



Property Information Request Information Update Information

File#:	BS-X01567-9122450435	Requested Date:	02/14/2024	Update Requested:
Owner:	TODD CARLSON	Branch:		Requested By:
Address 1:	12 BUCKLEY ST	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	SOUTHBIDGE, MA	# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per Town of South Bridge Department of Zoning there are no Code Violation cases on this property.

Collector: Town of South Bridge
Payable Address: 41 Elm St. Southbridge MA 01550
Business# (508) 764-5412

PERMITS Per Town of South Bridge Department of Building there are Multiple Open Permit on this property.

Collector: Town of South Bridge
Payable Address: 41 Elm St. Southbridge MA 01550
Business# (508) 764-5412

Comments: Per Town of South Bridge Department of Building there are Multiple Open Permit on this property. Please refer to the attached document and contact City of Worcester for More information.

SPECIAL ASSESSMENTS Per Town of South Bridge Treasurer's Office there are no Special Assessments/liens on the property.

Collector: Town of South Bridge
Payable Address: 41 Elm St. Southbridge MA 01550
Business# (508) 764-5412

COMMENTS: UNABLE TO PROVIDED DOCUMENTAION TO THIRD PARTIES. VERBL INFO ACQUIRED.

DEMOLITION NO

UTILITIES WATER AND SEWER
Account#:500042661
Status: Pvt and Liable
Payment Status : NA
Amount:NA
Good Thru:NA
Account Act: YES
Payable To: Town of Southbridge Public works
Address:185 Guelphwood Rd, Southbridge, MA 01550
PH:508-764-5410
COMMENTS: UNABLE TO PROVIDED INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION NEEDED.

Garbage:
Garbage bills are included in the Real Estate Property Taxes.

APPLICATION FOR BUILDING PERMIT

TOWN OF SOUTHBRIDGE
MASSACHUSETTS
INSPECTIONS SERVICES

41 Elm Street
Southbridge, MA 01550
Tel.: 764-5412

PERMIT FEE 500⁰⁰
PERMIT NUMBER B-408
DATE 4/19/03

OWNER'S NAME John Trumpolt ADDRESS 12 Buckley St. TEL. _____
PROJECT LOCATION 12 Buckley St MAP 20 LOT 52
GENERAL CONTRACTOR Todd A. Ethrer ADDRESS 200 Marcy St TEL. 764-2293

ZONING

SF 2F _____ MF _____ RB _____ GB _____ LI _____ HI _____ OTHER _____

PROPOSED USE _____

TYPE OF IMPROVEMENT New Roof, 16'x20' deck

LOT SIZE _____ FRONTAGE ON PUBLIC WAY _____ SET BACK: FRONT _____ LEFT _____ RIGHT _____ REAR _____

BUILDING

PROPOSED BUILDING L _____ W _____ H _____ STORIES _____ TOTAL SQ. FT. _____

MATERIALS OF FOUNDATION _____ MATERIALS OF BUILDING _____

TYPE OF ROOF Asphalt MATERIAL OF ROOF _____

FIREPLACE _____ TYPE OF HEATING _____

WATER PERMIT # _____ SEWER PERMIT # _____ SEPTIC PERMIT # _____

WILL THIS STRUCTURE BE WITHIN 100' OF POND, LAKE, OR ANY WETLAND? YES _____ NO

ESTIMATED COST OF CONSTRUCTION 11,000.⁰⁰
(Must be filled out)

REMARKS: Roof Repair / Deck.

STATEMENT OF APPLICANT

1. THE UNDERSIGNED HEREBY CERTIFIES THAT THE PROPOSED WORK WILL BE DONE IN ACCORDANCE WITH 780 CMR MASSACHUSETTS STATE BUILDING CODE, WITH REGULATIONS ADOPTED BY THE TOWN OF SOUTHBRIDGE AND STATE DEQE.
2. APPLICATION FOR THE PERMIT SHALL BE ACCOMPANIED BY A PLOT PLAN SHOWING DIMENSIONS OF LOT AND BUILDING, FRONT, SIDE AND REAR MEASUREMENTS FROM BOUNDARY AND STREET LINES AND LOCATION OF SEPTIC SYSTEM AND WELL.
3. APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY ONE SET OF PLANS AND SPECS DRAWN TO SCALE, WITH SUFFICIENT CLARITY AND DETAIL DIMENSIONS TO SHOW NATURE AND CHARACTER OF WORK TO BE PERFORMED.
4. NO WORK WILL BE STARTED BEFORE BUILDING PERMIT CARD IS POSTED OR CONTINUED IF PERMIT CARD IS DESTROYED OR LOST.
5. PERMIT IS VOID IF JOB IS NOT STARTED WITHIN 6 MONTHS OF APPLICATION DATE.

HOME IMPROVEMENT CONTRACTOR NO. 123947

LICENSED CONSTRUCTION SUPERVISOR NO. 047396

NAME Todd A. Ethrer

ADDRESS 200 Marcy St, Sbdgt, MA

Todd A. Ethrer
SIGNATURE OF APPLICANT

PERMIT GRANTED 4/14/03
[Signature]
BUILDING OFFICIAL

PREMISES NOT TO BE OCCUPIED UNTIL OCCUPANCY PERMIT ISSUED

SUNRUN



Sunrun Inc. | 1.855.4SUNRUN | sunrun.com

July 13, 2016

Town of Southbridge
41 Elm Street
Southbridge, MA 01550

NOTICE OF CANCELLATION

To Whom It May Concern,

The purpose of this letter is to request the cancellation of building permit #B-274 and electrical permit #10128 for the photovoltaic solar project located at 12 Buckley Street. The homeowner, Todd Carlson, has decided not to move forward with the project.

If you have any questions or concerns, please feel free to contact me. Thank you for your consideration.

Regards,

Conor Smith
(978) 493-4131
conor.smith@sunrun.com

RECEIPT DATE 1/5/16 No. **701454**

RECEIVED FROM Sunrun Installation \$ 181.00

One Hundred Eighty-One DOLLARS

FOR RENT B-274 & E-10/128 12 Buckley St, Apt #

FOR 2211 038

ACCOUNT		<input type="radio"/> CASH	
PAYMENT		<input checked="" type="radio"/> CHECK	FROM _____ TO _____
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	BY <u>Judy</u>

1/5/14

3-11



PERMIT
OFFICE OF
INSPECTOR OF WIRES

No. **10128**

FEE \$ 81.00

Southbridge, MA

DATE 1/5/16

Permission is hereby granted to Nathan Ashe

To commence work at 12 Buckley St.

Owned by Todd Carlson

Occupied by W. Gibson Jay

INSPECTOR OF WIRES

Solar



The Commonwealth of Massachusetts
 Town of Southbridge
 Department of Inspections Services
 41 Elm Street
BUILDING PERMIT JOB CARD



Permit No: B-274

Date: 12-31-15

THIS CERTIFIES THAT: Todd Carlson

Has permission to: Install solar panels as per plan

Situated on: 12 Buckley Street

The person accepting this permit shall in every respect conform to the terms of the application on file in this office and the provisions of the Mass. State Building Code, town by-law, and all other state and local regulations regarding to the construction and maintenance of buildings.
 Work must be started within 6 months. Any violation of the above terms will constitute revocation of this permit.

LOSS OF JOB CARD CONSTITUTES A FINE

PLEASE RETURN JOB CARD TO INSPECTIONS OFFICE AFTER COMPLETION OF WORK.

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES.

Note: A certificate of occupancy will be issued by this office upon return of this card with all required signatures.

- Gas _____
- Plumbing- Underground _____
- Plumbing Insp. - Rough: _____
- Plumbing Insp. - Finish _____
- Electrical - Underground _____
- Electrical Insp. - Rough _____
- Electrical Insp. - Finish _____
- Septic System _____
- Insp. By Fire Dept. _____
- Highway Dept. _____
- Bldg. Fd. & Drains _____
- Bldg. Framing _____
- Bldg. Insulation _____
- Bldg. Final _____
- Conservation Commission _____
- Tax Assessor _____
- Sheet Metal _____


 Nick Tortis

Inspector of Buildings/Building Commissioner



Town of Southbridge
41 Elm St.
Southbridge, MA 01550



Building Permit Application To Construct, Repair, Renovate Or
Demolish a *One- or Two-Family Dwelling*

This Section For Official Use Only

Building Permit Number: B-274 Date Applied: _____
 Nick Tortis Building Official Signature: [Signature] Date: 12/31/15

SECTION 1: SITE INFORMATION

1.1 Property Address: 12 Buckley St. Southbridge, Ma. 01550
 1.1a Is this an accepted street? yes no _____
 1.2 Assessors Map & Parcel Numbers
 Map Number 020 Parcel Number 052
 1.3 Zoning Information: RF Proposed Use R-3
 Zoning District _____ Frontage (ft) _____
 Lot Area (sq 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 c. 40, §54) Public Private
 1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes
 1.8 Sewage Disposal System: Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record: Todd Carlson Southbridge, Ma. 01550
 Name (Print) _____ City, State, ZIP _____
12 Buckley st. 508-523-5701 toddc107@gmail.com
 No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
 Demolition Accessory Bldg. Number of Units _____ Other Specify: Rooftop Solar

Brief Description of Proposed Work²:
Installation of an interconnected rooftop solar system
2.750 kw DC / 10 Panels

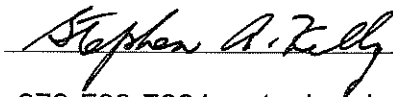
SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ 1724.25	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ <u>100⁰⁰ min.</u> Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ 4023.25	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$ 5747.50	

rec# 701454 1/5/16

12 Buckley St.

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)
Stephen A. Kelly
 Name of CSL Holder
734 Forest st #400
 No. and Street
Marlborough, Ma. 01752
 City/Town, State, ZIP

978-793-7881 stephen.kelly @sunrun.com
 Telephone Email address

CS-040622 8/1/17
 License Number Expiration Date
 List CSL Type (see below) U

Type	Description
<input checked="" type="checkbox"/> U	Unrestricted (Buildings up to 35,000 cu. ft.)
<input type="checkbox"/> R	Restricted 1&2 Family Dwelling
<input type="checkbox"/> M	Masonry
<input type="checkbox"/> RC	Roofing Covering
<input type="checkbox"/> WS	Window and Siding
<input type="checkbox"/> SF	Solid Fuel Burning Appliances
<input type="checkbox"/> I	Insulation
<input type="checkbox"/> D	Demolition

5.2 Registered Home Improvement Contractor (HIC)
Sunrun Installation Services Inc.
 HIC Company Name or HIC Registrant Name
734 Forest st. #400
 No. and Street
Marlborough, Ma. 01752 978-549-9438
 City/Town, State, ZIP Telephone

180120 10/14/16
 HIC Registration Number Expiration Date
stephen.kelly@sunrun.com
 Email address

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 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

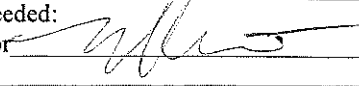
I, as Owner of the subject property, hereby authorize Sunrun Installation Services Inc.
 to act on my behalf, in all matters relative to work authorized by this building permit application.
Todd Carlson
 Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

 Stephen A. Kelly 12-17-2015
 Print Owner's or Authorized Agent's Name (Electronic Signature) Date

NOTES:

- An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps
- Other signatures needed:
 Town Tax Collector  For all projects (MGL c 40 sec. 57
 Board of Health Well permit and/or Septic permit (Title V)
 D.P.W. Water, sewer and curb cut permits
- Debris Disposal
- Name of Waste Hauler EL Harvey & Sons
 Name of Waste Facility Sunrun installation Services (734 forest st Marlborough, Ma.)



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Sunrun Installation Services, Inc.

Address: 775 Fiero Lane, Suite 200

City/State/Zip: San Luis Obispo, CA 93401 Phone #: 978-549-9438

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>35</u> employees (full and/or part-time).*</p> <p>2. <input 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.</p> <p>5. <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>6. <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>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input checked="" type="checkbox"/> Other <u>Rooftop Solar</u></p>
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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 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: Zurich American Insurance Company

Policy # or Self-ins. Lic. #: WC013696001 & WC013696101 Expiration Date: 10/01/2016

Job Site Address: 12 Buckley St. City/State/Zip: Southbridge, Ma. 01550

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

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: Stephen A. Kelly Date: 12-17-2015

Phone #: 978-549-9438

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 #: _____



Massachusetts Department of Public Safety
Board of Building Regulations and Standards

License: CS-040622
Construction Supervisor

STEPHEN A KELLY
16 PARKWAY ROAD
STONEHAM MA 02180



Matthew C. Kelly
Commissioner

Expiration:
08/01/2017



The Commonwealth of Massachusetts
Office of Consumer Affairs and Business Regulation

10 Park Plaza - Suite 5170
Boston, Massachusetts 02116

Home Improvement Contractor Registration

Registration: 180120
Type: Supplement Card
Expiration: 10/14/2016

SUNRUN INSTALLATION SERVICES INC.
STEPHEN KELLY
775 FIERO LANE SUITE 200
SAN LUIS OBISPO, CA 93401



SCA 1 20M-05/11

Update Address and return card. Mark reason for change.
 Address Renewal Employment Lost Card

The Commonwealth of Massachusetts

Office of Consumer Affairs & Business Regulation

HOME IMPROVEMENT CONTRACTOR

Registration: 180120
Expiration: 10/14/2016
Type: Supplement Card

SUNRUN INSTALLATION SERVICES INC.

STEPHEN KELLY
775 FIERO LANE SUITE 200
SAN LUIS OBISPO, CA 93401

License or registration valid for individual use only
before the expiration date. If found return to:
Office of Consumer Affairs and Business Regulation
10 Park Plaza - Suite 5170
Boston, MA 02116

Stephen A. Kelly
Undersecretary

Not valid without signature

SUNRUN



Sunrun Inc. | 1.855.4SUNRUN | sunrun.com

OWNER'S AUTHORIZATION FORM
For Permit Application(s)

The sole purpose of this form is to provide Sun Run Inc with the Necessary permission from the Owner to file Permit Application(s) for such Project work as agreed upon between the Owner and the Owner's Authorized Company and its designated subcontractors.

Owner's Name: Todd Carlton

Solar Project Address: DocuSigned by:

Signature: 
002E06A19D7E404...

Owner's Authorized Company: Sun Run Inc.
Company's Address: 595 Market St 29th Floor, San Francisco, CA 94105
Affiliation: Contractor
Applicable License:
State: MA



SOLAR-ROOF-CHECK THE RLA A RIGOROUS LOAD ANALYSIS

146 San Jose Court, San Luis Obsipo, CA 93405

Ph: 805-215-8665

Fx: 805-544-0863

DATE: 12-02-2015/Rev G

FOR: Sunrun
775 Fiero Lane Suite #200
San Luis Obsipo, CA 93401

JOB: Todd Carlson Residence
12 Buckley St
Southbridge, MA 01550

To Whom It May Concern

This letter is to certify that we have performed a structural analysis of the existing roof members that are to support photovoltaic panels, as shown on the attached report. The calculations were performed in accordance with the latest editions of IBC, NDS, ASCE/SEI, CBC, and IRC, and the 8th edition 2009 Massachusetts building code.

