

No. R-14-00239

Town of Shrewsbury
Building Inspector
Occupancy and Use Permit

"No building or structure shall be erected, and no land, building or structure shall be used for a new, different, changed or enlarged use without a Building Permit therefore first having been attained from the Building Inspector. No building shall be occupied until a certificate of occupancy or change of use has been issued by the Building Inspector."

Sahni Kuljit K

15 Eagle Dr, SHREWSBURY MA 01545

Issued to**Address**

duplex

wood frame

Use & Occupancy (Chapter 3)**Occupant Load****Type of Construction (Chapter 6)**

No

Auto. Sprinklers Required

bedroom, full bathroom, and closet addition (deck for egress under permit-14-00505)

Special Conditions

John Laverty

08/11/2014

Wiring Inspector**Inspection Date**

Joseph Reilly

07/31/2014

Plumbing Inspector**Inspection Date**

Harold Colby

08/26/2014

Fire Inspector**Inspection Date**

Patricia Sheehan

09/02/2014

Building Inspector**Inspection Date**

THIS PERMIT WILL NOT BE VALID, AND THE BUILDING SHALL NOT BE OCCUPIED UNTIL SIGNED BY THE BUILDING INSPECTOR UPON SATISFACTORY COMPLIANCE WITH TOWN REQUIREMENTS, COMPLIANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2009 AND INTERNATIONAL BASIC CODE 2009 WITH 780 CMR EIGHTH EDITION AMENDMENTS

September 2, 2014

Date
Building Inspector



The Commonwealth of Massachusetts



Town of Shrewsbury
Building Department
100 Maple Avenue
Phone: 508-841-8512

JOB WEATHER CARD

Amount Paid: \$830.00

Check #: Cash

Date Paid: 04/25/2014

Date Issued:	05/08/2014	Permit #:	R-14-00239	Approval Comments:
Applicant:	gavin company	Address:	743 west roxbury parkway west roxbury WEST ROXBURY MA 02132	
Permit To:	Additions/Alterations/Repair addition of one bedroom and one bathroom			
At Location:	15 Eagle Dr - SHREWSBURY MA 01545	Proposed Use:		
Owner:	Sahni Kuljit K	Owner Address:	15 Eagle Dr Shrewsbury MA 01545	Comments:
Approved By:	<i>[Signature]</i>			
Approved plans must be retained on job and this card kept posted until final inspection has been made. Where a certificate of occupancy is required, such building shall not be occupied until final inspection has been made. Where applicable, separate permits are required for electrical, plumbing and mechanical installations.				

POST THIS CARD

Building Inspection Approvals	Plumbing Inspection Approvals	Electrical Inspection Approvals
1. <i>Excavation OK 5/14/14</i>	1. <i>Rough Plb Passed w/pt June 16 2014</i>	1. <i>1st check 6/25/14</i>
2. <i>REBAR OK 5/16/14</i>	2. <i>Final Plg Passed 7/31/14 JRC</i>	2. <i>2nd OK 8/11/14</i>
3. <i>Foundation OK</i>	3.	3.
4. <i>FRAMER OK 6/27/14</i>	Fire Inspection Approvals	Gas Inspection Approvals
5. <i>Foundation OK 7/2/14</i>	1. <i>34-35 8-26-14</i>	1.
6. <i>PSHECHOK 9-2-14</i>	2.	2.
7.	3.	3.
Planning Department	Conservation Department	Board of Health
1.	1.	1.
Assessors	Water Department	
1.	1.	

Work shall not proceed until the inspectors have approved the various stages of construction. Permit will become null and void if construction work is not started within six (6) months of the date the permit is issued as noted above. Inspections indicated on this card can be arranged for by telephone or by

written notification



The Commonwealth of Massachusetts



Town of Shrewsbury
Building Department
100 Maple Avenue
Phone: 508-841-8512

R-14-00239

Application Number:	Date Issued:	Permit Number:	Fees:	Payments:	Check#:	Date Paid:
14-00795	05/08/2014	R-14-00239	\$830.00	\$830.00		04/25/2014

Application to Construct, Repair, Renovate or Demolish a One or Two Family Dwelling

SECTION 1 - SITE INFORMATION

1.1 Property Address: 15 Eagle Dr - SHREWSBURY MA 01545		1.2 Assessors Map & Parcel Number: 26 193000 L	
1.1a Is this an accepted street? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1.3 Zoning Information: Zoning District - RES Proposed Use -		1.4 Property Dimensions: Lot Area - 0 sqft. Frontage - ft.	
1.5 Building Setbacks (ft)			
Front Yard		Side Yards	
Required	Provided	Required	Provided
1.6 Water Supply (M.G.L. s 54): Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: outside flood zone <input checked="" type="checkbox"/>	
		1.8 Sewage Disposal System: Municipal <input checked="" type="checkbox"/> On Site Disposal System <input type="checkbox"/>	

SECTION 2 - PROPERTY OWNERSHIP¹

2.1 Owner of Record: Sahni Kuljit K	15 Eagle Dr Shrewsbury MA 01545
Name	Address for Service
	(508) 451-7291
Signature	Owner Phone

SECTION 3 - DESCRIPTION OF PROPOSED WORK² (check only one)

<input type="checkbox"/> New Single Family	<input type="checkbox"/> New Two Family	<input type="checkbox"/> New Apartment/Condo	<input checked="" type="checkbox"/> Additions/Alterations/Repair	<input type="checkbox"/> Garage
<input type="checkbox"/> Siding/Window/Roof	<input type="checkbox"/> Demolition	<input type="checkbox"/> Pool (above ground)	<input type="checkbox"/> Pool (in ground)	<input type="checkbox"/> Other (Shed, Deck, Stove, Tent)
Brief Description of Proposed Work ² : addition of one bedroom and one bathroom				

SECTION 4 - ESTIMATED CONSTRUCTION VALUES

Item	Estimated Value(Dollars) To be completed by permit applicant	Official Use Only	
1. Building	\$75,400.00	(a) Building Permit Fee Multiplier	\$10.00 per \$1,000.00
2. Electrical	\$1,800.00	(b) Estimated Total Value of Construction from (6)	\$82,200.00
3. Plumbing	\$5,000.00	Building Permit Fee (a) x (b) (Minimum \$25.00)	\$ 830.00
4. Mechanical (HVAC)	\$0.00		
5. Fire Protection	\$0.00		
6. Total (1 + 2 + 3 + 4 + 5)	\$82,200.00		

SECTION 5 - CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL): ☐ Not Applicable

christopher mitchell <i>Name of CSL Holder</i>	cs098639 <i>License Number</i>	05/23/2015 <i>Expiration Date</i>														
666 massachusetts ave boston ma 02118 <i>Address</i>	Select CSL Type Below:															
(617)733-4789 <i>Phone</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> U</td> <td>Unrestricted (up to 35,000 Cu. Ft.)</td> </tr> <tr> <td><input type="checkbox"/> R</td> <td>Restricted 1 & 2 Family Dwelling</td> </tr> <tr> <td><input type="checkbox"/> M,</td> <td>Masonry Only</td> </tr> <tr> <td><input type="checkbox"/> RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td><input type="checkbox"/> WS</td> <td>Residential Windows and Siding</td> </tr> <tr> <td><input type="checkbox"/> SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td><input type="checkbox"/> D</td> <td>Residential demolition</td> </tr> </table>		<input checked="" type="checkbox"/> U	Unrestricted (up to 35,000 Cu. Ft.)	<input type="checkbox"/> R	Restricted 1 & 2 Family Dwelling	<input type="checkbox"/> M,	Masonry Only	<input type="checkbox"/> RC	Residential Roofing Covering	<input type="checkbox"/> WS	Residential Windows and Siding	<input type="checkbox"/> SF	Residential Solid Fuel Burning Appliance Installation	<input type="checkbox"/> D	Residential demolition
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<input type="checkbox"/> WS	Residential Windows and Siding															
<input type="checkbox"/> SF	Residential Solid Fuel Burning Appliance Installation															
<input type="checkbox"/> D	Residential demolition															
_____ <i>Signature</i>	5.2 Registered Home Improvement Contractor: <input type="checkbox"/> Not Applicable															
christopher mitchell <i>Company Name</i>	172693 <i>Registration Number</i>															
666 mass ave boston ma 02118 <i>Address</i>	07/17/2014 <i>Expiration Date</i>															
_____ <i>Signature</i>	(617)733-4789 <i>Phone</i>															

SECTION 6 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c.152, s 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, Sahni Kuljit K, as Owner of the subject property hereby authorize gavin company to act on my behalf, in matters relating to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATION

I, gavin company, as Owner/Authorized Agent declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and abilities.

Signed under the pains and penalties of perjury.

