



The Commonwealth of Massachusetts



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

JOB WEATHER CARD

Amount Paid: \$140.00
Check #: 5398
Date Paid: 06/19/2015

Date Issued: 06/19/2015	Permit #: R-15-00365	<p><i>permit card never picked up inspection never requested</i></p> <div style="border: 1px solid black; padding: 2px;">Approval Comments:</div>
Applicant: Richard Roofing Co	Address: 365 Green street Northborough MA	
Permit To: Siding/Window/Roof Strip & re-roof entire house - 6 ft ice & water, synthetic underlayment. Debris: Waste Management, Marlboro.		
At Location: 8 Cardinal Cir - SHREWSBURY MA 01545	Proposed Use:	
Owner: Szal Christopher	Owner Address: 8 Cardinal Cir Shrewsbury MA 01545	<div style="border: 1px solid black; padding: 2px;">Comments:</div>
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.	1.	1.
2.	2.	2.
3.	3.	3.
4.	Fire Inspection Approvals	Gas Inspection Approvals
5.	1.	1.
6.	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-15-00365

Application Number:	Date Issued:	Permit Number:	Fees:	Payments:	Check#:	Date Paid:
15-01239	06/19/2015	R-15-00365	\$140.00	\$140.00	5398	06/19/2015

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

SECTION 1 - SITE INFORMATION					
1.1 Property Address: 8 Cardinal Cir - SHREWSBURY MA 01545			1.2 Assessors Map & Parcel Number: 25 047056		
1.1a Is this an accepted street? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1.3 Zoning Information: Zoning District - RUR Proposed Use -			1.4 Property Dimensions: Lot Area - 12632.4 sqft. Frontage - ft.		
1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		
1.6 Water Supply (M.G.L. s 54): Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: outside flood zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On Site Disposal System <input type="checkbox"/>	

SECTION 2 - PROPERTY OWNERSHIP¹	
2.1 Owner of Record: Szal Christopher	
Name	8 Cardinal Cir Shrewsbury MA 01545
Signature	Address for Service (508) 753-3375 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 type="checkbox"/> Additions/Alterations/Repair	<input type="checkbox"/> Garage	
<input checked="" 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 : Strip & re-roof entire house - 6 ft ice & water, synthetic underlayment. Debris: Waste Management, Marlboro.					

SECTION 4 - ESTIMATED CONSTRUCTION VALUES			
Item	Estimated Value(Dollars) To be completed by permit applicant	Official Use Only	
1. Building	\$14,000.00	(a) Building Permit Fee Multiplier	\$10.00 per \$1,000.00
2. Electrical	\$0.00	(b) Estimated Total Value of Construction from (6)	\$14,000.00
3. Plumbing	\$0.00	Building Permit Fee (a) x (b) (Minimum \$25.00)	\$ 140.00
4. Mechanical (HVAC)	\$0.00		
5. Fire Protection	\$0.00		
6. Total (1 + 2 + 3 + 4 + 5)	\$14,000.00		

SECTION 5 - CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL): Not Applicable

Maurice Richard 065036 07/25/2015
Name of CSL Holder *License Number* *Expiration Date*

365 Green street Northborough MA 01532
Address
 (508)816-5408
Phone

Select CSL Type Below:

<input 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

Signature

5.2 Registered Home Improvement Contractor: Not Applicable

Richard Roofing Co 128211
Company Name *Registration Number*

365 Green street Northborough MA
Address

03/10/2017
Expiration Date
 (508)816-5408
Phone

Signature

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, Szal Christopher, as Owner of the subject property hereby authorize Maurice J Richard 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, Maurice J Richard, 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.): (including garage, finished basement/attics, decks or porches)	
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:

Building Code Review Lou Pepi **Date:** 06/19/2015

Assessor Review Mary Lowell **Date:** 06/19/2015



The Commonwealth of Massachusetts



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

Cardinal Cir

Application Number:	Date Issued:	Permit Number:	Fees:	Payments:	Check#:	Date Paid:
15-01239			\$140.00	\$ 140		6/19/15

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SECTION 2 - PROPERTY OWNERSHIP ¹	
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Name	8 Cardinal Cir Shrewsbury MA 01545
Signature <i>sup. 2</i>	Address for Service (508) 753-3375
	Owner Phone

SECTION 3 - DESCRIPTION OF PROPOSED WORK ² (check only one)					
<input type="checkbox"/> New Single Family	<input type="checkbox"/> New Two Family	<input type="checkbox"/> New Apartment/Condo	<input type="checkbox"/> Additions/Alterations/Repair	<input type="checkbox"/> Garage	
<input checked="" 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)	
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5. Fire Protection	\$0.00		
6. Total (1 + 2 + 3 + 4 + 5)	\$14,000.00		\$ 140.00



Town of Shrewsbury
 100 Maple Avenue
 Shrewsbury, MA 01545
<http://www.shrewsbury-ma.gov>

Welcome Back
 Need Help?
 Click Here to submit a comment
 or report a problem.



