



Property Information Request Information Update Information

File#:	BS-W01469-4076690441	Requested Date:	10/25/2023	Update Requested:
Owner:	SCOTT PTAK	Branch:		Requested By:
Address 1:	91 Ryefield Rd	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	Fitchburg, MA	# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per City of Fitchburg Zoning Department there are No Open Code Violation cases on this property.

Payable : City of Fitchburg
Address : 718 Main St #208, Fitchburg, MA 01420
Business #: (978) 829-1880

PERMITS Per City of Fitchburg Building Department there are Open & Expired Permits on this property.

1. Permit #: 30064
Permit Type: Hot Water Heater

2. Permit#: 25857
Permit Type: Replace Fixtures

3. Permit#: 56417
Permit Type: Trench Permit

4. Permit#: 46774
Permit Type: Road Opening Permit

5. Permit #: 45459
Permit Type: Road Opening Permit

Payable : City of Fitchburg
Address : 718 Main St #208, Fitchburg, MA 01420
Business #: (978) 829-1880

SPECIAL ASSESSMENTS Per City of Fitchburg Treasurer office there are no special assessments/liens on the property.

Payable :City of Fitchburg
Address : 718 Main St #208, Fitchburg, MA 01420
Business #: (978) 829-1880

Comments : UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

DEMOLITION NO



UTILITIES

Water & Sewer
Account #:300049960
Payment Status: Delinquent
Status: Pvt & Non Lienable
Amount: \$162.75
Good Thru: 11/15/2023
Account Active: YES
Collector: FITCHBURG CITY tax collector
Payable Address: 166 BOULDER DRIVE SUITE 108 FITCHBURG MA 01420
Business # 877-253-6665

Garbage
Billed w/ TAXES

91 RYEFIELD RD, FITCHBURG, MA 01420

Records

Details

Property Owner

PTAK, SCOTT
91 RYEFIELD ROAD
FITCHBURG, MA 01420

Records

Record #	Record Type	Status
56417	Trench Permit	Active
46774	Road Opening Permit	Active
45459	Road Opening Permit	Active
30064	Plumbing Permit	Active
25857	Plumbing Permit	Active
49866	Electrical Permit	Complete
49830	Building Permit	Complete

**City of Fitchburg,
MA**

Your Profile

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Resources

Search for
Records (</search>)

Claim a Record
(</claimRecord>)

Employee Login
(<https://fitchburgma.w>)

From: Viola, Robin <RViola@fitchburgma.gov>
Sent: 13 November 2023 07:31
Cc: Bilotta, Joanna; Barbadoro, Mark
Subject: RE: 91 Ryefield Rd

I don't see any code violations from the Building Department.

Sent: Friday, November 10, 2023 10:05 AM
To: Viola, Robin <RViola@fitchburgma.gov>
Cc: Bilotta, Joanna <JBilotta@fitchburgma.gov>; Barbadoro, Mark <MBarbadoro@fitchburgma.gov>
Subject: RE: 91 Ryefield Rd

could you please advise if there are any Open Code Violation

From: Viola, Robin <RViola@fitchburgma.gov>
Sent: 30 October 2023 13:13
Cc: Bilotta, Joanna; Barbadoro, Mark
Subject: 91 Ryefield Rd
Attachments: 91 Ryefield Rd_5 4 0.pdf

There are two plumbing permits open #30064 – 6/10/2011 hot water heater and #25857 – 6/15/2009 replace fixtures.. You can also go on line to fitchburgma.gov click on permitting and licenses button and it will take you to another page scroll to the very bottom right hand corner you will see search records.

Thank you



Robin Viola

Head Clerk, Building Department - City of Fitchburg, Massachusetts

O: 978-829-1887 | rviola@fitchburgma.gov

www.fitchburgma.gov | [Facebook](#) | [Twitter](#)

Trench Permit

56417



Applicant

Location

91 RYEFIELD RD

FITCHBURG, MA 01420

[View location details \(/locations/31600\)](/locations/31600)

Created

Oct 31, 2016

Status

Active

Expires

Oct 31, 2017

[Details](#)

[Files](#)

Additional Applicant Info

Applicant Type *

Utility

Who is performing the excavation? *

--

Property Owner *

--

Property Owner Name *

--

Property Owner Phone *

--

Is this trench on: *

--

What is the purpose of the trench? *

--

Notes (for office use only):

--

Utility Info

Utility Name: *

Fitchburg Water Division

Address: *

1200 Rindge Road

City: *

Fitchburg

State: *

MA

Zip Code: *

01420

Contact Name: *

--

Contact Phone: *

--

Excavator Info

Excavator Name: *

--

Emergency (24-Hour) Contact Phone *

--

Massachusetts Hoisting License Number: *

--

Hoisting License Grade: *

--

Hoisting License Expiration Date *

--

Name of Competent Person *

--

Insurer Name: *

--

Policy Expiration Date:

--

Insurer Contact Info: *

--

NOTE: Please submit a copy of your insurance certificate under attachments unless already on file with the City of Fitchburg.