Signature of Owner/Agent

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 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

Total floor area (Sq. Ft.): <i>(including garage, finished basement/attics, decks or porches)</i>	
Gross living area (Sq. Ft.):	Habitable room count:
Number of fireplaces:	Number of bedrooms:
Number of bathrooms:	Number of half/bath:
Type of heating system:	Number of decks/porches:
Type of cooling system:	Enclosed: Open:

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

COMMENTS:**SIGNATURES:**

Fire Review	<u>Seth Colby</u>	Date: <u>05/08/2014</u>
Electrical Review	<u>John Laverty</u>	Date: <u>04/23/2014</u>
Conservation Review	<u>Brad Stone</u>	Date: <u>04/29/2014</u>
Engineering Review	<u>Kristen Las</u>	Date: <u>04/25/2014</u>
Building Code Review	<u>Patricia Sheehan</u>	Date: <u>05/08/2014</u>
Assessor Review	<u>Mary Lowell</u>	Date: <u>05/06/2014</u>



The Commonwealth of Massachusetts



Town of Shrewsbury
Building Department
100 Maple Avenue
Phone: 508-841-8512

15
Eagle Dr

Application Number:	Date Issued:	Permit Number:	Fees:	Payments:	Check#:	Date Paid:
14-00795			\$830.00	\$ 830-		4/25/14

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1.1a Is this an accepted street? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
1.3 Zoning Information: Zoning District - RES Proposed Use -		1.4 Property Dimensions: Lot Area - 0 sqft. Frontage - ft.	
1.5 Building Setbacks (ft)			
Front Yard		Side Yards	
Required	Provided	Required	Provided
		/	/
1.6 Water Supply (M.G.L. s 54): Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: outside flood zone <input checked="" type="checkbox"/>	
		1.8 Sewage Disposal System: Municipal <input checked="" type="checkbox"/> On Site Disposal System <input type="checkbox"/>	

SECTION 2 - PROPERTY OWNERSHIP¹

2.1 Owner of Record: Sahni Kuljit K		15 Eagle Dr Shrewsbury MA 01545	
Name: <u>KULJIT K. SAHNI</u>		Address for Service	
Signature: <u>Kuljit Sahni</u>		(508) 451-7291	
		Owner Phone	

SECTION 3 - DESCRIPTION OF PROPOSED WORK²(check only one)

<input type="checkbox"/> New Single Family	<input type="checkbox"/> New Two Family	<input type="checkbox"/> New Apartment/Condo	<input checked="" type="checkbox"/> Additions/Alterations/Repair	<input type="checkbox"/> Garage
<input type="checkbox"/> Siding/Window/Roof	<input type="checkbox"/> Demolition	<input type="checkbox"/> Pool (above ground)	<input type="checkbox"/> Pool (in ground)	<input type="checkbox"/> Other (Shed, Deck, Stove, Tent)

Brief Description of Proposed Work²:
addition of one bedroom and one bathroom *Notes: EL Harvey, Westbury*

SECTION 4 - ESTIMATED CONSTRUCTION VALUES

Item	Estimated Value(Dollars) To be completed by permit applicant	Official Use Only	
1. Building	\$75,400.00	(a) Building Permit Fee Multiplier	\$10.00 per \$1,000.00
2. Electrical	\$1,800.00	(b) Estimated Total Value of Construction from (6)	\$82,200.00
3. Plumbing	\$5,000.00	Building Permit Fee (a) x (b) (Minimum \$25.00)	\$ 830.00
4. Mechanical (HVAC)	\$0.00		
5. Fire Protection	\$0.00		
6. Total (1 + 2 + 3 + 4 + 5)	\$82,200.00		

SECTION 5 - CONSTRUCTION SERVICES**5.1 Licensed Construction Supervisor (CSL):** ☐ Not Applicable

christopher mitchell

cs098639

05/23/2015

Name of CSL Holder

License Number

Expiration Date

666 massachusetts ave boston ma 02118

Select CSL Type Below:

Address

(617)733-4789

Phone

Signature

<input checked="" type="checkbox"/> U	Unrestricted (up to 35,000 Cu. Ft.)
<input type="checkbox"/> R	Restricted 1 & 2 Family Dwelling
<input type="checkbox"/> M,	Masonry Only
<input type="checkbox"/> RC	Residential Roofing Covering
<input type="checkbox"/> WS	Residential Windows and Siding
<input type="checkbox"/> SF	Residential Solid Fuel Burning Appliance Installation
<input type="checkbox"/> D	Residential demolition

5.2 Registered Home Improvement Contractor: ☐ Not Applicable

christopher mitchell

172693

Company Name

Registration Number

666 mass ave boston ma 02118

07/17/2014

Address

Expiration Date

(617)733-4789

Signature

Phone

SECTION 6 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c.152, s 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, Sahni Kuljit K., as Owner of the subject property hereby authorize gavin company to act on my behalf, in matters relating to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATIONI, gavin company, as Owner/Authorized Agent declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and abilities.

Signed under the pains and penalties of perjury.

Signature of Owner/Agent

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 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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



Massachusetts - Department of Public Safety
Board of Building Regulations and Standards

Construction Supervisor

License: **CS-098639**

CHRISTOPHER C MITCHELL
666 MASSACHUSETTS AVENUE
BOSTON MA 02118



Thomas G. Bligh

Commissioner

Expiration
05/23/2015

The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation



HOME IMPROVEMENT CONTRACTOR

Registration: 172693

Type:

Expiration: 7/17/2014

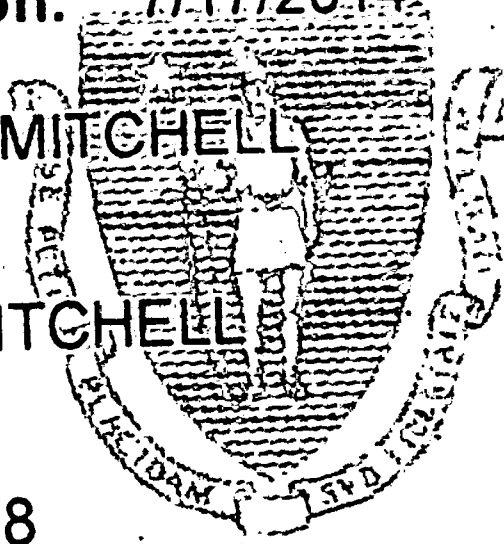
Individual

CHRISTOPHER C. MITCHELL

CHRISTOPHER MITCHELL

666 MASS AVE.

BOSTON, MA 02118



Barbara Smith

Undersecretary



14-00795



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Name (Business/Organization/Individual): gavin company

Address:

743 west roxbury parkway | west roxbury
 WEST ROXBURY MA 02132

Phone:

(617)323-6100

Are you an employer? Check the appropriate box.

1. ☒ I am an employer with 3 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 worker's comp. insurance required.]**

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have worker's comp. insurance.***
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152 s 1(4), and we have no employees. [No worker's comp. insurance required.]

Type of project (required)

6. ☐ New Construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☒ Building Addition
10. ☐ Electrical repairs of additions
11. ☐ Plumbing repairs of additions
12. ☐ Roof Repairs
13. ☐ 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 worker's 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:

ASSOCIATED EMPLOYERS IN SURANCE

Policy # or Self-ins Lic. #:

WCC 5007954012014

Expiration Date:

01/28/15

Job Site Address:

15 Eagle Dr -
 SHREWSBURY MA
 01545

City/State/Zip:

Shrewsbury, MA 01545

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

Paul S. Sheehan

Signature

4/23/14

Date

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

City or Town: Town of Shrewsbury

Permit/License #:

Issuing Authority: Building Department

Contact Person: Patricia Sheehan

Phone #: 508-841-8512

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this

Massachusetts General Laws Chapter 152 requires an employer 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.S25C(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 152S25C(7) states. "Neither the Commonwealth nor any of its political subdivision 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 requested 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 your 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 Town of Shrewsbury." 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 homeowner 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department address, telephone and fax number are as follows:

Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. #617-727-4900 ext. 406 or 1-877-MASSAFE
FAX: #617-727-7749
www.mass.gov/dia



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/14

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).

PRODUCER John P. Russell Insurance Agency, Inc. 65 Pearl Street Stoughton, MA 02072	CONTACT NAME:	
	PHONE (A/C No. Ext): (781) 344-0098 FAX (A/C No.): (781) 341-2563 E-MAIL ADDRESS: jprussell@jprussellins.com	
INSURED Gavin Company ID 289430 743 West Roxbury Parkway West Roxbury, MA 02132	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers	
	INSURER B: Associated Employers Insurance	
	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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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-ECT <input type="checkbox"/> LOC	Y Y	I-680-3240C58-4-TCT	1/23/14	1/23/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	BA-9673C953-14-SEL	1/23/14	1/23/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000	Y Y	CUP-3613T31A-14-42	1/23/14	1/23/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WCC5007954012014	1/28/14	1/28/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Kimco Realty Corporation, and its officers and directors, as well as all related subsidiaries, entities, and operations shall be named as additional insured

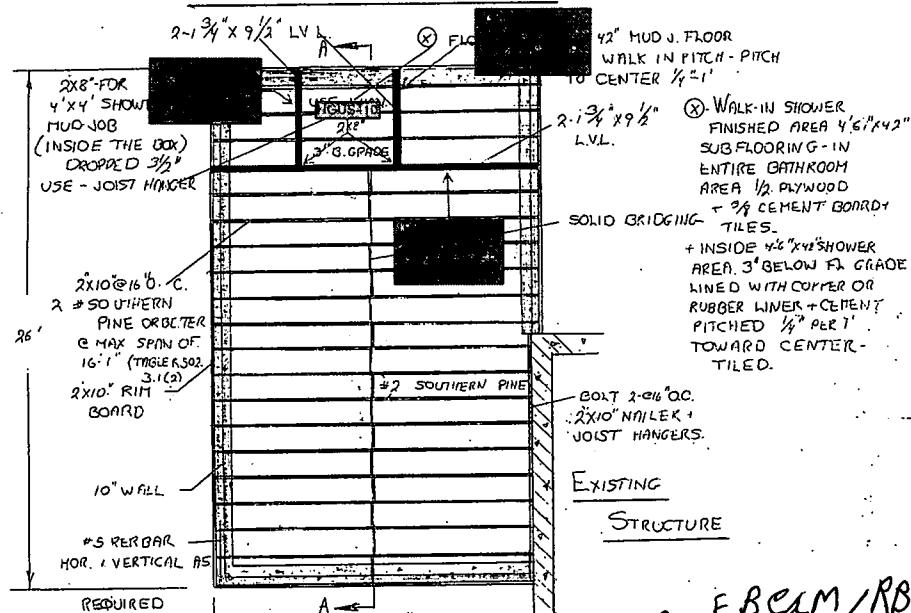
CERTIFICATE HOLDER

CANCELLATION

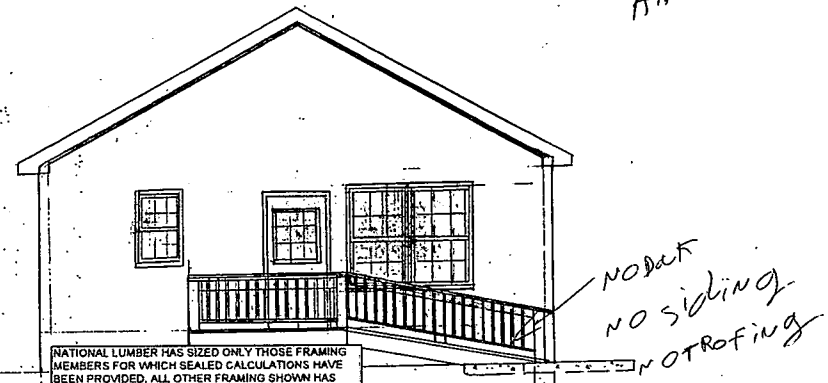
Kimco Realty Corporation 743 West Roxbury Parkway Stoughton, MA 02072	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE John P Russell/cm