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

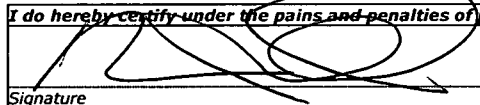
Applicant Information	
Name (Business/Organization/Individual): Maurice J Richard	
Address: 365 Green street NORTHBOROUGH MA 01532	Phone: (508) 485-7332

Are you an employer? Check the appropriate box. 1. <input checked="" type="radio"/> I am an employer with <input type="text" value="4"/> employees (full and/or part-time).* 2. <input type="radio"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. <input type="radio"/> I am a homeowner doing all work myself [No worker's comp. insurance required.]**		4. <input type="radio"/> 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. <input type="radio"/> 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. <input type="checkbox"/> New Construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building Addition 10. <input type="checkbox"/> Electrical repairs of additions 11. <input type="checkbox"/> Plumbing repairs of additions 12. <input type="checkbox"/> Roof Repairs 13. <input type="checkbox"/> Other - <input type="text"/>
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* 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:	Chartis Insurance	Expiration Date:	6/1/2017
Policy # or Self-ins Lic. #:	WC003788138	City/State/Zip:	SHREWSBURY MA 01545
Job Site Address:	8 Cardinal Cir		

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

Signature:  Date: _____

Official use only. Do not write in this area, to be completed by city or town official.	
City or Town:	Permit/License #:
Issuing Authority: Building Department	Phone #: 508-841-8512
Contact Person: Patricia Sheehan	

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.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 his 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

SECTION 5 - CONSTRUCTION SERVICES

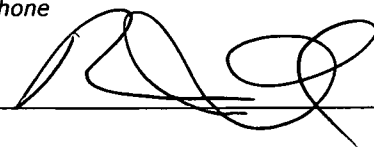
5.1 Licensed Construction Supervisor (CSL): Not Applicable

Maurice Richard 065036 07/25/2015
 Name of CSL Holder License Number Expiration Date

365 Green street Northborough MA 01532

Address
 (508)816-5408

Phone



Signature

Select CSL Type Below:

<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
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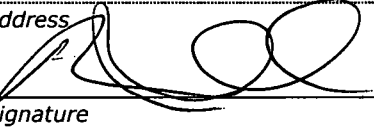
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Richard Roofing Co 128211
 Company Name Registration Number

365 Green street Northborough MA

Address

Phone



Signature

03/10/2017
 Expiration Date
 (508)816-5408
 Phone

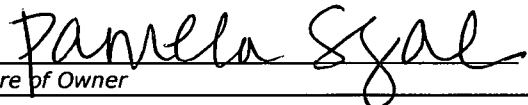
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Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes No

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

I, Szal Christopher, as Owner of the subject property hereby authorize Maurice J Richard to act on my behalf, in matters relating to work authorized by this building permit application.



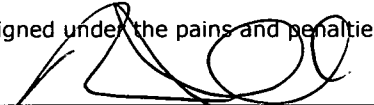
Signature of Owner

Date

SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATION

I, Maurice J Richard, 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-065036**



MAURICE J RICHARD
365 GREEN ST
NORTHBORO MA 01532



Thomas D. Kelly
Commissioner

Expiration
07/25/2015



The Commonwealth of Massachusetts

Office of Consumer Affairs & Business Regulation

HOME IMPROVEMENT CONTRACTOR

Registration: 128211

Type:

Expiration: 3/10/2017

DBA

MAURICE RICHARD ROOFING CO

MAURICE RICHARD
365 GREEN ST
NORTHBORO, MA 01532

[Signature]
Undersecretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/19/15

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 Marshall Insurance Agency, Inc PO Box 43 2 South Bolton St. Ext. Marlborough, MA 01752	CONTACT NAME: Cynthia Daly PHONE (A/C, No, Ext): (508) 480-8808 E-MAIL ADDRESS: cdaly@marshallinsurancegroup.com	FAX (A/C, No): (508) 664-0060
	INSURER(S) AFFORDING COVERAGE	
INSURED Richard Roofing Co., LLC 365 Green St. Northborough, MA 01532	INSURER A: First Mercury Insurance	
	INSURER B: Granite State Insurance Co.	
	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 INSR	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			NJ-CGL-0000000388-0	9/14/14	9/14/15	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000		
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$		
	HIRED AUTOS						BODILY INJURY (Per person)	\$		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						BODILY INJURY (Per accident)	\$		
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident)	\$		
	DED RETENTION \$							\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC003788138	6/1/15	6/1/16	WC STATUTORY LIMITS	OTHR		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								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)

CERTIFICATE HOLDER **CANCELLATION**

Town of Shrewsbury 100 Maple Ave Shrewsbury, MA 01545	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

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Peter Marshall