Our analysis was based on the following design criteria:

Ground Snow (psf)	40 psf
Sloped Snow (psf), reduced per ASCE, Sect. 7.4	26 psf
Basic Wind Speed (mph):	90 mph
ASCE Code:	7-05
The PV module orientation:	Portrait
The maximum horizontal roof mount spacing:	4 ft.
The maximum vertical roof mount spacing:	2.75 ft.
Staggered roof mounts required?	Yes

Based on this analysis, we can certify that the individual existing roof framing members that support the PV panels; and the individual roof members as described in the attached report; are adequate to support the design loads as required by the various codes. This includes Dead Loads (including the weight of the PV panels), Live Loads, Snow Loads, and Wind Loads, on the roof members that support the PV panels, combined as required in the codes.

If you have any questions on this or need further clarification, please contact us at your convenience.

Sincerely
James A. Adams, S.E.



Expir. 06/30/2016

Digitally Signed by
James A. Adams, S.E.
Date: 2015.12.05 14:37:49 -0800

Date of Report: 12-02-2015/Rev G
Data Input by: Laszlo Kurta
Contact E-mail: laszlo.kurta@sunrunhome.com
Contact Phone: 805-540-7668

Job Name: Todd Carlson Residence
Job Number: 221R-012CARL
Job Address: 12 Buckley St
Southbridge, MA 01550

ABSTRACT

This Report is based on Engineering calculations using the input data supplied by the user, listed under Current Input Data. The user's input has not been independently reviewed by a licensed Professional Engineer for appropriateness or accuracy, unless Stamped by a P.E. This Report indicates Compliance/Non-Compliance with the reference Codes listed below. The following items have been checked for Code Compliance:

- Load Combination #1:

Wind Uplift on the Standoff attachment to the Roof Framing members: Wind Uplift - 0.6DL Solar

- Load Combination #2:

Supporting Rafter Strength with: DL Rf + DL Solar + Roof Live Load

- Load Combination #3:

Supporting Rafter Strength with: DL Rf + DL Solar + Wind Down

- Load Combination #4: Supporting Rafter Strength with: DL Rf + DL Solar + Snow

- Load Combination #5:

Supporting Rafter Strength with: DL Rf + DL Solar + .75Wind + .75Snow

- Load Combination #6: Check Additional Seismic Load

- Load Combination #7:

Supporting Rafter Strength with:
Wind Up - 0.6(DL Rf + DL Solar)

Job Information

Data Input By: Laszlo Kurta
Job Number: 221R-012CARL
Job Name: Todd Carlson Residence
Job Address: 12 Buckley St
City, State: Southbridge, MA 01550

Current Input Data

Payment Method	Invoice
Roof Type	CollarTies
Ceiling Type	1/2 gyp. Bd.
Collar Tie Space	24
Coverage %	16
Frame Size	2x6FS@24
Ground Snow (psf)	40
Sloped Roof Snow Load (psf)	26
Lag Screw Diam. (in)	5/16
Lag Screw Embed. (in)	2.5
Overall Span (ft)	22.6
PV Weight (psf)	3
PV Module Orientation	Portrait
Rafter Span (ft)	12.583
Rail System	2Rail
Roof Mean Height (ft)	25
Roof Slope (degrees)	34
Roofing Type	Comp. Shingle
Sloped Ceiling	No
Max. Horizontal Roof Mount(ft)	4
Max. Vertical Roof Mounts (ft)	2.75
Standoff Staggered	Yes
Wind Exposure	C
Wind Speed (mph)	90

Reference Codes

International Building Code (IBC latest edition)

American Society of Civil Engineers (ASCE/SEI 7-05, 7-10) National Design Spec. for Wood Constr. (NDS latest edition) CBC and NJ Edition

Note: For ASCE 7-10, wind includes (0.6) factor, in loading combinations.

STRUCTURAL CALCULATIONS for PV INSTALLATION

SUNRUN™

Sunrun
775 Fiero Lane , Suite #200
San Luis Obispo CA, 93401
805-528-9705

USER: Laszlo Kurta
COMPANY NAME: Sunrun
SRC JOB ID: 11748
JOB REPORT DATE: 2015-12-02/Rev G
JOB NUMBER: 221R-012CARL
JOB NAME: Todd Carlson Residence
JOB ADDRESS: 12 Buckley St
Southbridge, MA 01550



Expir. 06/30/2016

Digitally Signed by
James A. Adams, S.E.
Date: 2015.12.05 14:34:30 -0800

Program Version: 2015-11-21:7

Contact: jadams@solar-roof-check.com | Phone: 805.215.8665

LOAD COMBINATIONS: ASCE 7-05, IBC 2009 (NOT APPLICABLE IN CA)

- LOADING COMB. #1: WIND UPLIFT - 0.6DL SOLAR AT STANDOFF ($C_D=1.6$) ZONE 2
- LOADING COMB. #2: DL Rf + DL SOLAR + Rf LL ($C_D=1.25$).
- LOADING COMB. #3: DL Rf + DL SOLAR + WIND DOWN ($C_D=1.6$). ZONE 1
- LOADING COMB. #4: DL Rf + DL SOLAR + SNOW ($C_D=1.15$).
- LOADING COMB. #5: DL Rf + DL SOLAR + .75WIND +.75SNOW ($C_D=1.6$) ZONE 1
- LOADING COMB. #6: CHECK SEISMIC FOR SECT. 3404.4 ALTERATIONS.
- LOADING COMB. #7: (0.6)(DL Rf + DL SOLAR) + WIND UP ($C_D=1.6$). ZONE 1

LOAD COMBINATIONS: ASCE 7-10, IBC 2012 CALIFORNIA, CBC 2013

- LOADING COMB. #1: (0.6)WIND UPLIFT - 0.6DL SOLAR AT STANDOFF ($C_D=1.6$) ZONE 2
- LOADING COMB. #2: DL Rf + DL SOLAR + Rf LL ($C_D=1.25$).
- LOADING COMB. #3: DL Rf + DL SOLAR + (0.6)WIND DOWN ($C_D=1.6$) ZONE 1
- LOADING COMB. #4: DL Rf + DL SOLAR + SNOW ($C_D=1.15$)
- LOADING COMB. #5: DL Rf + DL SOLAR + .75(0.6)WIND +.75SNOW ($C_D=1.6$) ZONE 1
- LOADING COMB. #6: CHECK SEISMIC FOR SECT. 3404.4 ALTERATIONS
- LOADING COMB. #7: (0.6)WIND UP-0.6(DL Rf + DL SOLAR) ($C_D=1.6$) ZONE 1

REFERENCES: NJ, NDS LATEST EDITION

Duration Factors	Section Modules	Size Form Factor
$C_{d_{Wind}} := 1.6$	$S_{2X2} := 0.563$ $S_{4X4} := 7.150$	$C_{f_{2x2}} := 1.5$ $C_{f_{4x4}} := 1.5$
$C_{d_{Snow}} := 1.15$	$S_{2X4} := 3.063$ $S_{4X6} := 17.650$	$C_{f_{2x4}} := 1.5$ $C_{f_{4x6}} := 1.3$
$C_{d_{DL}} := 0.9$	$S_{2X6} := 7.563$ $S_{4X8} := 30.660$	$C_{f_{2x6}} := 1.3$ $C_{f_{4x8}} := 1.3$
$C_{d_{LL}} := 1.25$	$S_{2X8} := 13.14$ $S_{4X10} := 49.900$	$C_{f_{2x8}} := 1.2$ $C_{f_{4x10}} := 1.2$
	$S_{2X10} := 21.39$ $S_{4X12} := 73.800$	$C_{f_{2x10}} := 1.1$ $C_{f_{4x12}} := 1.1$
$F_b := 1000.00$ psi	$S_{2X12} := 31.64$	$C_{f_{2x12}} := 1.0$

USER INPUT:

1. Ceiling Type:	1/2 gyp. Bd.
2. Collar Tie Space:	24
3. Coverage %:	16
4. Frame Size:	2x6FS@24
5. Ground Snow (psf):	40
6. Sloped Roof Snow Load (psf):	26
7. Lag Screw Diameter (in):	5/16
8. Lag Screw Embedment (in):	2.5
9. Overall Span (ft):	22.6
10. PV Weight (psf):	3
11. Rafter Sloped Span (ft):	12.583
12. Rail System:	2Rail
13. Roofing Type:	Comp. Shingle
14. Roof Mean Height (ft):	25
15. Roof Slope (degrees):	34
16. Roof Type:	CollarTies
17. Sloped Ceiling?:	No
18. Standoff Max. Horz. Space (ft):	4
19. Standoff Max. Vert. Space (ft):	2.75
20. Standoff Staggered?:	Yes
21. Wind Exposure:	C
22. Wind Speed (mph):	90
23. wr = Weight of RoofType (psf):	2.20
24. wra = Weight of Rafter (psf):	1.36
25. wc = Weight of CeilingType:	2.20
26. wcj = Weight of Ceiling Joists (psf):	0.65
27. s = Rafter spacing (ft.):	2.00
28. PV Orientation:	Portrait

SLOPED/VAULTED CEILING - CARRIED BY THE TOP CHORD/RAFTER:

DL_{tc} := Deadload Top Chord (Rafter)

DL_{bc} := Deadload Bottom Chord (Ceiling)

FLAT CEILING - CARRIED BY THE CEILING JOISTS:

DL_{tc} := Deadload Top Chord (Rafter)

DL_{bc} := Deadload Bottom Chord (Ceiling)

wDL_{tc} := $DL_{tc} \times s$ (plf) 12.12

wDL_{bc} := $DL_{bc} \times s$ (plf) 6.70

TA = Horizontal spacing x Vertical spacing (sf) 11.00

Topographic Factor

Assume Roof is not on top of a hill, bluff, or mountain ridge. 1.0
Sect. 6.5.7.2, pg. 26

C_{LS} 1.00

COMPONENTS AND CLADDING:

ASCE 7-05:

Zone 1: Net Wind Pressure - See Figure 6-3, pg. 42 13.80

Zone 2: Net Wind Pressure - See Figure 6-3, pg 42 16.30

Adjustment Factor for Height and Exposure - See Figure 6-3, pg. 44 1.35

ASCE 7-10:

Zone 1: Net Wind Pressure - See Figure 30.5-1 NA

Zone 2: Net Wind Pressure - See Figure 30.5-1, NA

Adjustment Factor for Height and Exposure - See Figure 30.5-1, NA

$p_{Zone1\ up}$ = Net Wind Pressure x Adj. Factor (psf) = 18.63

$p_{Zone2\ up}$ = Net Wind Pressure x Adj. Factor (psf) = 22.01

$p_{Zone1\ dn}$ = Net Wind Pressure x Adj. Factor (psf) = 10.00

Note: For ASCE 7-10 the wind forces have been multiplied by 0.6

LOADING COMBINATION #1: WIND UPLIFT CONNECTION TO RAFTER - ZONE 2

$P_1 := TA \times (P_{up} - 6 \times DL_{Solar} \times \cos(\theta))$ uplift	225.64
d = Diam.lag screws User Input	5/16
t = lb/inch Withdrawal NDS 2012 - Tab. 11.2A, pg 75	235.00
e = Threaded embedment into wood User Input	2.50
W = Total withdrawal capacity	
$W := Cd_{Wind} \times t \times e$	940.00
$\% := \frac{W \times 100}{P_1}$	416.59
<< If equal to or more than 100% Code Compliant, OK!	

Table 3 represents the maximum Moment ($M = PL/a$) resulting from point loads (standoffs), for any spans (L) listed.

$$a = 2.67$$



Table 3 (The Moment Factor "a" for a 2 Rail system)

Length	Staggered		Unstaggered	
	Portrait	Landscape	Portrait	Landscape
L = 4'	4.00	4.00	4.00	2.91
L = 5'	4.00	3.50	3.72	2.50
L = 6'	4.00	3.00	3.43	2.09
L = 7'	3.60	2.84	2.95	1.83
L = 8'	3.20	2.67	2.46	1.56
L = 9'	3.03	2.59	2.34	1.44
L = 10'	2.86	2.50	2.22	1.31
L = 11'	2.77	2.25	2.04	1.19
L = 12'	2.67	2.00	1.85	1.07
L = 13'	2.61	1.88	1.74	0.90
L = 14'	2.55	1.75	1.62	0.92
L = 15'	2.51	1.68	1.50	0.86
L = 16'	2.46	1.60	1.38	0.81
L = 17'	2.43	1.45	1.31	0.76
L = 18'	2.40	1.29	1.23	0.72
L = 19'	2.38	1.24	1.17	0.68
L = 20'	2.35	1.18	1.11	0.65
L = 21'	2.22	1.14	1.06	0.62
L = 22'	2.09	1.10	1.00	0.59

Table 3 (The Moment Factor "a" for Zep or similar system)

Length	Staggered		Unstaggered	
	Portrait	Landscape	Portrait	Landscape
L = 4'	5.00	5.00	5.00	5.00
L = 5'	5.00	5.00	5.00	5.00
L = 6'	5.00	5.00	5.00	5.00
L = 7'	4.50	4.50	4.50	4.19
L = 8'	4.00	4.00	4.00	3.37
L = 9'	4.00	4.00	4.00	3.12
L = 10'	4.00	4.00	4.00	2.86
L = 11'	4.00	4.00	3.70	2.48
L = 12'	4.00	4.00	3.39	2.09
L = 13'	4.00	3.87	3.35	1.98
L = 14'	4.00	3.73	3.30	1.87
L = 15'	4.00	3.32	2.88	1.78
L = 16'	4.00	2.90	2.46	1.68
L = 17'	4.00	2.74	2.36	1.57
L = 18'	4.00	2.57	2.25	1.45
L = 19'	4.00	2.46	2.18	1.38
L = 20'	4.00	2.35	2.11	1.30
L = 21'	4.00	2.28	2.06	1.25
L = 22'	4.00	2.20	2.00	1.20

Note: For ASCE 7-10 the wind forces have been multiplied by 0.6

COMBINATION #2:		DL Rf + DL SOLAR + Rf LL (Cd=1.25) with LL= 15.91 psf	
$w := LL \times s \text{ plf}$	(plf) := 31.81	$P := TA \times DL_{\text{Solar}}$	33.00
$c := \frac{(L - 5.5)}{2}$	(ft) := 3.54	$M_{DL} := \left(wDL_{tc} \times \frac{L^2}{8} + P_{sp} \times \frac{L}{a} \right) \times \cos(\theta)$	327.80
For Spans < 10.0 ft		$M_{LL} := \frac{\left[\left(w \times \frac{3}{2 \times L} \right) \times (2 \times L - 3) \right]^2}{2 \times w} \times \cos(\theta)$	NA
For Spans > 10.0 ft		$M_{LL} := \frac{\left[\frac{w \times c \times (2 \times L - c) + w \times c^2}{2 \times L} \right]^2}{2 \times w} \times \cos(\theta)$	165.39
$M := M_{DL} + M_{LL}$	(lb-ft) := 493.18	$S_r := M \times \frac{12}{Fb \times Cd_{LL} \times Cf_x \times C_r \times C_{LS}}$	3.17
$\% := \frac{S_x}{S_r} \times 100$	<< IF EQUAL TO OR MORE THAN 100% CODE COMPLIANT, OK!		378.91
COMBINATION #3: ZONE 1		DL Rf + DL SOLAR + WIND DOWN (Cd=1.6)	
$P_3 := TA \times (p_{dn} + DL_{\text{Solar}} \times \cos(\theta))$			137.36
$M_3 := \left(wDL_{tc} \times \frac{L^2}{8} \right) \times \cos(\theta \times \text{deg}) - P_3 \times \frac{L}{a}$			846.20
$S_r := M_3 \times \frac{12}{Fb \times Cd_{\text{Wind}} \times Cf_x \times C_r \times C_{LS}}$			4.25
$\% := \frac{S_x \times 100}{S_r}$	<< IF EQUAL TO OR MORE THAN 100% CODE COMPLIANT, OK!		282.68
COMBINATION #4:		DL Rf + DL SOLAR + SNOW (Cd=1.15)	
$S = \text{Sloped Roof Snow Load (psf)}$			26.00
$P_4 := TA \times (S + DL_{\text{Solar}})$			319.00
$M_4 := \left(wDL_{tc} \times \frac{L^2}{8} + P_4 \times \frac{L}{a} \right) \times \cos(\theta)$			1445.21
$S_r := M_4 \times \frac{12}{Fb \times Cd_{\text{Snow}} \times Cf_x \times C_r \times C_{LS}}$			10.09
$\% := \frac{S_x \times 100}{S_r}$	<< IF EQUAL TO OR MORE THAN 100% CODE COMPLIANT, OK!		118.96

