.

Under the circumstances, and until further notice, the Hanover Law Office is unable to accept mail or deliveries. Please communicate with us via e-mail to **BOTH** RAMARA@HANOVER.COM & LFLATTERY@HANOVER.COM.

ROBERT J. AMARA**
JOHN H. BRUNO II ♦**
STEPHEN A. DUGGAN*^
DANIEL S. MCINNIS*
MICHAEL R. MORANCY*
MARK W. MURPHY**
TERENCE O'NEILL**
BERNARD W. SCHRANZE **
JENNIFER A. W. RUSH^~

♦Admitted in CT
*Admitted in MA
^Admitted in ME
^ Admitted in NH
* Admitted in RI

The Hanover Law Group

50 RESNIK ROAD, SUITE 201B
PLYMOUTH, MA 02360
(508) 747-5277

Licensed attorneys employed by The Hanover Insurance Group/Citizens Insurance Company of America for the purpose of representing its policyholders and insureds.

OFFICES IN BOSTON & PLYMOUTH

Direct Dial: (508) 591-6911
ramara@hanover.com
Assistant: Linda M. Flattery
lflattery@hanover.com
Direct Dial: (508) 591-6900
Fax: (508) 635-5995

RECEIVED

FEB 22 2021

Town of Leicester
Development & Inspectional Services

February 19, 2021

BY ONLINE SUBMITTAL TO buckm@leicesterma.org

Michelle Buck
Records Access Officer
Director of Inspectional Services for Building/Code
3 Washburn Square
Leicester, MA 01524

RE: **Public Record Request Pursuant to G.L. c. 66, § 10**

Dear Records Access Officer,

This is a request under the Massachusetts Public Records Law (G.L. c. 66, § 10). I am requesting that I be provided with a copy of any and all permit and inspection records from January 1, 2018 to the present for 49 Salminen Road, Leicester, MA 01524. This request also includes any records related to plumbing permit no. P18-011.

I recognize that you may charge reasonable costs for copies and for personnel time needed to comply with this request. Please forward an invoice to my attention by email at ramara@hanover.com.

The Public Records Law requires you to provide me with a written response within 10 business days. If you cannot comply with my request, you are statutorily required to provide an explanation in writing.

Thank you for your attention to this matter, and you may contact me with any questions at (508) 591-6911.

Very Truly Yours,

/s/ Robert Amara

Robert J. Amara

BUILDING PERMIT

TOWN OF LEICESTER

Telephone-508 892-7003

Fax - 508 892-1163

NO: 18-036 Building Department Inspection Card

Fee: \$ 504.00

Date: March 7, 2018

DOUBLE FEE-WORK
W/O PERMIT

This May Certify That Maria Dolan

has permission to Remodel

located on 49 Salminen Drive

The person accepting this permit shall in every respect conform to the terms of the application on file in this office, and to the provisions of the Statutes and By-Laws relating to the Construction, Maintenance and inspection at buildings in the Town of Leicester and shall begin work on said building within 6 months from the date hereof, and prosecute the work on thereon to a speedy completion.

Any violation of any of the terms above noted is an immediate revocation of this permit.

Inspector of Buildings: JEFF TAYLOR

SEPARATE permits are required for ELECTRICAL, PLUMBING, MECHANICAL INSTALLATIONS AND SIGNS

NO Building shall be occupied until a Certificate of Occupancy has been Issued by the Building Inspector.

An Occupancy Permit will be issued by the Building Inspector upon return of this Inspection Card signed by all the required Departments.

"Persons contracting with unregistered contractors do not have access to the guaranty fund MGL c142A"

CONSTRUCTION TYPE: 5-B USE GROUP: R-3

MAP: 42A PARCEL: A 3

BUILDING INSPECTOR

Footings & Foundation

Rough Frame

Insulation

Final

ELECTRICAL

Underground

Service

Rough

Final

PLUMBING

Underground

Rough

Final

GAS

Rough

Final

FIRE CHIEF

Smoke Detectors

Furnace/Boiler

Fuel Storage

HIGHWAY DEPT.

