

Proj	perty 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: SOUTHBRIDGE, 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 proper 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 Lienable 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 inclided in the Real Estate Property Taxes.

APPLICATION FOR BUILDING PERMIT

PERMIT FEE	41 Elm Street thbridge, MA 01550 Tel.: 764-5412 $\overline{\mathcal{O}}$
OWNERS NAME John Trumpalt address 12 Buckley 5t. Tel PROJECT LOCATION 12 Buckley 5t MAP 20 LOT GENERAL CONTRACTOR TOdd A- Eth rer address 200 Morry 5t Tel	52 764-2293
ZONING SF2FMFRBGBLIHIOTHER PROPOSED USE TYPE OF IMPROVEMENT <u>New Roof 9 /6'× 20' deck</u> LOT SIZEFRONTAGE ON PUBLIC WAYSET BACK: FRONTLEFTRIGHT	
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 X ESTIMATED COST OF CONSTRUCTION $11,000.$ (Must be filled out)	
REMARKS: ROOF Repain / Deck.	5
 STATEMENT OF APPLICANT THE UNDERSIGNED HEREBY CERTIFIES THAT THE PROPOSED WORK WILL BE DONE IN ACCORDANCE WITH 780 CMR MASSACHUSE CODE, WITH REGULATIONS ADOPTED BY THE TOWN OF SOUTHBRIDGE AND STATE DEQE. APPLICATION FOR THE PERMIT SHALL BE ACCOMPANIED BY A PLOT PLAN SHOWING DIMENSIONS OF LOT AND BUILDING, FREMEASUREMENTS FROM BOUNDARY AND STREET LINES AND LOCATION OF SEPTIC SYSTEM AND WELL. APPLICATION FOR PERMIT. SHALL BE ACCOMPANIED BY ONE SET OF PLANS AND SPECS DRAWN TO SCALE, WITH SUFFICIENT OF DIMENSIONS TO SHOW NATURE AND CHARACTER OF WORK TO BE PERFORMED. NO WORK WILL BE STARTED BEFORE BUILDING PERMIT CARD IS POSTED OR CONTINUED IF PERMIT CARD IS DESTROYED OR LOSS. PERMIT IS VOID IF JOB IS NOT STARTED WITHIN 6 MONTHS OF APPLICATION DATE. 	ONT, SIDE AND REAR
HOME IMPROVEMENT CONTRACTOR NO. 123947 LICENSED CONSTRUCTION SUPERVISOR NO. 047396 NAME Todd A. Ethier ADDRESS 200 Marcy St, 56997, MA BUILDING OFFICIAL	ίΤ

PREMISES NOT TO BE OCCUPIED UNTIL OCCUPANCY PERMIT ISSUED



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 SUNTUN Installation \$181.09
One Hundred Cighty One DOLLARS
OFOR RENT B-274 & FL/0/28 12 Buckley St. 04# OFOR 2211038
ACCOUNT CCHECK FROM TO 1/3/19
BAL. DUE ORDER CREDIT BAL. DUE BY 3-1

FEE \$ 8/. 00	PERMIT Nº 10128 OFFICE OF INSPECTOR OF WIRES Southbridge, MA DATE 1/5/1/6
Permission is Solar 1 M	shereby granted to <u>Nathan Ashe</u> To commence work at <u>12 Buckley</u> St. Owned by <u>Todd Carlson</u> Occupied by <u>W. Libson Jap</u> INSPECTOR OF WIRES

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4	-1-

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



Permit No: B-274

THIS CERTIFIES THAT: Todd Carlson

Has permission to : Install solar panels as per plan

Situated on: 12 Buckly Street

The person accepting this permit shall in every respect conform to the terms of the ápplication 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

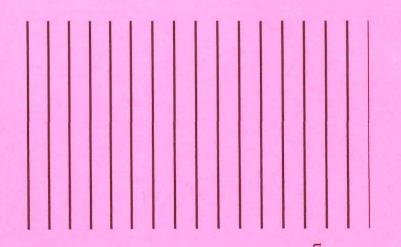
upon return of this card with all required signatures.

Gas

12-31-15

Date:

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



Nick Tortis

Inspector of Buildings/Building Commissioner

			41 Eh hbridge	, MA 01:	550	r. Reno	vate Or	
		wo-Fam				THE COL		
· · · · · · · · · · · · · · · · · · ·		This Sec	tion For (Official U	se Only			~
Building Permit Number	er: <u>B-2</u>	74	D	ate Appli	ed:	1		- MEDEN
Nick Tortis Building Official				Signature	AR	(12/31/1 No.
		SECTION					'Ou	Cr. Src
1.1 Property Address: 12 Buckley St.So 1.1a Is this an accepted	outhbridge, I	/) _	.2 Assess	02		cel Number <u>25</u> Parcel Nur	2 891
1.1a Is this an accepted 1.3 Zoning Information		no		.4 Prope		ensions		
2.F	R	<u> </u>	.]	~ ***	State of the second sec			<u> </u>
	Proposed Use	/		ot Area (so	μ #)		Frontage (ft)
1.5 Building Setbacks Front Yard			Side Y	ards			Ra	ar Yard
	Provided	Requi		Provided		Required		Provided
1.6 Water Supply: (M.G.L c. 40, §54) 1.7 Flood Z Public Z Private □ Zone:			Outside Flood Zone? N Check if yes			Munici		sal System:
2.1 Owner ¹ of Record		ECTION 2:	PROPE	ERTY OV	VNERS	HIP	<u></u>	
Todd Carlson	•			Southbri	dge, M	a.0155	50 .	
Name (Print)				ty, State, Z 08-523-			dd-107@	
12 Buckley st. No. and Street	·····			Telepho		<u>.</u>		gmail.com
SEC	TION 3: DESC	RIPTION	OF PRO		- <u></u> i	(check	all that app	oly)
		1		er-Occupied \mathbf{x} Repairs(s) \Box Alteration(s) \mathbf{x} Addition \Box				
	Accessory Bldg		nber of U	. (°				ooftop Solar
	oposed Work ² :							
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ickley St. J SECTION 5: CONSTRUCT	ION SERV	/ICES	
5.1 Construction Supervisor License (CSL)			
Stephen A. Kelly	CS-04		
Name of CSL Holder	License Nu	r i	ion Date
	List CSL T	ype (see below)U	
734 Forest st #400	Туре	Descrip	otion
•	U	Unrestricted (Buildings	
Marlborough, Ma. 01752 City/Town, State, ZIP	R	Restricted 1&2 Family	Dwelling
	M RC	Masonry Descare Constraint	.'.
Staphen A. Zelly	WS	Roofing Covering Window and Siding	
	SF	Solid Fuel Burning App	liances
978-793-7881 stephen.kelly @sunrun.com	I	Insulation	
Telephone Email address	D	Demolition	
5.2 Registered Home Improvement Contractor (HIC)		180120	10/14/
Sunrun Installation Services Inc.	<u></u>	IC Registration Number	Expiration
HIC Company Name or HIC Registrant Name		. –	-
<u>734 Forest st #400</u> No. and Street		stephen.kelly@	
Marlborough, Ma. 01752 978-549-9438		Email add	liess
City/Town, State, ZIP Telephone			
SECTION 6: WORKERS' COMPENSATION INSURA	NCE AFF	DAVIT (M.G.L. c. 152	2. § 25C(6))
this affidavit will result in the denial of the Issuance of the building Signed Affidavit Attached? Yes No SECTION 7a: OWNER AUTHORIZATION	🗆 N TO BE C		11/10/07/07/10/07/10/07/10/07/07/10/07/07/07/07/07/07/07/07/07/07/07/07/07
OWNER'S AGENT OR CONTRACTOR APP	PLIES FOI	R BUILDING PERMI	<u>T</u>
I, as Owner of the subject property, hereby authorize Sunrun I	Installatior	n Services Inc.	
to act on my behalf, in all matters relative to work authorized by th	nis building	permit application.	
́ ;			
Todd Carlson			
Print Owner's Name (Electronic Signature)	· · · · ·		Date
SECTION 7b: OWNER ¹ OR AUTHORIZ	ED AGEN	T DECLARATION	
	-		ormation
By entering my name below, I hereby attest under the pains and pe	rnowledge	and understanding.	
contained in this application is true and accurate to the best of my l	Knowledge		
	Kilowicuge	12.17.1	015
contained in this application is true and accurate to the best of my l		12.17.2	015 Date
contained in this application is true and accurate to the best of my l Stephen A. Kelly Print Owner's or Authorized Agent's Name (Electronic Signature) NOTES:			Date
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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 #: 978-549-9	9438
Are you an employer? Check the appropriate box: 1. ✓ I am a employer with 35employees (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
*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation [†] Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors [‡] Contractors that check this box must attached an additional sheet showing the name of the sub-contractors a employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.	must submit a new affidavit indicating such.

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 G' Lelly	Date: 12-17.2015
Phone #: 978-549-9438	
Official use only. Do not write in this are	ea, to be completed by city or town official.
City or Town:	Permit/License #
Issuing Authority (circle one):	and 2 City/Frame Clash 4 El 4 ' 11 (# DI 1' 1 K
6. Other	nent 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
Contact Person:	Phone #:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/8/2015

L

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 the terms and conditions of the policy, certificate holder in lieu of such endors	certa	lîn p	olicies may require an end	olicy(lorse	ies) must be ment. A sta	e endorsed. tement on th	If SUBROGATION IS WAIVED, subject to is certificate does not confer rights to the			
PRODUCER			CONTACT NAME:							
Arthur J. Gallagher & Co. Insurance Brokers of CA. 1255 Battery Street #450					, _{Ext):} 415-54	46-9300	FAX (A/C, No): 415-536-8499			
San Francisco CA 94111			1 E	-MAIL			• · · · · · · · · · · · · · · · · · · ·			
					INS	URER(S) AFFO	RDING COVERAGE NAIC #			
					INSURER A : Zurich American Insurance Company 16535					
INSURED SUNRINC-01					INSURER B :					
Sunrun Installation Services Inc. 775 Fiero Lane, Suite 200					RC:					
San Luis Obispo, CA 93401			IN	SURE	RD:					
-			<u>IN</u>	SURE	RE:					
				SURE	RF:					
			NUMBER: 339705216	DEE	N ISSUED TO		REVISION NUMBER: ED NAMED ABOVE FOR THE POLICY PERIOD			
INDICATED. NOTWITHSTANDING ANY RE	QUIRE	EMEI NN,	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED	F AN BY	CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO WHICH THIS D HEREIN IS SUBJECT TO ALL THE TERMS,			
		UBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
COMMERCIAL GENERAL LIABILITY	11450	<u>uvu</u>					EACH OCCURRENCE \$			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
							MED EXP (Any one person) \$			
							PERSONAL & ADV INJURY \$			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$			
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
OTHER:							\$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$			
ANY AUTO						1	BODILY INJURY (Per person) \$			
ALL OWNED SCHEDULED			•			an Alamana ang karang	BODILY INJURY (Per accident) \$			
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UMBRELLA LIAB OCCUR						1.	EACH OCCURRENCE \$			
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DED RETENTION \$						and and an and a second se	\$			
A WORKERS COMPENSATION A AND EMPLOYERS' LIABILITY		Y	WC013696001		10/1/2015	10/1/2016	X PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC013696101	Ī	10/1/2015	10/1/2016	E.L. EACH ACCIDENT \$1,000,000			
(Mandatory in NH)	NIA						E.L. DISEASE - EA EMPLOYEE \$1,000,000			
If yes, describe under DESCRIPTION OF OPERATIONS below	ĺ			. 1	. •		E.L. DISEASE - POLICY LIMIT \$1,000,000			
					· .					
							ж ^и			
				· ·	х.					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) WC013696001 - \$25,000 Deductible; WC013696101 - FL, HI, MA, NJ, NY, OR, VA, WI only. Evidence of Insurance										
CERTIFICATE HOLDER			C	ANC	ELLATION					
Town of Southbridge 41 Elm St Southbridge MA 01550 USA					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				Би		<i>i</i> l				
					© 19	38-2014 ACC	ORD CORPORATION. All rights reserved			

The ACORD name and logo are registered marks of ACORD



The Commonwealth of Massachusetts Office of Consumer Affairs and Business Regulation 10 Park Plaza - Suite 5170 Boston, Massachusetts 02116 Home Improvement Contractor Registration	SUNRUN INSTALLATION SERVICES INC. STEPHEN KELLY 775 FIERO LANE SUITE 200 SAN LUIS OBISPO, CA 93401 Update Address and return card. Mark reason for change. Interval I Employment I Lost Card	The Commonwells of Masseless Regulation License or registration valid for individul use only Office of Consumer Affairs & Business Regulation License or registration valid for individul use only Model Image: Superior Image: Superior Met KellY Supplement Card Defore the expiration date. If found return to: Met Normacination Boston, MA 02116 Defore the expiration date. If found return to: Met Normacination Boston, MA 02116 Defore the expiration date. If found return to: UN INSTALLATION SERVICES INC. Supplement Card Boston, MA 02116 HEN KELLY Met Kell Met Massell HEN KELLY Modersecretary Mot valid without signature
Contraction of the second seco	SUNRUN IN STEPHEN P 775 FIERO L SAN LUIS O SCA1 © 200-05/1	0 or L atil P Co



Sunrun Inc. 1.855.4SUNRUN sunrun.com

CSLB #969975, NJ#13VH07020300

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	U.
Solar Project Addres	SpocuSigned by:	
Signature:	DO2E0GA19D7E404	
Signature:	POZEBGA19D7E404	

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



DATE: 12-02-2015/Rev G

FOR: Sunrun 775 Fiero Lane Suite #200 San Luis Obispo, 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.

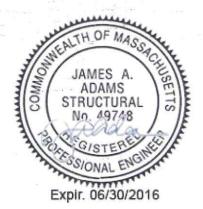
Our analysis was based on the following design criteria:

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.



Digitally Signed by James A. Adams, S.E. Date: 2015.12.05 14:37:49 -0800 Date of Report: Data Input by: Contact Phone: 805-540-7668

12-02-2015/Rev G Laszlo Kurta Contact E-mail: laszlo.kurta@sunrunhome.com

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 Name: Todd Carlson Residence Job Number: 221R-012CARL Job Address:

12 Buckley St Southbridge, MA 01550

Job Information

Data Input By: Job Number: Job Name: Job Address: City, State:

Laszlo Kurta 221R-012CARL Todd Carlson Residence 12 Buckley St Southbridge, MA 01550

Current Input Data

Payment Method Invoice Roof Type CollarTies Ceiling Type 1/2 gyp. Bd. **Collar Tie Space** 24 Coverage % 16 2x6FS@24 Frame Size 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

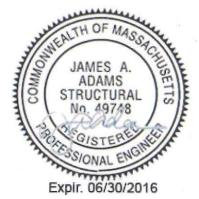
Note: For ASCE 7-10, wind includes (0.6) factor, in loading combinations.

STRUCTURAL CALCULATIONS for PV INSTALLATION



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

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



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 COM	s. #1:	WIND UPLIFT - 0.6DL SOLAR AT STANDOFF (CD=1.6)	Zone 2
	•	LOADING COM	a. #2:	DL RF + DL SOLAR + RF LL (CD=1.25).	
,	•	LOADING COM	a. #3:	DL RF + DL SOLAR + WIND DOWN (CD=1.6).	Zone 1
	•	LOADING COM	a. #4:	DL RF + DL SOLAR + SNOW (CD=1.15).	
	•	LOADING COM	a. #5:	DL RF + DL SOLAR +.75WIND +.75SNOW (CD=1.6)	Zone 1
	•	LOADING COM	a. #6:	CHECK SEISMIC FOR SECT. 3404.4 ALTERATIONS.	
		LOADING COM	a. #7:	(0.6)(DL RF + DL SOLAR) + WIND UP (CD=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 (Cd=1.6)	ZONE 2
٠	LOADING COMB.	#2: DL RF + DL SOLAR + RF LL (CD=1.25).	
	LOADING COMB.	#3: DL RF + DL SOLAR + (0.6)WIND DOWN (CD=1.6)	ZONE 1
•	LOADING COMB.	#4: DL RF + DL SOLAR + SNOW (CD=1.15)	
٠	LOADING COMB.	#5: DL RF + DL Solar +.75(0.6)Wind +.75Snow (Cd=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) (CD=1.6)	ZONE 1

REFERENCES: NJ, NDS LATEST EDITION

Duration Factors	Section Modules	Size Form Factor
Cd _{Wind} := 1.6	S _{2X2} := 0.563 S _{4X4} := 7.150	Cf _{2x2} := 1.5 Cf _{4x4} := 1.5
Cd _{snow} := 1.15	S2X4 := 3.063 S4X6 := 17.650	Cf _{2x4} := 1.5 Cf _{4x6} := 1.3
Cd _{DL} := 0.9	S2X6 := 7.563 S4X8 := 30.660	Cf _{2x6} := 1.3 Cf _{4x8} := 1.3
Cd _{LL} := 1.25	S _{2X8} := 13.14 S _{4X10} := 49.900	Cf _{2x8} := 1.2 Cf _{4x10} := 1.2
	S _{2X10} := 21.39 S _{4X12} := 73.800	Cf _{2x10} := 1.1 Cf _{4x12} := 1.1
Fb := 1000.00 psi	S _{2X12} := 31.64	Cf _{2x12} := 1.0

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. Sect. 6.5.7.2, pg. 26	1.0
CLS	1.00

COMPONENTS AND (LLADDING
------------------	----------

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

al half a significant

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

LOADING COMBINATION #1: WIND UPLIFT CONNECTION TO RAFTER - ZONE 2	
	1
$P_1 := TA \times (P_{up} - 6 \times DL_{Solar} \times cos(\Theta) \text{ uplift}$	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
$\% := \frac{W \times 100}{P}$	416.59
P_1 << 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) Table 3 (The Moment Factor "a" for Zep or similar system)

.