Trench Info

Estimated Start Date *

10/31/2016

Estimated Completion Date *

--

Dig Safe / CBYD Number: ?

20164306080

Work Description: * ?

--

Check if this work is being done on an emergency basis for a public utility or for public safety and immediate correction is required due to threat of life or health, or when immediate correction is required to maintain or restore a public utility service. ?

--

Comments (for office use only):

--

Legal Info

Persons engaging in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et seq., entitled Subpart P "Excavations".

By applying for, accepting and signing this permit, the applicant attests to the following: a) that he or she has read and understood all municipal ordinances, by-laws, and regulations promulgated by the City of Fitchburg with regard to trench safety; b) that he or she has read and understood the regulations promulgated by the Department of Public Safety with regard to trench safety; and c) that he or she has read and understood the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et seq., entitled Subpart P "Excavations".

By applying for, accepting and signing this form, the applicant attests that the property owner has authorized the applicant to apply for the permit and the excavator to undertake such work on the property of the owner, and also, for the duration of construction, authorizes persons duly appointed by the municipality to enter upon the property to monitor and inspect the work for conformity with the conditions attached hereto and the laws and regulations governing such work.

By applying for, accepting and signing this form, the applicant attests that the applicant, owner, and excavator agree jointly and severally to reimburse the municipality for any and all costs and expenses incurred by the municipality in connection with this permit and the work conducted thereunder, including but not limited to enforcing the requirements of state law and conditions of this permit, inspections made to ensure compliance therewith, and measures taken by the municipality to protect the public where the applicant, owner, or excavator has

failed to comply therewith including police details and other remedial measures deemed necessary by the municipality.

By applying for, accepting and signing this form, the applicant attests that the applicant, owner, and excavator agree jointly and severally to defend, indemnify, and hold harmless the municipality and all of its agents and employees from any and all liability, causes or action, costs, and expenses resulting from or arising out of any injury, death, loss, or damage to any person or property during the work conducted under this permit.

Electronic Signature

Applicant Signature * ⓘ

--

Applicant Name * ⓘ

--

Applicant Title ⓘ

--

Documents

Permit/License Document

Issued Oct 31, 2016

City of Fitchburg, MA

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Road Opening Permit

46774



Applicant

Location

91 RYEFIELD RD

FITCHBURG, MA 01420

[View location details \(/locations/31600\)](/locations/31600)

Created

Nov 26, 2014

Status

Active

Expires

Nov 26, 2015

[Details](#) [Files](#)

Additional Applicant Info

Applicant Type: *

Other

If other please explain: *

--

Other Name: *

--

Other Address: *

--

Other Phone Number: *

--

Other Email:

--

Who is this work being conducted for? *

--

Who is this work being conducted by? *

--

Excavation Info

Work Description * 

gas service work

Check ALL That Apply:

Excavation required in a paved way.

--

Excavation required in shoulder.

--

Excavation required in sidewalk.

--

Other

--

Dig Safe / CBYD Number: ?

--

Estimated Project Cost

--

Estimated Start Date: *

11/26/2014

Estimated Completion Date: *

--

Street name where excavation is occurring: * ?

--

Specific location of excavation: * ?

--

Approximate Excavation Width (feet): *

--

Approximate Excavation Length (feet): *

--

Comments & Special Conditions (For Office Use Only):

--

Legal Info

Persons engaging in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et seq., entitled Subpart P "Excavations".

By applying for, accepting and signing this permit, the applicant attests to the following: a) that he or she has read and understood all municipal ordinances, by-laws, and regulations promulgated by the City of Fitchburg with regard to trench safety; b) that he or she has read and understood the regulations promulgated by the Department of Public Safety with regard to trench safety; and c) that he or she has read and understood the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et seq., entitled Subpart P "Excavations".

By applying for, accepting and signing this form, the applicant attests that the property owner has authorized the applicant to apply for the permit and the excavator to undertake such work

on the property of the owner, and also, for the duration of construction, authorizes persons duly appointed by the municipality to enter upon the property to monitor and inspect the work for conformity with the conditions attached hereto and the laws and regulations governing such work.