Driveway

ASSESSORS

BOARD OF HEALTH

OK Jeff Taylor 4-11-18
OK Jeff Taylor 6-7-18

OK 3-25-18 JMT
OK 5-17-18 JMT

3-28-2018 JMT
5-22-2018 JMT

OK JMT 05/17/18
JMT

OK JMT 5-17-18
JMT

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only
Building Permit Number: 1B-036

Date Applied: 3/6/18

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

49 13 Salminen Dr

1.1a Is this an accepted street? yes no

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.2 Assessors Map & Parcel Numbers

Map Number 42A

Parcel Number A3

1.4 Property Dimensions:

Lot Area (sq ft) _____

Frontage (ft) _____

1.5 Building Setbacks (ft)

Type S-B

Use R-3

Front Yard	
Required	Provided

Side Yards	
Required	Provided

Rear Yard	
Required	Provided

1.6 Water Supply: (M.G.L. c. 40, § 54)
Public ☐ Private ☒

1.7 Flood Zone Information:
Zone: X Outside Flood Zone? ☐
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☒

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) Maria Dolan

No. and Street 22 Pennackin Hill Rd

Charlton, MA 01507
City, State, ZIP

774-230-5604
Telephone

maedolan@gmail.com
Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input checked="" type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work²: Pipes burst, upstairs heat drained into ceiling downstairs ceiling and floor removed on 1st floor, only in kitchen area, and 1st floor bath. Repair all water damage 1,472 sq' Area 105 x 147 = 2522

SECTION 4: ESTIMATED CONSTRUCTION COSTS 2522 x 2 = 5044

Item	Estimated Costs: (Labor and Materials)
1. Building	<u>\$40,000 base</u>
2. Electrical	<u>\$7,000</u>
3. Plumbing	<u>\$7,500</u>
4. Mechanical (HVAC)	<u>\$</u>
5. Mechanical (Fire Suppression)	<u>\$</u>
6. Total Project Cost:	<u>\$54,500</u>

Official Use Only STARTED NO PERMIT

1. Building Permit Fee: \$ _____ Indicate how fee is determined:
☐ Standard City/Town Application Fee
☐ Total Project Cost³ (Item 6) x multiplier _____ x _____

2. Other Fees: \$ _____
List: _____

Total All Fees: \$ 504

Check No. _____ Check Amount: _____ Cash Amount: _____

☐ Paid in Full ☐ Outstanding Balance Due: _____

☒ APPROVED

Jeff Taylor
3-7-18

1B-036

RECEIVED

MAR 06 2018

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Matthew LaRosee
Name of CSL Holder

140 E Main St
No. and Street

Westboro, MA 01581
City/Town, State, ZIP

508-962-2647 MatthLaRosee@yahoo.com
Telephone Email address

088321 1/10/2020
License Number Expiration Date

List CSL Type (see below) U

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

Matthew LaRosee
HIC Company Name or HIC Registrant Name

140 E Main St
No. and Street

Westboro, MA 01581 508-962-2647
City/Town, State, ZIP Telephone

190359 1/18/2020
HIC Registration Number Expiration Date

MatthLaRosee@yahoo.com
Email address

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☒ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize Matthew LaRosee to act on my behalf, in all matters relative to work authorized by this building permit application.

Maria Dolan 2/24/18
Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Matthew LaRosee 2/24/18
Print Owner's or Authorized Agent's Name (Electronic Signature) Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.)	<u>2850</u>	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.)	<u>2015</u>	
Number of fireplaces	<u>2</u>	Habitable room count <u>8</u>
Number of bathrooms	<u>3</u>	Number of bedrooms <u>3</u>
Type of heating system	<u>oil forced water</u>	Number of half/baths <u>3</u>
Type of cooling system	<u>none</u>	Number of decks/porches <u>1</u>
		Enclosed <input checked="" type="checkbox"/> Open <input type="checkbox"/>

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



**TOWN OF LEICESTER
CONSERVATION COMMISSION**

LEICESTER, MA 01524-1333
Phone: 508-892-7007 – Fax: 508-892-7070
www.leicesterma.org

**Conservation Commission Building Permit Review Form
Wetlands/Riverfront Area (MGL Ch.131, §40)**

Project Address:	43 Salminen Dr
Description of Proposed Work:	Repair water damage

Is the proposed work in Wetland Buffer (100 feet) and/or Riverfront Buffer (200 feet)?
(check one)¹

☐ YES

☐ NO

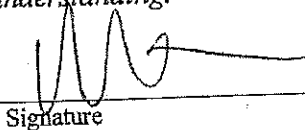
☒ N/A

(no land disturbance/all interior work)

If YES, fill out the section below:

Date of Conservation Commission Approval:	
Type of Conservation Commission Approval (RDA/NOI, etc.)	
DEP File #: (where applicable)	

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained on this form is true and accurate to the best of my knowledge and understanding.