	Stag	ggered	Unstaggered		1	Stag	gered	Unstaggered	
Length	Portrait	Landscape	Portrait	Landscape	Length	Portrait	Landscape	Portrait	Landscape
L = 4'	4.00	4.00	4.00	2.91	L = 4"	5.00	5.00	5.00	5.0
L = 5'	4.00	3.50	3.72	2.50	L = 5"	5.00	5.00	5.00	5.0
L = 6'	4.00	3.00	3.43	2.09	L = 6'	5.00	5.00	5.00	5.0
L = 7'	3.60	2.84	2.95	1.83	L = 7'	4.50	4.50	4.50	4.1
L = 8'	3.20	2.67	2.46	1.56	L = 8'	4.00	4.00	4.00	3.3
L = 9'	3.03	2.59	2.34	1.44	L = 9'	4.00	4.00	4.00	3.1
L = 10'	2.86	2.50	2.22	1.31	L = 10'	4.00	4.00	4.00	2.8
L = 11'	2.77	2.25	2.04	1.19	L = 11'	4.00	4.00	3.70	2.4
L = 12'	2.67	2.00	1.85	1.07	L = 12'	4.00	4.00	3.39	2.0
L = 13'	2.61	1.88	1.74	0.90	L = 13'	4.00	3.87	3.35	1.9
L = 14'	2.55	1.75	1.62	0.92	L = 14'	4.00	3.73	3.30	1.8
L = 15'	2.51	1.68	1.50	0.86	L = 15'	4.00	3.32	2.88	1.7
L = 16'	2.46	1.60	1.38	0.81	L = 16'	4.00	2.90	2.46	1.6
L = 17'	2.43	1.45	1.31	0.76	L = 17'	4.00	2.74	2.36	1.5
L = 18'	2.40	1.29	1.23	0.72	L = 18'	4.00	2.57	2.25	1.43
L = 19'	2.38	1.24	1.17	0.68	L = 19'	4.00	2.46	2.18	1.3
L = 20'	2.35	1.18	1.11	0.65	L = 20'	4.00	2.35	2.11	1.30
L = 21'	2.22	1.14	1.06	0.62	L = 21'	4.00	2.28	2.06	1.2
L = 22'	2.09	1.10	1.00	0.59	L = 22'	4.00	2.20	2.00	1.2

COMBINATION #2:	DL	$R_F + DL Solar + R_F LL (CD=1.25)$ with LL=	15.91 psf
w:=LLxs plf	(plf) := 31.81	$P := TA \times DL_{Solar}$	33.00
$\mathbf{e} := \frac{(\mathbf{L} - 5.5)}{2}$	(ft) := 3.54	$\mathbf{M}_{\text{DL}} := \left(\mathbf{w}_{\text{DL}_{\text{tc}}} \times \frac{\mathbf{L}^2}{8} + \mathbf{P}_{\text{sp}} \times \frac{\mathbf{L}}{a} \right) \times \cos(\theta)$	327.80
For Spans < 10.0 ft	LL LL	$M_{LL} := \frac{\left[\left(w \times \frac{3}{2 \times L} \right) \times (2 \times L - 3) \right]^2 \times \cos(\theta)}{2 \times w}$	NA
For Spans = >10.0 ft	u u	$M_{LL} := \frac{\left[\frac{\left[w \times c \times (2 \times L - c) + w \times c^{2}\right]}{2 \times L}\right]^{2} \times \cos(\theta)}{2 \times w}$	165.39
$M{:=}\ M_{\tt DL} + M_{\tt LL}$	(lb-ft) := 493.18	$\mathbf{S}_{\mathbf{r}} := \mathbf{M} \times \frac{12}{\mathbf{Fb} \times \mathbf{Cd}_{\mathbf{LL}} \times \mathbf{Cf}_{\mathbf{X}} \times \mathbf{C}_{\mathbf{r}} \times \mathbf{C}_{\mathbf{LS}}}$	3.1
$\% := \frac{s_x}{s_r} \times 100$	< IF EQUAL TO OR MORE	e than 100% Code Compliant, OK!	378.9
COMBINATION #3:	ZONE 1	DL RF + DL SOLAR + WIND DOWN (CD=1	.6)
	$DL_{Solar} \times cos(\theta)$		137.3
$M_3 := \left(wDL_{tc} \times \frac{L^2}{8} \right)$	\rightarrow $\times \cos(\theta \times deg) + P_{.3} \times$	L a	846.2
$Sr:=M_3 \times \frac{1}{Fb \times C}$	$\frac{12}{d_{Wind} \times Cf_{X} \times C_{r} \times C}$	C _{LS}	4.2
$S_{v} \times 100$		e than 100% Code Compliant, OK!	282.6

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

S = Sloped Roof Snow Load (psf)	26.00
$P_4 := TA \times (S + DL_{Solar})$	319.00
$\mathbf{M}_{4} := \left(\mathbf{w} \mathbf{D} \mathbf{L}_{\mathbf{t} \mathbf{c}} \times \frac{\mathbf{L}^{2}}{8} + \mathbf{P}_{4} \times \frac{\mathbf{L}}{\mathbf{a}} \right) \times \cos\left(\theta\right)$	1445.21
$\mathtt{Sr} \coloneqq \mathtt{M}_{4} \times \frac{\mathtt{12}}{\mathtt{Fb} \times \mathtt{Cd}_{\mathtt{Snow}} \times \mathtt{Cf}_{\mathtt{X}} \times \mathtt{C}_{\mathtt{\Gamma}} \times \mathtt{C}_{\mathtt{LS}}}$	10.09
$S_{x} \times 100$	119.06

 $\% := \frac{\Lambda}{Sr}$ << If equal to or more than 100% Code Compliant, OK! 118.96

•

26.00

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	(Cp=1.6)
-------------------------	--------	------------------------------------	----------

S = Sloped Roof Snow Load (psf)

$$P_{5} = TA \times \left(.75 \times S + DL_{Solar}\right) \times \cos(\theta) + \left(TA \times .75 \times p_{dn}\right)$$

$$(287.69)$$

$$M_{5} := \left(wDL_{tc} \times \frac{L}{8} + P_{5} \times \frac{L}{a} \right) \times \cos(\theta)$$
1554.65

$$S_{r} := M_{5} \times \frac{100}{Fb \times Cd_{Wind} \times Cf_{x} \times C_{r} \times C_{LS}}$$

$$% := \frac{S_{x} \times 100}{Sr} \quad << \text{ If equal to or more than 100% Code Compliant, OK!}$$
153.86

LOADING COMBINATION #6: CHECK SEISMIC LOADING:

ExistingDL := DL_{Rf} + WallsWalls := 5.5 psf14.91ProposedDL := ExistingDL + $DL_{Solar} \times C$ 15.39SeismicIncrease := $100 \times \left(\frac{ProposedDL}{ExistingDL}\right) - 100$ 3.22<< IF EQUAL TO OR LESS THAN 10% CODE COMPLIANT, OK!</td>

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.

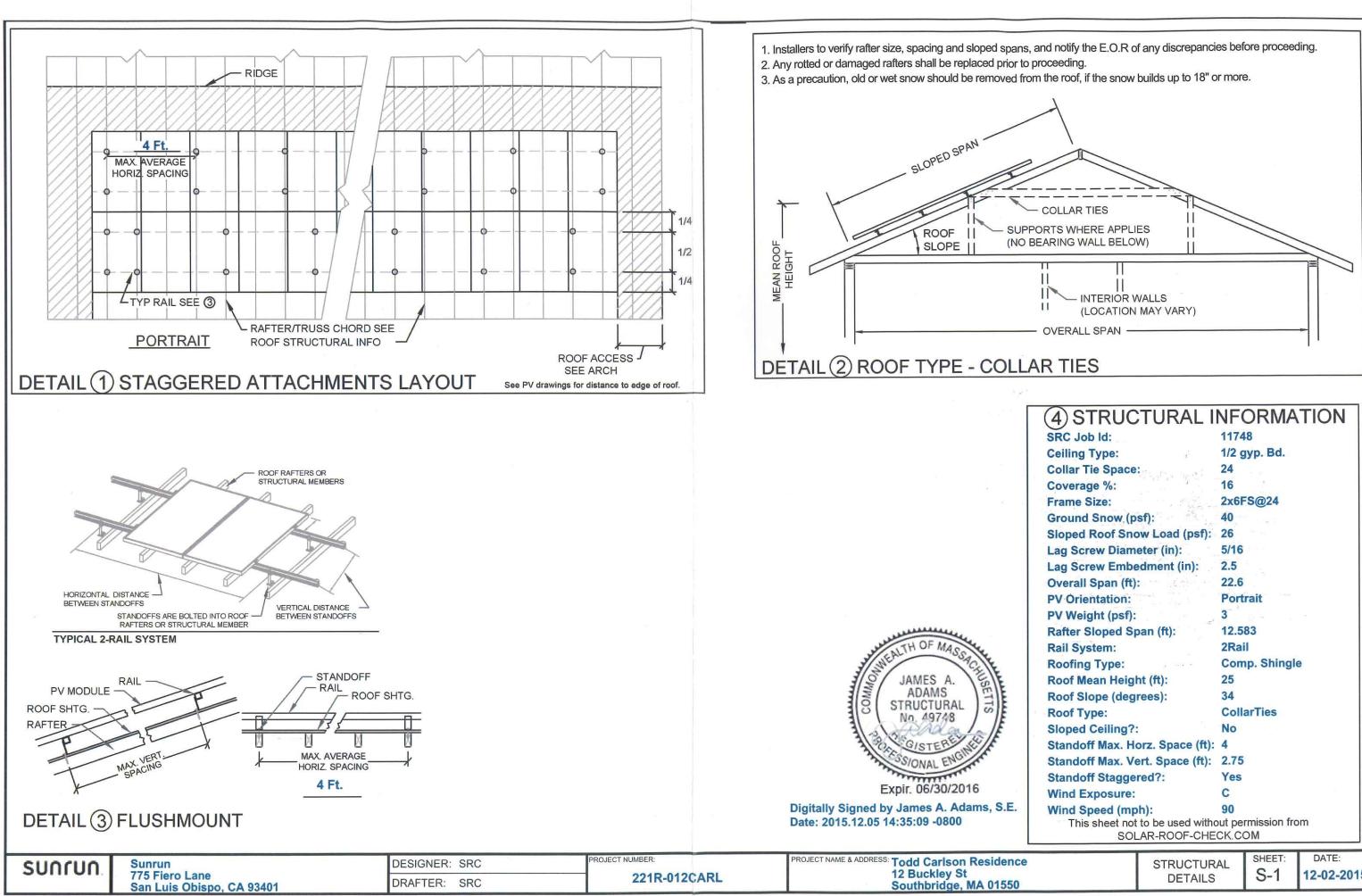
Alterations do not create structural irregularities.

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

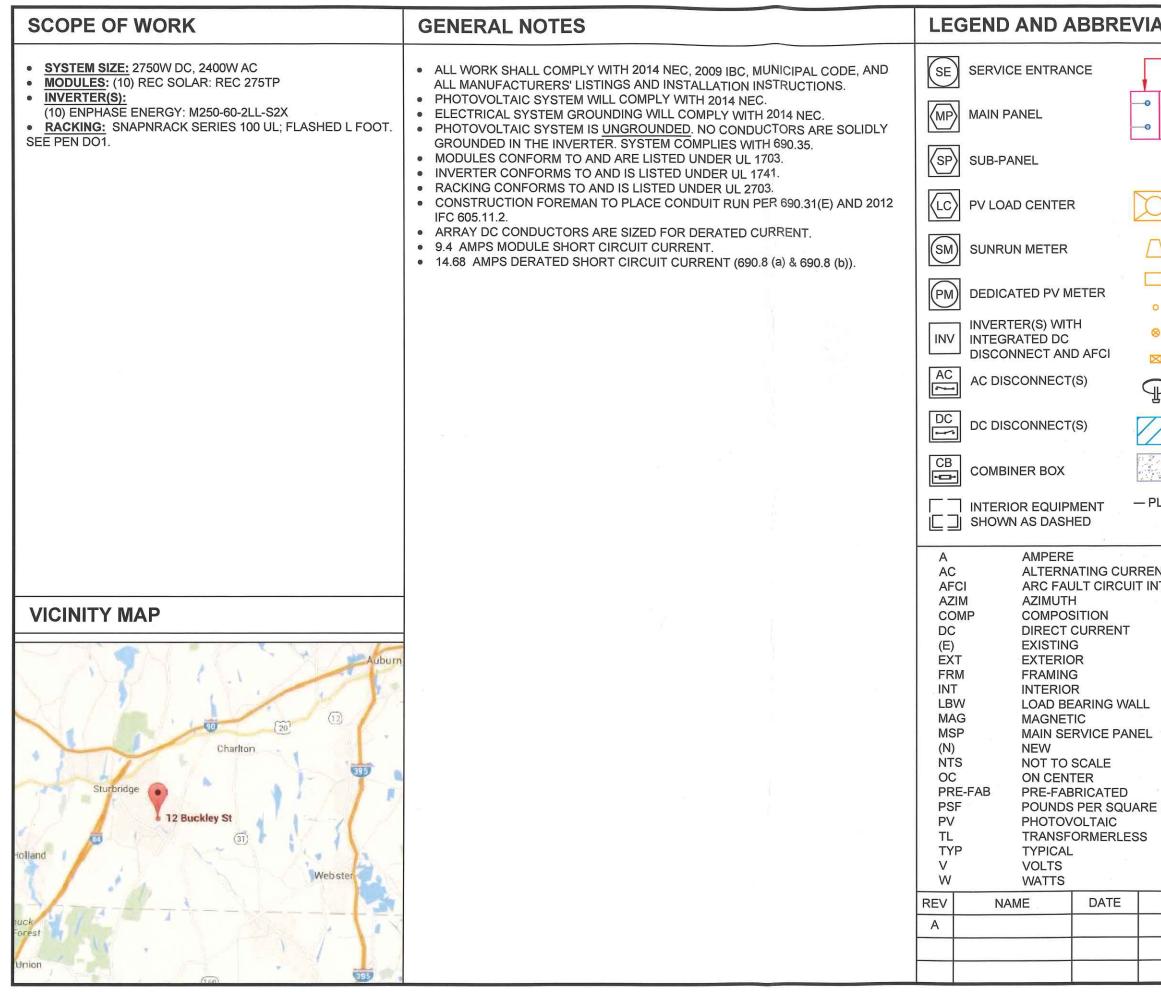
LOADING COMBINATION #7:	ZONE 1	(0.6)(DL RF + DL SOLAR) + WIND UP	(Cp=1.6)
$P_7 := TA \times (p_{up} - 0.6 \times DL_{So})$	$\operatorname{lar} \times \cos(\theta)$		188.52
$\mathbf{M_7} := \left(\mathbf{P_7} \times \frac{\mathbf{L}}{\mathbf{a}} \right) - \mathbf{w} \mathbf{D} \mathbf{L_{tc}}$	$\times \frac{L^2}{8} \times \cos($	θ)	769.10
$S_T := M_7 \times \frac{1}{Fb \times Cd_{Wind}}$	$\frac{12}{Cf_X \times C_\Gamma}$	× C _{LS}	3.86
% := $\frac{S_x \times 100}{Sr}$ << If equa	L TO OR MORE	THAN 100% CODE COMPLIANT, OK!	311.01