By applying for, accepting and signing this form, the applicant attests that the applicant, owner, and excavator agree jointly and severally to reimburse the municipality for any and all costs and expenses incurred by the municipality in connection with this permit and the work conducted thereunder, including but not limited to enforcing the requirements of state law and conditions of this permit, inspections made to ensure compliance therewith, and measures taken by the municipality to protect the public where the applicant, owner, or excavator has failed to comply therewith including police details and other remedial measures deemed necessary by the municipality.

By applying for, accepting and signing this form, the applicant attests that the applicant, owner, and excavator agree jointly and severally to defend, indemnify, and hold harmless the municipality and all of its agents and employees from any and all liability, causes or action, costs, and expenses resulting from or arising out of any injury, death, loss, or damage to any person or property during the work conducted under this permit.

Electronic Signature

Applicant Signature * 

--

Applicant Name * 

--

Applicant Title 

--

Documents

Permit/License Document

Issued Nov 26, 2014

City of Fitchburg, MA

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Road Opening Permit

45459



Applicant

Location

91 RYEFIELD RD

FITCHBURG, MA 01420

[View location details \(/locations/31600\)](/locations/31600)

Created

Sep 15, 2014

Status

Active

Expires

Sep 14, 2015

Details

Files

Additional Applicant Info

Applicant Type: *

Other

If other please explain: *

--

Other Name: *

--

Other Address: *

--

Other Phone Number: *

--

Other Email:

--

Who is this work being conducted for? *

--

Who is this work being conducted by? *

--

Excavation Info

Work Description * 

gas service work

Check ALL That Apply:

Excavation required in a paved way.

--

Excavation required in shoulder.

--

Excavation required in sidewalk.

--

Other

--

Dig Safe / CBYD Number: ?

--

Estimated Project Cost

--

Estimated Start Date: *

11/26/2014

Estimated Completion Date: *

--

Street name where excavation is occurring: * ?

--

Specific location of excavation: * ?

--

Approximate Excavation Width (feet): *

--

Approximate Excavation Length (feet): *

--

Comments & Special Conditions (For Office Use Only):

--

Legal Info

Persons engaging in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et seq., entitled Subpart P "Excavations".

By applying for, accepting and signing this permit, the applicant attests to the following: a) that he or she has read and understood all municipal ordinances, by-laws, and regulations promulgated by the City of Fitchburg with regard to trench safety; b) that he or she has read and understood the regulations promulgated by the Department of Public Safety with regard to trench safety; and c) that he or she has read and understood the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et seq., entitled Subpart P "Excavations".

By applying for, accepting and signing this form, the applicant attests that the property owner has authorized the applicant to apply for the permit and the excavator to undertake such work

on the property of the owner, and also, for the duration of construction, authorizes persons duly appointed by the municipality to enter upon the property to monitor and inspect the work for conformity with the conditions attached hereto and the laws and regulations governing such work.

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By applying for, accepting and signing this form, the applicant attests that the applicant, owner, and excavator agree jointly and severally to defend, indemnify, and hold harmless the municipality and all of its agents and employees from any and all liability, causes or action, costs, and expenses resulting from or arising out of any injury, death, loss, or damage to any person or property during the work conducted under this permit.

Electronic Signature

Applicant Signature * 

--

Applicant Name * 

--

Applicant Title 

--

Documents

Permit/License Document

Issued Sep 15, 2014

City of Fitchburg, MA

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Plumbing Permit

30064



Applicant

Location

91 RYEFIELD RD

FITCHBURG, MA 01420

[View location details \(/locations/31600\)](/locations/31600)

Created

Jan 10, 2011

Status

Active

Expires

Jan 9, 2012

[Details](#) [Files](#)

Additional Applicant Info

Applicant Type

Contractor

Permit Info

Permit For *

Fixture/Appliance Replacement

Project Cost *

0

Work Description *

HTW HEATER

Occupancy Type *

Residential

Building Type *

Single Family

of Units

0

Structure Size

--

Tenant Name

--

Tenant Phone

--

Contractors

Name	Address	City	...
Fluet, Brian	236 BRAGG HILL RD.	WESTMINSTER	...

Insurance Coverage

I have a liability insurance policy or its substantial equivalent * 

Yes

Workers Compensation Insurance Affidavit

Address *

--

City *

--

State *

--

Zip *

--

1) I Am An Employer ?

--

2) I am A Homeowner Doing All The Work Myself ?

--

3) I Am A sole Proprietor or Partnership I Have No Employees ?

--

4) I Am A Home Owner And I Will Be Hiring Contractors And I will Ensure That The Contractors I Hire Have Workers Compensation Insurance ?