Note: For ASCE 7-10 the wind forces have been multiplied by 0.6

LOADING COMBINATION #5: ZONE 1		DL_{Rf} + DL_{Solar} + .75WIND + .75SNOW (Cd=1.6)
S	= Sloped Roof Snow Load (psf)	26.00
$P_5 :=$	$IA \times (.75 \times S + DL_{Solar}) \times \cos(\theta) + (IA \times .75 \times p_{dn})$	287.69
$M_5 :=$	$\left(wDL_{tc} \times \frac{L^2}{8} + P_5 \times \frac{L}{a} \right) \times \cos(\theta)$	1554.65
$S_r :=$	$M_5 \times \frac{12}{F_b \times Cd_{Wind} \times Cf_x \times C_r \times C_{LS}}$	7.80
$\% :=$	$\frac{S_x \times 100}{S_r} \ll$ IF EQUAL TO OR MORE THAN 100% CODE COMPLIANT, OK!	153.86

LOADING COMBINATION #6: CHECK SEISMIC LOADING:

ExistingDL	$:= DL_{Rf} + Walls$ Walls := 5.5 psf	14.91
ProposedDL	$:= ExistingDL + DL_{Solar} \times C$	15.39
SeismicIncrease	$:= 100 \times \left(\frac{ProposedDL}{ExistingDL} \right) - 100$	3.22
<< IF EQUAL TO OR LESS THAN 10% CODE COMPLIANT, OK!		

SEISMIC SUMMARY

Sect. 3404.3 Alterations (See Exception):

The addition of the Solar Panels, meets the following:

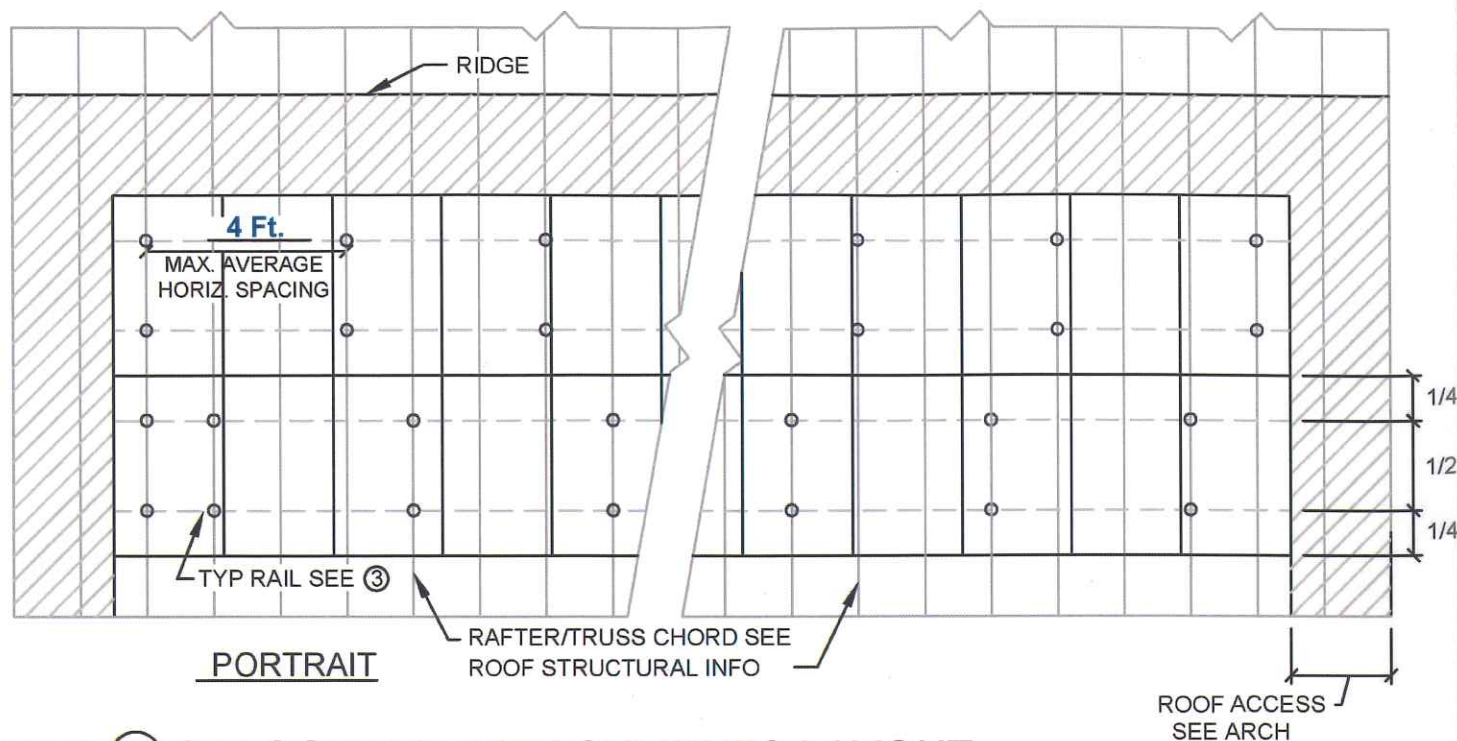
- The design strength of existing elements required to resist seismic forces is not reduced.
- The seismic force to required existing structural elements is not substantially increased.
- No new structural elements are being added.
- New nonstructural elements are being connected to existing structure per Chapter 16.
- Alterations do not create structural irregularities.

Note: For ASCE 7-10 the wind forces have been multiplied by 0.6

LOADING COMBINATION #7:	ZONE 1	(0.6)(DL Rf + DL SOLAR) + WIND UP	(Cd=1.6)
$P_7 := TA \times (p_{up} - 0.6 \times DL_{Solar} \times \cos(\theta))$			188.52
$M_7 := \left(P_7 \times \frac{L}{a} \right) - wDL_{tc} \times \frac{L^2}{8} \times \cos(\theta)$			769.10
$S_r := M_7 \times \frac{12}{F_b \times Cd_{Wind} \times C_{fx} \times C_r \times C_{LS}}$			3.86
$\% := \frac{S_x \times 100}{S_r}$		<< IF EQUAL TO OR MORE THAN 100% CODE COMPLIANT, OK!	311.01

LIMITS OF SCOPE OF WORK AND LIABILITY

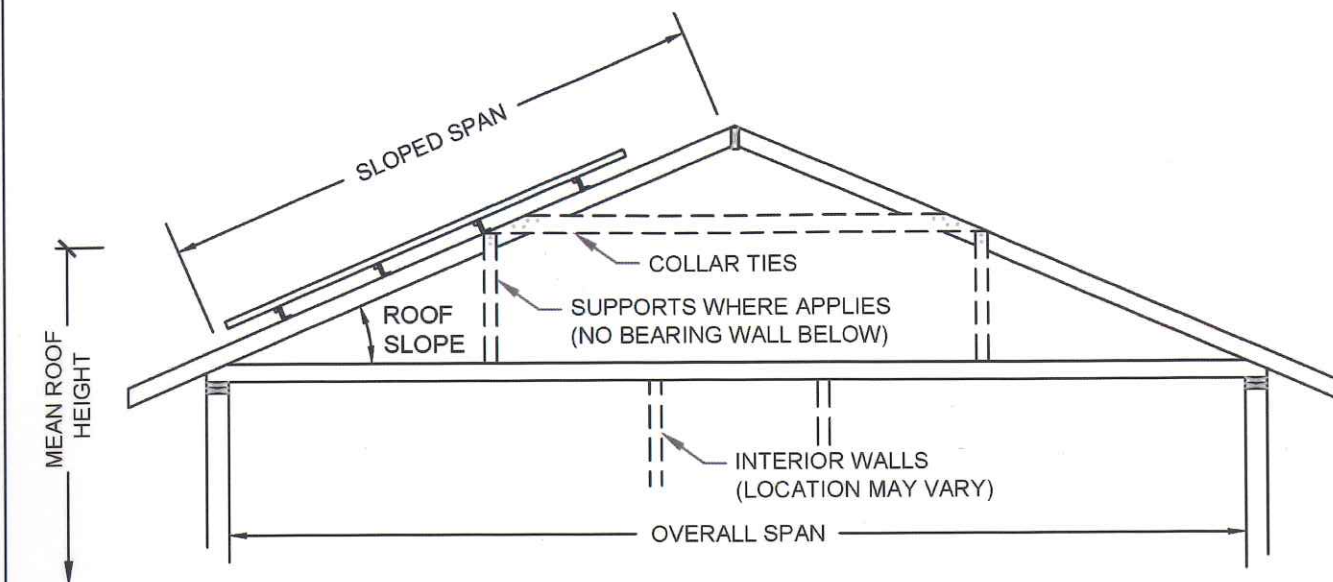
Existing deficiencies which are unknown and not observable due to their being concealed inside walls, or sandwiched behind gypsum board ceilings at the time of inspection are not included in this scope of work. These calculations are for the roof framing which supports the new PV modules. These calculations do not include a complete lateral analysis of the building, nor a prediction of the life expectancy of the existing building.



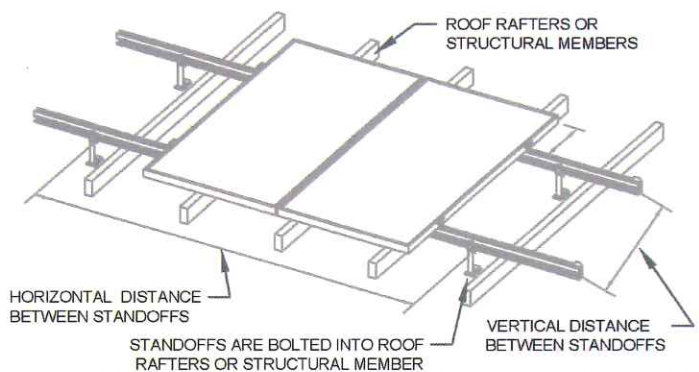
DETAIL 1 STAGGERED ATTACHMENTS LAYOUT

See PV drawings for distance to edge of roof.

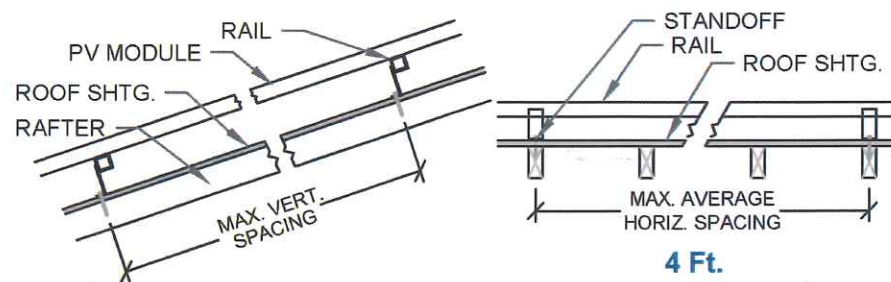
1. Installers to verify rafter size, spacing and sloped spans, and notify the E.O.R of any discrepancies before proceeding.
2. Any rotted or damaged rafters shall be replaced prior to proceeding.
3. As a precaution, old or wet snow should be removed from the roof, if the snow builds up to 18" or more.



DETAIL 2 ROOF TYPE - COLLAR TIES



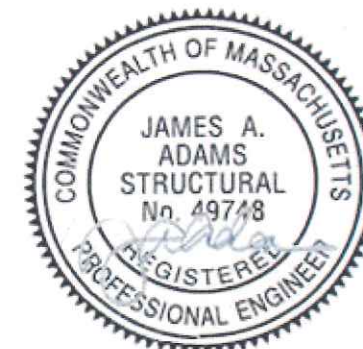
TYPICAL 2-RAIL SYSTEM



DETAIL 3 FLUSHMOUNT

4 STRUCTURAL INFORMATION

SRC Job Id:	11748
Ceiling Type:	1/2 gyp. Bd.
Collar Tie Space:	24
Coverage %:	16
Frame Size:	2x6FS@24
Ground Snow (psf):	40
Sloped Roof Snow Load (psf):	26
Lag Screw Diameter (in):	5/16
Lag Screw Embedment (in):	2.5
Overall Span (ft):	22.6
PV Orientation:	Portrait
PV Weight (psf):	3
Rafter Sloped Span (ft):	12.583
Rail System:	2Rail
Roofing Type:	Comp. Shingle
Roof Mean Height (ft):	25
Roof Slope (degrees):	34
Roof Type:	CollarTies
Sloped Ceiling?:	No
Standoff Max. Horz. Space (ft):	4
Standoff Max. Vert. Space (ft):	2.75
Standoff Staggered?:	Yes
Wind Exposure:	C
Wind Speed (mph):	90



Expir. 06/30/2016

Digitally Signed by James A. Adams, S.E.
Date: 2015.12.05 14:35:09 -0800

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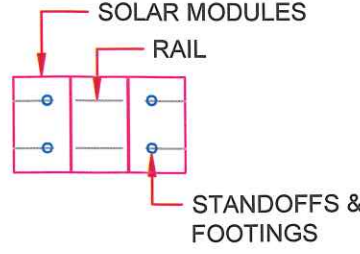
SCOPE OF WORK

- **SYSTEM SIZE:** 2750W DC, 2400W AC
- **MODULES:** (10) REC SOLAR: REC 275TP
- **INVERTER(S):**
(10) ENPHASE ENERGY: M250-60-2LL-S2X
- **RACKING:** SNAPRACK SERIES 100 UL; FLASHED L FOOT. SEE PEN DO1.

GENERAL NOTES

- ALL WORK SHALL COMPLY WITH 2014 NEC, 2009 IBC, MUNICIPAL CODE, AND ALL MANUFACTURERS' LISTINGS AND INSTALLATION INSTRUCTIONS.
- PHOTOVOLTAIC SYSTEM WILL COMPLY WITH 2014 NEC.
- ELECTRICAL SYSTEM GROUNDING WILL COMPLY WITH 2014 NEC.
- PHOTOVOLTAIC SYSTEM IS UNGROUNDED. NO CONDUCTORS ARE SOLIDLY GROUNDED IN THE INVERTER. SYSTEM COMPLIES WITH 690.35.
- MODULES CONFORM TO AND ARE LISTED UNDER UL 1703.
- INVERTER CONFORMS TO AND IS LISTED UNDER UL 1741.
- RACKING CONFORMS TO AND IS LISTED UNDER UL 2703.
- CONSTRUCTION FOREMAN TO PLACE CONDUIT RUN PER 690.31(E) AND 2012 IFC 605.11.2.
- ARRAY DC CONDUCTORS ARE SIZED FOR DERATED CURRENT.
- 9.4 AMPS MODULE SHORT CIRCUIT CURRENT.
- 14.68 AMPS DERATED SHORT CIRCUIT CURRENT (690.8 (a) & 690.8 (b)).