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FLOOR JOIST DETAIL



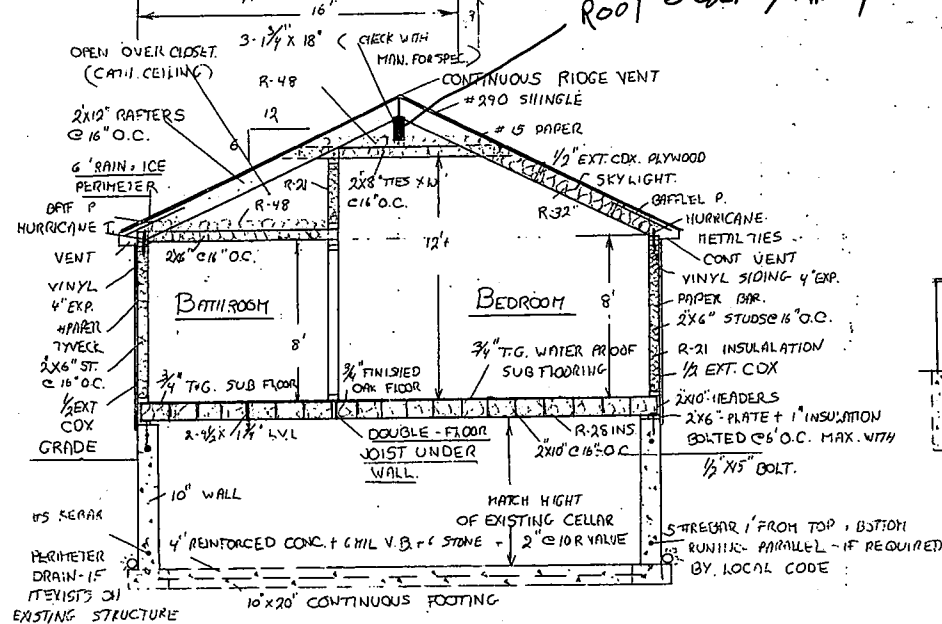
SIDE VIEW



NATIONAL LUMBER HAS SIZED ONLY THOSE FRAMING MEMBERS FOR WHICH SEALED CALCULATIONS HAVE BEEN PROVIDED. ALL OTHER FRAMING SHOWN HAS BEEN SIZED BY OTHER PARTIES AND IS NOT THE DESIGN RESPONSIBILITY OF NATIONAL LUMBER.

IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO ENSURE THAT THE SUPPORT REACTIONS SHOWN ON THE FRAMING CALCULATIONS CAN BE CARRIED BY SUPPORTING FRAMING AND/OR FOUNDATIONS.

THE ENGINEERED WOOD PRODUCTS FOR WHICH CALCULATIONS ARE PROVIDED HAVE BEEN DESIGNED FOR GRAVITY LOADS ONLY AND ARE USED AS COMPONENTS IN THE OVERALL BUILDING SYSTEM.



FRONT VIEW

PAGE 1 OF 3

SCALE $\frac{1}{4}" = 1'$

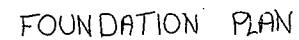
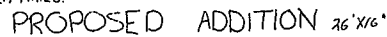
CROSS SECTION ~ A:A

Ahmed Shahin

NO DATA
NO SIDING
NOTROFING

ROOF BEAM/RB01

1404074



THE ENGINEERED WOOD PRODUCTS FOR WHICH CALCULATIONS ARE PROVIDED HAVE BEEN DESIGNED FOR GRAVITY LOADS ONLY AND ARE USED AS COMPONENTS IN THE OVERALL BUILDING SYSTEM.

5(1)
AN.
LOW LOAD.

(V) - VENT OUT SIDE-BATHROOM

(C) ~ CARBON MONOXIDE DETECTORS R 315.1 - VICINITY OF SLEEPING AREA - NEAR FUELED FIRED APPL. GARAGE

⑤ SMOKE DETECTORS R 314.1 SHALL BE PHOTOELECTRIC - ACCORDANCE TO UL217 OR UL268 - LOCATION EACH SLEEPING ROOM - POWER SOURCE - MAIN POWER FROM BUILDING WIRE BATTERY BACK AND INTERCONNECTED (SERIES) - THE ACTUATION OF ONE WILL ACTIVATE - ALL.

WIND SHEAR REQUIREMENT - TABLE R301.2(3) - BRACING REQUIREMENTS FOR SKEWED JOINT MA. © 904.P.H.
 USING THE CS-WSP METHOD - FRONT + BACK FOR 16' BRACE LINE ACTUAL 4' REQUIRED - 28'
 SIDE © 26' BRACE LINE ACTUAL 8', REQUIRED - 43' - ALL FROM INTERNATIONAL RESIDENTIAL CODE 2012

WIND SHEAR BRACING PANEL - NAIL BRACING PANEL @ 4" O.C. ON EDGES AND 8" O.C. INTERIOR WITH 8d NAILS. STAGGER END JOINTS BETWEEN HORIZONTAL PANELS. HORIZONTAL PANELS REQUIRE 2"x4" BLOCKING OR PLYCLIPS AT UNSUPPORTED JOISTS.

PAGE 2 OF 3

SCALE $\frac{1}{4}" = 1'$

BC CALC® Design Report - US

Build 2627

Job Name: 1404074

Address: 15 Eagle Rd

City, State, Zip: Shrewsbury, MA

Customer: Ahmad Shahin

Code reports: ESR-1040

File Name: 1404074.bcc

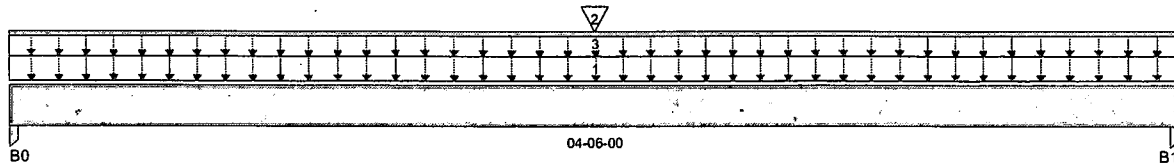
Description: Designs\2B01

Specifier: Ben Shepard

Designer: Ricky Sughrue

Company: National Lumber Company

Misc: 65 Maple Street Mansfield, MA



Total Horizontal Product Length = 04-06-00

Reaction Summary (Down / Uplift) (lbs)

Bearing	Live	Dead	Snow	Wind	Roof Live
B0, 5-1/4"	150 / 0	1,243 / 0	2,598 / 0		
B1, 5-1/4"	150 / 0	1,245 / 0	2,602 / 0		

Load Summary

Tag	Description	Load Type	Ref.	Start	End	100%	90%	115%	160%	125%	Trib.
1	Roof	Unf. Area (lb/ft^2)	L	00-00-00	04-06-00	50	15				01-04-00
2	RB01 at bearing B0	Conc. Pt. (lbs)	L	02-03-00	02-03-00		1,674	5,200			n/a
3	Gable Wall	Unf. Lin. (lb/ft)	L	00-00-00	04-06-00		150				n/a

Controls Summary

	Value	% Allowable	Duration	Case	Location
Pos. Moment	6,756 ft-lbs	46.8%	115%	2	02-03-00
End Shear	3,659 lbs	44%	115%	2	01-00-08
Total Load Defl.	L/999 (0.042")	n/a	n/a	2	02-03-00
Live Load Defl.	L/999 (0.03")	n/a	n/a	5	02-03-00
Max Defl.	0.042"	n/a	n/a	2	02-03-00
Span / Depth	6.2	n/a	n/a	0	00-00-00

Bearing Supports

	Dim. (L x W)	Value	% Allow Support	% Allow Member	Material
B0 Post	5-1/4" x 5-1/4"	3,841 lbs	19.2%	18.6%	Spruce Pine Fir
B1 Post	5-1/4" x 5-1/4"	3,847 lbs	19.3%	18.6%	Spruce Pine Fir

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NATIONAL Lumber
ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14



Triple 1-3/4" x 7-1/4" VERSA-LAM® 2.0 3100 SP

Floor Beam\2B01

Dry | 1 span | No cantilevers | 0/12 slope

Tuesday, April 08, 2014

BC CALC® Design Report - US

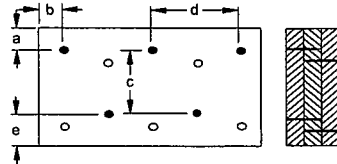
Build 2627
Job Name: 1404074
Address: 15 Eagle Rd
City, State, Zip: Shrewsbury, MA
Customer: Ahmad Shahin
Code reports: ESR-1040

File Name: 1404074.bcc
Description: Designs\2B01
Specifier: Ben Shepard
Designer: Ricky Sughrue
Company: National Lumber Company
Misc: 65 Maple Street Mansfield, MA

Notes

Design meets Code minimum (L/240) Total load deflection criteria.
Design meets Code minimum (L/360) Live load deflection criteria.
Design meets arbitrary (1") Maximum total load deflection criteria.
Calculations assume Member is Fully Braced.
Design based on Dry Service Condition.
Deflections less than 1/8" were ignored in the results.

