



203 Main St.

BUILDING PERMIT NO.

04-192

TOWN OF SHREWSBURY
APPLICATION FOR PERMIT TO BUILD
INSTRUCTIONS

The applicant must contact the Town Departments listed below regarding the following:

Table with 4 columns: Department, Subject, Date, Initials. Rows include Assessors, Light Department, Conservation Commission, Engineering, Water & Sewer, Highway Department, Health Department, and Fire Department.

BUILDING PERMIT APPLICATION INSTRUCTIONS

- 1. Plot plan must be drawn to scale and original drawn in ink.
2. Show all lot dimensions and area.
3. Show dimensions of all existing and proposed structures on the lot.
4. Existing and proposed structures shall be distinguished by contrasting colors...
5. Show front, rear, and side yard setback dimensions.
6. Show width of street right of way...
7. Note any zoning district lines...
8. Plot plans shall be submitted in duplicate.
9. Floor plans, foundation plans and framing sections are required...

NO CONSTRUCTION IS ALLOWED PRIOR TO PROCUREMENT OF A BUILDING PERMIT

INSPECTIONS REQUIRED

- 1. Foundation and footing — prior to commencing superstructure...
2. Rough framing before insulation, after plumbing and electrical inspections...
3. Final inspection before occupancy, after approval of finish plumbing...

Requests for inspections must be made 24 hours in advance by calling the Building Inspector's office at 841-8512.

203 Main St-
04-192

TOWN OF SHREWSBURY

— APPLICATION FOR PERMIT TO BUILD —

I. LOCATION OF BUILDING

1. No. & Street 30 203 ~~W~~ MAIN ST
 2. TAX PLATE _____ PLOT NOS. _____ SUBDIV. LOT NO. _____ ZONING DIST. _____
 3. PROPOSED CONSTRUCTION/USE STRIP + PE-ROOF

II. IDENTIFICATION

	NAME	ADDRESS	TEL. NO.
1. OWNER	JACK ORRIZZI	26 RAWSON HILL ROAD SHREWSBURY, MA. 01545	842-5196
2. CONTRACTOR	VITO J. DEPIRO	84 WORTHINGTON AVE SHREWSBURY, MA. 01545	799-5555
3. ARCHITECT			

III. BUILDING CHARACTERISTICS

1. TYPE OF FRAME _____
 2. NO. OF STORIES _____
 3. STYLE OF BLDG. _____
 4. FLOOR AREA (SQ. FT.) _____
 A. BASEMENT, CELLAR _____
 B. FIRST FLOOR _____
 C. SECOND FLOOR _____
 D. THIRD FLOOR _____
 E. OTHER _____
 5. INT. WALLS _____
 6. EXT. WALLS _____
 7. TYPE OF HEAT _____
 8. WATER SUPPLY: TOWN PRIVATE
 9. SEWAGE: TOWN PRIVATE

V. ROOM SCHEDULE

	FLOOR AREA
1. NON-RESIDENTIAL	_____
A. OFFICE	_____
B. SALES, SERVICE	_____
C. STORAGE	_____
D. SHOP, MANUF.	_____
E. KITCHEN	_____
F. OTHER	_____
2. RESIDENTIAL	_____
	NO. DIMENSIONS
A. KITCHEN	_____
B. LIVING	_____
C. DINING	_____
D. FAMILY, DEN	_____
E. BEDROOMS	_____
F. BATHS	_____
G. LAUNDRY	_____
H. BREEZEWAY	_____
I. GARAGE (CARS)	_____
J. DECKS/PORCHES	_____
K. FIREPLACES	_____
L. STORAGE	_____

IV. COST ESTIMATION

(OMIT CENTS)

1. BUILDING _____
 2. ELECTRICAL _____
 3. PLUMBING _____

TOTAL COST \$ 10,150.00

I HEREBY AGREE NOT TO OCCUPY THIS BUILDING OR ALLOW IT TO BE OCCUPIED UNTIL AN OCCUPANCY PERMIT HAS BEEN ISSUED.

x Vito J. Depiro Jr 84 WORTHINGTON AVE 4/12/04
 SIGNATURE OF APPLICANT ADDRESS DATE

CONST. SUPERVISOR'S LICENSE # _____ HOME IMPROV. REG. # 100624

APPROVED BY <u>P. Sheehan</u>	PERMIT FEE \$ <u>55.00</u>	PERMIT NO. <u>04-192</u>	DATE ISSUED <u>4-12-04</u>
----------------------------------	-------------------------------	-----------------------------	-------------------------------