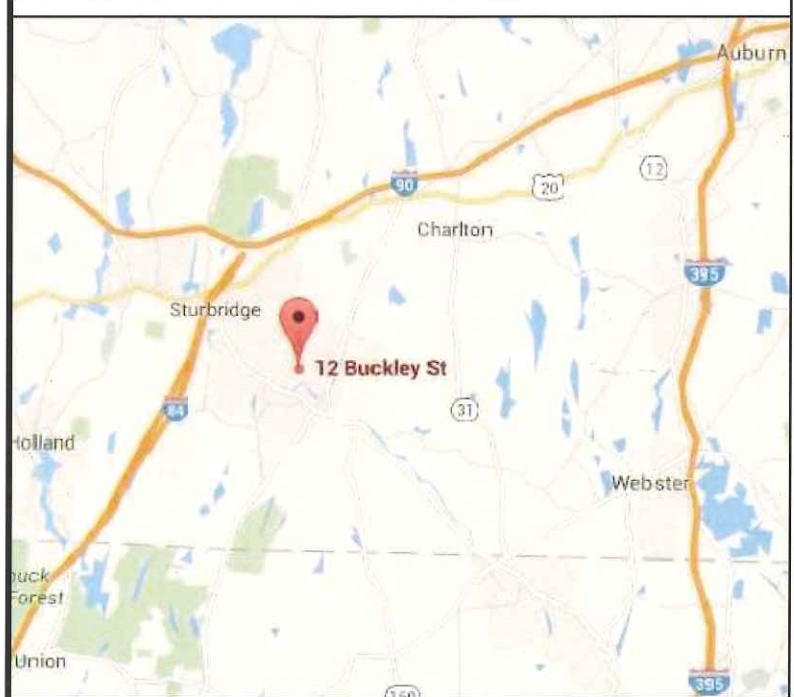
LEGEND AND ABBREVIATIONS



SERVICE ENTRANCE	CHIMNEY
MAIN PANEL	ATTIC VENT
SUB-PANEL	FLUSH ATTIC VENT
PV LOAD CENTER	PVC PIPE VENT
SUNRUN METER	METAL PIPE VENT
DEDICATED PV METER	T-VENT
INVERTER(S) WITH INTEGRATED DC DISCONNECT AND AFCI	SATELLITE DISH
AC DISCONNECT(S)	FIRE SETBACKS
DC DISCONNECT(S)	HARDSCAPE
COMBINER BOX	— PL — PROPERTY LINE
INTERIOR EQUIPMENT SHOWN AS DASHED	SCALE: NTS

TABLE OF CONTENTS	
PAGE #	DESCRIPTION
PV-1.0	COVER SHEET
PV-2.0	SITE PLAN
PV-3.0	LAYOUT
PV-4.0	ELECTRICAL
PV-5.0	SIGNAGE

VICINITY MAP



- A AMPERE
- AC ALTERNATING CURRENT
- AFCI ARC FAULT CIRCUIT INTERRUPTER
- AZIM AZIMUTH
- COMP COMPOSITION
- DC DIRECT CURRENT
- (E) EXISTING
- EXT EXTERIOR
- FRM FRAMING
- INT INTERIOR
- LBW LOAD BEARING WALL
- MAG MAGNETIC
- MSP MAIN SERVICE PANEL
- (N) NEW
- NTS NOT TO SCALE
- OC ON CENTER
- PRE-FAB PRE-FABRICATED
- PSF POUNDS PER SQUARE FOOT
- PV PHOTOVOLTAIC
- TL TRANSFORMERLESS
- TYP TYPICAL
- V VOLTS
- W WATTS

REV	NAME	DATE	COMMENTS
A			



LICENSE NO. 750184
 734 FOREST STREET #400, MARLBOROUGH, MA 01752
 PHONE 888.657.6527
 FAX 805.528.9701

CUSTOMER RESIDENCE:
 TODD CARLSON
 12 BUCKLEY ST,
 SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052- -00001

PROJECT NUMBER:
 221R-012CARL

DESIGNER:
 LASZLO KURTA

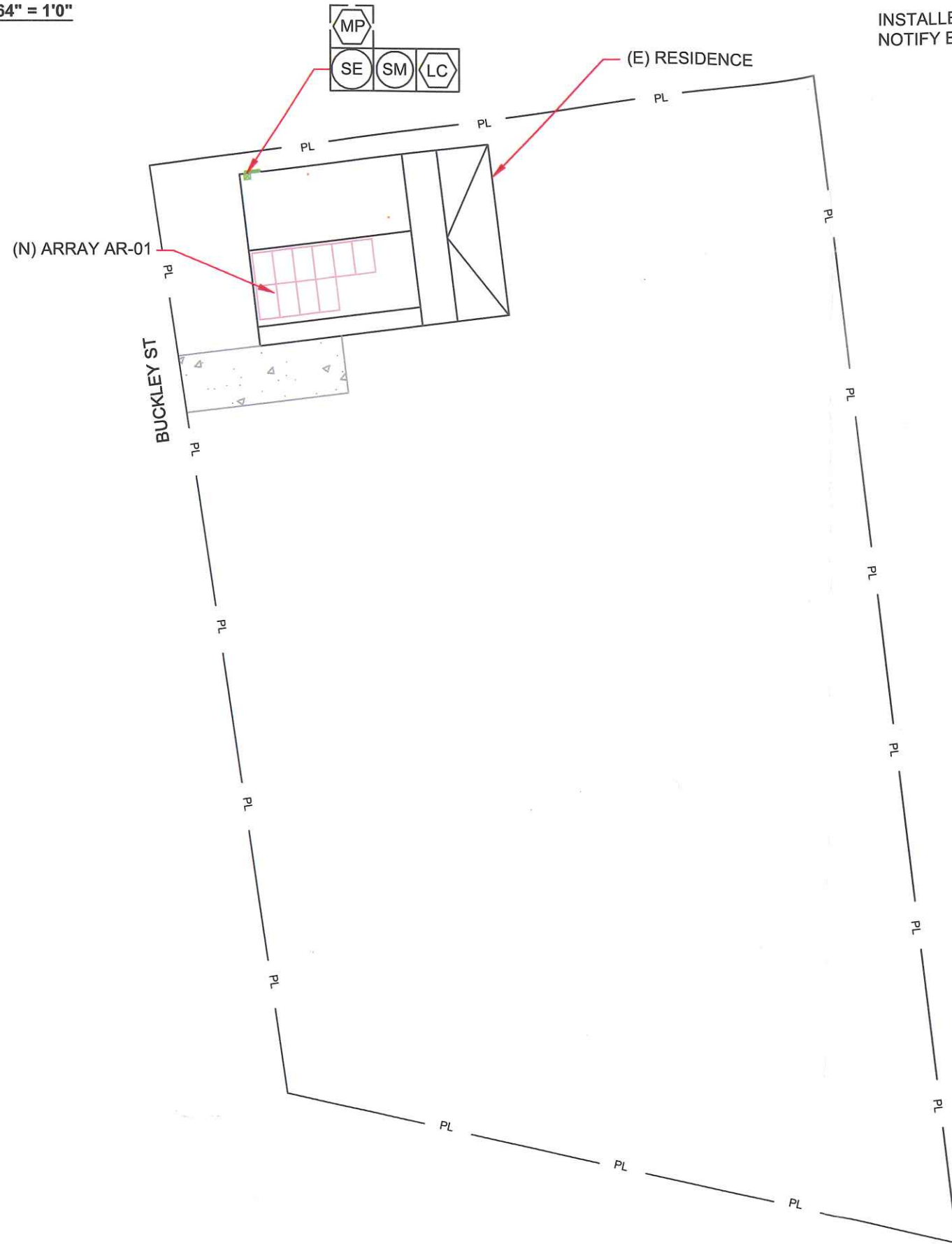
DRAFTER:
 DI

SHEET
COVER SHEET

REV: A.2 12/2/2015

PAGE
PV-1.0

SITE PLAN - SCALE = 3/64" = 1'0"



INSTALLERS TO VERIFY RAFTER SIZE, SPACING, UNSUPPORTED SPANS AND NOTIFY E.O.R OF ANY DISCREPANCIES BEFORE PROCEEDING.

	PITCH	TRUE AZIM	MAG AZIM	PV AREA (SQFT)
AR-01	34°	173°	159°	177.4



Stamped for Structural info only.

SUNRUN

LICENSE NO. 750184

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 TODD CARLSON
 12 BUCKLEY ST,
 SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052- -00001

PROJECT NUMBER:
 221R-012CARL

DESIGNER:
 LASZLO KURTA

DRAFTER:
 DI

SHEET
SITE PLAN

REV: A.2 12/2/2015

PAGE
PV-2.0

	ROOF TYPE	ATTACHMENT	ROOF HEIGHT	ROOF EXPOSURE	FRAME MATERIAL	FRAME TYPE	FRAME SIZE	MAX FRAME SPAN	OC SPACING	ROOF EDGE ZONE	MAX RAIL SPAN	MAX RAIL OVERHANG
AR-01	COMP SHINGLE	FLASHED L FOOT. SEE PEN D01.	TWO STORY	ATTIC	WOOD	RAFTER	2x6.75	12' - 7"	24"	NO	4' - 0"	1' - 10"

DESIGN CRITERIA

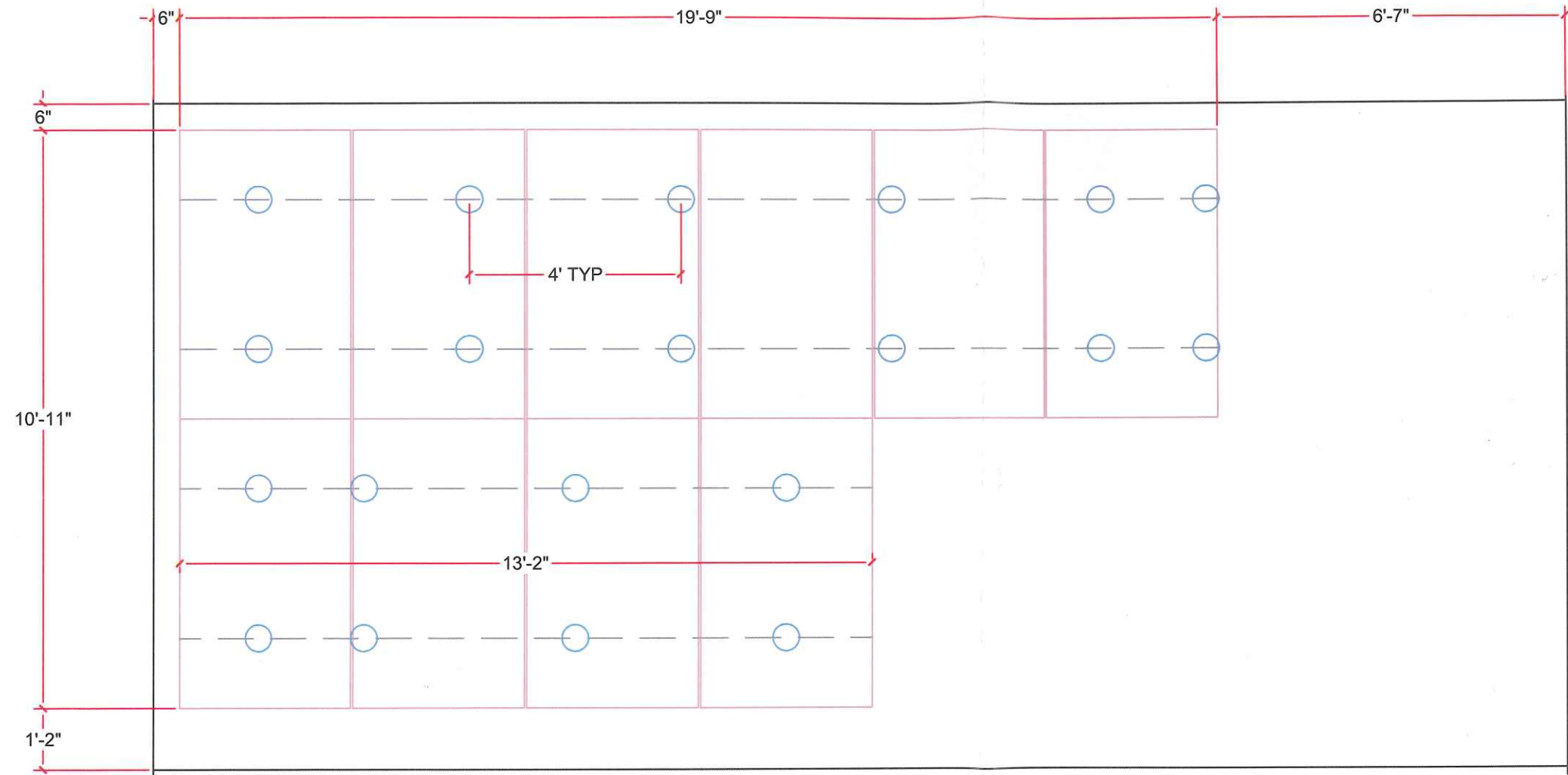
MODULES:
REC SOLAR: REC275TP
MODULE DIMS:
65.5" x 39" x 1.5"
MAX DISTRIBUTED LOAD: 3 PSF
SNOW LOAD: 40 PSF
WIND SPEED:
90 MPH 3-SEC GUST.
LAG SCREWS:
5/16"x4.0": 2.5" MIN EMBEDMENT

D1 - AR-01 - SCALE: 3/8" = 1'
PITCH: 34°
AZIM: 173°

INSTALLERS TO VERIFY RAFTER SIZE, SPACING, UNSUPPORTED SPANS AND NOTIFY E.O.R OF ANY DISCREPANCIES BEFORE PROCEEDING.