Connection Diagram



a minimum = 2" c = 2-1/4"
b minimum = 3" d = 24"
e minimum = 3"

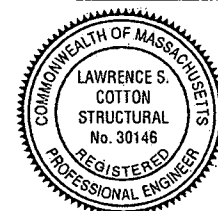
Connection design assumes point load is top-loaded. For connection design of side-loaded point loads, please consult a technical representative or professional of Record.
Nailing schedule applies to both sides of the member.
Member has no side loads.
Connectors are: 16d Sinker Nails

Disclosure

Completeness and accuracy of input must be verified by anyone who would rely on output as evidence of suitability for particular application. Output here based on building code-accepted design properties and analysis methods. Installation of BOISE engineered wood products must be in accordance with current Installation Guide and applicable building codes. To obtain Installation Guide or ask questions, please call (800)232-0788 before installation. BC CALC®, BC FRAMER®, AJS™, ALLJOIST®, BC RIM BOARD™, BCi®, BOISE GLULAM™, SIMPLE FRAMING SYSTEM®, VERSA-LAM®, VERSA-RIM PLUS®, VERSA-RIM®, VERSA-STRAND®, VERSA-STUD® are trademarks of Boise Cascade Wood Products L.L.C.

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NATIONAL Lumber
ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14



Triple 1-3/4" x 18" VERSA-LAM® 2.0 3100 SP

Roof Beam\RB01

Dry | 1 span | No cantilevers | 0/12 slope

Tuesday, April 08, 2014

BC CALC® Design Report - US

Build 2627

Job Name: 1404074

Address: 15 Eagle Rd

City, State, Zip: Shrewsbury, MA

Customer: Ahmad Shahin

Code reports: ESR-1040

File Name: 1404074.bcc

Description: Designs\RB01

Specifier: Ben Shepard

Designer: Ricky Sughrue

Company: National Lumber Company

Misc: 65 Maple Street Mansfield, MA

Cautions

For roof members with slope (1/4)/12 or less final design must ensure that ponding instability will not occur.

For roof members with slope (1/2)/12 or less final design must account for Rain-on-Snow surcharge load.

Notes

Design meets Code minimum (L/180) Total load deflection criteria.

Design meets Code minimum (L/240) Live load deflection criteria.

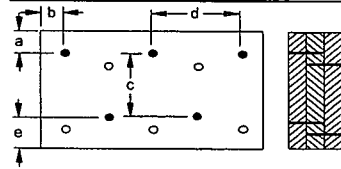
Design meets arbitrary (1") Maximum total load deflection criteria.

Calculations assume Member is Fully Braced.

Design based on Dry Service Condition.

Deflections less than 1/8" were ignored in the results.

Connection Diagram



a minimum = 2"

c = 13"

b minimum = 3"

d = 24"

e minimum = 3"

Nailing schedule applies to both sides of the member.

Member has no side loads.

Connectors are: 16d Sinker Nails

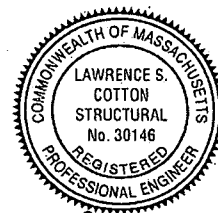
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**NATIONAL
Lumber**

ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14



Double 1-3/4" x 9-1/4" VERSA-LAM® 2.0 3100 SP

Floor Beam\1B02

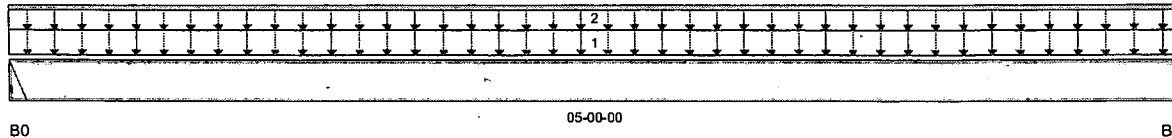
Dry | 1 span | No cantilevers | 0/12 slope

Tuesday, April 08, 2014

BC CALC® Design Report - US

Build 2627
Job Name: 1404074
Address: 15 Eagle Rd
City, State, Zip: Shrewsbury, MA
Customer: Ahmad Shahin
Code reports: ESR-1040

File Name: 1404074.bcc
Description: Designs\1B02
Specifier: Ben Shepard
Designer: Ricky Sughrue
Company: National Lumber Company
Misc: 65 Maple Street Mansfield, MA



Total Horizontal Product Length = 05-00-00

Reaction Summary (Down / Uplift) (lbs)

Bearing	Live	Dead	Snow	Wind	Roof Live
B0	567 / 0	374 / 0			
B1, 5-1/4"	633 / 0	417 / 0			

Load Summary

Tag	Description	Load Type	Ref.	Start	End	100%	90%	115%	160%	125%	Trib.
1	Floor Load	Unf. Area (lb/ft^2)	L	00-00-00	05-00-00	40	14				06-00-00
2	Interior Wall	Unf. Lin. (lb/ft)	L	00-00-00	05-00-00		65				n/a

Controls Summary

	Value	% Allowable	Duration	Case	Location
Pos. Moment	1,018 ft-lbs	7.7%	100%	1	02-04-06
End Shear	569 lbs	9.2%	100%	1	00-11-04
Total Load Defl.	L/999 (0.008")	n/a	n/a	1	02-04-06
Live Load Defl.	L/999 (0.005")	n/a	n/a	2	02-04-06
Max Defl.	0.008"	n/a	n/a	1	02-04-06
Span / Depth	5.9	n/a	n/a	0	00-00-00

Bearing Supports

	Dim. (L x W)	Value	% Allow Support	% Allow Member	Material
B0 Hanger	2" x 3-1/2"	942 lbs	n/a	17.9%	Hanger
B1 Post	5-1/4" x 3-1/2"	1,050 lbs	7.9%	7.6%	Spruce Pine Fir

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NATIONAL Lumber

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65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14



Double 1-3/4" x 9-1/4" VERSA-LAM® 2.0 3100 SP

Floor Beam\1B01

Dry | 1 span | No cantilevers | 0/12 slope

Tuesday, April 08, 2014

BC CALC® Design Report - US

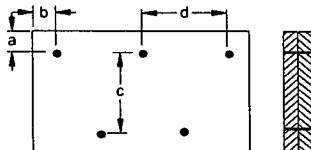
Build 2627
Job Name: 1404074
Address: 15 Eagle Rd
City, State, Zip: Shrewsbury, MA
Customer: Ahmad Shahin
Code reports: ESR-1040

File Name: 1404074.bcc
Description: Designs\1B01
Specifier: Ben Shepard
Designer: Ricky Sughrue
Company: National Lumber Company
Misc: 65 Maple Street Mansfield, MA

Notes

Design meets Code minimum (L/240) Total load deflection criteria.
Design meets Code minimum (L/360) Live load deflection criteria.
Design meets arbitrary (1") Maximum total load deflection criteria.
Calculations assume Member is Fully Braced.
Design based on Dry Service Condition.
Deflections less than 1/8" were ignored in the results.

Connection Diagram



a minimum = 2" c = 5-1/4"
b minimum = 3" d = 24"

Calculated Side Load = 121.5 lb/ft

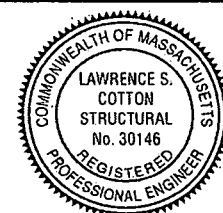
Connectors are: 3-1/4 in. pneumatic gun nails

Disclosure

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**NATIONAL
Lumber**
ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14



Double 1-3/4" x 9-1/4" VERSA-LAM® 2.0 3100 SP

Floor Beam\1B02

Dry | 1 span | No cantilevers | 0/12 slope

Tuesday, April 08, 2014

BC CALC® Design Report - US

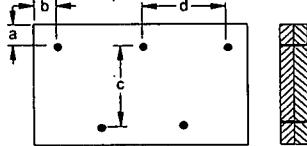
Build 2627
Job Name: 1404074
Address: 15 Eagle Rd
City, State, Zip: Shrewsbury, MA
Customer: Ahmad Shahin
Code reports: ESR-1040

File Name: 1404074.bcc
Description: Designs\1B02
Specifier: Ben Shepard
Designer: Ricky Sughrue
Company: National Lumber Company
Misc: 65 Maple Street Mansfield, MA

Notes

Design meets Code minimum (L/240) Total load deflection criteria.
Design meets Code minimum (L/360) Live load deflection criteria.
Design meets arbitrary (1") Maximum total load deflection criteria.
Calculations assume Member is Fully Braced.
Design based on Dry Service Condition.
Deflections less than 1/8" were ignored in the results.

Connection Diagram



a minimum = 2" c = 5-1/4"
b minimum = 3" d = 24"

Calculated Side Load = 162.0 lb/ft

Connectors are: 16d Box Nails

Disclosure

Completeness and accuracy of input must be verified by anyone who would rely on output as evidence of suitability for particular application. Output here based on building code-accepted design properties and analysis methods. Installation of BOISE engineered wood products must be in accordance with current Installation Guide and applicable building codes. To obtain Installation Guide or ask questions, please call (800)232-0788 before installation. BC CALC®, BC FRAMER®, AJS™, ALLJOIST®, BC RIM BOARD™, BCi®, BOISE GLULAM™, SIMPLE FRAMING SYSTEM®, VERSA-LAM®, VERSA-RIM PLUS®, VERSA-RIM®, VERSA-STRAND®, VERSA-STUD® are trademarks of Boise Cascade Wood Products L.L.C.