LIMITS OF SCOPE OF WORK AND LIABILITY

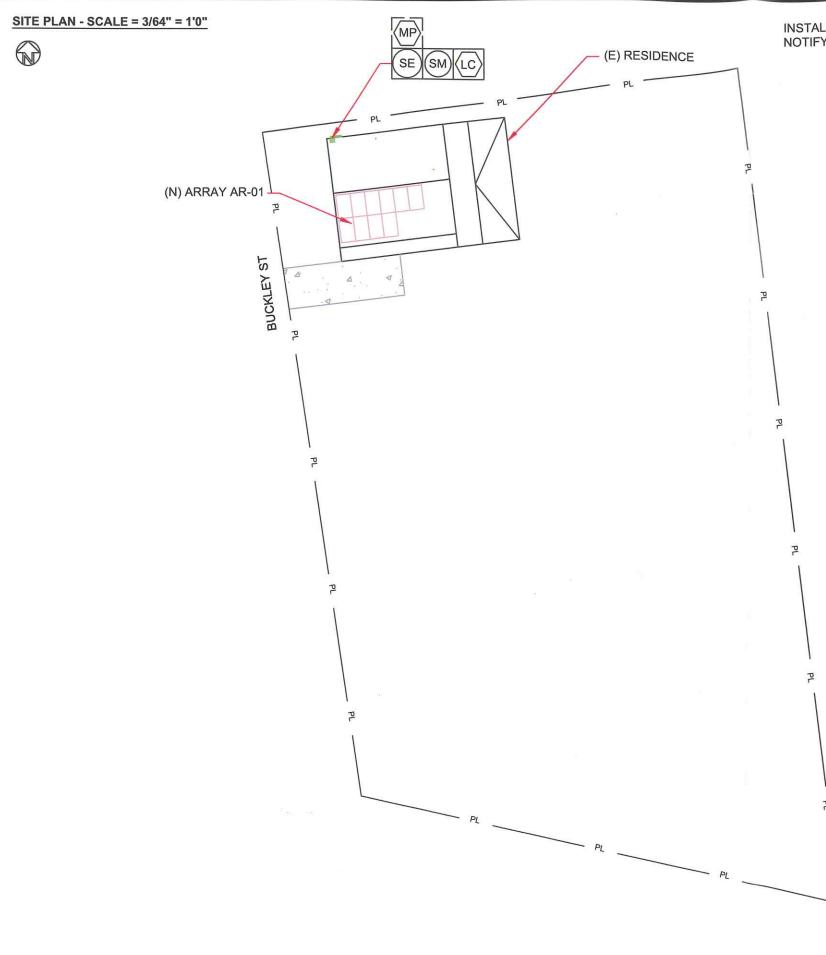
Existing deficiencies which are unknown and not observable due to their being concealed inside walls, or sandwiched behind gypsum board ceilings at the time of inspection are not included in this scope of work. These calculations are for the roof framing which supports the new PV modules. These calculations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



_			_		
	(4) STRUC	TURAL I	NF	ORMA	TION
	SRC Job Id:		1174	8	
	Ceiling Type:	at	1/2 g	yp. Bd.	
	Collar Tie Space	teres and shared	24		
	Coverage %:		16	1	
	Frame Size:		2x6F	S@24	
	Ground Snow, (p	sf):	40	1.1	
	Sloped Roof Sno	ow Load (psf):	26		
	Lag Screw Diam	eter (in):	5/16		
	Lag Screw Embe	edment (in):	2.5		
	Overall Span (ft)	and the second	22.6		
	PV Orientation:	and the first	Port	rait	
	PV Weight (psf):		3	11 × 1	
	Rafter Sloped Sp	pan (ft):	12.5	83	
	Rail System:		2Rai	il	
	Roofing Type:	g - 124 - 1	Comp. Shingle		
	Roof Mean Heig	ht (ft):	25		
	Roof Slope (deg	rees):	34		
	Roof Type:		Coll	arTies	
	Sloped Ceiling?	1 ¹	No		
	Standoff Max. He	orz. Space (ft):	4		
	Standoff Max. Ve	ert. Space (ft):	2.75		
	Standoff Stagge	red?:	Yes		
	Wind Exposure:		С		
	Wind Speed (mp		90		
		to be used with			m
_	SOL	AR-ROOF-CHE	CK.C	JM	
		STRUCTUR	AI	SHEET:	DATE:
		DETAILS		S-1	12-02-201

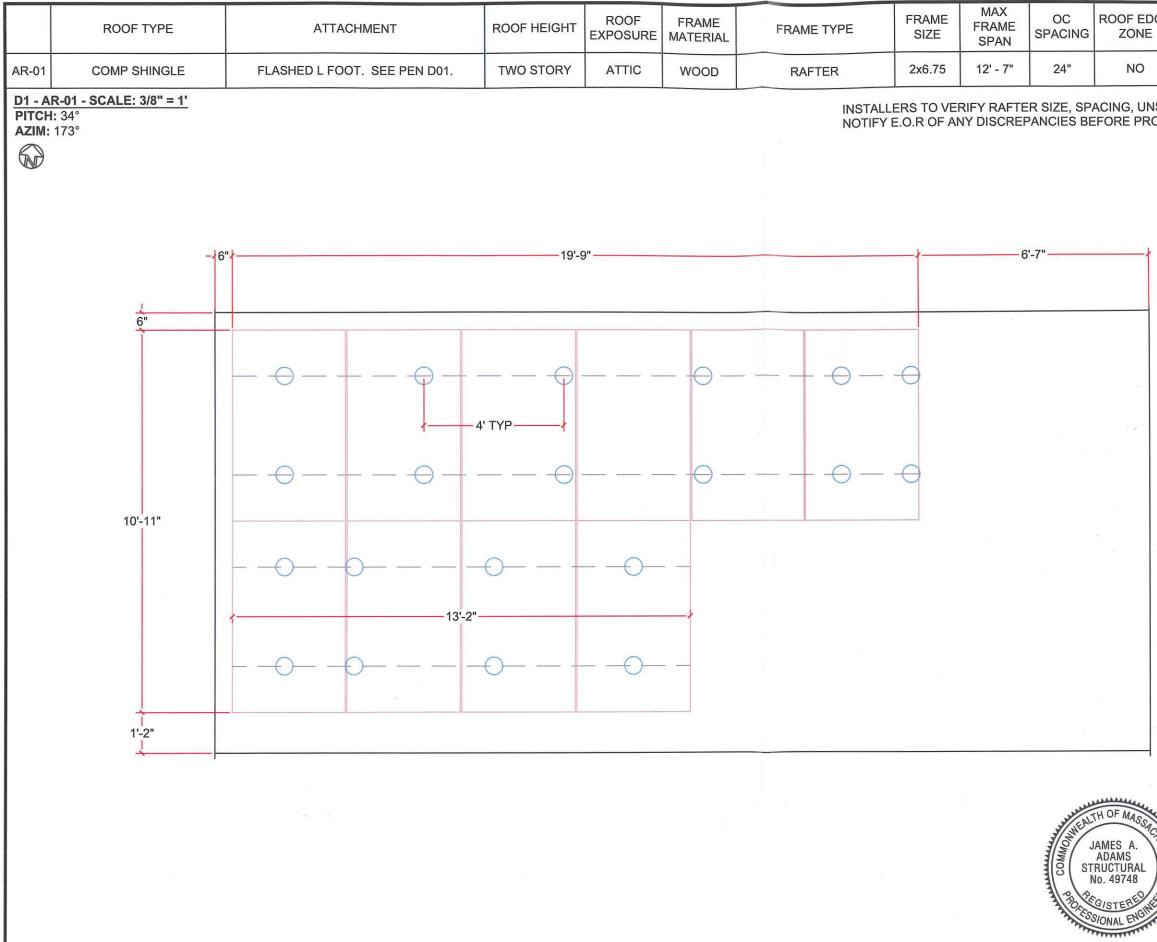


ATIONS		LE OF CONTENTS
	PAGE #	DESCRIPTION
- SOLAR MODULES	PV-1.0	COVER SHEET
RAIL	PV-2.0	SITE PLAN
	PV-3.0	LAYOUT
0	PV-4.0	ELECTRICAL
STANDOFFS &	PV-5.0	SIGNAGE
FOOTINGS		
ATTIC VENT		
FLUSH ATTIC VENT		e.
• PVC PIPE VENT		
8 METAL PIPE VENT		
T-VENT		
FIRE SETBACKS		
HARDSCAPE		
PL- PROPERTY LINE		
SCALE: NTS	SL	JULNU
NT	A Constant	
NTERRUPTER	LICENSE	NO. 750184
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	REET #400, MARLBOROUGH, MA 01752
	FAX 805.528.970	1
		ER RESIDENCE:
		ARLSON KLEY ST,
- 19 19 19 19 19		BRIDGE, MA, 01550
a de la companya de la	TEL. (508) 523	-5701 APN #: 020-05200001
	PROJEC 221R-01	T NUMBER: I2CARL
	DESIGNE	R:
EFOOT	1780 CENTRAL 605 CONTRACTOR	KURTA
	DRAFTE	
	SHEET	-
COMMENTS		OVER SHEET
	REV: A.2	12/2/2015
	PAGE	PV-1.0



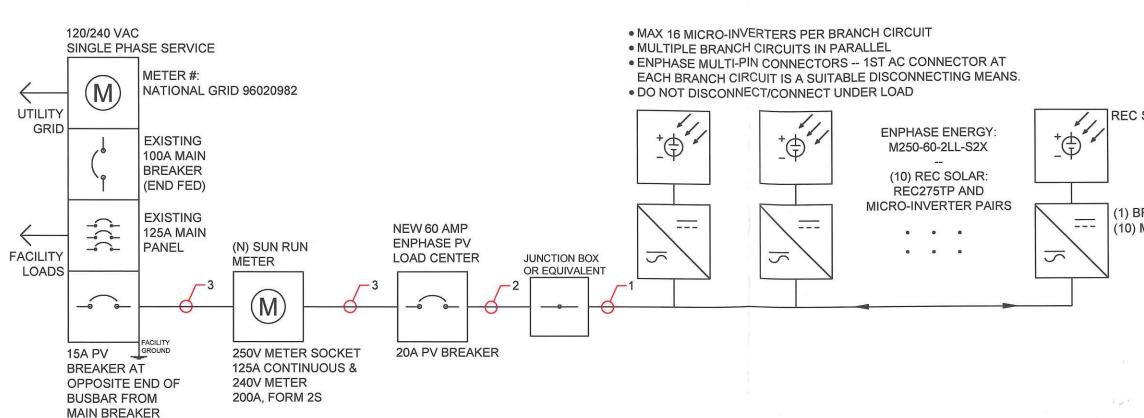
INSTALLERS TO VERIFY RAFTER SIZE, SPACING, UNSUPPOR NOTIFY E.O.R OF ANY DISCREPANCIES BEFORE PROCEEDIN

ORTED SPANS AND		PITCH	TRUE AZIM	Mag Azim	PV AREA (SQFT)
NNG.	AR-01	34°	173°	159°	177.4
And Diversity	JAMES ADAM STRUCTU No. 497 CESSIONAL	ENGINE	Expir.	06/30/2 only.	<i>la</i> 016
		LICENSE 734 FOREST S PHONE 888.65 FAX 805.528.97 CUSTON TODD (12 BUC SOUTH TEL. (508) 52 PROJEC 221R-0	E NO. 75 TREET #400, 7.6527 701 MER RE CARLSO KLEY S IBRIDG I3-5701 AF CT NUM 12CAR	50184 MARLBORON SIDEN(ON ST, E, MA, (PN #: 020-05 BER:)1550
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		DRAFTE DI	R:		
		SHEET	SITE	PLA	N
		REV: A.2	2	3	12/2/2015
		PAGE	P∖	/-2.0	



Stamped for Struc

GE	MAX RAIL	MAX RAIL	DESIGN CRITERIA
	SPAN	OVERHANG	MODULES:
			REC SOLAR: REC275TP
	4' - 0"	1' - 10"	MODULE DIMS: 65.5" x 39" x 1.5"
			MAX DISTRIBUTED LOAD: 3 PSF
SUP	PORTED SI	PANS AND	SNOW LOAD: 40 PSF
	EDING.		WIND SPEED:
			90 MPH 3-SEC GUST.
			LAG SCREWS: 5/16"x4.0": 2.5" MIN EMBEDMENT
			5/16 X4.0 : 2.5 WIIN EMBEDMENT
			PENETRATION SPACING:
			STAGGERED
			а 1
		17 A. 195	SUNLUN
	2 2	$\sum_{i=1}^{N} q \sum_{i=1}^{N} q $	
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за 14 г. м., ^М	1 d		FAX 805.528.9701
	1.1	at the second	CUSTOMER RESIDENCE:
			TODD CARLSON
51			12 BUCKLEY ST,
	- 11 - 11		SOUTHBRIDGE, MA, 01550
12		5 (228) A	TEL. (508) 523-5701 APN #: 020-05200001
		3	
			PROJECT NUMBER: 221R-012CARL
			DESIGNER:
44			LASZLO KURTA
3 KE			 DRAFTER:
I's			DRAFTER. DI
JT.	(AR	alar_	
	r O T		SHEET
S/F	Expir. 06/30)/2016	LAYOUT
A.			
			REV: A.2 12/2/2015
ctura	l info only.		PAGE PV-3.0
			1,1,0.0



<u>cc</u>	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

275 W

38.8 V

31.4 V

9.4 A

REC SOLAR: REC275TP

MAX POWER VOLTAGE

OPEN CIRCUIT VOLTAGE

SHORT CIRCUIT CURRENT

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.

REC SOLAR: REC275TP MODULES

(1) BRANCH OF (10) MICRO-INVERTERS

and of

SUNLUN

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

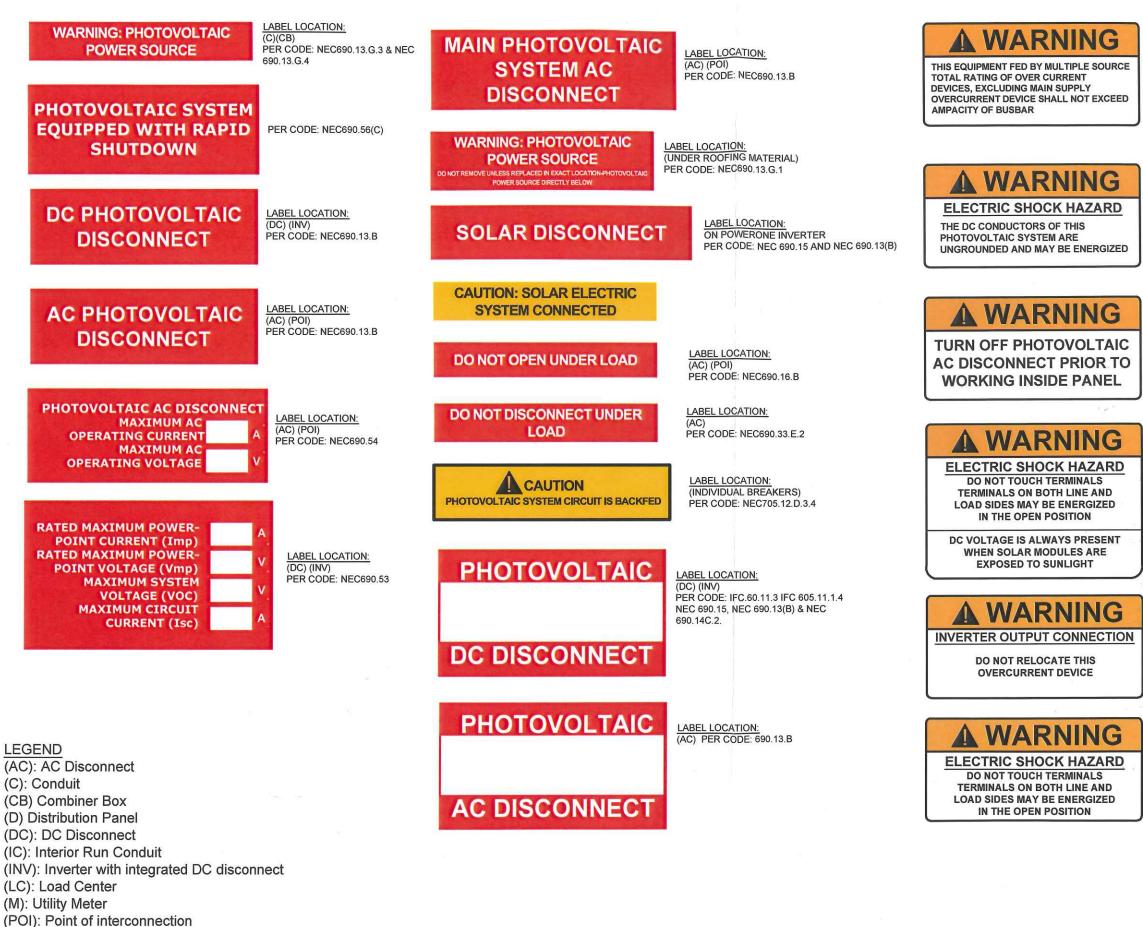
ELECTRICAL

REV: A.2

12/2/2015

PAGE

PV-4.0



PER CODE: 705.12(D)(2)

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

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

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

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

LABEL LOCATION:

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

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PAGE

12/2/2015

PV-5.0

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*	
1	

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



Permit No: B-059

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

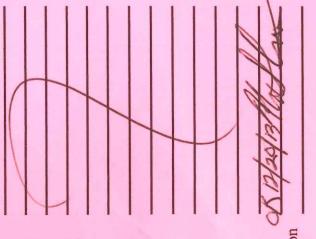
upon return of this card with all required signatures.

