

— APPLICATION FOR PERMIT TO BUILD —

I. LOCATION OF BUILDING

1. No. & Street 15-17 Eagle Drive Shrewsbury
2. TAX PLATE _____ PLOT NOS. _____ SUBDIV. LOT NO. _____ ZONING DIST. _____
3. PROPOSED CONSTRUCTION/USE Tear off - and re roof ~~Fit for Jo~~

II. IDENTIFICATION

	NAME	ADDRESS	TEL. NO.
1. OWNER	Kelly Song	15-17-Eagle Drive	756-0333
2. CONTRACTOR	Bay State Extensors	75 Hutton Mem Hwy 3-3	508-872-1112
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 ☐

IV. COST ESTIMATION (OMIT CENTS)

1. BUILDING _____
2. ELECTRICAL _____
3. PLUMBING _____
TOTAL COST \$ 15,200

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	_____

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

x [Signature] 75 Hutton Mem Hwy 3-3 11/16/09
SIGNATURE OF APPLICANT ADDRESS DATE
CONST. SUPERVISOR'S LICENSE # 62276 HOME IMPROV. REG. # 158359


APPROVED BY <u>[Signature]</u>	PERMIT FEE \$ <u>160.</u>	PERMIT NO. <u>09-738</u>	DATE ISSUED <u>11-16-09</u>
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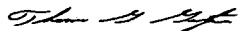
Robbush will be taken to Casselle Waste in Auburn

 **Massachusetts - Department of Public Safety
Board of Building Regulations and Standards
Construction Supervisor License**


License: CS 62276
Restricted to: 00

JOHN F NAGLE
75 HUNTON MEM HWY 3-3
LEICESTER, MA 01524



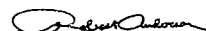

Commissioner

Expiration: 11/17/2011
Tr#: 8873

 *The Commonwealth of Massachusetts*
**Board of Building Regulations and Standards
HOME IMPROVEMENT CONTRACTOR**

Registration: 158359
Expiration: 1/14/2010 Tr# 263325
Type: DBA

BAY STATE EXTERIORS
JOHN NAGLE
75 HUNTOON MEMERIAL HWY 33
LEICESTER, MA 01524


Administrator



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/16/09

PRODUCER
 508-757-6401 fax: 508-752-9047
 Conte Insurance Agency, Inc.
 579 Pleasant Street
 Paxton, MA 01612

INSURED

John Nagle dba
 Bay State Exteriors
 75 Huntoon Mem. Hwy Bldg 3-3
 Leicester, MA 01524

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

NAIC #

INSURER A: **NGM Insurance**INSURER B: **Liberty**

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.

VSRI ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	MPB0283H	5/29/09	5/29/10	EACH OCCURRENCE: \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY \$ 500,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG				GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Per 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) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC1 318 367079019	5/31/09	5/31/10	WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 100,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

John Nagle sole proprietor has not elected to be covered as an employee on the Workers Compensation.

job location: 15-17 Eagle Drive Shrewsbury, MA

CERTIFICATE HOLDER

Town of Shrewsbury
 100 Maple Ave
 Shrewsbury, MA 01545

CANCELLATION

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 FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

In