--

5) I Am A General Contractor and I Have Hired Subcontractors Listed on The Attached Sheet. These Contractors Have Employees and Have Workers Compensation Insurance

--

6) We Are A Corporation and Its Officers have Exercised Their Right of Exemption Under M.G.L. c. 152 s. 1(4) And We Have No Employees

--

Project Type *

--

I Do Hereby Certify Under The Pains and Penalties of Of Perjury That The Information Provided Above Is True And Correct.

Workers Compensation Digital Signature *

--

Signature Name *

--

Date *

--

Phone

--

Fixtures

Other Fixtures

--

Location of Other Fixtures

--

Total Number of Fixtures

--

Documents

Permit/License Document

Issued Jan 10, 2011

City of Fitchburg, MA

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Resources

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Plumbing Permit

25857



Applicant

Location

91 RYEFIELD RD

FITCHBURG, MA 01420

[View location details \(/locations/31600\)](/locations/31600)

Created

Jun 15, 2009

Status

Active

Expires

Jan 20, 2010

Details **Files**

Additional Applicant Info

Applicant Type

Contractor

Permit Info

Permit For *

Fixture/Appliance Replacement

Project Cost *

0

Work Description *

REPLACEMENT FIXTERS

Occupancy Type *

Residential

Building Type *

Single Family

of Units

0

Structure Size

--

Tenant Name

--

Tenant Phone

--

Contractors

Name	Address	City	...
Fluet, Brian	236 BRAGG HILL RD.	WESTMINSTER	...
Fluet, Brian	236 BRAGG HILL RD.	WESTMINSTER	...

Insurance Coverage

I have a liability insurance policy or its substantial equivalent * 

No

Workers Compensation Insurance Affidavit

Address *

--

City *

--

State *

--

Zip *

--

1) I Am An Employer ?

--

2) I am A Homeowner Doing All The Work Myself ?

--

3) I Am A sole Proprietor or Partnership I Have No Employees ?

--

4) I Am A Home Owner And I Will Be Hiring Contractors And I will Ensure That The Contractors I Hire Have Workers Compensation Insurance ?

--

5) I Am A General Contractor and I Have Hired Subcontractors Listed on The Attached Sheet. These Contractors Have Employees and Have Workers Compensation Insurance

--

6) We Are A Corporation and Its Officers have Exercised Their Right of Exemption Under M.G.L. c. 152 s. 1(4) And We Have No Employees

--

Project Type *

--

I Do Hereby Certify Under The Pains and Penalties of Of Perjury That The Information Provided Above Is True And Correct.

Workers Compensation Digital Signature *

--

Signature Name *

--

Date *

--

Phone

--

Fixtures

Other Fixtures

--

Location of Other Fixtures

--

Total Number of Fixtures

--

Documents

Permit/License Document

Issued Jul 20, 2009

City of Fitchburg, MA

Your Profile

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Resources

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D V P 21 f 21 V

E Y R

Location: 91 RYEFIELD RD
Parcel ID: 5 4 0

8077

BLD



Commonwealth of Massachusetts
City of Fitchburg

116 Boulder Drive, Fitchburg, MA 01420 (978) 829-1880
Return card to Building Division for Certificate of Occupancy



PERMIT TO BUILD

Permit No. **B-15-659**
FEE PAID: **\$308.00**
DATE ISSUED: **7/23/2015**

CANCELED

This certifies that **PTAK, SCOTT**
has permission to erect, alter, or demolish a building **91 RYEFIELD RD** Map/Lot: **5 4 0**
as follows: **Remodel, Alteration, Repair Installation of a rooftop solar array - (35) panels anchorage as per attached engineering, no structural required**

Contractor Name: **ROLAND M BRANDT**
Contractor License No: **085141**
Robert Lanciani **7/23/2015**
Robert Lanciani, Building Commissioner Date

This permit shall be deemed abandoned and invalid unless the work authorized by this permit is commenced within six months after issuance. The Building Official may grant one or more extensions not to exceed six months each upon written request.

All work authorized by this permit shall conform to the approved application and the approved construction documents for which this permit has been granted.

All construction, alterations and changes of use of any building and structures shall be in compliance with the local zoning by-laws and codes.

This permit shall be displayed in a location clearly visible from access street or road and shall be maintained open for public inspection for the entire duration of the work until the completion of the same.

The Certificate of Occupancy will not be issued until all applicable signatures by the Building and Fire Officials are provided on this permit.

Address numbers must be on the house/building at the time of inspections as required by M.G.L. Chapter 148, Section 59. If the address numbers are not present, inspections will not be done and there will be a re-inspection fee of \$25.00.

"Persons contracting with unregistered contractors do not have access to the guaranty fund" (as set forth in MGL c.142A).

HIC #:
Plan Review
Comments:
Restrictions:

Building plans are to be available on site.
All Permit Cards are the property of the PROPERTY OWNER.