Gas

08-15-13

Date:

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



Nick Tortis

Inspector of Buildings/Building Commissioner

					RECEIVE	-
	Building Perm Der		41 F.	outhbridge Im St. e, MA 01550 /// o Construct, Repair <i>Two-Family Dwe</i>	AUG 1 4 DOG	
		This Sect	ion Fo	r Official Use Only		
Building Permit Numb	er: B - (23-9	_	Date Applied:	A	
Nick Tortis Building Official			. 4	Signature	5	8/137 Date
		SECTION	1: STI	E INFORMATIO	N	
1.1 Property Address D BUCKLE	Y ST -		_	1.2 Assessors Map <u>020</u> Map Number	& Parcel Numbers	052
1.1a Is this an accepted		NO				
1.3 Zoning Informati	non: R-1	2		1.4 Property Dim	ensions:	
Zoning District	Proposed Use			Lot Area (sq ft)	Frontage (f	t)
1.5 Building Setback		•			r	
Front Yar				Yards		r Yard
Required	Provided	Requir	red	Provided	Required	Provided
2.1 Owner ¹ of Record (OD) (Name (Print) 2 BUCKL No. and Street	CARISON	2	PRO	PERTY OWNERS SOUTHBL City, State, ZIP 508 523 57 Telephone	OBE MA	- O.1350 Address
	TTON 3. DES	TRIPTION	OFPR		check all that app	
New Construction	Existing Buildi			cupied [] Repair	<u>`</u>	
Demolition	Accessory Bld			17 al 1 al 1994 a	er 🗆 Specify:	
Brief Description of Pr FEET (0)	roposed Work2:				- TWENT	y SIX
					, 104 M	
		DN 4: ESTIP	MATE	D CONSTRUCTION	DN COSTS	
Item		d Materials)		C	Official Use Only	
1. Building	\$		1	uilding Permit Fee:		ow fee is determine
2. Electrical	\$		1	andard City/Town	Application Fee em 6) x multiplier	Y
3. Plumbing	\$			ther Fees: \$	-	^
4. Mechanical (HVAC	C) \$		List			
5. Mechanical (Fire Suppression)	\$			I All Fees: \$ 5	Amount	Cash Amount:
6. Total Project Co	st: \$ 60	000			Outstanding Balar	
Cash,	rec'd	8/15/1	3	Rec	eipt 818 81	11/12

SECTION 5: CONSTRU	UCTION SER	VICES
5.1 Construction Supervisor License (CSL)		
	Timer	
Name of CSL Holder	License Number Expiration Date	
	List CSL	Type (see below)
No. and Street	— Туре	Description
Conecos Dic. Stoccuse:	U	Unrestricted (Buildings up to 35,000 cu. ft.)
City/Town, State, ZIP	R	Restricted 1&2 Family Dwelling
	M RC ·	Masonry Roofing Covering
	- WS	Window and Siding
S	SF	Solid Fuel Burning Appliances
	I	Insulation
Telephone Email address	D	Demolition
5.2 Registered Home Improvement Contractor (HIC)		
		IIC Registration Number Expiration Date
HIC Company Name or HIC Registrant Name		
No. and Street		
		Email address
City/Town, State, ZIP Telephor	ne	
SECTION 6: WORKERS' COMPENSATION INSU	RANCE AFF	TDAVIT (M.G.L. c. 152, 8 25C(6))
Workers Compensation Insurance affidavit must be completed this affidavit will result in the denial of the Issuance of the bui	and submitted	with this application. Failure to provide
		5
SECTION 7a: OWNER AUTHORIZAT	ION TO BE C	COMPLETED WHEN
OWNER'S AGENT OR CONTRACTOR	APPLIES FO	R BUILDING PERMIT
I O CILLIN		1
I, as Owner of the subject property, hereby authorize		$\frac{1}{2} \frac{2^{2}}{1} \frac{f_{2}}{1} \frac{f_{2}}{f_{1}} \frac{f_{2}}{f_{$
to act on my behalf, in all matters relative to work authorized h	by this building	permit application.
Print Owner's Name (Electronic Signature)	in the second	Date
	and the second	and the second sec
SECTION 7b: OWNER ¹ OR AUTHOR	RIZED AGEN	TDECLARATION
Prioritoring my name balance I have the total		
By entering my name below, I hereby attest under the pains an	d penalties of p	erjury that all of the information
contained in this application is true and accurate to the best of	my knowledge	and understanding.
DDD (ARISON		8 12 12
Print Owner's or Authorized Agent's Name (Electronic Signature)	• • 1	Date
NOTES	S:	
1. An Owner who obtains a building permit to do his/her own	n work, or an o	wher who hires an interestered contractor
(not registered in the Home Improvement Contractor (HIC) Program), wi	Il not have access to the arbitration
program or guaranty fund under M.G.L. c. 142A. Other in	portant inform	ation on the HIC Program can be found at
www.mass.gov/oca Information on the Construction Super	rvisor License	can be found at <u>www.mass.gov/dps</u>
2. Other signatures needed.	16	2 NB
Town Tax Collector X Da Uniter 0/14/X Board of Health		or all projects (MGL c 40 sec. 57
D.P.W.		Vell permit and/or Septic permit (Title V)
D.a. 11		Water, sewer and curb cut permits
3. Debris Disposal		
4. Name of Waste Hauler		
Name of Waste Facility		• • •

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers Applicant Information Please Print Legibly Name (Business/Organization/Individual): [ODD] CAPCSOA Address: D BUCKLEY St. City/State/Zip: SUTHERLIGHT MA AISOPhone #: 508 503 5001 Are you an employer? Check the appropriate box: 1 Type of project (required): I an a solpropriet or patters- 1 Inave lind the sub-outractor and I have kind the sub-outractor have. Ship and have no employers 8. Demolition I and a bomcowner doing all work Comp. Insurance for uppins or additions fight of examption provide their workers' comp. Insurance for uppins or additions fight of examption provide their workers' comp. Insurance required 1 for the cast body the water of employees. Row okers' comp. Insurance required 1 for the state-off additione body showing the water of employees. Row okers' comp. Insurance required 1 for enclose the off additions to the body showing the water of employees. Row okers' comp. Insurance required 1 for the state-off additione to the state off additions of the state off addition off additions indexing they are doing 31 work off the water and attenders and addition and work of the state off additions of the state off additions of the state off additions of the state off addition indexing they are doing 31 work off the watere complestate and off addition off additions of the s		The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, MA 02111 www.mass.gov/dia	· · · ·
Address: BUCKLEY St. City/State/Zip: St. THRRINGE MA (MSOPhone #: 508 500 Are you an employer? Check the appropriate box: Image: an apployer with employers (Image: Appropriate box: Image: Appropriate box: Image: Amage: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Appropriate box: Image: Application of the image: Appropriate box: Image: Application of the appropriate box: Image: Application of the appropriate box: Image: Application of the appropriate box: Address: Image: Application of the Application Application of the Application of the Ap		surance Amuavit: bunuers/contra	Please Print Legibly
City/State/Zip: Or HHRLINGE MA Of OPhone #: 508 503 501 Are you an employer? I am a general contractor and I have hird the sub-contractor is hird the sub-contractor is hird the sub-contractors have employees (full and/or part-time).* I am a general contractor and I have hird the sub-contractors have employees (full and/or part-time).* 1 I am a sole proprietor or partner-ship and have no employees. I am a sole proprietor or partner-ship and have no employees and have workers' comp. insurance for my are corporation and its officers have exercised their right of exemption per MGL. 0. Building addition 3 I am a homeowner doing all work myself. (No workers' comp. insurance required.] 0. Signature. 0. Signature. *Avy applicant that checks how fit met also fit out the section below aboving their worker' compensation policy information. 10. Electrical repairs or additions is accharactor have equived.] *Avy applicant that checks how fit met also fit out the section below adving their worker' compensation policy information. 10. Diver mission and its officers have exercised their right or each additional sheat howing the row or comp. insurance required.] *Avy applicant that checks how fit met also fit out the section below adving their worker' compensation only information. 10. Electrical repairs or additions is a method an additional sheat howing the vorker' compensation on all states whether or not have entities have employees. How worker's compensation insurance for my employees. Below is the policy and job site information. I arm an employer that is providing wo	Name (Business/Organization/Individual	: TODD CARLSON	······································
Are you an employer? Check the appropriate box: Type of project (required): 1	Address: 12 BUCKLEY	<u>St-</u>	· · · · · · · · · · · · · · · · · · ·
Are you an employer? Check the appropriate box: Type of project (required): 1	City/State/Zip: SOUTHBRID	TE MA OISSOPhone #: 508	523 5701
*Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not these entities have employees. If the sub-contractors have employees, they must provide their workers' comp-policy number. I am an employeer 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. #: Deb Site Address: Develop: Boxtuery Str. City/State/Zip: Other 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: Culfure 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): 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other	 I am a employer with employees (full and/or part-time). I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] I am a homeowner doing all work myself. [No workers' comp. insurance required.] † 	 4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.[‡] 5. 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.] t the section below showing their workers' compensation 	 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
information. Insurance Company Name: Policy # or Self-ins. Lic. #: Dis Site Address: D B B B B City/State/Zip: B Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to scoure 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: Date: \$ 15 [3] Phone #: 50.8 523 570] 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. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other Other	[‡] Contractors that check this box must attached an a employees. If the sub-contractors have employees,	dditional sheet showing the name of the sub-contractors they must provide their workers' comp. policy number.	and state whether or not those entities have
Policy # or Self-ins. Lic. #:	information.		
Job Site Address: Deckter St. City/State/Zip: SBGC 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: Date: 8 15 13 Phone #: 508 523 5704 51 13 Official use only. Do not write in this area, to be completed by city or town official. City or Town: Permit/License #		ere e argenere	
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: Y. C. C. M. M. Date: § 15 13 Phone #: 508 523 570/ Official use only. Do not write in this area, to be completed by city or town official. Image: City or Town: Permit/License #	Attach a copy of the workers' compen- Failure to secure coverage as required un fine up to \$1,500.00 and/or one-year imp of up to \$250.00 a day against the violat Investigations of the DIA for insurance	sation policy declaration page (showing the nder Section 25A of MGL c. 152 can lead to to prisonment, as well as civil penalties in the fo or. Be advised that a copy of this statement no coverage verification.	e policy number and expiration date). he imposition of criminal penalties of a rm of a STOP WORK ORDER and a fine may be forwarded to the Office of
Official use only. Do not write in this area, to be completed by city or town official. City or Town:	Signature: Y.C.Centph	Date:	8 15 13
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other	Official use only. Do not write in th		
Contact Person: Phone #:	Issuing Authority (circle one): 1. Board of Health 2. Building Dep 6. Other	artment 3. City/Town Clerk 4. Electrical	Inspector 5. Plumbing Inspector
	Contact Person:	Phone #:	

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

For Office Use Only Fermit No._____

Dale_



INSPECTION SERVICES TOWN HALL 41 ELM STREET

TOWN OF SOUTHBRIDGE SOUTHBRIDGE, MASSACHUSETTS 01550

AFFIDAVIT

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Home Improvement Contractor Law Supplement to Permit Application

MGL = 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, inprovement, 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_co
to structures which are adjacent to such residence or building be done by registered contractors, with certain exceptions, along with other
Type of Work_ HANDICAP RAMP Est Cost \$ 600-
Address of Work 12 BUCKLEY ST - SOUTHBRIDGE, MA 01550
Owner Name: 1000 CARISON
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:
18 15 13 TODO CCARLSON Date Owner Name
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By

Title
City/Town APPROVED (OFFICE USE ONLY)

Type of License: Plumber Gasfitter Master Journeyman

License Number

3000/1/10 Todd Carlson 12 Buckley St George Wolstencro Hi 10228 G-020 80-6-6 e chau

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/Contrac	ctors/Electricians/Plumbers
Applicant Information	Please Print Legibly
Name (Business/Organization/Individual):	Roff.
Address: 4 5 That glskoole Red	
Name (Business/Organization/Individual): Grad Register Contraction Address: 4 5 The second and a contraction Address: 4 5 The second and a contraction City/State/Zip: Charce Cool and and a contraction Phone #: 1	<u> 18-6906</u>
Are you an employer? Check the appropriate box: 4. I am a general contractor and I	Type of project (required):
I. I am a employer with lime the output of the	6. 🔲 New construction
employees (full and/or part-time).* have mired the sub-contractors 2. I am a sole proprietor or partner- listed on the attached sheet.	7. Remodeling
ship and have no employees These sub-contractors have	8. Demolition
working for me in any capacity. Dia workers' comp. insurance. [‡]	9. 🔲 Building addition
$5. \square$ We are a corporation and its	10. Electrical repairs or additions
3 J I am a homeowner doing all work officers have exercised their	11. Plumbing repairs or additions
myself. [No workers' comp. 152, \$1(4), and we have no	12. Roof repairs
insurance required.] [†] employees. [No workers'	13. Other
comp. insurance required.]	
*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors ‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors a employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.	must submit a new affidavit fidicating such. nd state whether or not those entities have
I am an employer that is providing workers' compensation insurance for my employed information.	ees. Below is the poucy and job suc
Insurance Company Name:	
Policy # or Self-ins. Lic. #: Expire	ation Date:
Job Site Address: City/St	tate/Zip:
Job Site Address:	policy number and expiration date).
Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the for of up to \$250.00 a day against the violator. Be advised that a copy of this statement means investigations of the DIA for insurance coverage verification.	ne imposition of criminal penalties of a m of a STOP WORK ORDER and a fine
I do hereby certify under the pains and penalties of perjury that the information pro	vided above is true and correct.
Signature: Helefancia Date:	
Phone #: 248 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 6. Other	
Contact Person: Phone #:	

ACORD CERTIFICATE OF LIABILI	TY INSURANCE OP ID ME WOLST-1	DATE (MM/DD/YYYY) 09/08/08
PRODUCER The McCurdy Group Dennis A. McCurdy PO Box 531	THIS CERTIFICATE IS ISSUED AS A MATTER OF IN ONLY AND CONFERS NO RIGHTS UPON THE CERT HOLDER. THIS CERTIFICATE DOES NOT AMEND, E ALTER THE COVERAGE AFFORDED BY THE POLIC	IFICATE XTEND OR
Sturbridge MA 01566 Phone:508-347-9343 Fax:508-347-5798	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: National Grange Mutual	
	INSURER B:	
George Wolstencroft Plumbing	INSURER C:	
George Wolstencroft Plumbing 4 Stonybrook Road Charlton MA 01507	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 DOLIDORE ADOPECTION OF ANY UNIT DESCHIDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH DOLIDORE ADOPECTION OF ANY UNIT DESCHIDED BY THE POLICIES DESCRIBED HEREIN IS ADDRECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH DOLIDORE ADOPECTION OF ANY UNIT DESCHIDED BY THE POLICIES DESCRIBED HEREIN IS ADDRECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADD'L	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	5
	GENERAL LIABILITY				EACH OCCURRENCE	\$1000000
	X COMMERCIAL GENERAL LIABILITY	MPF38379	02/25/08	02/25/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 500000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$10000
					PERSONAL & ADV INJURY	\$1000000
	X NONA				GENERAL AGGREGATE	\$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2000000
	POLICY PRO- JECT LOC					
	AUTOMOBILE LIABILITY	· · · ·			COMBINED SINGLE LIMIT	\$
	ANY AUTO				(Ea accident)	· · · · ·
	ALL OWNED AUTOS				BODILY INJURY	\$
	SCHEDULED AUTOS				(Per person)	Ψ
	HIRED AUTOS				BODILY INJURY	\$
	NON-OWNED AUTOS				(Per accident)	×
				, t	PROPERTY DAMAGE (Per accident)	\$
· · ·	GARAGE LIABILITY	· · · · · · · · · · · · · · · · · · ·			AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO			1.1.1.1.1.1.1.1.1	OTHER THANEA ACC	\$
					AUTO ONLY: AGG	\$
1	EXCESS/UMBRELLA LIABILITY	······································			EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE			*	AGGREGATE	\$
				en e e la		\$
	DEDUCTIBLE					\$
	RETENTION \$			and the second sec		\$
WOR	KERS COMPENSATION AND				WC STATU-OTH- TORY LIMITS ER	
					E.L. EACH ACCIDENT	\$
OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$
If yes	, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
отн		· ····				
	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORS	MENT / SPECIAL PRO	VISIONS	J	
UMB	ING					

CERTIFICATE HOLDER		CANCELLATION
Town of Southbridge Attn: Judy/Inspections Dept. 41 Elm St. Southbridge MA 01550	TOWNS-2	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE DETITION A. MCCURDY

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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.