Signature

2/24/18
Date

Matthew L. Rosen
Printed Name

¹ It is the Applicant's responsibility to determine wetland and riverfront boundaries in proximity to the proposed work and to obtain Conservation Approval where required.



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Please Print Legibly

Applicant Information

Name (Business/Organization/Individual): Mathw L Rosen

Address: 140 E main st

City/State/Zip: Westboro MA 01581 Phone #: 508 962-2647

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☒ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Daniels Insurance Co

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: 43 Salminen Dr City/State/Zip: Leicester, MA 01524

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 2/24/18

Phone #: _____

508 962-2647

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



Commonwealth of Massachusetts
Division of Professional Licensure
Board of Building Regulations and Standards
Construction Supervisor

CS-088321

Expires: 01/10/2020

MATTHEW DAVID LAROSEE
140 E MAIN ST
WESTBOROUGH, MA 01581



Commissioner

The Commonwealth of Massachusetts

Office of Consumer Affairs & Business Regulation

HOME IMPROVEMENT CONTRACTOR

TYPE: Individual

<u>Registration</u>	<u>Expiration</u>
190359	01/18/2020

MATTHEW LAROSEE

MATTHEW LAROSEE
140 EAST MAIN ST
WESTBOROUGH, MA 01581

Undersecretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/06/18

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Daniels Insurance Agency Inc 86 East Main ST PO Box 870 Westborough, MA 01581	CONTACT NAME: Alice LaRosee PHONE (A/C, No, Ext): 508-366-8736 FAX (A/C, No): 508-898-0403 E-MAIL ADDRESS: alice@DanielsInsurance.com														
INSURED Matthew LaRosee d/b/a LaRosee Construction 140 E Main ST Westborough, MA 01581	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Boston Insurance Brokerage Inc</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Boston Insurance Brokerage Inc		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Boston Insurance Brokerage Inc															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		01000144472	09/19/17	09/19/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					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 DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Town of Leicester

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

3rd Offer Rebuild Esting - 301 - Adobe Acrobat Reader DC

File Edit View Window Help

Home Tools 300-008-056_06 L... JCAScript Users... 3rd Offer Rebuild E... x 300-004-805_304... CommandLineTool... Sign In