PENETRATION SPACING:
STAGGERED



LICENSE NO. 750184
734 FOREST STREET #400, MARLBOROUGH, MA 01752
PHONE 888.657.6527
FAX 805.528.9701

CUSTOMER RESIDENCE:
TODD CARLSON
12 BUCKLEY ST,
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TEL. (508) 523-5701 APN #: 020-052--00001

PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

DRAFTER:
DI

SHEET
LAYOUT

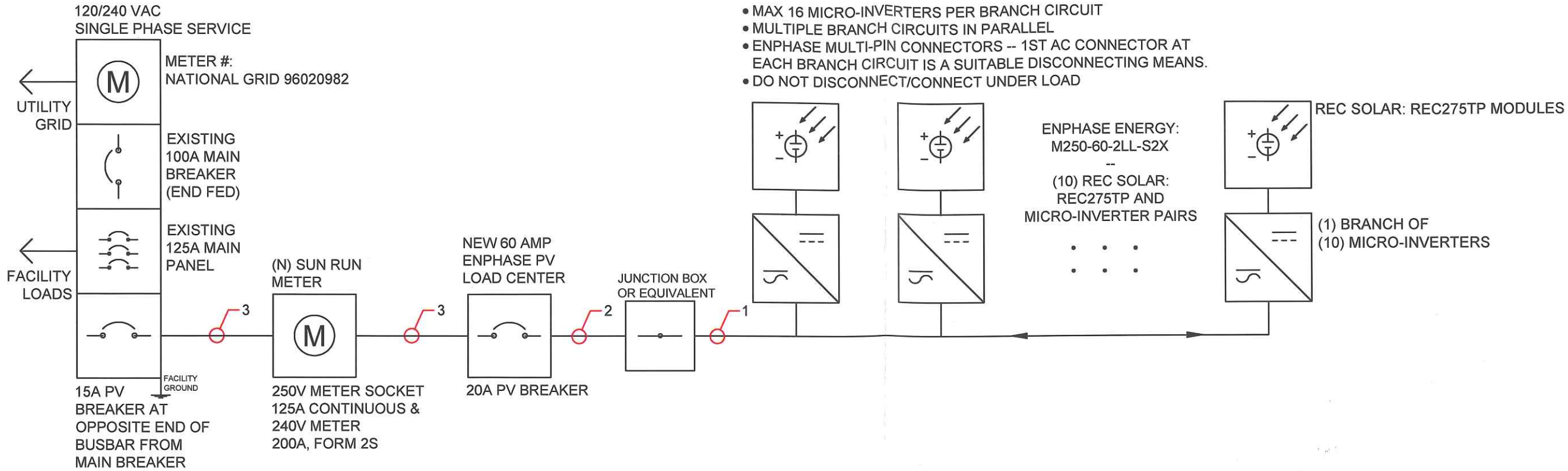
REV: A.2 12/2/2015

PAGE PV-3.0



James A. Adams
Expir. 06/30/2016

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- MAX 16 MICRO-INVERTERS PER BRANCH CIRCUIT
- MULTIPLE BRANCH CIRCUITS IN PARALLEL
- ENPHASE MULTI-PIN CONNECTORS -- 1ST AC CONNECTOR AT EACH BRANCH CIRCUIT IS A SUITABLE DISCONNECTING MEANS.
- DO NOT DISCONNECT/CONNECT UNDER LOAD

NOTES TO INSTALLER:

1. ADD 60 AMP NEW ENPHASE PV LOAD CENTER WITH PRE-INSTALLED 20 AMP BREAKER.
2. ADD 15 AMP PV BREAKER TO MAIN PANEL.

CONDUIT SCHEDULE

#	CONDUIT	CONDUCTOR	NEUTRAL	GROUND
1	NONE	(2) 12 AWG ENGAGE CABLE	(1) 12 AWG ENGAGE CABLE	(1) 12 AWG ENGAGE CABLE
2	3/4" EMT OR EQUIV.	(2) 10 AWG THHN/THWN-2	(1) 10 AWG THHN/THWN-2	(1) 8 AWG THHN/THWN-2
3	3/4" EMT OR EQUIV.	(2) 10 AWG THHN/THWN-2	(1) 10 AWG THHN/THWN-2	(1) 8 AWG THHN/THWN-2

MODULE CHARACTERISTICS

REC SOLAR: REC275TP	275 W
OPEN CIRCUIT VOLTAGE	38.8 V
MAX POWER VOLTAGE	31.4 V
SHORT CIRCUIT CURRENT	9.4 A

SUNRUN

LICENSE NO. 750184

734 FOREST STREET #400, MARLBOROUGH, MA 01752
PHONE 888.657.6527
FAX 805.528.9701

CUSTOMER RESIDENCE:
TODD CARLSON
12 BUCKLEY ST,
SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052--00001

PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

DRAFTER:
DI

SHEET
ELECTRICAL

REV: A.2 12/2/2015

PAGE
PV-4.0

**WARNING: PHOTOVOLTAIC
POWER SOURCE**

LABEL LOCATION:
(C)(CB)
PER CODE: NEC690.13.G.3 & NEC
690.13.G.4

**PHOTOVOLTAIC SYSTEM
EQUIPPED WITH RAPID
SHUTDOWN**

PER CODE: NEC690.56(C)

**DC PHOTOVOLTAIC
DISCONNECT**

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC690.13.B

**AC PHOTOVOLTAIC
DISCONNECT**

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.13.B

PHOTOVOLTAIC AC DISCONNECT
MAXIMUM AC
OPERATING CURRENT A
MAXIMUM AC
OPERATING VOLTAGE V

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.54

**RATED MAXIMUM POWER-
POINT CURRENT (Imp) A
RATED MAXIMUM POWER-
POINT VOLTAGE (Vmp) V
MAXIMUM SYSTEM
VOLTAGE (VOC) V
MAXIMUM CIRCUIT
CURRENT (Isc) A**

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC690.53

**MAIN PHOTOVOLTAIC
SYSTEM AC
DISCONNECT**

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.13.B

**WARNING: PHOTOVOLTAIC
POWER SOURCE**
DO NOT REMOVE UNLESS REPLACED IN EXACT LOCATION-
PHOTOVOLTAIC POWER SOURCE DIRECTLY BELOW

LABEL LOCATION:
(UNDER ROOFING MATERIAL)
PER CODE: NEC690.13.G.1

SOLAR DISCONNECT

LABEL LOCATION:
ON POWERONE INVERTER
PER CODE: NEC 690.15 AND NEC 690.13(B)

**CAUTION: SOLAR ELECTRIC
SYSTEM CONNECTED**

DO NOT OPEN UNDER LOAD

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.16.B

**DO NOT DISCONNECT UNDER
LOAD**

LABEL LOCATION:
(AC)
PER CODE: NEC690.33.E.2

CAUTION
PHOTOVOLTAIC SYSTEM CIRCUIT IS BACKFED

LABEL LOCATION:
(INDIVIDUAL BREAKERS)
PER CODE: NEC705.12.D.3.4

**PHOTOVOLTAIC
DC DISCONNECT**

LABEL LOCATION:
(DC) (INV)
PER CODE: IFC.60.11.3 IFC 605.11.1.4
NEC 690.15, NEC 690.13(B) & NEC
690.14C.2.

**PHOTOVOLTAIC
AC DISCONNECT**

LABEL LOCATION:
(AC) PER CODE: 690.13.B

WARNING
THIS EQUIPMENT FED BY MULTIPLE SOURCE
TOTAL RATING OF OVER CURRENT
DEVICES, EXCLUDING MAIN SUPPLY
OVERCURRENT DEVICE SHALL NOT EXCEED
AMPACITY OF BUSBAR

PER CODE: 705.12(D)(2)

WARNING
ELECTRIC SHOCK HAZARD
THE DC CONDUCTORS OF THIS
PHOTOVOLTAIC SYSTEM ARE
UNGROUNDDED AND MAY BE ENERGIZED

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC 690.35(F) TO BE USED
WHEN INVERTER IS UNGROUNDDED

WARNING
**TURN OFF PHOTOVOLTAIC
AC DISCONNECT PRIOR TO
WORKING INSIDE PANEL**

LABEL LOCATION:
(D) (AC) (CB)
PER CODE: NEC110.27(C)

WARNING
ELECTRIC SHOCK HAZARD
DO NOT TOUCH TERMINALS
TERMINALS ON BOTH LINE AND
LOAD SIDES MAY BE ENERGIZED
IN THE OPEN POSITION

DC VOLTAGE IS ALWAYS PRESENT
WHEN SOLAR MODULES ARE
EXPOSED TO SUNLIGHT

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC 690.17.E

WARNING
INVERTER OUTPUT CONNECTION
DO NOT RELOCATE THIS
OVERCURRENT DEVICE

LABEL LOCATION:
(POI)
PER CODE: NEC 705.12.D.2

WARNING
ELECTRIC SHOCK HAZARD
DO NOT TOUCH TERMINALS
TERMINALS ON BOTH LINE AND
LOAD SIDES MAY BE ENERGIZED
IN THE OPEN POSITION

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC 690.17.E

LEGEND
(AC): AC Disconnect
(C): Conduit
(CB) Combiner Box
(D) Distribution Panel
(DC): DC Disconnect
(IC): Interior Run Conduit
(INV): Inverter with integrated DC disconnect
(LC): Load Center
(M): Utility Meter
(POI): Point of interconnection

SUNRUN

LICENSE NO. 750184

734 FOREST STREET #400, MARLBOROUGH, MA 01752
PHONE 888.657.6527
FAX 805.528.9701

CUSTOMER RESIDENCE:
TODD CARLSON
12 BUCKLEY ST,
SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052--00001

PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

DRAFTER:
DI

SHEET
SIGNAGE

REV: A.2 12/2/2015

PAGE PV-5.0



The Commonwealth of Massachusetts
 Town of Southbridge
 Department of Inspections Services
 41 Elm Street
BUILDING PERMIT JOB CARD



Permit No: B-059

Date: 08-15-13

THIS CERTIFIES THAT: Todd Carlson

Has permission to : Build handicap ramp

Situated on: 12 Buckley Street

The person accepting this permit shall in every respect conform to the terms of the application on file in this office and the provisions of the Mass. State Building Code, town by-law, and all other state and local regulations regarding to the construction and maintenance of buildings.
 Work must be started within 6 months. Any violation of the above terms will constitute revocation of this permit.

LOSS OF JOB CARD CONSTITUTES A FINE

PLEASE RETURN JOB CARD TO INSPECTIONS OFFICE AFTER COMPLETION OF WORK.

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES.

Note: A certificate of occupancy will be issued by this office upon return of this card with all required signatures.

- Gas
- Plumbing- Underground
- Plumbing Insp. - Rough:
- Plumbing Insp. - Finish
- Electrical - Underground
- Electrical Insp. - Rough
- Electrical Insp. - Finish
- Septic System
- Insp. By Fire Dept.
- Highway Dept.
- Bldg. Fd. & Drains
- Bldg. Framing
- Bldg. Insulation
- Bldg. Final
- Conservation Commission
- Tax Assessor
- Sheet Metal

(Handwritten signature)
 08/15/13

(Handwritten signature)
 Nick Tortis

Inspector of Buildings/Building Commissioner



Town of Southbridge
41 Elm St.
Southbridge, MA 01550

RECEIVED
AUG 14 2013



INSPECTIONS DEPT.
TOWN OF SOUTHBRIDGE
Building Permit Application To Construct, Repair, Renovate or
Demolish a One- or Two-Family Dwelling

This Section For Official Use Only

Building Permit Number: B-039

Date Applied: 8/15/13
Signature: [Signature]

Nick Tortis
Building Official

SECTION 1: SITE INFORMATION

1.1 Property Address:
12 BUCKLEY ST.
1.1a Is this an accepted street? yes no

1.2 Assessors Map & Parcel Numbers
020 052
Map Number Parcel Number

1.3 Zoning Information:
RE R-3
Zoning District Proposed Use

1.4 Property Dimensions:
Lot Area (sq ft) 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. c. 40, §54)
Public Private

1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone?
Check if yes

1.8 Sewage Disposal System:
Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
TODD C CARLSON
Name (Print)
12 BUCKLEY ST.
No. and Street

SOUTHBRIDGE MA 01550
City, State, ZIP
508 523 5701
Telephone
Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: HANDICAP RAMP - TWENTY SIX FEET LONG w/ 28" RISE TO DECK.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ <u>500</u> Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$ <u>1600.00</u>	

Cash rec'd 8/15/13
550.00

Receipt 818711,
8/15/13

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 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, as Owner of the subject property, hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

TODD C CARLSON

8 13 13

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

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 registered 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. Other signatures needed:

Town Tax Collector _____
Board of Health _____
D.P.W. _____

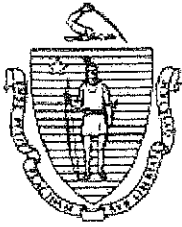
8/14/13

For all projects (MGL c 40 sec. 57 Well permit and/or Septic permit (Title V) Water, sewer and curb cut permits

3. Debris Disposal _____

4. Name of Waste Hauler _____

Name of Waste Facility _____



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): TODD CARLSON

Address: 12 BUCKLEY ST.

City/State/Zip: SOUTHBRIDGE MA 01550 Phone #: 508 523 5701

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input 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 checked="" 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>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
---	--	---	---

* 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 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: SBTC MA 01550

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: J. Carlson Date: 8 15 13

Phone #: 508 523 5701

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 #: _____

TEL: 508 764-5412
FAX: 508 764-5425



INSPECTION SERVICES
TOWN HALL
41 ELM STREET

TOWN OF SOUTHBRIDGE
SOUTHBRIDGE, MASSACHUSETTS 01550

For Office Use Only

Permit No. _____

Date: _____

AFFIDAVIT

**Home Improvement Contractor Law
Supplement to Permit Application**

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: HAUNDICAP RAMP Est. Cost \$ 600

Address of Work 12 BUCKLEY ST - SOUTHBRIDGE, MA 01550

Owner Name: TODD CARLSON

Date of Permit Application: 8 14 13

I hereby certify that:

Registration is not required for the following reason(s):

- Work excluded by law
- Job under \$1,000
- Building not owner-occupied
- Owner pulling own permit
- Other (specify) _____

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date	Contractor Name	Registration No.
------	-----------------	------------------

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

<u>8 15 13</u>	<u>TODD CARLSON</u>
Date	Owner Name



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

Southbridge, Mass. Date Sept 8 2008 Permit # G-020

Building Location 12 Buckley Owner's Name Todd Carlson

Type of Occupancy House

New Renovation Replacement Plans Submitted: Yes No

G

CR# 8408
9-8-08
\$35.00
AMP

	RANGES	HEATER RANGES	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VENTED ROOM HTRS.	DIRECT VENT HTRS.	POOL HEATERS	TESTS	OTHER
SUB-BSMT.																		
BASEMENT								/										
1ST FLOOR																		
2ND FLOOR																		
3RD FLOOR																		
4TH FLOOR																		
5TH FLOOR																		
6TH FLOOR																		
7TH FLOOR																		
8TH FLOOR																		

Installing Company Name George Wastiever

Check one: Certificate

Address 4 Stoney Brook Rd

Corporation

CHARLESTON, MA 01327

Partnership

Business Telephone 348-6006

Firm/Co.

Name of Licensed Plumber or Gas Fitter George Wastiever

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

Signature of Owner or Owner's 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 Code and Chapter 142 of the General Laws.

By _____
 Title _____
 City/Town _____
 APPROVED (OFFICE USE ONLY)

Type of License:
 Plumber
 Gasfitter
 Master
 Journeyman

George Wastiever
 Signature of Licensed Plumber or Gas Fitter
 License Number 10228

G-020

Todd Carlson
12 Buckley St

George Wolstencroft
10228

9-9-08

Re Journal

Day
9/9/2008
PEC



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 Wolstencroft
 Address: 4 Stoney Brook Rd
 City/State/Zip: Chelsea, MA Phone #: 878-6006

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am an 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 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 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: _____ 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: [Signature] Date: Sept 8, 08
 Phone #: 878 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)
09/08/08

PRODUCER
The McCurdy Group
Dennis A. McCurdy
PO Box 531
Sturbridge MA 01566
Phone: 508-347-9343 Fax: 508-347-5798

INSURED

George Wolstencroft Plumbing
4 Stonybrook Road
Charlton MA 01507

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: 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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	MPF38379	02/25/08	02/25/09	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10000
	X NONA				PERSONAL & ADV INJURY	\$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2000000
	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)	\$
	<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 AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

TOWNS-2

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 30 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

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No.	<u>E-7500</u>
Occupancy and Fee Checked	<u>75.00</u>
Rev. 11/99	(leave blank) <u>OK #1184</u>

OK

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 12-31-07

City or Town of: Southbridge

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 12 BUCKLEY ST. CELL # 508-523-5701

Owner or Tenant Todd CARLSON Telephone No. 508-765-7168

Owner's Address 287 Charlton St. Sodge MA. 01550

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building Residential Utility Authorization No. #

Existing Service 100 Amps 120/240 Volts Overhead Undgrd No. of Meters 1

New Service ~~100~~ Amps ~~120/240~~ Volts Overhead Undgrd No. of Meters ~~1~~

Number of Feeders and Ampacity change panel to larger capacity

Location and Nature of Proposed Electrical Work: upgrade wiring in house to code

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond.	Total Tons	No. of Alerting Devices
No. of Waste Disposers	Heat Pump Totals: Number Tons KW		No. of Self-Contained Detection/Alerting Devices
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or Equivalent
No. of Hydromassage Bathtubs	No. of Motors	Total HP	Telecommunications Wiring: No. of Devices or Equivalent
OTHER:			

Attach additional detail if desired, or as required by the Inspector of Wires.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify: Liability 6-19-08 (Expiration Date))

Estimated Value of Electrical Work: _____ (When required by municipal policy.)