City or Town of: South & Redore: To the Inspector of Wirks: By this application the undersigned gives notice of his of her intention to perform the electrical work described below. Location (Street & Number) 2 Butkley ST CE/IF SOB-523-5701 Owner or Tenant Image: Color of Mires: Sob Street & Sob Stree	Department of Fire Services BOARD OF FIRE PREVENTION REGULATIONS APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK APPLICATION OF City or Town of: South the Massachurch terrorm the electrical work described below. Location (Street & Number) AUCHLEY Stis permit in conjunction with a building permit? Yes No Connerts address 2P C Clauditon Total Construction with a building permit? Yes No Purpose of Building Diation Notification Notheters New Service </th <th></th> <th></th> <th>Score at</th> <th></th>			Score at	
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Occupancy and Pee Checked 75.0° Rev. 11/99] (texe blank) () (H //18/4) APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK (2-3)-07 All work to be performed in accordance with the Marachurette Electrical Code (MEO), 527 CMR 1200 (4-3)-07 PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date: [2-3]-07 City or Town of: South Arrows To the Inspector of Wirks: By this application the undersigned gives notice of his do ther intention to perform the electrical work described below. Location (Street & Number) [2] Downer's Address 2.9.7 Clay or Town of: South Arrows [4] Downer's Address 2.9.7 Clay III or Optimetian in conjunction with a building permit? Yes (A) Purpose of Building [4] Wew Service Amps Existing Service / (D) Amps Amps [4] Number of Feeders and Ampacity Disc (Particle) No. of Cell-Susp. (Paddle) Fans Transformers No. of Cell-Susp. (Paddle) Fans No. of C	Occupancy and Pee Checked 75.0° APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK All work to be performed in accordance with the Massachusette Electrical Code (MEO, 527 CMR 1200 APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK All work to be performed in accordance with the Massachusette Electrical Code (MEO, 527 CMR 1200 (PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date: /2.3/-07 (PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date: Date: /2.3/-07 (PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date: Date: /2.3/-07 To the Inspector of Wirks: By this application the undersigned gives notice of his of her intention to perform the electrical work described below. Location (Street & Number) /2 All work to building permit? Yes (D., Kold, Massachusette Electrical work described below. Location and Nature of Proposed Electrical Work: Undgrd (D., No. of Meters) Number of Feeders and Ampacity Set (PL, Massachusette Electrical Work: Massachusette Electrical Work: No. of Recessed Fixtures No. of Cell-Süsp. (Paddle) Fans: No. of Meters) No. of Cell-Süsp. (Paddle) Fans: No. of Colles Sing, (Paddle) Fans: No. of Colles No. of Colles No. of Collesis (No. of Colles)		Departme	ent of Fire Services	
All work to be performed in accordance with the Massachauerth Electrical Code (MEC), 527 CMR 12.00 fmp (PLEASE PRINT IN INK OR TITE ALL INFORMATION) Date: 1/2-3/-07 (City or Town of: 500 (This Register) To the Inspector of Wirks: By this application the undersigned gives notice of his of her intention to perform the electrical work described below. Location (Street & Number) 12 Buck (LE) ST CE//# 508-523-5701 Owner or Tenant 10.4 CAPLISON Telephone No. 508-7455-716 Owner's Address 2.2 Clauditor St String (Mac) 0.4557 Is this permit in conjunction with a building permit? Yes No No (Check Appropriate Box) Purpose of Building Curdlen tial Utility Authorization No# Existing Service 100 No. of Meters New Service Amps 21340 Volts Overhead Undgrd No. of Meters Number of Feeders and Ampacity Service Mac Mac Mac Mac No. of Recessed Fixtures No. of Cell-Sügp. (Paddle) Fans Transformers St Mac No. of Recessed Fixtures No. of Cell-Sügp. (Paddle) Fans Transformers St KVA	All work to be performed in accordance with the Massachauerth Electrical Code (MEC), 527 CMR 12.00 fmp (PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date: 1/2-3/-07 City or Town of: South the formation of the inspector of Wirks: To the Inspector of Wirks: By this application the undersigned gives notice of his of her intention to perform the electrical work described below. Location (Street & Number) 12 Dynamic of the intention to perform the electrical work described below. Location (Street & Number) 12 Dynamic of the intention to perform the electrical work described below. Location (Street & Number) 12 Dynamic of the intention to perform the electrical work described below. Location (Street & Number) 12 Dynamic of the intention to perform the electrical work described below. Location and nature of Proposed Electrical Work: Undgrd Wath of Meters Wew Service Amps No. of Recessed Fixtures No. of Cell-Süsp. (Paddle) Fans No. of Recessed Fixtures No. of Cell-Süsp. (Paddle) Fans No. of Lighting Outlets No. of Cell-Süsp. (Paddle) Fans No. of Lighting Fixtures Swimming Pool Todal Transformers & 1.5. KVA No. of Recessed Fixtures Swimming Pool Todal Trans		1996 A.		
(PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date:	(PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date:		APPLICATION F	OR PERMIT TO PERFORM E	
By this application the undersigned gives notice of his of the intention to perform the electrical work described below. Location (Street & Number) / 2 / 2/// 5/23-570/ Owner or Tenant / 2/// CAPESON Telephone No. 5/8-765-7/6 Owner's Address 2.8.7 Chartfore Street & No. 0 (Check Appropriate Box) Purpose of Building / 2/// 2// 2// 2// 2// 2// 2// 2// 2//	By this application the undersigned gives notice of hird her intention to perform the electrical work described below. Location (Street & Number) /2 /2/// Soft 523-570/ Owner's Address 29 Cleantform Telephone No. 58-765-7// Owner's Address 29 Cleantform Street & Soft 10 // Soft 523-570/ Description of the soft of	(PLEASE PR			1
By this application the undersigned gives notice of his of her intention to perform the electrical work described below. Location (Street & Number) / 2 / 0 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	By this application the undersigned gives notice of his of her intention to perform the electrical work described below. Location (Street & Number) /2 /2 /2// ST - CE//F 508-523-570/ Telephone No. 508-765-7// Owner's Address 28 2 /2 /2// CARLEY ST - CE//F 508-523-570/ Telephone No. 508-765-7// St his permit in conjunction with a building permit? Yes // No (Check Appropriate Box) Purpose of Building // Utility Authorization Not Existing Service // O Amps /2// J2// Volts - Overhead // Undgrd No. of Meters // No. of Recessed Fixtures // No. of Cell-Susp. (Paddle) Fans. Transformers 9 for // KVA No. of Recessed Fixtures // No. of Hot Tubs. Completion of the following table may be waived by the Inspector of Wires. No. of Recessed Fixtures // No. of Cell-Susp. (Paddle) Fans. Transformers 9 for // KVA No. of Lighting Outlets No. of Hot Tubs. Centerators // No. of Zones No. of Switches No. of Gas Burners // No. of Alerting Devices // No. of Zones No. of Switches No. of Air Cond. Total No. of Seccessed Fixtures Space/Area Heating KW Local _/ Connection and Conterting Devices // No. of Detection And Conterting Devices. No. of Switches No. of Air Cond. Total No. of Alerting Devices // Security Systems: No. of Dishwashers Space/Area Heating KW Local _/ Connection in Other No. of Dishwashers Space/Area Heating KW Local _/ Connection in Other No. of Dishwashers No. of Motors Total HP Telecommunications Wiring: No. of Devices or Equivalent // Telecommunications wiring: No. of Motors Total HP Telecommunications wiring: No. of Devices or Equivalent // Telecommunications wiring: No. of Motors Total HP Telecommunications wiring: No. of Devices or Equivalent // Telecommunications				e Inspector of Wires:
Owner or Tenant Image: State Sta	Owner or Tenant Told CARESON Telephone No. Sor. 765-716 Owner's Address 2.9.7 Cleartfor Stablet Mail 0.550 Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box) Purpose of Building Curifler Utility Authorization No# Existing Service Completion find Utility Authorization No# New Service Amps Coverhead Undgrd No. of Meters Number of Feeders and Ampacity Service Completion of the following table may be waived by the Impector of Wires. No. of Recessed Fixtures No. of Cell-Susp. (Paddle) Fans Transformers Total No. of Recessed Fixtures Swimming Pool Above In- No. of Emergency Lighting No. of Recessed Fixtures No. of Oil Burners FIRE ALARMS No. of Zenes No. of Gas Burners No. of Self-Contained Initiating Devices No. of Switches No. of Air Cond. Total No. of Self-Contained No. of Switches No. of Air Cond. Total Monof Alerting Devices No. of Switches No. of Air Cond. Total No. of Self-Contained Monof Consta			notice of his or her intention to perform	the electrical work described below.
Owner's Address 287 Clearling St. Statight Mail 0.0550 is this permit in conjunction with a building permit? Yes No (Check Appropriate Box) Purpose of Building Statler Table Utility Authorization Not Existing Service CO Amps Difference Overhead Undgrd No. of Meters Number of Feeders and Ampacity St. Completion of the following table may be waived by the Inspector of Wires. No. of Recessed Fixtures No. of Cell-Susp. (Paddle) Fans No. of Stress Total No. of Recessed Fixtures No. of Hot Tubs Generators Stress Total No. of Recessed Fixtures No. of Cell-Susp. (Paddle) Fans No. of Conservers Total No. of Recessed Fixtures No. of Cell-Susp. (Paddle) Fans No. of Conservers Total No. of Recessed Fixtures No. of Cell-Susp. (Paddle) Fans No. of Zenes No. of Zenes No. of Recessed Fixtures No. of Cell-Susp. (Paddle) Fans Transformers For Zenes No. of Recessed Fixtures No. of Cell-Susp. (Paddle) Fans Transformers For Zenes No. of Recesptacle Outlets No. of Cell-	Owner's Address 28 2 Classifier Stright Mail 0.0550 Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box) Purpose of Building Curlen train Utility Authorization NoF Existing Service COD Amps DI JHO Volts Overhead Undgrd No. of Meters Existing Service COD Amps DI JHO Volts Overhead Undgrd No. of Meters New Service Amps Service Owner's Address Undgrd No. of Meters Number of Feeders and Ampacity Service Mail Owner's Address Undgrd No. of Meters Location and Nature of Proposed Electrical Work: Completion of the following table may be waived by the Inspector of Wires. No. of Recessed Fixtures No. of Hot Tubs Generators Total No. of Lighting Outlets No. of Hot Tubs Generators Yes Service No. of Keceptacle Outlets No. of Gas Burners FIRE ALARMS No. of Zenes No. of Ranges No. of Gas Burners No. of Self-Contiance Mail No. of Dishwashers Space/Area Heating KW Local <td></td> <td>-</td> <td>BUCKLEY ST.</td> <td></td>		-	BUCKLEY ST.	
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TEL: 508 764-5412

FAX: 508 764-5425

TOWN OF SOUTHBRIDGE SOUTHBRIDGE, MASSACHUSETTS 01550

FEE SCHEDULE FOR WIRING PERMITS

MINIMUM PERMIT FEE		\$20.00
•	SERVICE	_FEE
DWELLINGS (NEW)		
One family	60200A	40.00
Multiple dwelling	60200A per unit	40.00
		, gryers,
stoves. dishwashers,	hot tubs, etc. first unit each add 1	L0.00
	each add '1	0.00
SERVICE CHANGES	· · · · · · · · · · · ·	
		40.00
Multiple dweiling	Per caun autertinas	20.00
Temporary service		
Transformer paus	and the second	
and the second secon		
INDUSTRIAL, COMMERCIAL		т. "
		40.00
Buildings up to 1,000	square feet	20.00
Each additional 1,000) square feet) square feet	<u> </u>
Outlets, switches, an	nd fixturefirst five each add'1	
		•
MI COEL I ANDONG		· ·
MISCELLANEOUS		
Renovations.addition	s,alterationsfirst unit	
	each add'1	T0.00
Central heating syst	ems	20.00
Signs, swimming pool	ems s & traffic lights per pump	10.00
Gas pumps	per pump	40.00
Electrician's mainte	enance permit.	
Alarm systems		
· · · · · · · · · · · · · · · · · · ·	cian's annual permit to cover o	rdinary
* Licensed electric	erimental set-ups, or re-locati	on of mine
maintenance, expe devices & equipme	int.	
If the items are not	specific or itemized, the fee	WILL De
determined by the Ins	spector of Wires.	
) 764-5412
INSPECTOR OF WIRES. WIL	LLIAM GIBSON (508	
	8:00 AM - 4:00 PM FAX (508	
INSPECTIONS OFFICE HOURS	OIUU AR - IIUU IM PAR (000	• • = -

	The Commonwealth of Massachuset Department of Industrial Accidents	5°
	Office of Investigations 600 Washington Street	508-764-5425
	Boston, MA 02111	
	www.mass.gov/dia	•
Workers' Compensation In	surance Affidavit: Builders/Contra	actors/Electricians/Plumbers
Applicant Information	Δ	<u>Please Print Legibly</u>
Name (Business/Organization/Individual	: Caugh H L	nervoir
Address: CO Boy	230	
City/State/Zip: Southle	a 1155/1	-380-6128
Are you an employer? Check the app	ropriate box:	Type of project (required):
1. I am a employer with	4. I am a general contractor and I have hired the sub-contractors	6. New construction
employees (full and/or part-time). 2. 2. 1 am a sole proprietor or partner-	listed on the attached sheet.	7. Remodeling
ship and have no employees	These sub-contractors have	8. Demolition
working for me in any capacity.	employees and have workers' comp. insurance. [‡]	9. Duilding addition
[No workers' comp. insurance	5. We are a corporation and its	10. DElectrical repairs or additions
required.] 3. I am a homeowner doing all work	officers have exercised their	11. Plumbing repairs or additions
myself. [No workers' comp.	right of exemption per MGL	12. Roof repairs
insurance required.] [†]	c. 152, §1(4), and we have no employees. [No workers'	13. Other
	comp. insurance required.]	. ·
[†] Homeowners who submit this affidavit indicating [‡] Contractors that check this box must attached an a employees. If the sub-contractors have employees, <i>I am an employer that is providing work</i>	the section below showing their workers' compensation they are doing all work and then hire outside contractor dditional sheet showing the name of the sub-contractor they must provide their workers' comp. policy number there's compensation insurance for my emplo	rs must submit a new annuavit indicating such. s and state whether or not those entities have r.
information.		n de la Carlo d La Carlo de la C La Carlo de la C
Insurance Company Name:	and the second	
	Ехр	
Job Site Address:	City/	State/Zip:
Attach a copy of the workers' compension	sation policy declaration page (showing th	ie poncy number and expiration anter.
fine up to \$1,500.00 and/or one-year imp of up to \$250.00 a day against the violate Investigations of the DIA for insurance c	ider Section 25A of MGL c. 152 can lead to prisonment, as well as civil penalties in the fo or. Be advised that a copy of this statement poverage verification.	may be forwarded to the Office of
I do hereby certify under the pains and	penalties of perjury that the information pr	ovided above is true and correct.
Signature: Daved the	nerration Date	· · · · · · · · · · · · · · · · · · ·
Phone #: 508-380 -612	8	÷
	's area, to be completed by city or town offic	
City or Town:	Permit/License #	
Issuing Authority (circle one): 1. Board of Health 2. Building Depa 6. Other	artment 3. City/Town Clerk 4. Electrica	I Inspector 5. Plumbing Inspector
	Phone #:	
······································		

EDDESROSIER

ACORD CERTIFICATE OF LIABI		DATE (MM/DD/YYYY) 09/19/2007
E. D. Desrosier & Co., Inc. 27 Hamilton Street Southbridge, MA 01550	THIS CERTIFICATE IS ISSUED AS A MATTER O ONLY AND CONFERS NO RIGHTS UPON THE O HOLDER. THIS CERTIFICATE DOES NOT AMEN ALTER THE COVERAGE AFFORDED BY THE P	CERTIFICATE
Bruce Desrosier INSURED David P Livernois	INSURERS AFFORDING COVERAGE	NAIC #
Po Box 930 Southbridge, MA 01550	INSURER A: Commerce Insurance Co	34754
Joathbandge, MA 01550	INSURER C:	
	INSURER E:	

COVERAGES

ACOPA

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHISTANDINI 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. NSR ADD'I

U.E.	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/OD/YY)	POLICY EXPIRATION	1		
		GENERAL LIABILITY	555287	06/19/2007	POLICY EXPIRATION DATE (MM/DD/Y)	LIM	19	
			355207	00/19/2007	06/19/2008		\$	500,000
		CLAIMS MADE X OCCUR				DAMAGE TO RENTED 	\$	100,000
A						MED EXP (Any one parton)	S	5,000
		******* {				PERSONAL & ADV INJURY	^	500,000
		GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	\$	1,000,000
						PRODUCTS - COMP/OP AGG	\$	1,000,000
							<u> </u>	
	ŀ					COMBINED SINGLE LIMIT		
	ŀ	· · · · · · · · · · · · · · · · · · ·				(Ea socident)	5	
	ł	ALL OWNED AUTOS	ļ			BODILY INJURY		
	ł	SCHEDULED AUTOS				(Per person)	\$	
	ŀ	HIRED AUTOS				DODULTURE CONTRACT		
	+	NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	⊢		19 - Marine 19 - Marin	ſ				_
				. /		PROPERTY DAMAGE (Per accident)	\$	
	-	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT		
	Ļ	ANY AUTO					\$	
			· .	1		OTHER THAN EA ACC	\$	
ļ		EXCESS/UMBRELLA LIABILITY	······································			AGG	\$	
	Ĺ	OCCUR CLAIMS MADE				and the second se	\$	
			}			AGGREØATE	\$	
		DEDUCTIBLE			and the second second		\$	
		RETENTION \$					\$	
2	VORK	ERS COMPENSATION AND		<u> </u>			#	
1 12	IN PLO	YERS' LIABU ITY		. (·	· .	WC STATU OTH TORYLIMITS		
- l d	FFICE	OPRIETOP/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
	Yes, d PECIA	oscribe under			Į	E.L. DISEASE - EA EMPLOYEE	\$	
0	THER					E.L. DISEASE - FOLICY LIMIT	\$	
		ľ	1				<u> </u>	
		ł			[
SCRU	PTION							1