PO 4-26-04
ML

Vito J Depiro

Home Improvements Roofing, Siding
Replacement Windows & Gutters
84 Worthington Avenue
Shrewsbury, MA. 01545-4236

on the Web www.Vitojdepiro.com

TO:
Jack Orrizzi
26 Rawson Hill Rd
Shrewsbury, MA 01545



POSTED PROPOSAL

Established 1949



Phone-508 799-5555
Cell-508-864-8956

JOB NUMBER
22004601

Alt. Phone C-864-9819

PHONE DATE

842-5196 4/2/2004

JOB NAME/ LOCATION

203 W. Main St
Shrewsbury, MA

We hereby submit specifications and estimate for:

~~Strip all house roofs down to roof decking. Re-nail any loose decking. Install ice and water barrier 3' feet back from roof eaves with remainder of exposed decking to be covered with 15lb. Select Felt. Install white aluminum drip edge around all roof edges. Remove and replace soil pipe boots. Install Certaineed LandMark AR or WoodScape AR 30 year architectural roof shingles. Remove and replace 1 section of rotted plywood. Remove gutters and install Alcoa white aluminum gutters and downspouts. Install 2 white vinyl gable vents. Any old or new debris to be removed from job site.~~

All labor is guaranteed for 2 years.

Shingles Warranted by Certaineed for 30 years.

Pull Building Permit

To install a Certaineed 50 year architectural shingle add \$650.00 to price below _____ .INT

To install a Certaineed 25 year 3 tab shingle subtract \$400.00 from price below _____ .INT

Satellite Dishes on roofs or siding have to be removed. **Not responsible for resetting of any Satellite Dish!!**

Massachusetts State Registration #100624. Director Home Improvements Contractor Registration. One Ashburton Place. Room 1301. Boston MA. 02108 (617) 727-8598. Do Not Sign This Contract If There Are Any Blank Spaces. "You May

Cancel This Agreement If Has Been Consummated By A Party Thereto At A Place Other Than An Address Of The Seller Which May Be His Main Office Or Branch Thereof, By A Written Notice Directed To The Seller At His Main Office Or Branch Office By Ordinary Mail Posted, By Telegram Sent Or By Delivery, Not Later Than Midnight Of The Third Business Day Following The Signing Of This Agreement."

We Propose hereby to furnish material and labor -- complete in accordance with the above specification, for the sum of:

Ten Thousand One Hundred and Fifty--00/100

Dollars (\$10,150.00)

Payments to be made as follows:

One third is to be paid on the start of job. One Third is to be paid when 1/2 of job is completed. Balance due upon completion of all work.

All Material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifica-

tions involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation Insurance.

Authorized

Signature

Note: This proposal may be withdrawn by us if not accepted within 15 days

Acceptance of Proposal - The Above prices, specifications and

conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

Signature

Date of Acceptance

4-5-04

RFING-SH27-ST54-WG196.

Please Return White Copy

VITO -
WHAT ABOUT RIDGE VENT ?

ACORD**CERTIFICATE OF LIABILITY INSURANCE**OP ID LL
DEPIV50DATE (MM/DD/YY)
07/02/03

PRODUCER

Paul Cantiani Insurance Agency
318 Plantation Street
Worcester MA 01604
Phone: 508-791-2088 Fax: 508-799-0663

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Depiro Home Improvements
Vito Depiro
84 Worthington Ave.
Shrewsbury MA 01545

INSURER A: Preferred Mutual Insurance Co.
INSURER B: Liberty Mutual Insurance Co.
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPP01005617	05/06/03	05/06/04	EACH OCCURRENCE \$ 500000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 500000
					GENERAL AGGREGATE \$ 1000000
					PRODUCTS - COMP/OP AGG \$ 1000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC31S242732022	05/12/03	05/12/04	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
					E.L. EACH ACCIDENT \$ 100000
					E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

N ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWNSHR

Town Of Shrewsbury
Building Department
Shrewsbury MA 01545

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT ~~THE INSURER~~ SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

P. Cantiani

Affidavit

In accordance with Article I Section 111.5 of the Massachusetts State Building Code, I certify that all debris resulting from work associated with this Building Permit will be disposed of properly, by Service Plus Disposal licensed waste removal company, and disposed in a solid waste disposal facility as defined by MGL. C111 & 150A.

4/12/04
Date

Vito J Depiro Jr.
Signature of Permit Application

Vito J Depiro Jr.
Name of Applicant

Vito J Depiro
Firm Name

84 Worthington Ave
Shrewsbury, MA. 01545
(508) 799-5555
Address



The Commonwealth of Massachusetts

Board of Building Regulations and Standards

HOME IMPROVEMENT CONTRACTOR

Registration: 100624

Expiration: 6/22/2004

Type: Individual

VITO J. DEPIRO, JR.

Vito Depiro, Jr.

84 Worthington Avenue

Shrewsbury, MA 01545


Administrator