2 / 33 75%

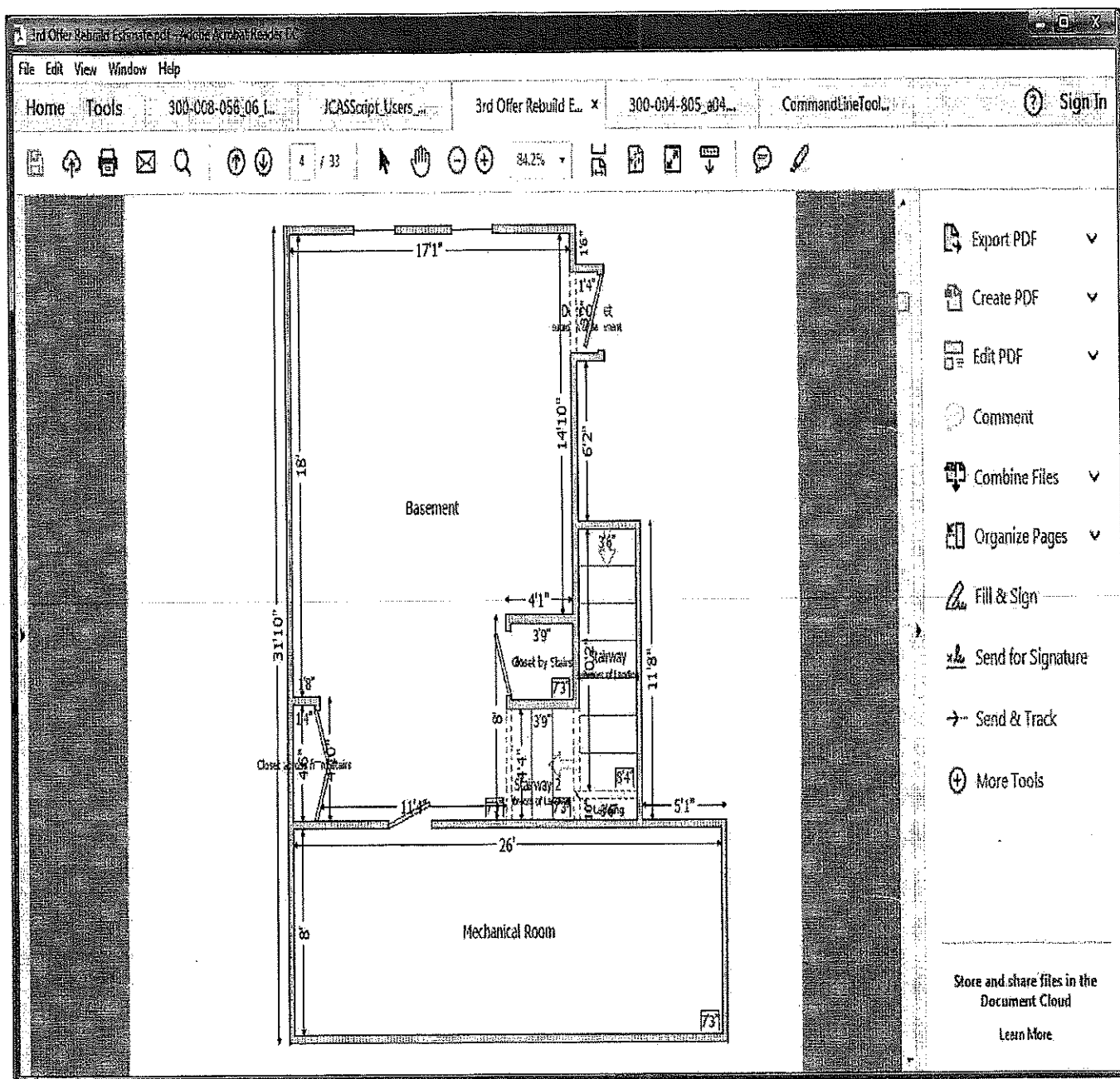
The floor plan shows a rectangular house with the following dimensions and layout:

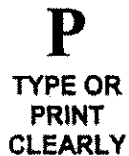
- Overall Dimensions:** 27'5" wide by 31'11" deep.
- Rooms and Dimensions:**
 - Master Bedroom:** 17' wide by 11'10" deep.
 - Bedroom-Middle:** 11'10" wide by 11'3" deep.
 - Front Bedroom:** 15'6" wide by 19'3" deep.
 - Master Bath:** 7' wide by 5'11" deep.
 - Front Bathroom:** 7' wide by 5'11" deep.
 - Stairs:** Located in the center of the house.
 - Hallway:** Connects the rooms.
 - Closets:** 1'11" x 1'11" (top left), 1'11" x 1'11" (middle left), 3'5" x 1' (bottom right), and 2'8" x 2'8" (bottom right).

Handwritten notes: "852" in the bottom left corner and "8 12" in the bottom right corner.

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CITY Leicester MA DATE 1-23-18 PERMIT # 18011

JOB SITE ADDRESS 49 Selwyn Rd OWNER'S NAME Mark Dolan

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☒

NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☒ PLANS SUBMITTED: YES ☐ NO ☐

[illegible]

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. YES ☒ NO ☐

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY ☐OTHER TYPE OF INDEMNITY ☐BOND ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE ONLY: OWNER ☐ AGENT ☐

SIGNATURE OF OWNER OR AGENT

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER'S NAME Robert Berslund LICENSE # 19610 SIGNATURE [Signature]

MP ☐ JP ☒ CORPORATION ☒ # 4010 PARTNERSHIP ☐ # ☐ LLC ☐ # ☐

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