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

Electrical Wiring

RTIFICATE HOLDER	CANCELLATION
Town of Southbridge Inspection Department 41 Elm St Southbridge, MA 01550	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 GERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
ORD 25 (2001/08) FAX: (508)764-5425	Build States BOORDATION 1988

CACORDOCRAORATION 1988

	and the second se	4 Southbr t Application	of Southbridge 1 Elm St. Fidge, MA 01550 In To Construct, Rep - or Two-Family Dr		
	0	This Section	1 For Official Use On	ly	
Building Permit Number:	13-121	Q	Date Applied:	9999	(
- Casey Burlingame	4	AR .!	\bigcirc	. (7-19-19
Building Official	— . <i>1</i>	ocie	Signature		Date
	-	SECTION 1:	SITE INFORMAT	ION	
	kley St		- 060	ap & Parcel Number	ja
1.1a Is this an accepted str			Map Number	Parcel Nu	mber
1.3 Zoning Information:			1.4 Property D	imensions:	g (an this
Zoning District Prop	posed Use		Lot Area (sq ft)	Frontage ((ft)
1.5 Building Setbacks (ff	.)		38 - 5	4) 42	
Front Yard			Side Yards	Re	ar Yard
Required Pro	ovided	Required	Provided	Required	Provided
2.1 Owner ¹ of Record, Detata (C Name (Print) 12 Buck eq No. and Street	se urlson y St	CTION 2: P	Check if yes ROPERTY OWNEI <u>Sov</u> City, State, ZIP <u>508-208-90</u> Telephone	sidge , ma	USSO ezerQyahoon Address
SECTI	ON 3: DESCI	RIPTION OF	PROPOSED WOR	K ² (check all that apj	ply)
New Construction D Ex	isting Buildin	g 🖾 🛛 Owner	-Occupied A Rep	airs(s) 🗆 🛛 Alteration	(s) 🛱 Addition 🗆
Demolition D Ac	cessory Bldg.	D Numbe	er of Units (Other 🗇 Specify:	
Brief Description of Propo	osed Work ² : (an place	yniy toto	11 Siding	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u>ent</u>		~ \	J J	
		9 ⁻⁶ - 9-8			
			TED CONSTRUCT	TION COSTS	· · · · · · ·
Item	Estimated (Labor and I			Official Use Only	
1. Building		200 1	. Building Permit Fe		now fee is determined:
2. Electrical	\$.		Standard City/Tow	n Application Fee (Item 6) x multiplier \$8	8 00 v 1000
3. Plumbing	\$.		. Other Fees: \$	(ment o) x munpher \$8	0.00 X 1000
4. Mechanical (HVAC)	\$		ist:		2 ¹² 8 1
5. Mechanical (Fire Suppression)	-\$.		otal All Fees: \$	5,00	
6. Total Project Cost:	\$		heck NoChe Paid in Full	ck Amount:0 □ Outstanding Balar	Cash Amount: nce Due:
			CK#155	572843 9 9191	3 #75 19 (JL)

HIC Company Name or HIC Registrant Name Email address No. and Street Email address City/Town, State, ZIP Delemond 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 attached? Yes No Signed Affidavit Attached? Yes Yes No Signed Affidavit Attached? Yes SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN. OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT L, 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: OWNER ¹ 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. Dettered 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 (HC) Program, will <i>nof</i> have access to the arbitration program or guaranty fund under M.G.L. e. 142A. Other importan	SECTION 5: CONSTRUC	TION SER	VICES
Name of CSL Holder Liocase Number Expiration Date No. and Street Description Type Description City/Town, State, ZIP Off MARCH R Restricted 128 Jenuity Dwelling City/Town, State, ZIP Off MARCH R Restricted 128 Jenuity Dwelling City/Town, State, ZIP Off March R Restricted 128 Jenuity Dwelling City/Town, State, ZIP Email address D Demolifying S2 Registered Home Improvement Contractor (HIC) HIC Registration Number Expiration Date HIC Company Name or HIC Registrant Name D Demolifying Email address City/Town, State, ZIP Detroperation Email address Email address Signed Affidavi Habedry Yes <td< td=""><td>5.1 Construction Supervisor License (CSL)</td><td>1</td><td></td></td<>	5.1 Construction Supervisor License (CSL)	1	
Name of CSL Holder List CSL Type (see below) No. and Street Type Description U City/Town, State, ZIP U/U/U/U/U/U/U/U/U/U/U/U/U/U/U/U/U/U/U/			
No. and Street Interstituted (22) Family Dwelling City/Town, State, ZIP Interstituted (22) Family Dwelling Million R Restricted 162 Family Dwelling Million RC Roofing Covering Window and Stiding Window and Stiding Sild Food Bunning Appliances 1 Issueliation Telephone Email address D Demolifon S.2. Registered Home Improvement Contractor (HIC) HIC Company Name or HIC Registrant Name No. and Street Email address City/Town, State, ZIP Detroperation 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 Attached? Yes No Signed Affidavit Attached? Yes SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BULLDING PERMIT I, as Owner of the subject property, hereby authorize to at on my behalf, in all matters relative to work authorized by this building permit application. Section 7b: OWNER' OR AUTHORIZED AGENT DECLARATION Spentring my name		License Ni	imber Expiration Date
No. and Street Type Description City/Town, State, ZIP Unrestricted (Building up to 55,000 co. ft) R Restricted 162 Family Dwelling M Masonry RC Restricted 162 Family Dwelling M Masonry RC Roofing Covering No. and Street D FIC Company Name or HIC Registrant Name Insulation No. and Street Email address City/Town, State, ZIP Detextration Number Find Company Name or HIC Registrant Name Email address No. and Street Email address City/Town, State, ZIP Detextration Number SECTION 6: WORKERS' COMPENSATION INSURANCE AFFID AVIT (M.G.L. c. 152. § 25C(6)) Workers Compensation Insurance affldavit must be completed and submitted with this application. Failure to provide this affldavit 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 ACENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT L, as Owner of the subject property, hereby authorize Dete c act on my behalf, in all matters relative to work authorized by this building permit application. Print Owner's Name (E	Name of CSL Holder	List CSL 7	Type (see below)
Ab. and Steel Unrestricted (Buildings up to 35,000 cn. ft) City/Town, State, ZIP Abd		1.75 A. 199	
RityTown, State, ZIP Restricted 182 Femily Dwelling Masony Restricted 182 Femily Dwelling Felephone Email address Telephone Email address S.2 Registered Home Improvement Contractor (HIC) HIC Registration Number HIC Company Name or HIC Registrant Name Immulation No. and Street Email address CityTown, State, ZIP Determinition 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 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: OWNER ¹ 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. Date Date <td>No. and Street</td> <td></td> <td></td>	No. and Street		
CityTown, State, ZIP M Masony M Masony Telephone Email address D S1 Registered Home Improvement Contractor (HIC) HIC Company Name or HiC Registrant Name HIC Registration Number Expiration Date No. and Street Email address D Demolition S2 Registrate Name Email address Email address CityTown, State, ZIP Telephone Email address SECTION 5: 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 D 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: OWNER ¹ OR AUTHORIZED AGENT DECLARATION By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contractor of HC) Program, will Age have access to the abitration program or gua	200 LOOPLON		
Window and Siding SP Solid Fuel Burning Appliances Telephone Email address D Demolition 5.2. Registered Home Improvement Contractor (HIC) HIC Company Name or HIC Registrant Name No. and Street Email address City/Town, State, ZIP Detemolition SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. e. 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 SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN, OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT J, as Owner of the subject property, hereby authorize Date to act on my behalf, in all matters relative to work authorized by this building permit application. Date SECTION 7b: OWNER ¹ OR AUTHORIZED AGENT DECLARATION Exertion formation contante to the best of my knowledge and understanding. Windoward's Adapting to the low of the subiling permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HC) Program), will <i>not</i> have access to the arbitration program or guarant fuel under MG.L. e. 142A. (Acte Program), will <i>not</i> have access to the arbitration program or guarant fuel under MG.L. e. 142A. (Acte Program), will <i>not</i> have acc	City/Town, State, ZIP		
SR Solid Fuel Burning Appliances I Lasulation Telephone Email address D Demolition 5.2. Registered Home Improvement Contractor (HIC) HIC Company Name or HIC Registrant Name HIC Registration Number No. and Street Email address City/Town, State, ZIP 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 SecTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT L, 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: OWNER ¹ OR AUTHORIZED AGENT DECLARATION Py 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. Determine Improvement Contractor (HIC) Program), will <i>not</i> have access to the arbintation program or guara			
Imail address Imail address 5.2. Registered Home Improvement Contractor (HIC) Imail address HIC Company Name or HIC Registrant Name Imail address No. and Street 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 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: OWNER ¹ 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. Deilara Output Notres; Other improvement Contractor (HIC) Program), will <i>not</i> have access to the arbitration on the Construction Supervisor License can be found at www.mass.gov/dpg Other signatures needed: Town Treasure/Tax.Collector Print Owner's name (Electronic Signature) For all projects (MGL é			
Telephone Email address D Demolition 5.2. Registered Home Improvement Contractor (HIC) HIC Company Name or HIC Registrant Name HIC Registration Number Expiration Date No. and Street International Street International Street 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 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. Date Frint Owner's Name (Electronic Signature) Date Date Section 7b: OWNER' 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. Date Deliary Date NOTES; Date 1 An Owner who obtains a building permit to do his/ker own work, or an owner who hires an unregistered contracted (not registe	(1010 01	100000	
5.2 Registered Home Improvement Contractor (HIC) HIC Company Name or HIC Registrant Name No. and Street 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 SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN. OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT L, 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: OWNER ¹ 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. Deldma Quilting permit to do his/her own work, or an owner who hires an unregistered contractor (HC) Program), will <u>mod</u> 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 a <u>www.mass.gov/dos</u> 2. Other signatures needed: Town Treasure/Tax Collector 3. Debris Disposal Vell permit and/or Septic permit (Title V)	Telephone Emoil address		
HIC Company Name or HIC Registrant Name HIC Registration Number Expiration Date No. and Street Email address Email address City/Town, State, ZIP Deltayse Email address SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. e. 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: OWNER ⁴ 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. Deltaya Owner's Or Authorized Agent's Name (Electronic Signature) 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 obesin trows work, or an owner who hires an unregi	*		Demonitori
HIC Company Name or HIC Registrant Name Email address No. and Street Email address City/Town, State, ZIP Definition 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 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: OWNER ² 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. Dettered 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 (HCI) Program, will <i>nof</i> have access to the arbitration program or guaranty fund under M.G.L. e. 142A. Other important information on the HCIC Program can be found a www.mass.gov/oca Information	5.2 Registered frome improvement contractor (free)	_	
No. and Street Email address City/Town, State, ZIP Jethnord 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 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: OWNER ¹ 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. Deduca Oddelation Print Owner's or Authorized Agent's Name (Electronic Signature) Quarty fund under M.G.L. 142A. Other important information on the HIC Program can be found a www.mass.gov/dog a M.G. 142A. Other important information on the HIC Program can be found a www.mass.gov/dpg 2. Other signatures needed: Town Tressurer/Tax Collector 3. Debris Disposal 4. Name of Waste Hauler .	HIC Company Name of HIC Presistrant Name	I	HC Registration Number Expiration Date
City/Town, State, ZIP Telephone 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 Mill result in the denial of the Issuance of the building permit. Signed Affidavit Attached? Yes 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: OWNER ¹ 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. Delaya QalgDW Print Owner's or Authorized Agent's Name (Electronic Signature) Date NOTES: 1 1. An Owner who obtains a building permit do his/her own work, or an owner who hires an unregistered 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 a www.mass.gov/cos Information on the Construction Supervisor License can be found at www.mass.gov/dps 2. Other signatures needed: Town Treasure/Tax Collector <td< td=""><td>The company traine of the registrant traine</td><td></td><td>5</td></td<>	The company traine of the registrant traine		5
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	Name of Waste Facility		2 ¹⁰ 1
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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: Date: Property Address:

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
I certify that I have inspected the structure located at: <u>12 Buckley Street</u> Map: <u>20</u> Lot: <u>52</u> 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.
Date Occupancy Permit Issued: 10-09-08
Conditions: None
Inspector of Buildings/Building Commissioner
"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 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.	PLEASE RETURN JOB CARD TO INSPECTIONS OFFICE AFTER COMPLETION OF WORK.	LOSS OF JOB CARD CONSTITUTES A FINE	of buildings. Work must be started within 6 months. Any violation of this nermit.	conform to the terms of the application on the main 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	The person accepting this permit shall in every respect	Situated on: 12 Buckly Street	Has permission to: Interior renovations	THIS CERTIFIES THAT: Todd C. Carlson	Permit No: B-187	BUILDIN	Department of Inspections Services 41 Elm Street	The Commonwealth of Massachusetts Town of Southbridge
Nick Tortis Inspector of Buildings/BuildingCommissioner		Conservation Commission Tax Assessor	Bldg. Final	Insp. By Fire Dept. Highway Dept. Bldg. Fd. & Drains	Electrical Insp Finish Of WAG Oct & 2008 Septic System		1 1	Gas Sul W10 & KC INGreen	-08	IT JOB CARD	actions Services	of Massachusetts

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J.

APPLICATION FOR BUILDING PERMIT

APPLICATION FOR BUILDING PERMIT
TOWN OF SOUTHBRIDGE41 Elm StreetMASSACHUSETTSSouthbridge, MA 01550INSPECTIONS SERVICESTel.: 764-5412
CURRENT) PERMIT FEE <u>140^{co}</u> 287 CHARLTON St. PERMIT NUMBER <u>B-187</u> DATE <u>112/08</u> DATE <u>112/08</u> DATE <u>112/08</u> PROJECT LOCATION <u>12 BUCKLEN ST-</u> GENERAL CONTRACTOR <u>RJ Parkon Building</u> ADDRESS <u>RJ 10 deft PL</u> ADDRESS <u>RJ 10 deft PL</u> ADDRESS <u>RJ 10 deft PL</u> ADDRESS <u>RJ 10 deft PL</u> ADDRESS <u>RJ 10 deft PL</u> Holland MR
SF 2F MF RB GB LI HI OTHER PROPOSED USE SINGLE FRONTY - R-4 TYPE OF IMPROVEMENT INTERIOR REPORTIONS LOT SIZE 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 #
WILL THIS STRUCTURE BE WITHIN 100' OF POND, LAKE, OR ANY WETLAND? YES NO NO ESTIMATED COST OF CONSTRUCTION $(C + 20, 00)$ TWENT THOUSAND LOLLARS (Must be filled out)
REMARKS: Bring Stairway up to code, Remove walls and Replace with LUL'S, New Kitchen, and Boths
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	Holis J Zen
LICENSED CONSTRUCTION SUPERVISOR NO. $CS 60 6 8 7$	SIGNATURE OF APPLICANT
NAME Robert J Parron	PERMIT GRANTED
ADDRESS 81310 dgett Dr.	Matter
Holland, Mr. 01531 PREMISES NOT TO BE OCCUPIED U	BUILDING OFFICIAL
PREMIŠES NOT TO BE OCCUPIED U	NTIL OCCUPANCY PERMIT ISSUED

TOWN OF SOUTHBRIDGE, D.P.W.									
APPLICATION FOR CONNECTION APPROVAL									
FOR									
SANITARY SEWER/WATER SUPPLY									
OWNER'S PORTION Date: MAY. 5.08									
BUCKLEY ST.									
Street Name Map and Lot No.									
RENOVATION TODD CARLSON									
Description (new home, addition, etc.) Owner's Name (print name)									
Estimated Non-Residential Usage (310 CMR 15.02 (13)) OR Number of Bedrooms									
Estimated Non-Residential Usage (310 CMR 15.02 (13)) OR Number of Bedrooms & 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.C. MEM- 12 RICKLEY ST. 508 764 1516									
Owner's Signature Address 508 Telephone 5001									
DEPARTMENT OF PUBLIC WORKS Permit No. 08037									
DEPARTMENT OF PUBLIC WORKS Permit No. 08037									
Approval is hereby given to									
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Approval is hereby given to <u>Todd Carl SON</u> for connection into sewer/water as follows: Location: <u>IA Buckley Street</u> Special Provisions: <u>Owner To supply easement to Town, Town will</u> 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.									
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Pink: Dept. Public Works