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**NATIONAL
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ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14



Double 1-3/4" x 9-1/4" VERSA-LAM® 2.0 3100 SP

Floor Beam\1B01

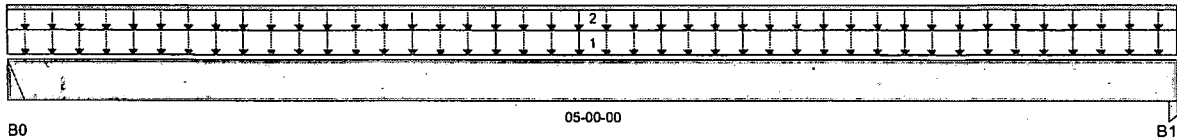
Dry | 1 span | No cantilevers | 0/12 slope

Tuesday, April 08, 2014

BC CALC® Design Report - US

Build 2627
Job Name: 1404074
Address: 15 Eagle Rd
City, State, Zip: Shrewsbury, MA
Customer: Ahmad Shahin
Code reports: ESR-1040

File Name: 1404074.bcc
Description: Designs\1B01
Specifier: Ben Shepard
Designer: Ricky Sughrue
Company: National Lumber Company
Misc: 65 Maple Street Mansfield, MA



Reaction Summary (Down / Uplift) (lbs)					
Bearing	Live	Dead	Snow	Wind	Roof Live
B0	426 / 0	325 / 0			
B1, 5-1/4"	474 / 0	362 / 0			

Load Summary		Live		Dead	Snow	Wind	Roof Live	Trib.
Tag	Description	Load Type	Ref.	Start	End	100%	90%	115% 160% 125%
1	Floor Load	Unf. Area (lb/ft^2)	L	00-00-00	05-00-00	40	14	
2	Interior Wall	Unf. Lin. (lb/ft)	L	00-00-00	05-00-00	65		04-06-00 n/a

Controls Summary	Value	% Allowable	Duration	Case	Location
Pos. Moment	811 ft-lbs	6.1%	100%	1	02-04-06
End Shear	453 lbs	7.4%	100%	1	00-11-04
Total Load Defl.	L/999 (0.006")	n/a	n/a	1	02-04-06
Live Load Defl.	L/999 (0.004")	n/a	n/a	2	02-04-06
Max Defl.	0.006"	n/a	n/a	1	02-04-06
Span / Depth	5.9	n/a	n/a	0	00-00-00

Bearing Supports	Dim. (L x W)	Value	% Allow Support	% Allow Member	Material
B0 Hanger	2" x 3-1/2"	750 lbs	n/a	14.3%	Hanger
B1 Post	5-1/4" x 3-1/2"	836 lbs	6.3%	6.1%	Spruce Pine Fir

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NATIONAL Lumber
ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14



Triple 1-3/4" x 18" VERSA-LAM® 2.0 3100 SP

Roof Beam\RB01

Dry | 1 span | No cantilevers | 0/12 slope

Tuesday, April 08, 2014

BC CALC® Design Report - US

Build 2627

Job Name: 1404074

Address: 15 Eagle Rd

City, State, Zip: Shrewsbury, MA

Customer: Ahmad Shahin

Code reports: ESR-1040

File Name: 1404074.bcc

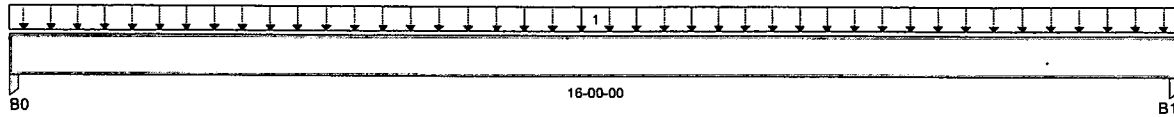
Description: Designs\RB01

Specifier: Ben Shepard

Designer: Ricky Sughrue

Company: National Lumber Company

Misc: 65 Maple Street Mansfield, MA



Total Horizontal Product Length = 16'-00"

Reaction Summary (Down / Uplift) (lbs)

Bearing	Live	Dead	Snow	Wind	Roof Live
B0, 5-1/4"		1,779 / 0	5,200 / 0		
B1, 5-1/4"		1,779 / 0	5,200 / 0		

Load Summary

Tag	Description	Load Type	Ref.	Start	End	100%	90%	115%	160%	125%	Trib.
1	Standard Load	Unf. Area (lb/ft^2)	L	00-00-00	16-00-00	15	50				13-00-00

Controls Summary

	Value	% Allowable	Duration	Case	Location
Pos. Moment	25,360 ft-lbs	31.5%	115%	4	08-00-00
End Shear	5,289 lbs	25.6%	115%	4	01-11-04
Total Load Defl.	L/880 (0.208")	20.5%	n/a	4	08-00-00
Live Load Defl.	L/1,181 (0.155")	20.3%	n/a	5	08-00-00
Max Defl.	0.208"	20.8%	n/a	4	08-00-00
Span / Depth	10.2	n/a	n/a	0	00-00-00

Bearing Supports

	Dim. (L x W)	Value	% Allow Support	% Allow Member	Material
B0 Post	5-1/4" x 5-1/4"	6,979 lbs	34.9%	33.8%	Spruce Pine Fir
B1 Post	5-1/4" x 5-1/4"	6,979 lbs	34.9%	33.8%	Spruce Pine Fir

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NATIONAL Lumber
ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14



Double 1-3/4" x 9-1/4" VERSA-LAM® 2.0 3100 SP

Floor Beam\1B03

Dry | 1 span | No cantilevers | 0/12 slope

Tuesday, April 08, 2014

BC CALC® Design Report - US

Build 2627

Job Name: 1404074

Address: 15 Eagle Rd

City, State, Zip: Shrewsbury, MA

Customer: Ahmad Shahin

Code reports: ESR-1040

File Name: 1404074.bcc

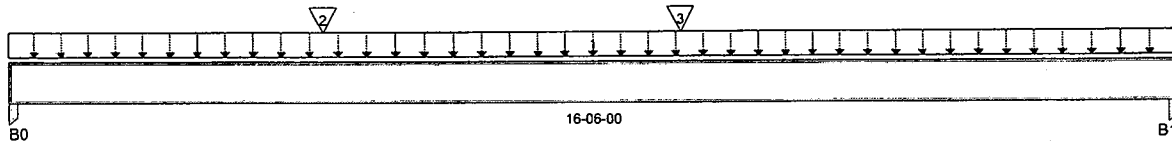
Description: Designs\1B03

Specifier: Ben Shepard

Designer: Ricky Sughrue

Company: National Lumber Company

Misc: 65 Maple Street Mansfield, MA



Reaction Summary (Down / Uplift) (lbs)

Bearing	Live	Dead	Snow	Wind	Roof Live
B0, 5-1/4"	1,025 / 0	651 / 0			
B1, 5-1/4"	905 / 0	551 / 0			

Load Summary

Tag	Description	Load Type	Ref.	Start	End	100%	90%	115%	160%	125%	Trib.
1	Floor Load	Unf. Area (lb/ft^2)	L	00-00-00	16-06-00	40	14				01-04-00
2	1B01 at bearing B0	Conc. Pt. (lbs)	L	04-06-00	04-06-00	450	343				n/a
3	1B02 at bearing B0	Conc. Pt. (lbs)	L	09-06-00	09-06-00	600	396				n/a

Controls Summary

	Value	% Allowable	Duration	Case	Location
Pos. Moment	7,659 ft-lbs	57.7%	100%	1	09-05-15
End Shear	1,578 lbs	25.6%	100%	1	01-02-08
Total Load Defl.	L/267 (0.709")	90.1%	n/a	1	08-02-07
Live Load Defl.	L/435 (0.434")	82.7%	n/a	2	08-02-10
Max Defl.	0.709"	70.9%	n/a	1	08-02-07
Span / Depth	20.4	n/a	n/a	0	00-00-00

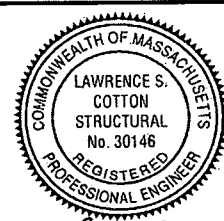
Bearing Supports

	Dim. (L x W)	Value	% Allow Support	% Allow Member	Material
B0 Post	5-1/4" x 3-1/2"	1,676 lbs	12.6%	12.2%	Spruce Pine Fir
B1 Post	5-1/4" x 3-1/2"	1,456 lbs	10.9%	10.6%	Spruce Pine Fir

The engineer's approval is for structural Engineered Lumber Products (ELP) only and is based solely on the information provided to National Lumber by the Customer. National Lumber is not responsible for checking the validity of this information or to ascertain what further factors may be taken into consideration. It is the Customer's responsibility to satisfy themselves that the information and configuration shown is correct and satisfactory for the given structure and all parties involved.

NATIONAL Lumber

ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



Lawrence S. Cotton
04/10/14

BC CALC® Design Report - US

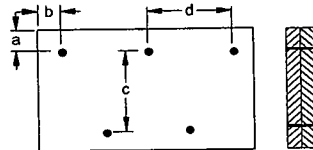
Build 2627
Job Name: 1404074
Address: 15 Eagle Rd
City, State, Zip: Shrewsbury, MA
Customer: Ahmad Shahin
Code reports: ESR-1040

File Name: 1404074.bcc
Description: Designs1B03
Specifier: Ben Shepard
Designer: Ricky Sughrue
Company: National Lumber Company
Misc: 65 Maple Street Mansfield, MA

Notes

Design meets Code minimum (L/240) Total load deflection criteria.
Design meets Code minimum (L/360) Live load deflection criteria.
Design meets arbitrary (1") Maximum total load deflection criteria.
Calculations assume Member is Fully Braced.
Design based on Dry Service Condition.
Deflections less than 1/8" were ignored in the results.

Connection Diagram



a minimum = 2" c = 5-1/4"
b minimum = 3" d = 24"

Connection design assumes point load is top-loaded. For connection design of side-loaded point loads, please consult a technical representative or professional of Record.
Member has no side loads.
Connectors are: 16d Sinker Nails

Disclosure

Completeness and accuracy of input must be verified by anyone who would rely on output as evidence of suitability for particular application. Output here based on building code-accepted design properties and analysis methods.