Work to Start: _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: _____ LIC. NO.: _____

Licensee: DAVID PLIVERNOIS Signature David Plivernois LIC. NO.: E28507

(If applicable, enter "exempt" in the license number line.) Address: 50 Row 30 Sodge MA 01550 Bus. Tel. No.: _____ Alt. Tel. No.: 508-5206128

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____ Telephone No. _____ PERMIT FEE: \$ 75.00

5 223 ZLS 208

TEL: 508 764-5412
FAX: 508 764-5425



INSPECTION SERVICES
TOWN HALL
41 ELM STREET

TOWN OF SOUTHBRIDGE
SOUTHBRIDGE, MASSACHUSETTS 01550

FEE SCHEDULE FOR WIRING PERMITS

MINIMUM PERMIT FEE _____ \$20.00

DWELLINGS (NEW)

SERVICE

FEE

One family _____ 60 200A _____ 40.00
Multiple dwelling _____ per unit _____ 40.00
Underground service add _____ 10.00
Equipment installations, replacements (per fixture), dryers,
stoves, dishwashers, hot tubs, etc. first unit _____ 10.00
each add'l _____ 5.00

SERVICE CHANGES

One family _____ 40.00
Multiple dwelling _____ per each additional meter _____ 10.00
Temporary service _____ 20.00
Transformer pads _____ 30.00

INDUSTRIAL, COMMERCIAL

Buildings up to 1,000 square feet _____ 40.00
Each additional 1,000 square feet _____ 20.00
Major elect. units (air conditioners, compressors etc.) _____ 20.00
Main switch or new sub panel _____ per amp _____ .40
Outlets, switches, and fixture _____ first five _____ 5.00
each add'l _____ .40

MISCELLANEOUS

Renovations, additions, alterations..first unit _____ 30.00
each add'l _____ 10.00
Central heating systems _____ 20.00
Signs, swimming pools & traffic lights _____ 20.00
Gas pumps _____ per pump _____ 10.00
Electrician's maintenance permit* _____ 40.00
Alarm systems _____ 20.00

* Licensed electrician's annual permit to cover ordinary maintenance, experimental set-ups, or re-location of minor devices & equipment.

If the items are not specific or itemized, the fee will be determined by the Inspector of Wires.

INSPECTOR OF WIRES, WILLIAM GIBSON (508) 764-5412

INSPECTIONS OFFICE HOURS 8:00 AM - 4:00 PM FAX (508) 765-0863



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

508-764-5425

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

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): David P Lemerand

Address: 90 Bar 930

City/State/Zip: Southbridge Ma 01550 Phone #: 508-380-6128

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 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.† |
| 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.] | 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.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † | |

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: _____ 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: David P Lemerand Date: _____

Phone #: 508-380-6128

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 #: _____



RECEIVED
 SEP 09 2019
 By _____

Town of Southbridge
 41 Elm St.
 Southbridge, MA 01550

APPROVED



Building Permit Application To Construct, Repair, Renovate Or
 Demolish a *One- or Two-Family Dwelling*

This Section For Official Use Only

Building Permit Number: B-126 Date Applied: 9/9/19

~~Casey Burlingame~~ Building Official [Signature] Signature 9-19-19 Date

SECTION 1: SITE INFORMATION

1.1 Property Address: 12 Buckley St
 1.2 Assessors Map & Parcel Numbers
 1.1a Is this an accepted street? yes X no _____
 Map Number 020 Parcel Number 052
 1.3 Zoning Information: Zoning District _____ Proposed Use _____
 1.4 Property Dimensions: Lot Area (sq ft) _____ 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. c. 40, §54) Public Private
 1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes
 1.8 Sewage Disposal System: Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Records
 Name (Print) Deidra Carlson City, State, ZIP Southbridge, ma, 01550
 No. and Street 12 Buckley St Telephone 508-208-9038 Email Address zebradee287@yahoo.com

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
 Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: ~~Other~~ vinyl siding

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ <u>2,500</u>	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier \$8.00 x 1000 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ <u>75.00</u> Check No. _____ Check Amount: _____ Cash Amount: _____ <input checked="" type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

Recpt #572843 \$75
 ck#1559 9/9/19 (JL)

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

NO contractor listed

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

NO contractor listed

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 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, as Owner of the subject property, hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Deidra Carlson
Print Owner's or Authorized Agent's Name (Electronic Signature)

9/9/19
Date

NOTES:

- An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps
- Other signatures needed:
 Town Treasurer/Tax Collector _____ For all projects (MGL c 40 sec. 57
 Board of Health _____ Well permit and/or Septic permit (Title V)
 D.P.W. _____ Water, sewer and curb cut permits
- Debris Disposal _____
- Name of Waste Hauler _____
 Name of Waste Facility _____

[Handwritten signature]

TOWN OF SOUTHBRIDGE



HOMEOWNER WARNING NOTICE

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

- A homeowner is defined as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and/or farm structures. If you do not meet this definition a building permit cannot be issued to you as a homeowner.
- You will be personally responsible for all work on this project.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.
- You must supervise all work.
- You must call the Bldg. Dept. to schedule all required building inspections.
- You must be present for all the building inspections.
- You have waived all rights to the Massachusetts Guaranty Fund.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Workmen's Compensation Insurance.
- Failure to carry Workman's Compensation Insurance may result in criminal penalties, i.e fines and/or imprisonment. (Reference MGL c.152 Sec.25).

This warning has been assembled because we have found that a majority of those citizens who sign the Homeowner's Exemption Form are not aware of the responsibilities that go along with assuming the construction responsibilities.

Your signature below verifies you have read this warning and understand its requirements.

Signature: Reidra A. Carls Date: 9/9/19
Property Address: 12 Buckley St, Southbridge



The Commonwealth of Massachusetts
Town of Southbridge
 Department of Inspections Services
 41 Elm Street
 In accordance with the 780 CMR(Massachusetts State Building Code) this
OCCUPANCY PERMIT



Is issued to: Todd C. Carlson

I certify that I have inspected the structure located at: 12 Buckley Street Map: 20 Lot: 52
 At the time of inspection the premises listed above has been deemed to be in compliance with all of the applicable requirements of 780
 CMR as well as all of the local bylaws in effect at the time of the issuance of the original application.

Building Permit Number: B-187


Date Occupancy Permit Issued: 10-09-08

Date Building Permit issued: 1-03-08

Conditions: None

Use Group: R-4 Residential

Failure to comply with any requirement of 780 CMR may result in the revocation of this permit. It is unlawful to occupy these premises without a valid occupancy permit. Violations of 780 CMR may be punishable by a fine of up to \$1000 and/or imprisonment for up to one year per violation. Each day of a violation may be considered a separate offense.


 Inspector of Buildings/Building
 Commissioner
10/9/08
 Date

"No building or structure shall be occupied in whole or in part until an occupancy permit has been issued by the Building Official, and all work has been completed in accordance with the provisions of the approved permits and applicable codes."

"THIS PERMIT WILL NOT BE VALID UNTIL SIGNED BY THE INSPECTOR OF BUILDINGS/BUILDING COMMISSIONER"



The Commonwealth of Massachusetts
 Town of Southbridge
 Department of Inspections Services
 41 Elm Street
BUILDING PERMIT JOB CARD



Permit No: B-187

Date: 1-03-08

THIS CERTIFIES THAT: Todd C. Carlson

Has permission to: Interior renovations

Situated on: 12 Bucky Street

The person accepting this permit shall in every respect conform to the terms of the application on file in this office and the provisions of the Mass. State Building Code, town by-law, and all other state and local regulations regarding to the construction and maintenance of buildings.
 Work must be started within 6 months. Any violation of the above terms will constitute revocation of this permit.

LOSS OF JOB CARD CONSTITUTES A FINE

PLEASE RETURN JOB CARD TO INSPECTIONS OFFICE AFTER COMPLETION OF WORK.

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES.

Note: A certificate of occupancy will be issued by this office upon return of this card with all required signatures.

- Gas John White & Eric Leonard
- Plumbing- Underground John White & Eric Leonard
- Plumbing Insp. - Rough: John White & Eric Leonard
- Plumbing Insp. - Finish John White & Eric Leonard
- Electrical - Underground John White & Eric Leonard
- Electrical Insp. - Rough John White & Eric Leonard
- Electrical Insp. - Finish John White & Eric Leonard
- Septic System John White & Eric Leonard
- Insp. By Fire Dept. John White & Eric Leonard
- Highway Dept. John White & Eric Leonard
- Bldg. Fd. & Drains John White & Eric Leonard
- Bldg. Framing John White & Eric Leonard
- Bldg. Insulation John White & Eric Leonard
- Bldg. Final John White & Eric Leonard
- Conservation Commission John White & Eric Leonard
- Tax Assessor John White & Eric Leonard

Nick Tortis
 Inspector of Buildings/Building Commissioner

APPLICATION FOR BUILDING PERMIT

*Pd check # 1958
12/4/09 m7*

TOWN OF SOUTHBRIDGE
MASSACHUSETTS
INSPECTIONS SERVICES

41 Elm Street
Southbridge, MA 01550
Tel.: 764-5412

(CURRENT)

PERMIT FEE 140⁰⁰

287 CHARLTON ST.

PERMIT NUMBER B-187

OWNER'S NAME TODD CARLSON

ADDRESS 12 BUCKLEY ST.

DATE 1/2/08

PROJECT LOCATION 12 BUCKLEY ST.

MAP 20 LOT 52

GENERAL CONTRACTOR RJ Parron Building

ADDRESS 8 Blodgett Pl
Holland Ma TEL. 413-245-4661

ZONING

SF 2F _____ MF _____ RB _____ GB _____ LI _____ HI _____ OTHER _____

PROPOSED USE single family - R-4

TYPE OF IMPROVEMENT INTERIOR RENOVATIONS

LOT SIZE 1/2 Acre FRONTAGE ON PUBLIC WAY _____ SET BACK: FRONT _____ LEFT _____ RIGHT _____ REAR _____

BUILDING

PROPOSED BUILDING L _____ W _____ H _____ STORIES _____ TOTAL SQ. FT. _____

MATERIALS OF FOUNDATION _____ MATERIALS OF BUILDING _____

TYPE OF ROOF _____ MATERIAL OF ROOF _____

FIREPLACE _____ TYPE OF HEATING _____

WATER PERMIT # _____ SEWER PERMIT # _____ SEPTIC PERMIT # _____

WILL THIS STRUCTURE BE WITHIN 100' OF POND, LAKE, OR ANY WETLAND? YES _____ NO

ESTIMATED COST OF CONSTRUCTION (@ \$ 20,000.00) TWENTY THOUSAND DOLLARS
(Must be filled out)

REMARKS: Bring stairway up to code, Remove walls and Replace with L.V.L.'s, new Kitchen, and Baths

STATEMENT OF APPLICANT

1. THE UNDERSIGNED HEREBY CERTIFIES THAT THE PROPOSED WORK WILL BE DONE IN ACCORDANCE WITH 780 CMR MASSACHUSETTS STATE BUILDING CODE, WITH REGULATIONS ADOPTED BY THE TOWN OF SOUTHBRIDGE AND STATE DEQE.
2. APPLICATION FOR THE PERMIT SHALL BE ACCOMPANIED BY A PLOT PLAN SHOWING DIMENSIONS OF LOT AND BUILDING, FRONT, SIDE AND REAR MEASUREMENTS FROM BOUNDARY AND STREET LINES AND LOCATION OF SEPTIC SYSTEM AND WELL.
3. APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY ONE SET OF PLANS AND SPECS DRAWN TO SCALE, WITH SUFFICIENT CLARITY AND DETAIL DIMENSIONS TO SHOW NATURE AND CHARACTER OF WORK TO BE PERFORMED.
4. NO WORK WILL BE STARTED BEFORE BUILDING PERMIT CARD IS POSTED OR CONTINUED IF PERMIT CARD IS DESTROYED OR LOST.
5. PERMIT IS VOID IF JOB IS NOT STARTED WITHIN 6 MONTHS OF APPLICATION DATE.

HOME IMPROVEMENT CONTRACTOR NO. 117088

Robert J Parron
SIGNATURE OF APPLICANT

LICENSED CONSTRUCTION SUPERVISOR NO. CS60687

NAME Robert J Parron

PERMIT GRANTED 1/3/08

ADDRESS 8 Blodgett Dr.
Holland, MA 01521

[Signature]
BUILDING OFFICIAL

PREMISES NOT TO BE OCCUPIED UNTIL OCCUPANCY PERMIT ISSUED

TOWN OF SOUTHBRIDGE, D.P.W.
APPLICATION FOR CONNECTION APPROVAL
FOR
SANITARY SEWER/WATER SUPPLY

OWNER'S PORTION

Date: MAY 5 2008

BUCKLEY ST.
 Street Name

Map and Lot No.

RENOVATION
 Description (new home, addition, etc.)

TODD CARLSON
 Owner's Name (print name)

Estimated Non-Residential Usage (310 CMR 15.02 (13)) **OR**

3 (THREE)
 Number of Bedrooms
assessed @ 5 bedrooms (see attached)

As the owner of the described premises, I hereby acknowledge and bind myself and any and all successors in interest to abide by the bylaws, and rules and regulations issued thereunder pertaining to the connection of Water and Sewer in the Town of Southbridge as stated in Article X (Sewer Regulations) and Article XIX (Water Regulations) and to pay the sewer/water charges established thereunder when due. Any overdue rate or charge may be enforced in any manner provided or available for collection and enforcement of sewer/water rates and charges.

Y.C. Carlson 12 BUCKLEY ST. 508 764 1516
 Owner's Signature Address Telephone
508-523-5701

DEPARTMENT OF PUBLIC WORKS

Permit No. 08037

Approval is hereby given to Todd Carlson for connection into sewer/water as follows:

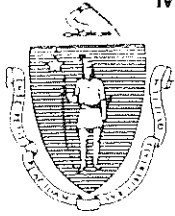
Location: 12 Buckley Street

Special Provisions: Owner to supply easement to Town. Town will supply one E-One 2010 grinder pump for use on property.