White Copy: Owner

Revised 9/04

Yellow: Building Inspector/Board Of Health

Gold: Tax Collector

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6/19/2008 RE~ alley

George Walstencraft Todd Carlson 12 Buckley St. P-098 No chouse

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The Commonwealth of Massachusett.	S
Department of Industrial Accidents	
Office of Investigations	
600 Washington Street	•
Boston, MA 02111	· .
www.mass.gov/dia	
Workers' Compensation Insurance Affidavit: Builders/Contra	ctors/Electricians/Plumbers
Applicant Information	Please Print Legibly
Name (Business/Organization/Individual): <u>Grange Unitsiza</u>	G10073
Name (Business/Organization/Individual): <u>Grokege Unolsized</u> Address: <u>4 570 dot up 15 koode</u> Ked	
City/State/Zip: coloucia an Orson Phone #: 1-50	58. 148-600G
Are you an employer? Check the appropriate box:	Type of project (required):
1. I am a employer with 4. I am a general contractor and I have hired the sub-contractors	6. New construction
employees (full and/or part-time).*	7. Remodeling
2. I am a sole proprietor or partner- ship and have no employees I bisted on the attached sheet. These sub-contractors have	8. Demolition
working for me in any canacity employees and have workers	9. Building addition
No workers' comp insurance comp. insurance.*	10. Electrical repairs or additions
required.] 5. We are a corporation and its officers have exercised their	11. Plumbing repairs or additions
5. I ain a nonneowner doing an work	
myself. [No workers' comp. insurance required.] [†] c. 152, §1(4), and we have no	12. Roof repairs
employees. [No workers'	13. Other
comp. insurance required.]	
*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation [†] Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors [†] Contractors that check this box must attached an additional sheet showing the name of the sub-contractors employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.	s must submit a new amoave molecting such. and state whether or not those entities have
I am an employer that is providing workers' compensation insurance for my employ information.	vees. Below is the policy and job site
Insurance Company Name:	
	ration Date:
Job Site Address: 12 Buckley St. City/S	State/Zip:
Attach a copy of the workers' compensation policy declaration page (showing the	e policy number and expiration date).
Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to t fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the fo of up to \$250.00 a day against the violator. Be advised that a copy of this statement n Investigations of the DIA for insurance coverage verification.	rm of a STOP WORK ORDER and a line nay be forwarded to the Office of
I do hereby certify under the pains and penalties of perjury that the information pro	vided above is true and correct.
Signature: I all all and and all all all all all all all all all al	
Official use only. Do not write in this area, to be completed by city or town office	
City or Town: Permit/License #	•
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical 6. Other	
Contact Person: Phone #:	

P.1/2

AC	ORD. CERTIFIC	ATE OF LIABI			OP ID ME WOLST-1	DATE (MM/D0/YYYY) 10/18/07
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Sturb	ridge MA 01566	8-347-5798	INSURERS AF	FORDING COVE	RAGE	NAIC #
NSURED			INSURGE A 1	National Gr	ange Mutual	
			INSURER D			
	George Wolstencrof	t Plumbing	INSURER C			
	George Wolstencrof 4 Stönybrook Road Charlton MA 01507	-	INSURER D			
		·	INSURER C			
ANY RE MAY PE POLICII	LICIES OF INSURANCE LISTED BELOW HAV QUIREMENT, TERM OR CONDITION OF ANY RTAIN THE INBURANCE AFFORDED BY THI IS AGGREGATE LIMITS SHOWN MAY HAVE	CONTRACT OR OTHER DOCUMENT V 2 POLICIES DESCRIBED HEREIN IS SU	NITH RESPECT TO WHICH ID,IZCT TO ALL THE TERM	6 EXCLUSIONS AND	CONDITIONS OF SUCH	
VER ADD' LTR INSR		POLICY NUMBER	DATH (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DO/YY)		
A.	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY OLAIMS MADE X OCCUR	MPF38379	02/25/07	02/25/08	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurance) MED EXP (Any one paraon)	\$ 1000000 \$ 500000 \$ 10000
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	ALL OWNED AUTOS BCHEDULED AUTOS				BODILY INJURY (Par person)	\$
	HIRED AUTOS				BODILY INJURY (Per accident)	\$
			2		PROPERTY ÖAMAĞI (Per acsident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	<u>\$</u>
	ANY AUTO	N/A			AUTO ONLY AGG	, .
- +					EACH OCCURRENCE	\$
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	DEDUCTIOLE RETENTION			The second s		5
WC	RKERS COMPENSATION AND				TORY LIMITS	
EM	PLOYERS' LIABILITY	N/A			EL CACH'ACCIDENT	\$
OF	Y PROPRIETOR/PARTNER/EXECUTIVE FIGER/MEMBER EXCLUDED?	-		-	E L DISEASE - EA EMPLOYEE	\$
lf yi SPI	e, describe under CIAL PROVISIONS below				EL DISEASE - POLICY LIMIT	5
	HER					
	NON OF OPERATIONS / LOCATIONS / VEHI bing Operations "Sub	LES'EXCLUSIONS ADDED BY ENDO	RECMENT/SPECIAL PRO terms, cond	VISIONS itions & ex	colucions"	
SERTIF	ICATE HOLDER		CANCELLAT			
	Town of Southbridg Attn: Judy Inspec 41 Elm St. Southbridge MA 015	tions Dept.	DATE THEREOP NOTICE TO THE	, the issuing indur I certificate holde Ligation or liabilit ves.	IDED POLICIES BE CANCELLED ER WILL ENDEAVOR TO MAIL IR NAMED TO THE LEFT, BUT F. Y OF ANY KIND UPON THE INSU	10 DAYS WRITTEI AILURE TO DO SO SHAI
				McCurdy		
COBE	25 (2001/08)				© ACORD (CORPORATION 19

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E10128



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

		WN				
Commo	rwealth of Massachusetts rtment of Fire Services	Official Use Only				
Dena P	stment of Fire Services	Permit No. <u>E - 10 128</u>				
		Occupancy and Fee Checked 8/.03				
BOARD OF FIRE F	PREVENTION REGULATIONS	Rev. 1/07] (leave blank)				
APPLICATION FOR	R PERMIT TO PERFOR					
(PLEASE PRINT IN INK OR TYPE						
-	· · · · · · · · · · · · · · · · · · ·	he Inspector of Wires:				
		the electrical work described below.				
Location (Street & Number)		The sector 500 500 57				
Owner or Tenant Todd Carls	·····	Telephone No. <u>508-523-57</u>				
Owner's Address 12 Buckley						
Is this permit in conjunction with a Purpose of Building Rooftop						
	······································	uthorization No. <u>180120 exp 10/14/</u>				
Existing Service Amps		Undgrd No. of Meters				
New Service Amps	/Volts Overhead	Undgrd No. of Meters				
Number of Feeders and Ampacity						
Location and Nature of Proposed El	inotaliation of an in	nterconnected rooftop solar syste				
2.750 kw DC/ 1		wing table may be waived by the Inspector of Wire				
No. of Recessed Luminaires	No. of CeilSusp. (Paddle) Fans	No. of Total				
No. of Luminaire Outlets	No. of Hot Tubs	Transformers KVA Generators KVA				
· ····	Swimming Pool grnd.	No. of Emergency Lighting				
No. of Luminaires		Battery Units				
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS No. of Zones				
No. of Switches	No. of Gas Burners	Initiating Devices				
No. of Ranges	No. of Air Cond. Tons	No. of Alerting Devices				
No. of Waste Disposers	Heat Pump Number Tons KW Totals:	Not of Self-Contained Detection/Alerting Devices				
No. of Dishwashers	Space/Area Heating KW	Local Municipal Connection Other				
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent				
No. of Water Heaters KW	No. of No. of Signs Ballasts	Data Wiring:				
No. Hydromassage Bathtubs	No. of Motors Total HP	No. of Devices or Equivalent Telecommunications Wiring:				
OTHER:		No. of Devices or Equivalent				
Estimated Value of Electrical Work: Work to Start:Insp INSURANCE COVERAGE: Unless the licensee provides proof of liability undersigned certifies that such coverag	\$4023.25 (When required by mun pections to be requested in accordance with waived by the owner, no permit for the per insurance including "completed operation" e is in force, and has exhibited proof of sar	MEC Rule 10, and upon completion. rformance of electrical work may issue unles coverage or its substantial equivalent. The				
CHECK ONE: INSURANCE 🗹 B		د. مانیا اور از از اور				
FIRM NAME: Sunrun Installa	s of perjury, that the information on this a tion Services Inc	application is true and complete. LIC. NO.: 180120 exp. 10				
Licensee: Nathan Ashe	Signature	LIC. NO.: 180120 exp. 10 LIC. NO.: 21136A exp. 7/				
(If applicable, enter "exempt" in the licens	e number line.)	Bus. Tel. No.: 978-594-3519				
Address: 724 Ecrept at #400 M	arlborough, Ma. 01752	Alt. Tel. No.: <u>978-549-9438</u>				
		"S" License: Lic. No.				
*Per M.G.L. c. 147, s. 57-61, security	: I am aware that the Licensee <i>does not ha</i>	ve the liability insurance coverage normally				
*Per M.G.L. c. 147, s. 57-61, security OWNER'S INSURANCE WAIVER required by law. By my signature belo	: I am aware that the Licensee <i>does not ha</i> w, I hereby waive this requirement. I am t	ve the liability insurance coverage normally he (check one) _ owner _ owner's agen				
*Per M.G.L. c. 147, s. 57-61, security OWNER'S INSURANCE WAIVER	: I am aware that the Licensee <i>does not ha</i> w, I hereby waive this requirement. I am t					



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 #: <u>978-549-</u>	-9438							
Are you an employer? Check the appropriate box:		Type of project (required):							
1. I am a employer with 35 employees (full and/or part-time).*		7. New construction							
2. I am a sole proprietor or partnership and have no employees working any capacity. [No workers' comp. insurance required.]	for me in	8. Remodeling							
3. I am a homeowner doing all work myself. [No workers' comp. insura	ance required.] [†]	9. Demolition 10 Building addition							
	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 insurar proprietors with no employees.	ice or are sole	11. Electrical repairs or additions 12. Plumbing repairs or additions							
6. We are a corporation and its officers have exercised their right of exercised 152, §1(4), and we have no employees. [No workers' comp. insurance in the second s		14. Other Rooftop Solar							
*Any applicant that checks box #1 must also fill out the section below showi † Homeowners who submit this affidavit indicating they are doing all work a ‡Contractors that check this box must attached an additional sheet showing the employees. If the sub-contractors have employees, they must provide their	and then hire outside contractor he name of the sub-contractors	rs must submit a new affidavit indicating such. and state whether or not those entities have							
I am an employer that is providing workers' compensation i information.		vees. Below is the policy and job site							
Insurance Company Name: Zurich American Insurance Co	mpany	and a second							
Policy # or Self-ins. Lic. #: WC013696001 & WC0136961		iration Date: 10/01/2016							
Job Site Address: 12 Buckley St.		State/Zip: Southbridge,Ma. 01550							
Attach a copy of the workers' compensation policy declar	ation page (showing the	e policy number and expiration date).							
Failure to secure coverage as required under MGL c. 152, §2									
and/or one-year imprisonment, as well as civil penalties in the									
day against the violator. A copy of this statement may be forv coverage verification.	varded to the Office of in	nvestigations of the DIA for insurance							
I do hereby certify under the pains and penalties of perjury	that the information pro	ovided above is true and correct.							
Signature:	Date:								
Phone #: 978-549-9438		1							
Official use only. Do not write in this area, to be complet	ed by city or town offici	al.							
City or Town:	_Permit/License #								
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Tow 6. Other	vn Clerk 4. Electrical	Inspector 5. Plumbing Inspector							
Contact Person:	Phone #:								



CERTIFICATE OF LIABILITY INSURANCE

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

C B	IIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	E POLICIES			
th	PORTANT: If the certificate holder e terms and conditions of the policy ertificate holder in lieu of such endor	, cert	ain p	olicies may require an er									
-	DUCER	seme	m(s)	•	CONTA	СТ							
M	ARSH RISK & INSURANCE SERVICES				CONTACT NAME: PHONE FAX								
	IS CALIFORNIA STREET, SUITE 1300				PHONE FAX (A/C, No, Ext): E-MAIL ADDRESS:								
	ALIFORNIA LICENSE NO. 0437153 AN FRANCISCO, CA-94104				ADDRE	SS:							
								IDING COVERAGE		NAIC #			
1049	60339-STND-GAX-15-16				INSURE	RA: James Riv	er Insurance Corr	ipany		12203			
INSU	RED Inrun Installation Services, Inc.				INSURE	яв: ^{N/A}				N/A			
	d REC Solar, Inc.				INSURE	RC: Houston C	asualty Company			42374			
77	5 Fiero Lane, Sulte 200				INSURE	RD:							
5	n Luis Obispo, CA 93401				INSURE	RE:							
					INSURE	RF:							
CO	/ERAGES CEI	TIFI	CATE	NUMBER:		-002988159-03		REVISION NUMBER:5					
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	reme 'Ain.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an' Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	Document with Respect D Herein is subject to	OT TO	WHICH THIS			
	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	<u>s</u>				
A			-	000641241		10/01/2015	10/01/2016	EACH OCCURRENCE	\$	1,000,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000			
								MED EXP (Any one person)	\$	10,000			
		ŀ		. * . *				PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000			
	X OTHER: Host Liquor Liability							TOTAL POLICY LIMIT	\$	10,000,000			
	AUTOMOBILE LIABILITY			······································				COMBINED SINGLE LIMIT (Ea accident)	\$				
	ANY AUTO			;				BODILY INJURY (Per person)	\$				
	ALLOWNED SCHEDULED							BODILY INJURY (Per accident)	\$				
	AUTOS AUTOS NON-OWNED					-		PROPERTY DAMAGE	\$				
	HIRED AUTOS						- -	(Per accident)	\$				
C		1		H15XC5023203		10/01/2015	10/01/2016			10,000,000			
				1110/00020200		10/0 1/2010		EACH OCCURRENCE	\$				
	CEALING ANALON					1	stran -	AGGREGATE	\$	10,000,000			
	WORKERS COMPENSATION							PER OTH-	\$				
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$				
	DESCRIPTION OF OPERATIONS below	<u> </u>					· · ·	E.L. DISEASE - POLICY LIMIT	\$				
							· · ·						
								.ť ¹					
						- N	<u> </u>						
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC					e attached if mo	re space is requi	red)					
Re: P	ermitting within jurisdiction. Wood, Pauline; 221R-4	32WOC	D, 432	Charlton St., Southbridge, MA 015	50.			н					
CEF	TIFICATE HOLDER				CANC	ELLATION							
	wn of Southbridge				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C		LED BEFORE			
	Elm St. uthbridge, MA 01550							REOF, NOTICE WILL E	BE DE	LIVERED IN			
- 30	annunder INIV 01000				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.					
					A 1 1991 1 1 1		1 ST & TI: /-						
						RIZED REPRESE h Risk & Insura							
•					Stefan								
						© 19	88-2014 AC	ORD CORPORATION.	All rial	hts reserved.			

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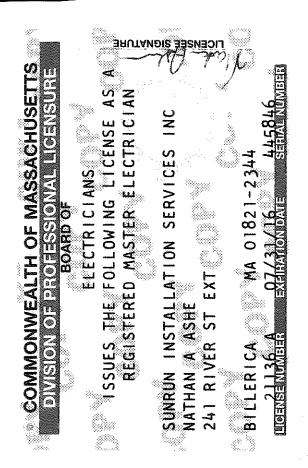
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/8/2015

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL) SURAI	/ OF NCE	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	UPON THE CERTIFICATE HO	IE POLICIES				
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	, certa	ain p	olicies may require an en	policy Idorse	(ies) must be ment. A sta	e endorsed. tement on th	If SUBROGATION IS WAIVE is certificate does not confer	D, subject to rights to the				
PRODUCER				CONTA NAME:	ст							
Arthur J. Gallagher & Co. Insurance Br 1255 Battery Street #450	okers	of C	CA.	PHONE (A/C, No, Ext): 415-546-9300 FAX (A/C, No): 415-536-8499								
San Francisco CA 94111				E-MAIL								
					INS	SURER(S) AFFOF	RDING COVERAGE	NAIC #				
				INSURE	RA:Zurich A	American Ins	surance Company	16535				
INSURED	SUNF	RINC	2-01	INSURE	RB:							
Sunrun Installation Services Inc.				INSURER C :								
775 Fiero Lane, Suite 200 San Luis Obispo, CA 93401				INSURE	RD:							
				INSURE	RE:							
				INSURE	RF:							
COVERAGES CEF	RTIFIC	ATE	NUMBER: 339705216				REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT/	eme Ain, Cies.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	of an' Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS				
INSR LTR TYPE OF INSURANCE	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
							EACH OCCURRENCE \$					
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$					
							MED EXP (Any one person) \$					
							PERSONAL & ADV INJURY \$					
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$					
							PRODUCTS - COMP/OP AGG \$					
							\$ COMBINED SINGLE LIMIT \$					
						1	(Ea accident)					
ANY AUTO							BODILY INJURY (Per person) \$					
ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) \$					
HIRED AUTOS AUTOS							(Per accident)					
					· ·		\$					
							EACH OCCURRENCE \$					
CLAIMS-MADE					11.00 C	di su	AGGREGATE \$					
A WORKERS COMPENSATION		Y	WC013696001		10/1/2015	10/1/2016	X PER OTH- STATUTE ER					
A AND EMPLOYERS' LIABILITY Y / N		T	WC013696101		10/1/2015	10/1/2016						
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A							0,000				
(Mandatory in NH) If yes, describe under						4 T	E.L. DISEASE - EA EMPLOYEE \$1,00					
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$1,00	0,000				
							.e.'					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC WC013696001 - \$25,000 Deductible; V Evidence of Insurance							ed)					
			·	<u></u>								
CERTIFICATE HOLDER			F	CANC	ELLATION			1				
Town of Southbridge 41 Elm St Southbridge MA 01550 US	5A			THE ACC	EXPIRATION ORDANCE WI	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE CANCEI REOF, NOTICE WILL BE D Y PROVISIONS.					
				Er.		il						
					© 19	88-2014 ACC	ORD CORPORATION. All rig	ahts reserved.				