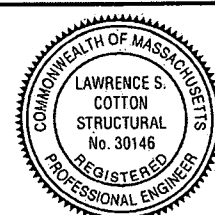
Installation of BOISE engineered wood products must be in accordance with current Installation Guide and applicable building codes. To obtain Installation Guide or ask questions, please call

(800)232-0788 before installation.

IBC
CALC®, BC FRAMER®, AJL™,
ALLJOIST®, BC RIM BOARD™, BCi®,
BOISE GLULAM™, SIMPLE FRAMING
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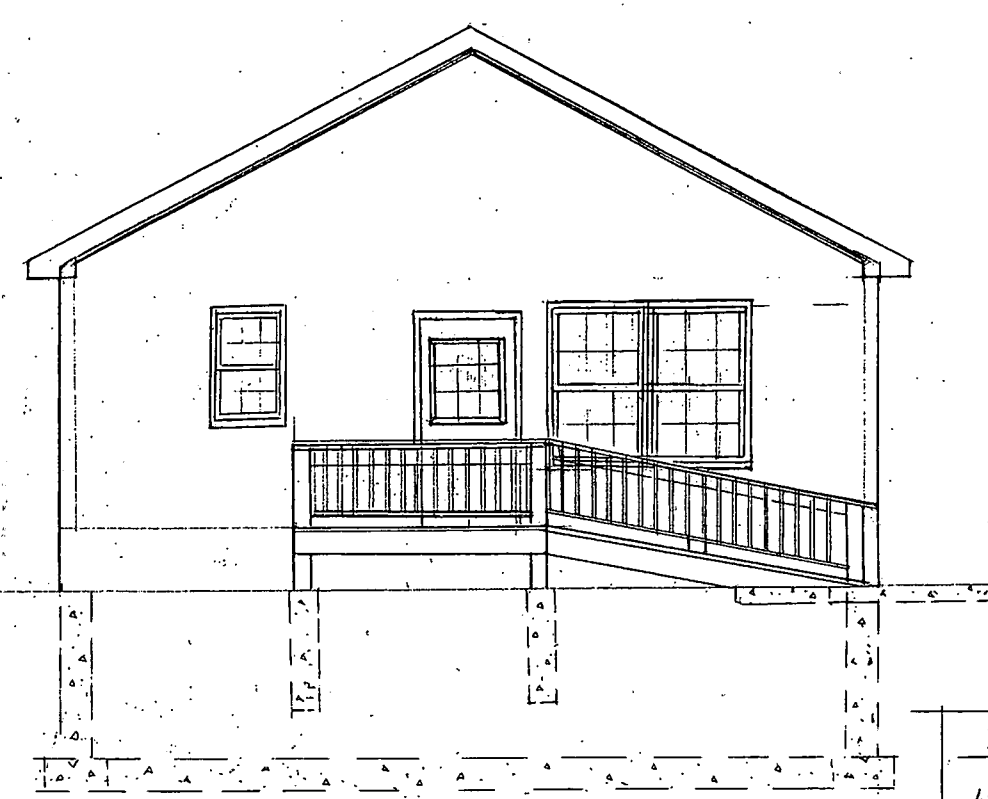
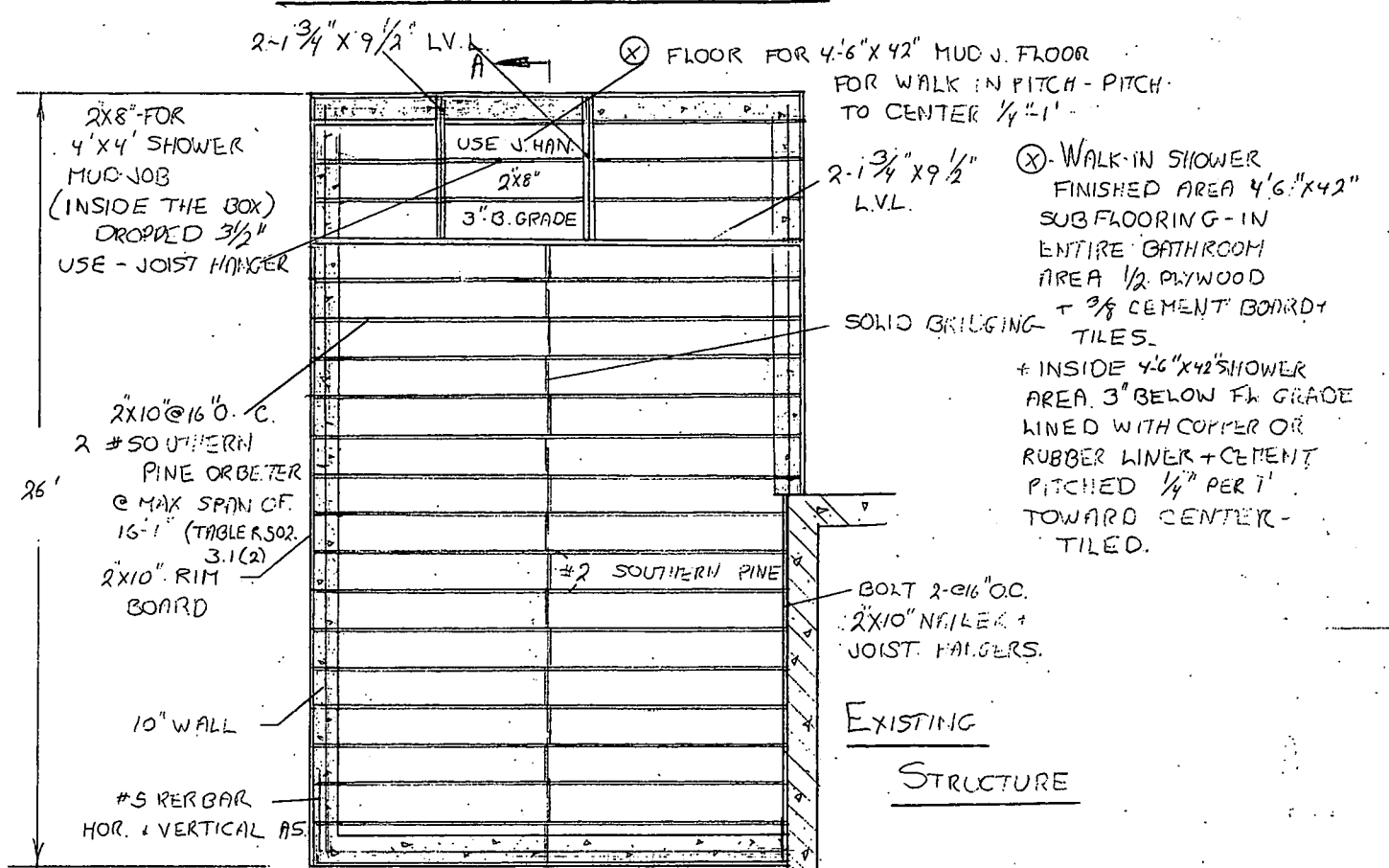
NATIONAL
Lumber
ENGINEERED WOOD DIVISION
65 Maple Street, Mansfield, MA 02048
(508) 339-8020