This authority, however, is given and accepted by the permittee upon these express conditions: approval is in force for one year from the date connection fee is paid. Owner has 15 days from approval date to make payment to Town of Southbridge Tax Collector's Office for sewerage and/or water service. Permittee to file a construction permit with this office within one year of effective date for the actual sewer/water construction and connection. A Building Permit will not be issued until **ALL** connection fees are paid in full.

Date: 5/12/08
 Date Paid: MAY 12 2008
 Rec'd. By: [Signature]
 SOUTHBRIDGE TAX COLLECTOR
 BY: _____

[Signature]
 D.P.W. Director Approval
~~\$3,000.00~~ \$1800.00
 Sewer Fee: \$2,000.00
 Water Fee: _____



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

FIXTURES

OK#
8321
5/28/08
585.00

P

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH, MACH. CORR.	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 Walskiowski
 Address 4 Stony Brook Rd.
Chattanooga TN 37507
 Business Telephone 1-508-848-6666
 Name of Licensed Plumber George Walskiowski

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 _____
 Date _____
 APPROVED OFFICE USE ONLY

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

P-098

Todd Carlson

12 Buckley St.

Alley

6/19/2008

RE

George Walstencraft

10228

6/19/08.

RE Shovee



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 Wolszewski
 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. Wolszewski Date: May 28, 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"/> PRO. SECT <input type="checkbox"/> LOC	MPF38379	02/25/07	02/25/08	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMPI/OP AGG \$ 2000000
	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 AGG \$ 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-ER 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 Towns-2 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 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO LIABILITY OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: Dennis A. McCurdy
---	--

E10128

SUNRUN



Sunrun Inc. | 1.855.4SUNRUN | sunrun.com

July 13, 2016

Town of Southbridge
41 Elm Street
Southbridge, MA 01550

NOTICE OF CANCELLATION

To Whom It May Concern,

The purpose of this letter is to request the cancellation of building permit #B-274 and electrical permit #10128 for the photovoltaic solar project located at 12 Buckley Street. The homeowner, Todd Carlson, has decided not to move forward with the project.

If you have any questions or concerns, please feel free to contact me. Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read "Conor Smith".

Conor Smith
(978) 493-4131
conor.smith@sunrun.com



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. E-10,128
Occupancy and Fee Checked 8/1/08
[Rev. 1/07] (leave blank) 22/038
1/5/16

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 12/17/2015

City or Town of: Southbridge

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 12 Buckley St.

Owner or Tenant Todd Carlson

Telephone No. 508-523-5701

Owner's Address 12 Buckley St. Southbridge, Ma. 01550

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building Rooftop Solar

Utility Authorization No. 180120 exp 10/14/16

Existing Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: installation of an interconnected rooftop solar system
2.750 kw DC/ 10 solar panels

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Estimated Value of Electrical Work: \$4023.25 (When required by municipal policy.)

Work to Start: 1/2/2016 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: Sunrun Installation Services Inc

LIC. NO.: 180120 exp. 10/14/16

Licensee: Nathan Ashe Signature [Signature]

LIC. NO.: 21136A exp. 7/31/16

(If applicable, enter "exempt" in the license number line.)

Bus. Tel. No.: 978-594-3519

Address: 734 Forest st. #400 Marlborough, Ma. 01752

Alt. Tel. No.: 978-549-9438

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent

Signature _____ Telephone No. _____

PERMIT FEE: \$ 81.00

rec# 701454 1/5/16



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Sunrun Installation Services, Inc.

Address: 775 Fiero Lane, Suite 200

City/State/Zip: San Luis Obispo, CA 93401 Phone #: 978-549-9438

Are you an employer? Check the appropriate box:

- 1. I am an employer with 35 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 workers' comp. insurance required.] †
- 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. 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. ‡
- 6. 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.]

Type of project (required):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. Other Rooftop Solar

*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: Zurich American Insurance Company

Policy # or Self-ins. Lic. #: WC013696001 & WC013696101 Expiration Date: 10/01/2016

Job Site Address: 12 Buckley St. City/State/Zip: Southbridge, Ma. 01550

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

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: [Signature] Date: _____

Phone #: 978-549-9438

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 #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/01/2015

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 MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 104960339-STND-GAX-15-16	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : James River Insurance Company		12203
INSURER B : N/A		N/A
INSURER C : Houston Casualty Company		42374
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** SEA-002988159-03 **REVISION NUMBER:** 5

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Host Liquor Liability			000641241	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 TOTAL POLICY LIMIT \$ 10,000,000
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			H15XC5023203	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Permitting within jurisdiction. Wood, Pauline; 221R-432WOOD, 432 Charlton St., Southbridge, MA 01550.

CERTIFICATE HOLDER Town of Southbridge 41 Elm St. Southbridge, MA 01550	CANCELLATION 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 of Marsh Risk & Insurance Services Stefan Szulc
---	--

**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF

ELECTRICIANS

**ISSUES THE FOLLOWING LICENSE AS A
REGISTERED MASTER ELECTRICIAN**

**SUNRUN INSTALLATION SERVICES INC
NATHAN A ASHE
241 RIVER ST EXT**

BILLERICA MA 01821-2344

21136A

LICENSE NUMBER

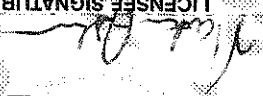
07/31/16

EXPIRATION DATE

445846

SERIAL NUMBER

LICENSEE SIGNATURE



MASSACHUSETTS DRIVER'S LICENSE

USA MA


4a ISS 06-16-2015 9a END NONE 4d NUMBER S96911711

4b EXP 08-30-2019 3 DOB 08-30-1983

9 CLASS DM 12 REST NONE 15 SEX M 16 HGT 5-10

1 ASHE
2 NATHAN A
3 241 RIVER ST EXT
4 BILLERICA, MA 01821

5 DD 06-18-2015 Rev 07-15-2009



08-30-1983

08-30-1983

MA

www.mass.gov/rmv
MA 06-18-2015

08-30-1983
CLASS -
D: Small vehicle less than 26,001 lbs, except school bus.
M: Motorcycle

ENDORSEMENTS -
NONE

RESTRICTIONS -
NONE

CHANGE OF ADDRESS. PRINT BELOW. PERMANENT INK.




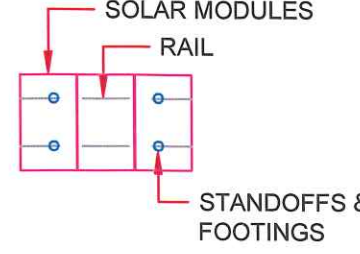




















SCOPE OF WORK

- **SYSTEM SIZE:** 2750W DC, 2400W AC
- **MODULES:** (10) REC SOLAR: REC 275TP
- **INVERTER(S):** (10) ENPHASE ENERGY: M250-60-2LL-S2X
- **RACKING:** SNAPRACK SERIES 100 UL; FLASHED L FOOT. SEE PEN DO1.

GENERAL NOTES

- ALL WORK SHALL COMPLY WITH 2014 NEC, 2009 IBC, MUNICIPAL CODE, AND ALL MANUFACTURERS' LISTINGS AND INSTALLATION INSTRUCTIONS.
- PHOTOVOLTAIC SYSTEM WILL COMPLY WITH 2014 NEC.
- ELECTRICAL SYSTEM GROUNDING WILL COMPLY WITH 2014 NEC.
- PHOTOVOLTAIC SYSTEM IS UNGROUNDED. NO CONDUCTORS ARE SOLIDLY GROUNDED IN THE INVERTER. SYSTEM COMPLIES WITH 690.35.
- MODULES CONFORM TO AND ARE LISTED UNDER UL 1703.
- INVERTER CONFORMS TO AND IS LISTED UNDER UL 1741.
- RACKING CONFORMS TO AND IS LISTED UNDER UL 2703.
- CONSTRUCTION FOREMAN TO PLACE CONDUIT RUN PER 690.31(E) AND 2012 IFC 605.11.2.
- ARRAY DC CONDUCTORS ARE SIZED FOR DERATED CURRENT.
- 9.4 AMPS MODULE SHORT CIRCUIT CURRENT.
- 14.68 AMPS DERATED SHORT CIRCUIT CURRENT (690.8 (a) & 690.8 (b)).

LEGEND AND ABBREVIATIONS

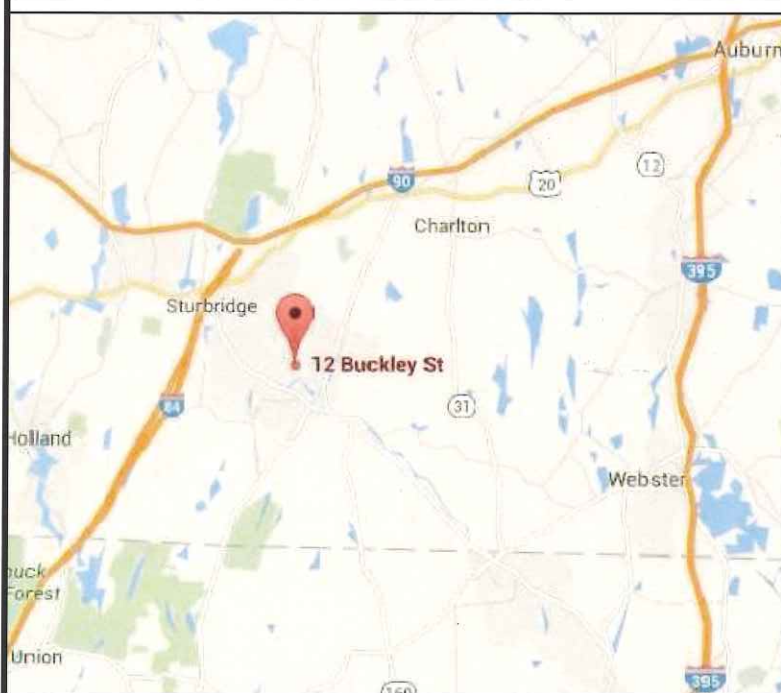
 SERVICE ENTRANCE	
 MAIN PANEL	STANDOFFS & FOOTINGS
 SUB-PANEL	 CHIMNEY
 PV LOAD CENTER	 ATTIC VENT
 SUNRUN METER	 FLUSH ATTIC VENT
 DEDICATED PV METER	 PVC PIPE VENT
 INVERTER(S) WITH INTEGRATED DC DISCONNECT AND AFCI	 METAL PIPE VENT
 AC DISCONNECT(S)	 T-VENT
 DC DISCONNECT(S)	 SATELLITE DISH
 COMBINER BOX	 FIRE SETBACKS
 INTERIOR EQUIPMENT SHOWN AS DASHED	 HARDSCAPE
	 - PL - PROPERTY LINE

SCALE: NTS

TABLE OF CONTENTS

PAGE #	DESCRIPTION
PV-1.0	COVER SHEET
PV-2.0	SITE PLAN
PV-3.0	LAYOUT
PV-4.0	ELECTRICAL
PV-5.0	SIGNAGE

VICINITY MAP



A	AMPERE
AC	ALTERNATING CURRENT
AFCI	ARC FAULT CIRCUIT INTERRUPTER
AZIM	AZIMUTH
COMP	COMPOSITION
DC	DIRECT CURRENT
(E)	EXISTING
EXT	EXTERIOR
FRM	FRAMING
INT	INTERIOR
LBW	LOAD BEARING WALL
MAG	MAGNETIC
MSP	MAIN SERVICE PANEL
(N)	NEW
NTS	NOT TO SCALE
OC	ON CENTER
PRE-FAB	PRE-FABRICATED
PSF	POUNDS PER SQUARE FOOT
PV	PHOTOVOLTAIC
TL	TRANSFORMERLESS
TYP	TYPICAL
V	VOLTS
W	WATTS

REV	NAME	DATE	COMMENTS
A			

SUNRUN

LICENSE NO. 750184

734 FOREST STREET #400, MARLBOROUGH, MA 01752
PHONE 888.657.6527
FAX 805.528.9701

CUSTOMER RESIDENCE:
TODD CARLSON
12 BUCKLEY ST,
SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052--00001

PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

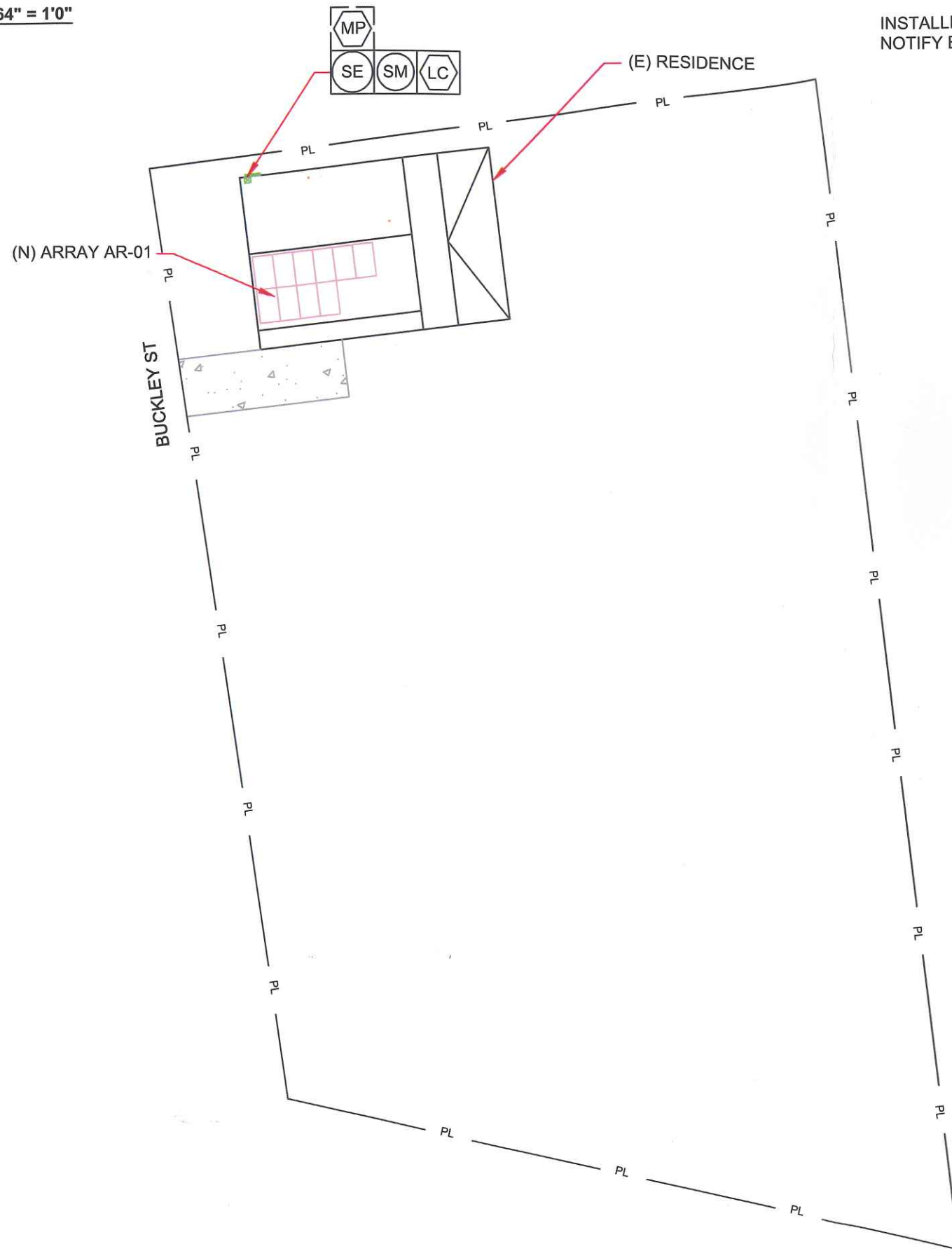
DRAFTER:
DI

SHEET
COVER SHEET

REV: A.2 12/2/2015

PAGE PV-1.0

SITE PLAN - SCALE = 3/64" = 1'0"



INSTALLERS TO VERIFY RAFTER SIZE, SPACING, UNSUPPORTED SPANS AND NOTIFY E.O.R OF ANY DISCREPANCIES BEFORE PROCEEDING.