	Structure
Excavation	
Footing	
Foundation	
Framing	
Mechanical	
Insulation	
Chimney/Smoke Chamber	
Final	
	Plumbing/Gas
Rough: Plumbing	
Rough: Gas	
Final	
	Electrical
Service	
Rough	
Final	
	Fire Department
Preliminary	
Final	

** please do not mail, will pick up when ready - Thank you!!*
R# 132638 CK3347

308.2

CITY OF FITCHBURG
 Building Department
 718 Main Street, Fitchburg, MA 01420
 978-345-9596

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

This Section For Official Use Only



B15-659

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date *7/23/15*

SECTION 1: SITE INFORMATION

1.1 Property Address: *91 Ryefield Road*

1.2 Assessor Map & Parcel Numbers

1.1a Is this an accepted street? yes no Map Number _____ Parcel Number _____

1.3 Zoning Information: Zoning District _____ Proposed Use _____

1.4 Property Dimensions: Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L. c. 40, § 54) Public Private

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

1.8 Sewage Disposal System: Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record: *Scott Ptak* *Fitchburg MA 01420*

Name (Print) _____ City, State, ZIP _____

91 Ryefield Road *978 479 2704*

No. and Street _____ Telephone _____ Email Address _____

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

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition

Demolition Accessory Bldg. Number of Units _____ Other specify: *solar*

Brief Description of Proposed Work²: *installation of roof mounted photovoltaic solar systems 35 panels.*

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ <i>1750.00</i>	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ <i>42000.00</i>	
3. Plumbing	\$ <i>0</i>	
4. Mechanical (HVAC)	\$ <i>0</i>	
5. Mechanical (Fire Suppression)	\$ <i>0</i>	
6. Total Project Cost:	\$ <i>43750.00</i>	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Roland M. Brandt
Name of CSL Holder

10 Atgonquin Rd.
No. and Street

Chelmsford MA 01821
City/Town, State, ZIP

978 319 5682
Telephone

02541 3/21/17
License Number Expiration Date

List CSL Type (see below) U

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

5.2 Registered Home Improvement Contractor (HIC)

Vivint Solar LLC
HIC Company Name or HIC Registrant Name

3301 N. Thanksgiving Way
No. and Street

Lehi, UT 84043 400 0585
City/Town, State, ZIP Telephone

170848 1/5/18
HIC Registration Number Expiration Date

Email address

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

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

Signed Affidavit Attached? Yes No

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

I, as Owner of the subject property, hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) * attached contract 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.

Roland M. Brandt 7/17/15
Print Owner's or Authorized Agent's Name (Electronic Signature) Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 1225 17TH STREET, SUITE 1300 DENVER, CO 80202-5534 Attn: Denver.certrequest@marsh.com, Fax: 212.948.4381 462738-STND-GAWUE-14-15	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Evanston Insurance Company	35378	
INSURER B : Zurich American Insurance Company	16535	
INSURER C : American Zurich Insurance Company	40142	
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES	CERTIFICATE NUMBER: SEA-002453648-02	REVISION NUMBER: 3
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			14PKGWE00274	11/01/2014	11/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 Ded. BI & PD GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY			BAP509601500	11/01/2014	11/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	UMBRELLA LIAB			14EFXWE00088	11/01/2014	11/01/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC509601300	11/01/2014	11/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC509601400	11/01/2014	11/01/2015	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Errors & Omissions & Contractors Pollution			14PKGWE00274	11/01/2014	11/01/2015	LIMIT \$ 1,000,000 DEDUCTIBLE \$ 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
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City of Fitchburg 166 Boulder Drive Fitchburg, MA 01420	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Kathleen M. Parsloe <i>Kathleen M. Parsloe</i>
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Office of Consumer Affairs and Business Regulation
10 Park Plaza - Suite 5170
Boston, Massachusetts 02116
Home Improvement Contractor Registration

Registration: 170848
Type: Supplement Card
Expiration: 1/5/2016

VIVINT SOLAR DEVELOPER LLC
ROLAND BRANDT
4931 NORTH 300 WEST
PROVO, UT 84604

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

SCA 1 (5/2010)



Office of Consumer Affairs & Business Regulation

HOME IMPROVEMENT CONTRACTOR

Registration: 170848
Expiration: 1/5/2016

Type:
Supplement Card

VIVINT SOLAR DEVELOPER LLC.

