



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

Southbridge Mass. Date May 28 2008 Permit # P-098

Building Location 10 Buckley Owner's Name Todd Carlson

Type of Occupancy Residential

New Renovation Replacement Plans Submitted: Yes No

P

Ch#
8321
5/28/08
585.00

FIXTURES

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH, MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
SUB-BASMT.																						
BASEMENT									X									X				
1ST FLOOR	/	/	/	/					/													
2ND FLOOR	/	/	/	/																		
3RD FLOOR																						
4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

Installing Company Name George Walsworth
 Address 9 Stony Brook Rd.
Chattanooga TN 37507
 Business Telephone 1-508-848-6666
 Name of Licensed Plumber George Walsworth

Check one: Certificate
 Corporation
 Partnership
 Firm/Co.

INSURANCE COVERAGE:
 I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142
 Yes No
 If you have checked yes, please indicate the type coverage by checking the appropriate box
 A 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 Mass. General Laws, and that my signature on this permit application waives this requirement.
 Check one: Owner Agent

I hereby certify that all of the details and information I have submitted (or entered) in above 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.

By _____
 Title _____
 License # _____
 APPROVED OFFICE USE ONLY

Signature of Licensed Plumber George Walsworth
 Type of License: Master Journeyman
 License Number 10898

P-098

Todd Carlson

12 Buckley St.

Alley

6/19/2008

RE

George Walstencroft

10228

6/19/08.

RE Shoveel



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 **Please Print Legibly**

Name (Business/Organization/Individual): George Anisimovic
 Address: 4 Stony Brook Rd
 City/State/Zip: Cambridge, MA 02142 Phone #: 1-508-748-6006

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|---|

Type of project (required):

6. New construction
 7. Remodeling
 8. Demolition
 9. Building addition
 10. Electrical repairs or additions
 11. Plumbing repairs or 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 attached 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: _____
 Policy # or Self-ins. Lic. #: _____ Expiration Date: _____
 Job Site Address: 12 Buckley St. City/State/Zip: _____

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

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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: A. Weber Date: May 18, 08
 Phone #: 1-508-748-6006

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 #: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID ME WOLST-1	DATE (MM/DD/YYYY) 10/18/07
PRODUCER The McCurdy Group Dennis A. McCurdy PO Box 531 Sturbridge MA 01566 Phone: 508-347-9343 Fax: 508-347-5798	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.		
INSURED	INSURERS AFFORDING COVERAGE	NAIC #	
George Wolstencroft Plumbing 4 Stonybrook Road Charlton MA 01507	INSURER A National Grange Mutual INSURER B 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 ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HIRED/NONA GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	MPF38379	02/25/07	02/25/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	N/A			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A			WC STATUTORY LIMITS OTH-OR E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Plumbing Operations "Subject to all policy terms, conditions & exclusions"

CERTIFICATE HOLDER Town of Southbridge Attn: Judy Inspections Dept. 41 Elm St. Southbridge MA 01550	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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: Dennis A. McCurdy
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