04/10/14
Laurie L. Lott

FLOOR JOIST DETAIL

SIDE VIEW

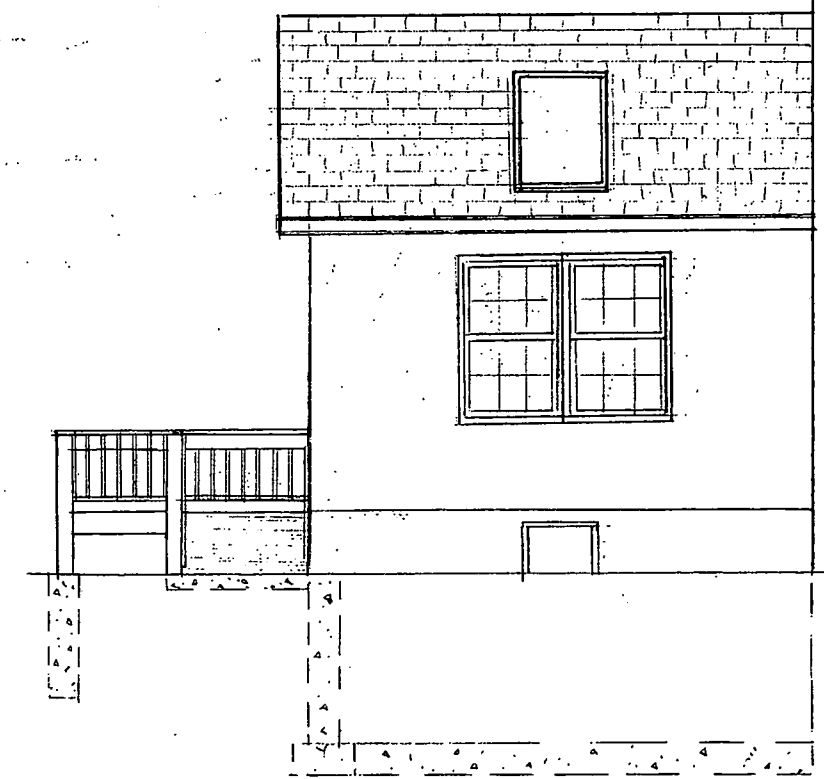
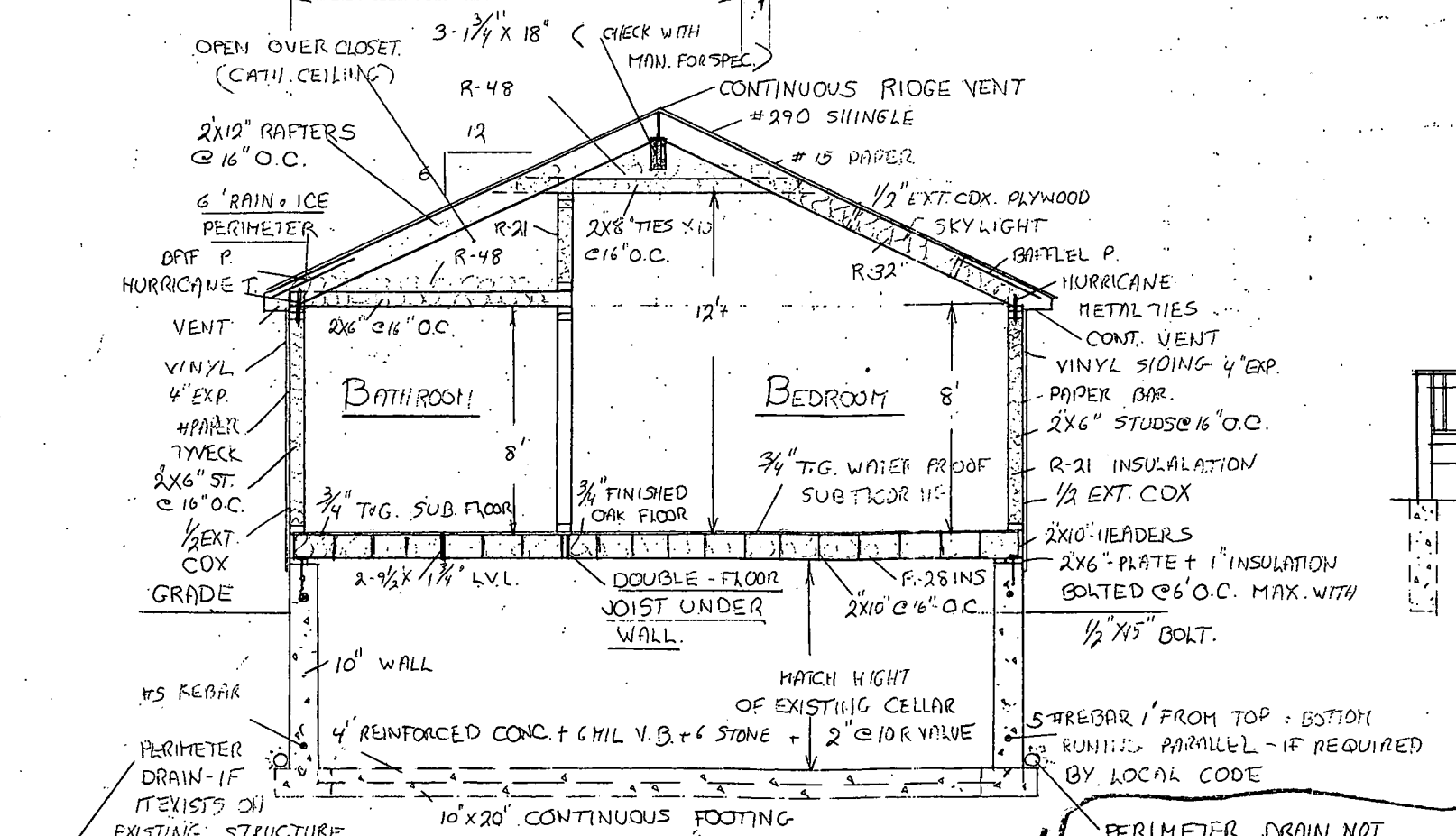


NOTES

DRAINAGE R 405.1

1. EXISTING STRUCTURE DOES NOT HAVE PERIMETER DRAIN OR APPROVED SYSTEM.
2. FOUNDATION OF ADDITION IS INSTALLED ON WELL DRAINED GROUND ACCORDING TO THE UNIFIED SOIL CLASSIFICATION SYSTEM, GROUP 1 SOILS. TABLE R-405.1-EXCEPTION 2012 IRC BOOK.

Frank Algieri

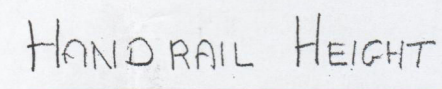


FRONT VIEW

CROSS SECTION - A-A

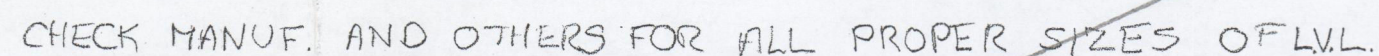
PERIMETER DRAIN NOT REQUIRED - (NONE EXIST ON EXISTING STRUCTURE)

FRANK ALGIERI



HANDRAILS - SHALL BE ON BOTH SIDES
CLEARANCE SHALL BE 1 1/2" FROM
WALL.

Roof Beam / RB01



LV.L SUPPORT BEAM
CLEAR. / SPAN OVER
R.O. OF SIDE DOOR 3'4 3/4"

METAL
TIES

2' x 12" @ 16' O.C.

6 PITCH

HURRICANE
TIES

~~L.V.L.~~ SUPPORT BEAM

CL. SPAN 16' - SUPPORTING

ROOF @ 50 P.S.F. / 10 P.S.F. DEAD - (HOUSE SPAN 26 FT.)

LOAD - CHECK - MANUF. & OTHERS
FOR REQUIRED SIZE

- 6"X6" POSTS - SUPPORT

TO CONCRETE

BLOCK TO CONCRETE
WALL

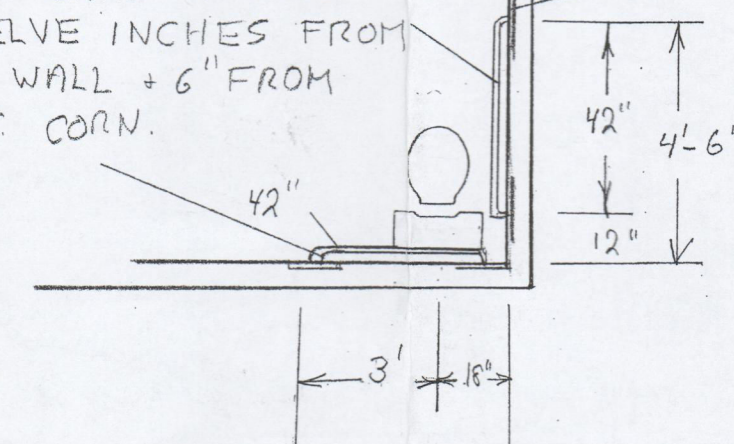
OUTSIDE WALL~ SUPPORT DETAIL

-A SEAT SHALL BE PROVIDED IN SHOWER
THE SEAT SHALL BE MOUNTED 17" TO 19" FROM
THE FLOOR. THE UNIT WILL BE A FOLDING TYPE
AND SHALL BE MOUNTED ON THE WALL OPPOSITE THE
CONTROLS. THE SEAT SHALL BE 24" MIN. IN LENGTH
AND 16" WIDTH. - BRACE WITH 2X6" WALL AREA BEHIND
SEAT SUPPORT.

SHALL BE MOUNTED BETWEEN 33"-36" ABOVE FLOOR
BACK WALL 42" CENTER - EACH SIDE OF CONTROLS AND SEAT.

TWO BARS 42" LONG
TWELVE INCHES FROM
INT. WALL + 6" FROM
INT. CORN.

REINFORCE 2x6" BETWEEN STUDS



HIGHT OF GRAB BARS SHALL BE
AT A HIGHT SET BETWEEN 33" AND
36" ABOVE AND PARALLEL TO THE FLOOR
BRACE WALL BEHIND BARS.

BRACE WALL WITH 2"x6"-BEHIND SHOWER WALLS
@ a 33" TO 36" HIGH.

HIGHT OF RIM- MAX
HIGHT 34" FROM FLOOR
SINK SHALL EXTEND
MIN 17" FROM WALL
TO FRONT OF SINK
OR COUNTER.