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

ROLAND BRANDT
4931 NORTH 300 WEST
PROVO, UT 84604

Roland Brandt

Not valid without signature



Massachusetts - Department of Public Safety
Board of Building Regulations and Standards

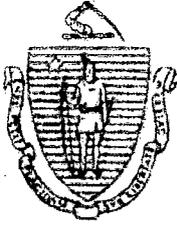
Construction Supervisor
License: CS-085141

ROLAND M BRANDT
10 ALGONQUIN RD
CHELMSFORD MA

Commissioner



Expiration
03/21/2017



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

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

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Vivint Solar Developer, LLC

Address: 3301 North Thanksgiving Way, Suite 500

City/State/Zip: Lehi, UT 84043

Phone #: 801-377-9111

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> I am an employer with <u>250</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

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

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Zurich American Insurance Company

Policy # or Self-ins. Lic. #: WC 509601300 Expiration Date: 11/1/2015

Job Site Address: 91 Ryefield Road City/State/Zip: Fitchburg MA 01420

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: [Signature] Date: 7/17/15

Phone #: 801-2296459

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____

Scott E. Wyssling, PE
Senior Manager of Engineering

scott.wyssling@vivintsolar.com

July 15, 2015

Mr. Dan Rock, Project Manager
Vivint Solar
53 Brigham Street, Unit#6
Marlborough, MA 01752

Re: Structural Engineering Services
Ptak Residence
91 Ryefield Rd, Fitchburg MA
S-4192933
8.75 kW System

Dear Mr. Rock:

Pursuant to your request, we have reviewed the following information regarding solar panel installation on the roof of the above referenced home:

1. Site Visit/Verification Form prepared by a Vivint Solar representative identifying specific site information including size and spacing of rafters for the existing roof structure.
2. Design drawings of the proposed system including a site plan, roof plan and connection details for the solar panels. This information was prepared by the Design Group and will be utilized for approval and construction of the proposed system.
3. Photovoltaic Rooftop Solar System Permit Submittal identifying design parameters for the solar system.
4. Photographs of the interior and exterior of the roof system identifying existing structural members and their conditions.

Based on the above information we have evaluated the structural capacity of the existing roof system to support the additional loads imposed by the solar panels and have the following comments related to our review and evaluation:

Description of Residence:

The existing residence is typical wood framing construction with the roof system consisting of 2x10 dimensional lumber at 16" on center. The attic space is unfinished and the photos indicate that there was free access to visually inspect the size and condition of the roof rafters. All wood material utilized for the roof system is assumed to be Spruce-Pine-Fir #2 or better with standard construction components. The existing roofing material consists of composite asphalt shingles. Our review of the photos of the exterior roof does not indicate any signs of settlement or misalignment caused by overstressed underlying members.

Stability Evaluation:

A. Wind Uplift Loading

1. Refer to attached Ecolibrium Solar calculations sheet for *ASCE/SEI 7-10 Minimum Design Loads for Buildings and other Structures*, wind speed of 90 mph based on Exposure Category "B" and 15, 20 degree roof slopes on the dwelling areas. Ground snow load is 50 PSF for Exposure "B", Zone 3 per (*ASCE/SEI 7-10*).
2. Total area subject to wind uplift is calculated for the Interior, Edge and Corner Zones of the dwelling.

B. Loading Criteria

10 PSF = Dead Load roofing/framing

50 PSF = Live Load (ground snow load)

3 PSF = Dead Load solar panels/mounting hardware

Total Dead Load = 13 PSF

The above values are within acceptable limits of recognized industry standards for similar structures and in accordance with the 2009 International Residential Code. Analysis performed of the existing roof structure utilizing the above loading criteria indicates that the existing rafters will support the additional panel loading without damage, if installed correctly.

C. Roof Structure Capacity

1. The photographs provided of the attic space and roof rafters show that the framing is in good condition with no visible signs of damage caused by prior overstressing.

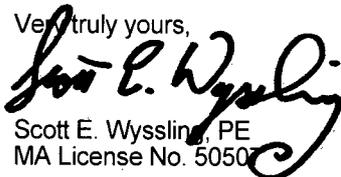
D. Solar Panel Anchorage

1. The solar panels shall be mounted in accordance with the most recent "Ecolibrium Solar Installation Manual", which can be found on the Ecolibrium Solar website (ecolibriumsolar.com). If during solar panel installation, the roof framing members appear unstable or deflect non-uniformly, our office should be notified before proceeding with the installation.
2. The solar panels are 1 1/2" thick and mounted 4 1/2" off the roof for a total height off the existing roof of 6". At no time will the panels be mounted higher than 6" above the existing plane of the roof.
3. Maximum allowable pullout per lag screw is 205 lbs/inch of penetration as identified in the National Design Standards (NDS) of timber construction specifications for Spruce-Pine-Fir assumed. Based on our evaluation, the pullout value, utilizing a penetration depth of 2 1/2", is less than the maximum allowable per connection and therefore is adequate. Based on the variable factors for the existing roof framing and installation tolerances, using a thread depth of 2 1/2" with a minimum size of 5/16" lag screw per attachment point for panel anchor mounts will be adequate with a sufficient factor of safety.
4. Considering the roof slopes, the size, spacing, condition of roof, the panel supports shall be placed at and attached to no greater than every fourth roof rafter as panels are installed perpendicular across rafters and no greater than the panel length when installed parallel to the rafters (portrait). No panel supports spacing shall be greater than four (4) rafter spaces or 64" o/c, whichever is less.
5. Panel supports connections shall be staggered to distribute load to adjacent rafters.