ACORD 25 (2014/01)

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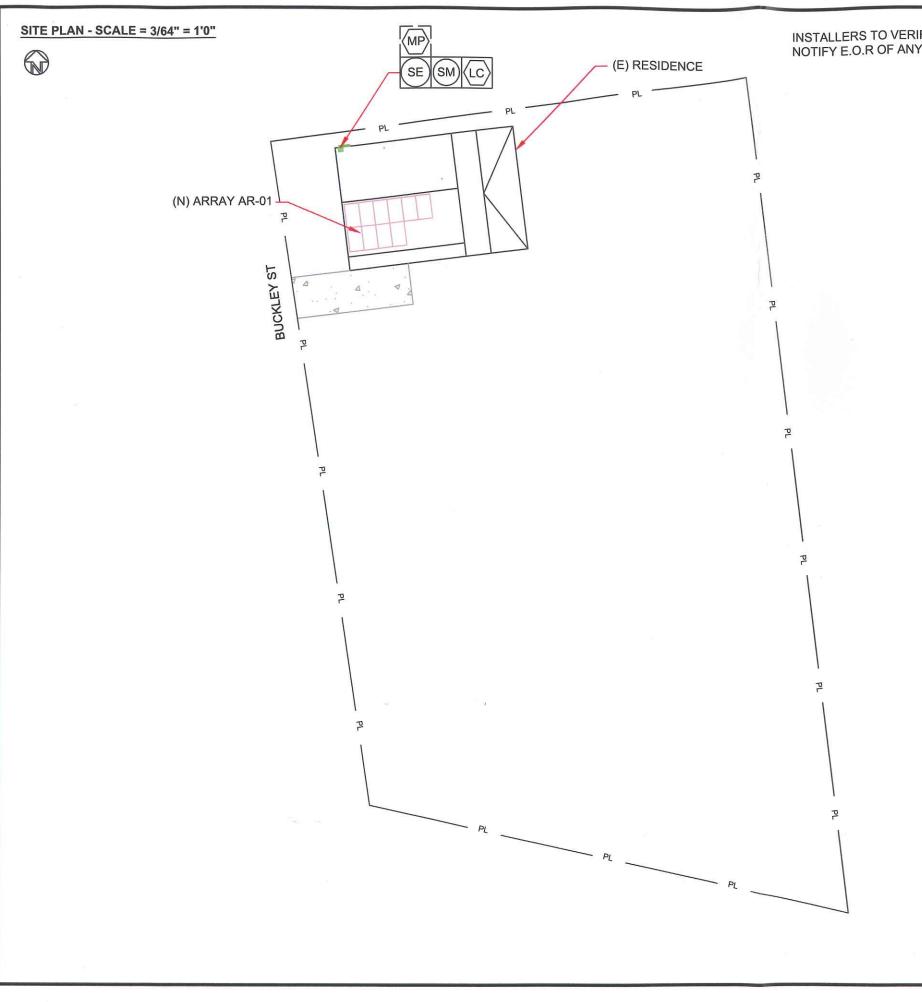




CHANGE OF ADDRESS. PRINT BELOW. PERMANENT INK.

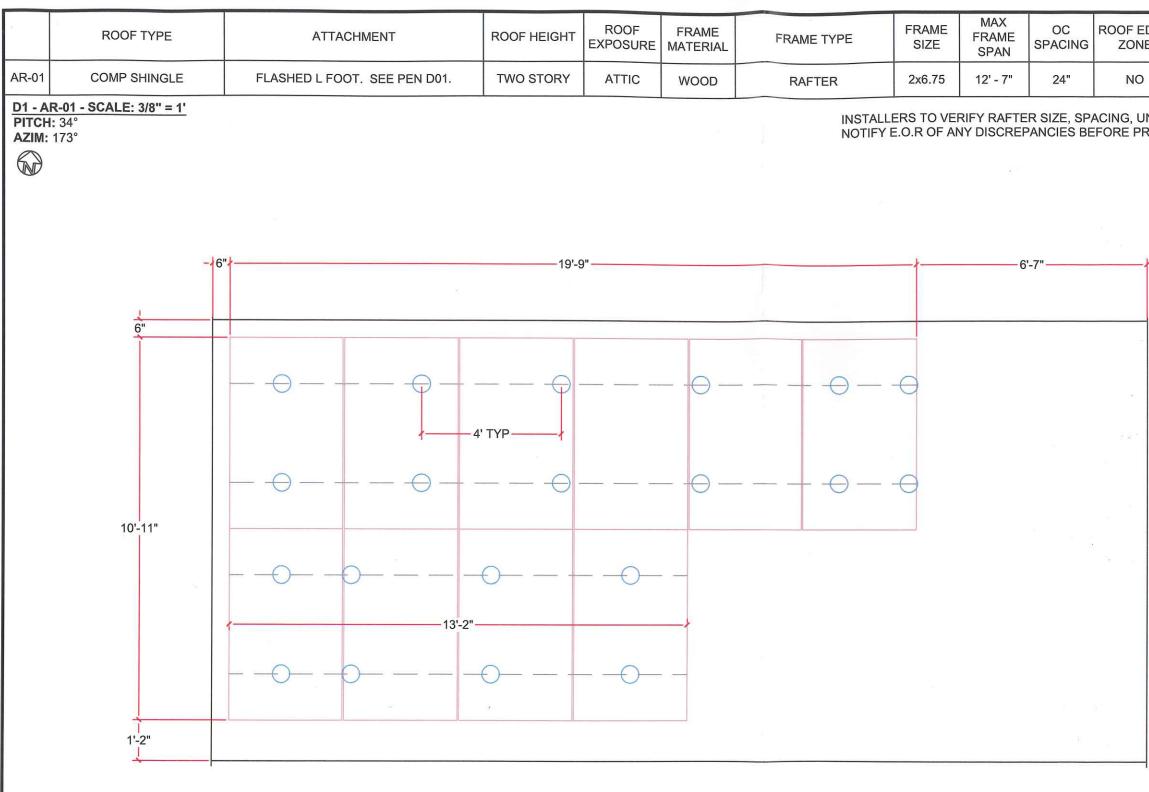
J.

COPE OF WORK	GENERAL NOTES	LEGEND AND ABBREVIATIONS
	SERENAE NOTES	PAGE # DESCRIPTION
SYSTEM SIZE: 2750W DC, 2400W AC	ALL WORK SHALL COMPLY WITH 2014 NEC, 2009 IBC, MUNICIPAL CODE, AND	SOLAR MODULES PV-1.0 COVER SHE
MODULES: (10) REC SOLAR: REC 275TP INVERTER(S):	ALL MANUFACTURERS' LISTINGS AND INSTALLATION INSTRUCTIONS.	RAIL PV-2.0 SITE PLAN
(10) ENPHASE ENERGY: M250-60-2LL-S2X	 PHOTOVOLTAIC SYSTEM WILL COMPLY WITH 2014 NEC. ELECTRICAL SYSTEM GROUNDING WILL COMPLY WITH 2014 NEC. 	MP MAIN PANEL PV-3.0 LAYOUT
RACKING: SNAPNRACK SERIES 100 UL; FLASHED L FOOT. EE PEN DO1.	 PHOTOVOLTAIC SYSTEM IS UNGROUNDED. NO CONDUCTORS ARE SOLIDLY 	PV-4.0 ELECTRICA
	 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. 	SP SUB-PANEL STANDOFFS & PV-5.0 SIGNAGE FOOTINGS
	 CONSTRUCTION FOREMAN TO PLACE CONDUIT RUN PER 690.31(E) AND 2012 IFC 605.11.2. ARRAY DC CONDUCTORS ARE SIZED FOR DERATED CURRENT. 	CHIMNEY
	 9.4 AMPS MODULE SHORT CIRCUIT CURRENT. 14.68 AMPS DERATED SHORT CIRCUIT CURRENT (690.8 (a) & 690.8 (b)). 	SM SUNRUN METER ATTIC VENT
		PM DEDICATED PV METER FLUSH ATTIC VENT • PVC PIPE VENT
		INVERTER(S) WITH 8 METAL PIPE VENT INTEGRATED DC 8 T-VENT
		AC DISCONNECT(S) SATELLITE DISH
		DC DISCONNECT(S) FIRE SETBACKS
		CB COMBINER BOX HARDSCAPE
		□ INTERIOR EQUIPMENT □ SHOWN AS DASHED
		A AMPERE AC ALTERNATING CURRENT
		AFCI ARC FAULT CIRCUIT INTERRUPTER
		AZIM AZIMUTH
		DC DIRECT CURRENT PHONE 888.657.6527 FAX 805.528.9701
Auburr		(E) EXISTING EXT EXTERIOR CUSTOMER RESIDENCE:
		FRM FRAMING TODD CARLSON
ALL NARA		LBW LOAD BEARING WALL SOUTHBRIDGE MA 0155
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MAG MAGNETIC MSD MAIN CEDVICE DANEL
Charlton		MSPMAIN SERVICE PANELTEL. (508) 523-5701APN #: 020-05200(N)NEWNTSNOT TO SCALEOCON CENTER221R-012CARL
Sturbridge		PRE-FAB PRE-FABRICATED
12 Buckley St		PSFPOUNDS PER SQUARE FOOTDESIGNER:PVPHOTOVOLTAICLASZLO KURTA
		TL TRANSFORMERLESS DRAFTER
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Webster		W WATTS SHEET
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INSTALLERS TO VERIFY RAFTER SIZE, SPACING, UNSUPPOR NOTIFY E.O.R OF ANY DISCREPANCIES BEFORE PROCEEDIN

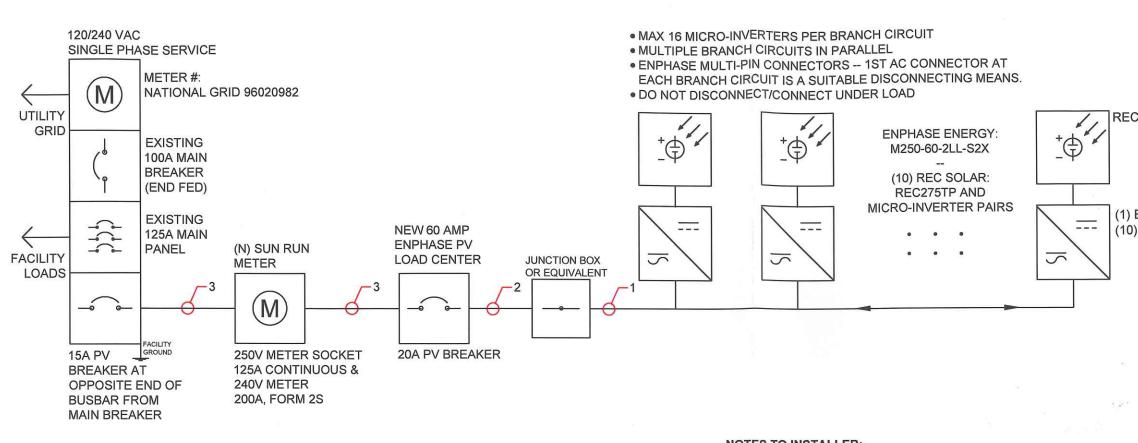
PIICH AZIM AZIM (SQFT) AR-01 34° 173° 159° 177.4						
International and the second s	ORTED SPANS AND		PITCH			PV AREA (SQFT)
Expir. 06/30/2016 Stamped for Structural info only. Stamped for Structural info only. Expir. 06/30/2016 Stamped for Structural info only. Expir. 06/30/2016 Stamped for Structural info only. Expir. 06/30/2016 Stamped for Structural info only. Expir. 06/30/2016 Expir. 06	NING.	AR-01	34°	173°	159°	177.4
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	ANNAL DIST	ALE GISTE	ENGINE	Expir.		la- 016
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						
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41 01 11	4.01	REC SOLAR: REC275TP MODULE DIMS:
4' - 0" 1'	- 10"	65.5" x 39" x 1.5"
		MAX DISTRIBUTED LOAD: 3 PSF
NSUPPORTED SPANS ROCEEDING.	AND	SNOW LOAD: 40 PSF WIND SPEED:
		90 MPH 3-SEC GUST.
		LAG SCREWS: 5/16"x4.0": 2.5" MIN EMBEDMENT
		PENETRATION SPACING:
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	4	LICENSE NO. 750184
		734 FOREST STREET #400, MARLBOROUGH, MA 01752
	* 5 -	PHONE 888.657.6527 FAX 805.528.9701
	신전	CUSTOMER RESIDENCE:
	н алт. Наста	TODD CARLSON 12 BUCKLEY ST,
		SOUTHBRIDGE, MA, 01550
ilea _e x s	- 1227 - A	TEL. (508) 523-5701 APN #: 020-05200001
		PROJECT NUMBER:
		221R-012CARL
		DESIGNER:
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CON	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						

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.

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REC SOLAR: REC275TP MODULES

(1) BRANCH OF (10) MICRO-INVERTERS

SUNLUU

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

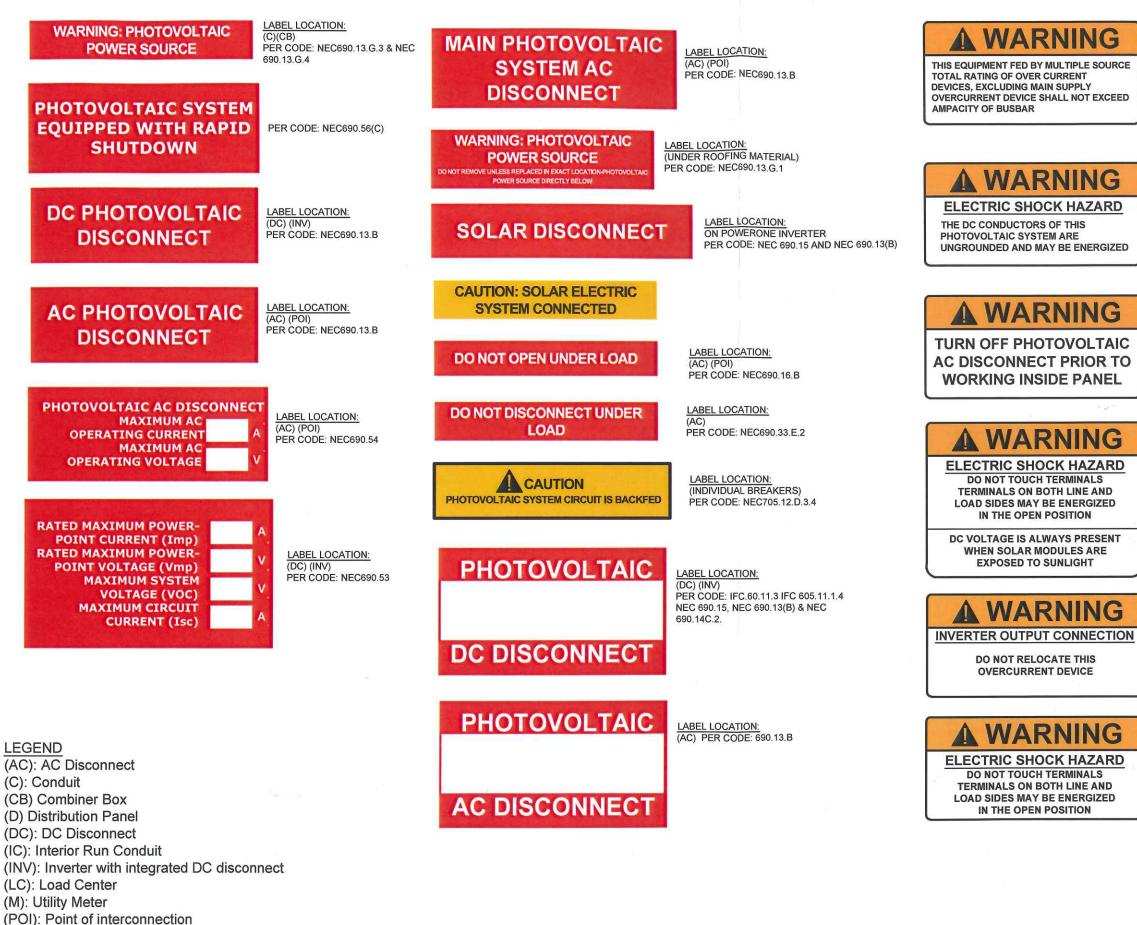
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PER CODE: 705.12(D)(2)

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

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

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

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

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

SUNTUN

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

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