	PITCH	TRUE AZIM	MAG AZIM	PV AREA (SQFT)
AR-01	34°	173°	159°	177.4



James A. Adams
 Expir. 06/30/2016

Stamped for Structural info only.

SUNRUN

LICENSE NO. 750184

734 FOREST STREET #400, MARLBOROUGH, MA 01752
 PHONE 888.657.6527
 FAX 805.528.9701

CUSTOMER RESIDENCE:
 TODD CARLSON
 12 BUCKLEY ST,
 SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052- -00001

PROJECT NUMBER:
 221R-012CARL

DESIGNER:
 LASZLO KURTA

DRAFTER:
 DI

SHEET
SITE PLAN

REV: A.2 12/2/2015

PAGE
 PV-2.0

	ROOF TYPE	ATTACHMENT	ROOF HEIGHT	ROOF EXPOSURE	FRAME MATERIAL	FRAME TYPE	FRAME SIZE	MAX FRAME SPAN	OC SPACING	ROOF EDGE ZONE	MAX RAIL SPAN	MAX RAIL OVERHANG	DESIGN CRITERIA
AR-01	COMP SHINGLE	FLASHED L FOOT. SEE PEN D01.	TWO STORY	ATTIC	WOOD	RAFTER	2x6.75	12' - 7"	24"	NO	4' - 0"	1' - 10"	MODULES: REC SOLAR: REC275TP MODULE DIMS: 65.5" x 39" x 1.5" MAX DISTRIBUTED LOAD: 3 PSF SNOW LOAD: 40 PSF WIND SPEED: 90 MPH 3-SEC GUST. LAG SCREWS: 5/16"x4.0": 2.5" MIN EMBEDMENT

D1 - AR-01 - SCALE: 3/8" = 1'

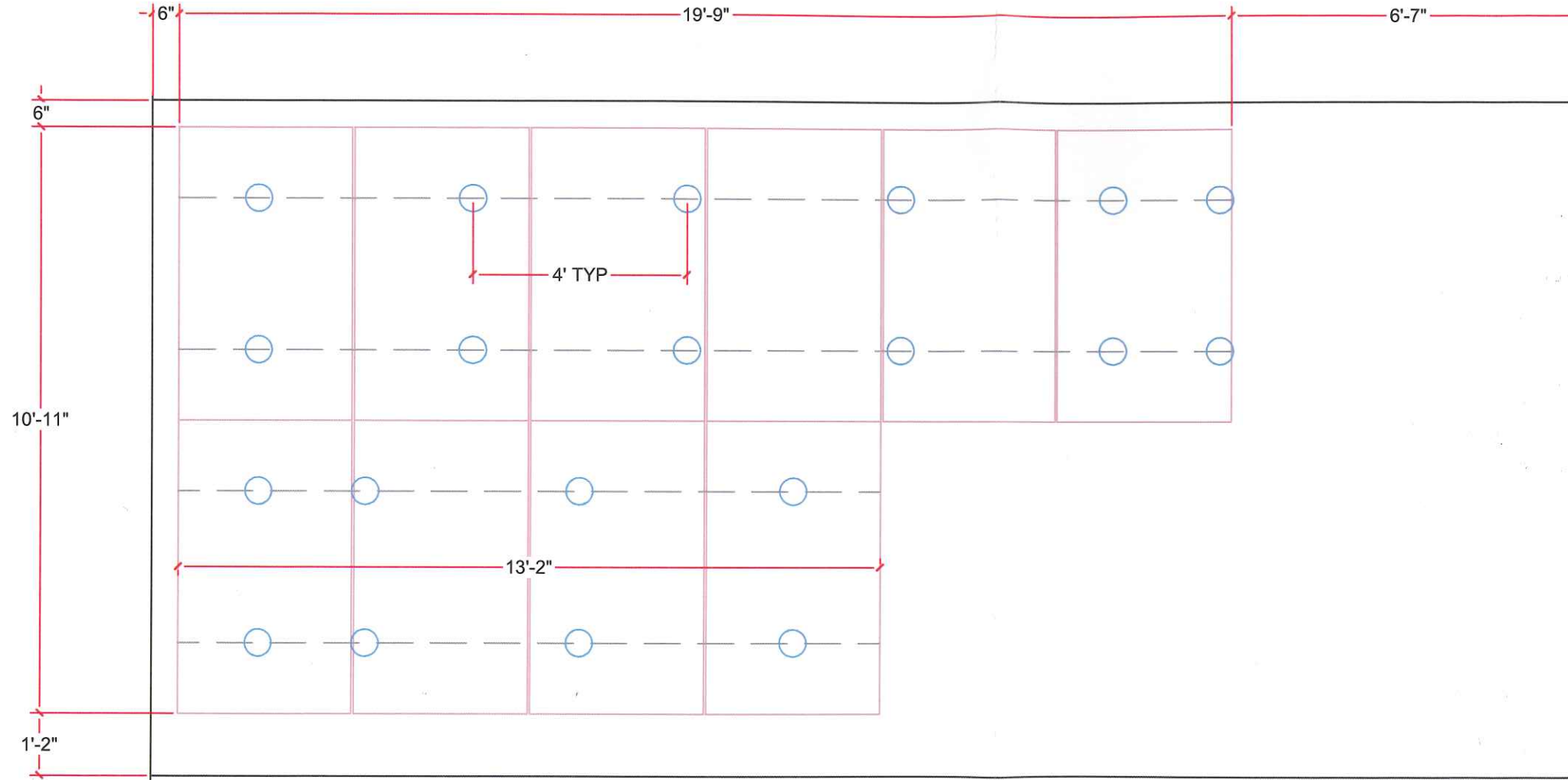
PITCH: 34°

AZIM: 173°



INSTALLERS TO VERIFY RAFTER SIZE, SPACING, UNSUPPORTED SPANS AND NOTIFY E.O.R OF ANY DISCREPANCIES BEFORE PROCEEDING.

PENETRATION SPACING:
STAGGERED



SUNRUN

LICENSE NO. 750184

734 FOREST STREET #400, MARLBOROUGH, MA 01752
 PHONE 888.657.6527
 FAX 805.528.9701

CUSTOMER RESIDENCE:
 TODD CARLSON
 12 BUCKLEY ST,
 SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052- -00001

PROJECT NUMBER:
 221R-012CARL

DESIGNER:
 LASZLO KURTA

DRAFTER:
 DI

SHEET
 LAYOUT

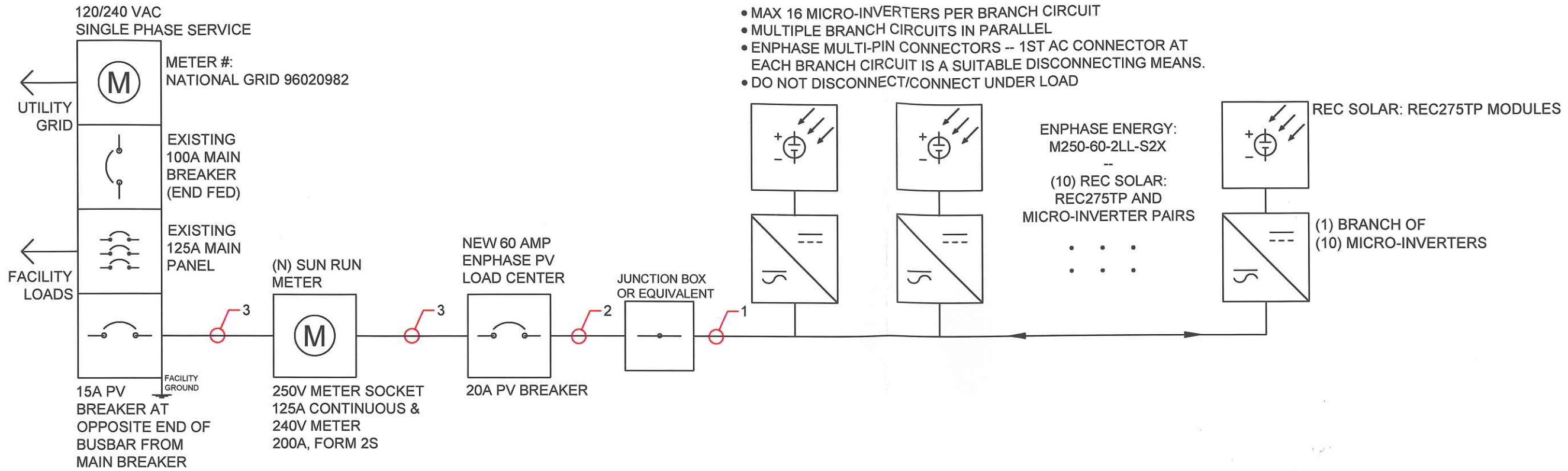
REV: A.2 12/2/2015

PAGE
 PV-3.0



Expir. 06/30/2016

Stamped for Structural info only.



NOTES TO INSTALLER:

1. ADD 60 AMP NEW ENPHASE PV LOAD CENTER WITH PRE-INSTALLED 20 AMP BREAKER.
2. ADD 15 AMP PV BREAKER TO MAIN PANEL.

CONDUIT SCHEDULE

#	CONDUIT	CONDUCTOR	NEUTRAL	GROUND
1	NONE	(2) 12 AWG ENGAGE CABLE	(1) 12 AWG ENGAGE CABLE	(1) 12 AWG ENGAGE CABLE
2	3/4" EMT OR EQUIV.	(2) 10 AWG THHN/THWN-2	(1) 10 AWG THHN/THWN-2	(1) 8 AWG THHN/THWN-2
3	3/4" EMT OR EQUIV.	(2) 10 AWG THHN/THWN-2	(1) 10 AWG THHN/THWN-2	(1) 8 AWG THHN/THWN-2

MODULE CHARACTERISTICS

REC SOLAR: REC275TP	275 W
OPEN CIRCUIT VOLTAGE	38.8 V
MAX POWER VOLTAGE	31.4 V
SHORT CIRCUIT CURRENT	9.4 A

SUNRUN

LICENSE NO. 750184

734 FOREST STREET #400, MARLBOROUGH, MA 01752
PHONE 888.657.6527
FAX 805.528.9701

CUSTOMER RESIDENCE:
TODD CARLSON
12 BUCKLEY ST,
SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052- -00001

PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

DRAFTER:
DI

SHEET
ELECTRICAL

REV: A.2 12/2/2015

PAGE PV-4.0

WARNING: PHOTOVOLTAIC POWER SOURCE

LABEL LOCATION:
(C)(CB)
PER CODE: NEC690.13.G.3 & NEC 690.13.G.4

PHOTOVOLTAIC SYSTEM EQUIPPED WITH RAPID SHUTDOWN

PER CODE: NEC690.56(C)

DC PHOTOVOLTAIC DISCONNECT

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC690.13.B

AC PHOTOVOLTAIC DISCONNECT

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.13.B

PHOTOVOLTAIC AC DISCONNECT
MAXIMUM AC OPERATING CURRENT A
MAXIMUM AC OPERATING VOLTAGE V

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.54

RATED MAXIMUM POWER-POINT CURRENT (Imp) A
RATED MAXIMUM POWER-POINT VOLTAGE (Vmp) V
MAXIMUM SYSTEM VOLTAGE (VOC) V
MAXIMUM CIRCUIT CURRENT (Isc) A

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC690.53

MAIN PHOTOVOLTAIC SYSTEM AC DISCONNECT

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.13.B

WARNING: PHOTOVOLTAIC POWER SOURCE
DO NOT REMOVE UNLESS REPLACED IN EXACT LOCATION-PHOTOVOLTAIC POWER SOURCE DIRECTLY BELOW

LABEL LOCATION:
(UNDER ROOFING MATERIAL)
PER CODE: NEC690.13.G.1

SOLAR DISCONNECT

LABEL LOCATION:
ON POWERONE INVERTER
PER CODE: NEC 690.15 AND NEC 690.13(B)

CAUTION: SOLAR ELECTRIC SYSTEM CONNECTED

DO NOT OPEN UNDER LOAD

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.16.B

DO NOT DISCONNECT UNDER LOAD

LABEL LOCATION:
(AC)
PER CODE: NEC690.33.E.2

CAUTION PHOTOVOLTAIC SYSTEM CIRCUIT IS BACKFED

LABEL LOCATION:
(INDIVIDUAL BREAKERS)
PER CODE: NEC705.12.D.3.4

PHOTOVOLTAIC DC DISCONNECT

LABEL LOCATION:
(DC) (INV)
PER CODE: IFC.60.11.3 IFC 605.11.1.4
NEC 690.15, NEC 690.13(B) & NEC 690.14C.2.

PHOTOVOLTAIC AC DISCONNECT

LABEL LOCATION:
(AC) PER CODE: 690.13.B

WARNING
THIS EQUIPMENT FED BY MULTIPLE SOURCE TOTAL RATING OF OVER CURRENT DEVICES, EXCLUDING MAIN SUPPLY OVERCURRENT DEVICE SHALL NOT EXCEED AMPACITY OF BUSBAR

PER CODE: 705.12(D)(2)

WARNING
ELECTRIC SHOCK HAZARD
THE DC CONDUCTORS OF THIS PHOTOVOLTAIC SYSTEM ARE UNGROUNDED AND MAY BE ENERGIZED

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC 690.35(F) TO BE USED WHEN INVERTER IS UNGROUNDED

WARNING
TURN OFF PHOTOVOLTAIC AC DISCONNECT PRIOR TO WORKING INSIDE PANEL

LABEL LOCATION:
(D) (AC) (CB)
PER CODE: NEC110.27(C)

WARNING
ELECTRIC SHOCK HAZARD
DO NOT TOUCH TERMINALS TERMINALS ON BOTH LINE AND LOAD SIDES MAY BE ENERGIZED IN THE OPEN POSITION
DC VOLTAGE IS ALWAYS PRESENT WHEN SOLAR MODULES ARE EXPOSED TO SUNLIGHT

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC 690.17.E

WARNING
INVERTER OUTPUT CONNECTION
DO NOT RELOCATE THIS OVERCURRENT DEVICE

LABEL LOCATION:
(POI)
PER CODE: NEC 705.12.D.2

WARNING
ELECTRIC SHOCK HAZARD
DO NOT TOUCH TERMINALS TERMINALS ON BOTH LINE AND LOAD SIDES MAY BE ENERGIZED IN THE OPEN POSITION

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC 690.17.E

LEGEND
(AC): AC Disconnect
(C): Conduit
(CB) Combiner Box
(D) Distribution Panel
(DC): DC Disconnect
(IC): Interior Run Conduit
(INV): Inverter with integrated DC disconnect
(LC): Load Center
(M): Utility Meter
(POI): Point of interconnection

SUNRUN

LICENSE NO. 750184

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PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

DRAFTER:
DI

SHEET
SIGNAGE

REV: A.2 12/2/2015

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