Based on the above evaluation, with appropriate panel anchors being utilized the roof system will adequately support the additional loading imposed by the solar panels. This evaluation is in conformance with the 2009 International Residential Code; current industry standards and practice, and based on information supplied to us at the time of this report.

Should you have any questions regarding the above or if you require further information do not hesitate to contact me.

Very truly yours,


Scott E. Wyssling, PE
MA License No. 50507



RESIDENTIAL POWER PURCHASE AGREEMENT

This RESIDENTIAL POWER PURCHASE AGREEMENT (this "Agreement") is entered into by and between VIVINT SOLAR DEVELOPER, LLC, a Delaware limited liability company ("We", "Us", "Our") and the undersigned Customer(s) ("You", "Your"), as of the Transaction Date set forth below.

Customer(s):	Full Name (First, M, Last) Property Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scott Ptelk	Full Name (First, M, Last) Property Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Telephone No.:	978-479-2704	E-Mail: ScottPtelk22@gmail.com
Property Address:	Street Address:	91 Rye Field Rd	
	City, County, State, Zip:	Fitchburg, Mc. 01420	

1. SERVICES

- A. DESIGN AND INSTALLATION.** We will design, install, service and maintain a solar photovoltaic system on Your Property, which will include all solar panels, inverters, meters, and other components (collectively, the "System"), as further described in the Customer Packet and the Work Order that We will provide to You hereafter. All material portions of the System will be installed by Our employed technicians and electricians, and not subcontractors. With Your cooperation, We will (i) design, install and connect the System in material compliance with all applicable laws; (ii) complete all required inspections; and (iii) obtain all required certifications and permits. In order to design a System that meets Your needs, You agree that We may obtain Your electrical usage history from Your electric utility (the "Utility") and You shall provide Us with copies of Your Utility bills as We may reasonably request. Other than the activation fee described in Section 1.B, We will design and install the System at no cost to You.
- B. ACTIVATION.** You agree to pay Us a one-time activation fee in the amount of \$ 0. We will interconnect the System with the Utility, and cause the System to generate energy measured in kilowatt hours ("kWh") (the "Energy"). Installation of the System generally takes one day and is anticipated to begin and be substantially complete between two (2) and six (6) weeks hereafter.
- C. OWNERSHIP OF SYSTEM.** We shall own the System as Our sole personal property. You will have no property interest in the System.
- D. OPERATIONS AND MAINTENANCE.** We will operate and maintain the System (i) at Our sole cost and expense; (ii) in good condition; and (iii) in material compliance with all applicable laws and permits and the Utility's requirements.
- E. INSURANCE.** We carry commercial general liability insurance, workers' compensation insurance, and property insurance on the System. For more information concerning Our insurance, and to obtain a copy of Our certificate of insurance, please visit: www.vivintsolar.com/insurance.