71 RROR

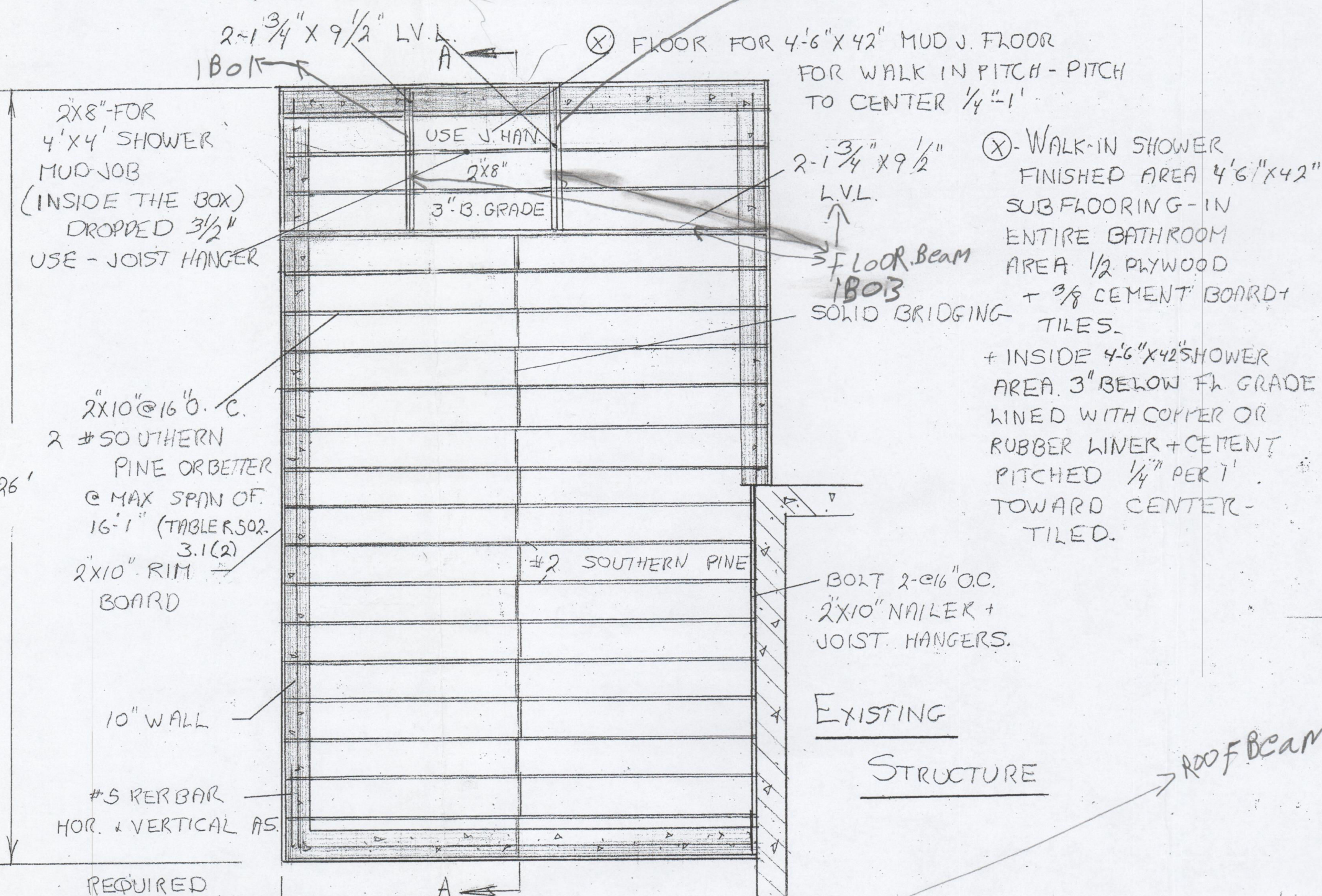
2x6" BRACE - BETWEEN STUDS

A diagram of a 40 inch mirror mounted on a wall. The mirror is represented by a horizontal line. Below it, a vertical line indicates the mirror's height, labeled "40" MIRROR". To the left of the mirror, two vertical arrows indicate the required height for a person to see their full reflection. The first arrow, labeled "29" MIN", starts from the bottom edge of the mirror and points down to a horizontal line. The second arrow, labeled "34" MAX", starts from the top edge of the mirror and points down to the same horizontal line. A vertical line segment between the two horizontal lines is labeled "9"

BRACE WALL
BEHIND SINK -
2'X6"

BATHROOM DETAILS

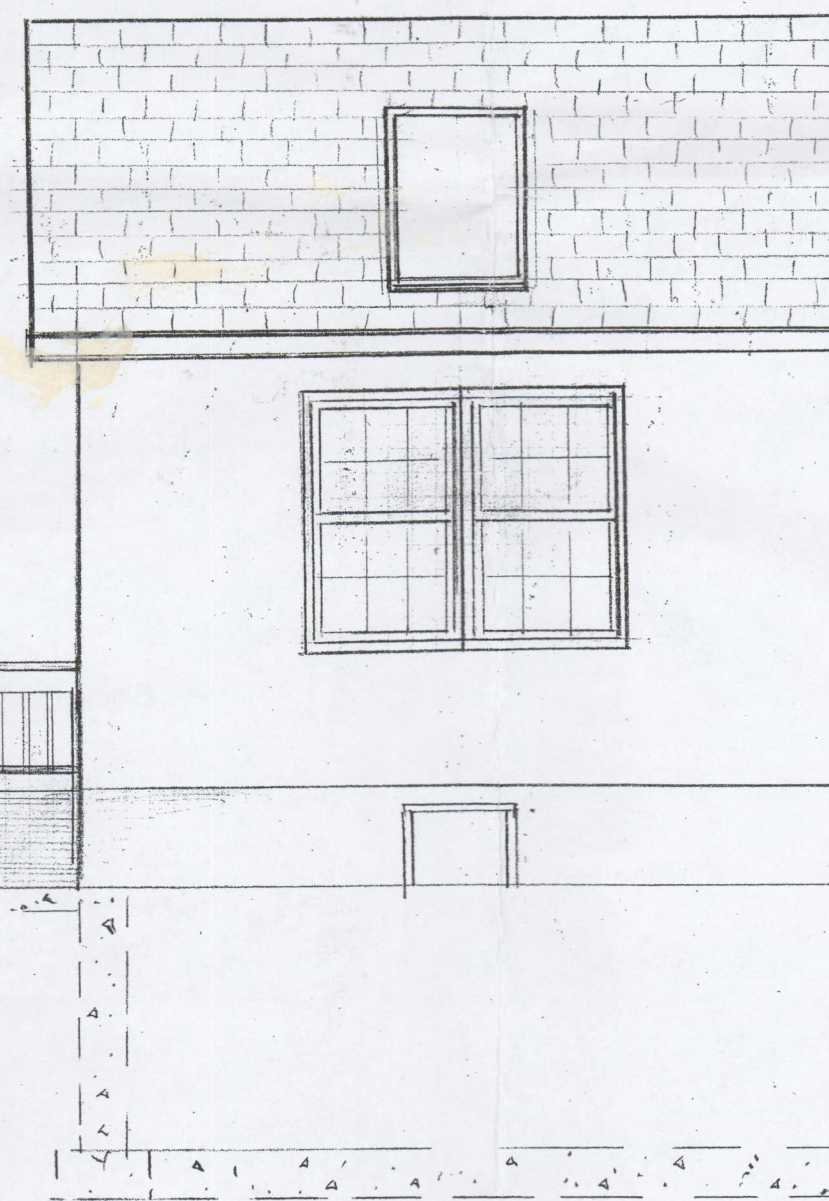
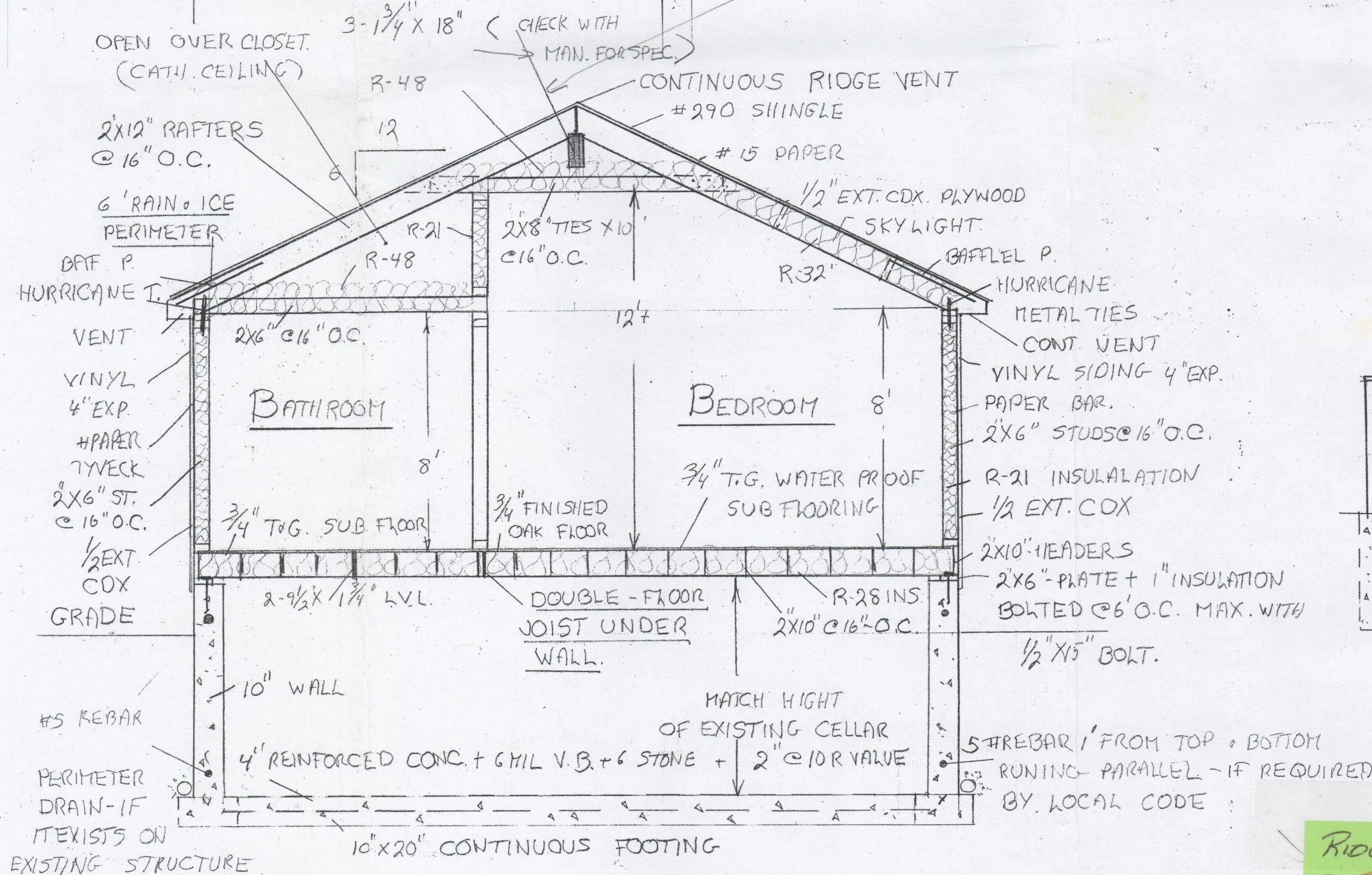
FLOOR JOIST DETAIL → 1B02



SIDE VIEW



EXISTING STRUCTURE



FRONT VIEW

CROSS SECTION ~ A-A

Ridge Beam Cent
~~DRAWN DECK ON PLOT~~
 CONSERVATION
 FIRE
 HAZARD