2. TERM, PRICE, PAYMENTS, AND FINANCIAL DISCLOSURES

- A. ENERGY PRICE.** For all Energy produced by the System, You shall pay Us \$0. 115 per kWh (the "Energy Price"), plus applicable taxes. The Energy Price shall increase each year by two and nine-tenths percent (2.9%). A good faith estimate of the System output, measured in kilowatt hours, will be provided to You in the Customer Packet. THIS AGREEMENT IS FOR THE SALE OF ENERGY BY US TO YOU AND NOT FOR THE SALE OF A SOLAR ENERGY DEVICE.
- B. TERM.** This Agreement shall be effective as of the Transaction Date and continue until the twentieth (20th) anniversary of the In-Service Date (the "Term"). The "In-Service Date" shall be the first day after all of the following have been achieved: (i) the System has been installed and is capable of generating Energy, (ii) all permits necessary to operate the System have been obtained, (iii) the System has been interconnected with the Utility, and (iv) all inspections and certificates required under applicable law or by the Utility have been completed or received.
- C. PAYMENTS.** Beginning with the first month following the In-Service Date and throughout the Term, We will send You an invoice reflecting the charges for Energy produced by the System in the previous month. You shall make monthly payments to Us by automatic payment deduction from Your designated checking account or credit card. It is Your responsibility to ensure that there are adequate funds or adequate credit limit. There is no financing and interest at an annual rate of ten percent (10%), plus applicable taxes. If You continue to fail to make any payment within ten (10) days after We give You written notice, then We may exercise all remedies available to Us pursuant to Section 13(b).
- D. RENEWAL.** At the end of the Term, You may elect to (i) continue with this Agreement on a year-to-year basis; (ii) enter into a new Agreement with Us and cancel this Agreement; (iii) purchase the System at the end of the Term and cancel this Agreement (the "Purchase Option"); or (iv) cancel this Agreement and have the System removed at no cost to You. You will need to notify Us in writing concerning Your election sixty (60) days prior to the end of the Term. If You elect the Purchase Option, the "Purchase Option Price" will be the then-current fair market value of the System based on an independent appraiser's valuation of similarly sized photovoltaic systems in Your geographic region. The appraiser's valuation will be provided to You in writing and will be binding. If We receive Your payment of the Purchase Option Price, costs of the appraisal, applicable taxes, and all other amounts then owing and unpaid hereunder, We will transfer ownership of the System to You at the end of the Term on an "As Is, Where Is" basis. If You elect to have the System removed, We will remove the System from Your Property within ninety (90) days after the end of the Term. **IF YOU DO NOT NOTIFY US OF YOUR ELECTION TO CANCEL BY SENDING A WRITTEN NOTICE TO US, THEN THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A YEAR-TO-YEAR BASIS UNTIL YOU NOTIFY US IN WRITING OF YOUR ELECTION TO CANCEL AT LEAST SIXTY (60) DAYS PRIOR TO THE END OF THE RENEWAL TERM.**
- E. CREDIT CHECK.** In connection with the execution of this Agreement and at any time during the Term, You hereby authorize Us to (i) obtain Your credit rating and report from credit reporting agencies; (ii) to report Your payment performance under this Agreement to credit reporting agencies; and (iii) disclose this and other information to Our affiliates and actual or prospective lenders, financing parties, investors, insurers, and acquirers.

WE MAY HAVE PRESCREENED YOUR CREDIT. PRESCREENING OF CREDIT DOES NOT IMPACT YOUR CREDIT SCORE. YOU CAN CHOOSE TO STOP RECEIVING "PRESCREENED" OFFERS OF CREDIT FROM US AND OTHER COMPANIES BY CALLING TOLL-FREE (888) 567-8688. SEE PRESCREEN & OPT-OUT NOTICE (SECTION 29) BELOW FOR MORE INFORMATION ABOUT PRESCREENED OFFERS.

3. LIMITED WARRANTY

- A. LIMITED INSTALLATION WARRANTY.** We provide a workmanship warranty that the System shall be free from material defects in design and installation. We do not provide any warranty to You with respect to any component of the System. Any manufacturer's warranty is in addition to, not in lieu of, this limited installation warranty. This warranty does not cover problems resulting from exposure to harmful materials and chemicals, fire, flood, earthquake, or other acts of god, vandalism, alteration of system by anyone not authorized by Us, or any other cause beyond Our control.
- B. MANUFACTURERS' WARRANTIES.** The System's solar modules carry a minimum manufacturer's warranty of twenty (20) years as follows: (a) during the first ten (10) years of use, the modules' electrical output will not degrade by more than ten percent (10%) from the originally rated output; and (b) during the first twenty (20) years of use, the modules' electrical output will not degrade by more than twenty percent (20%) from the originally rated output. The System's inverters carry a minimum manufacturer's warranty of ten (10) years against defects or component breakdowns. During the Term, We will enforce these warranties to the fullest extent possible.
- C. DISCLAIMER OF WARRANTY.** EXCEPT AS SET FORTH IN THIS SECTION 3, WE MAKE NO OTHER WARRANTY TO YOU OR ANY OTHER PERSON, WHETHER EXPRESS, IMPLIED OR STATUTORY, AS TO THE MERCHANTABILITY OR FITNESS FOR ANY PURPOSE OF THE EQUIPMENT, INSTALLATION, DESIGN, OPERATION, OR MAINTENANCE OF THE SYSTEM, THE PRODUCTION OR DELIVERY OF ENERGY, OR ANY OTHER ASSOCIATED SERVICE OR MATTER HEREUNDER, ALL OF WHICH WE HEREBY EXPRESSLY DISCLAIM. OUR LIABILITY FOR ANY BREACH OF ANY WARRANTY IS LIMITED TO REPAIRING THE SYSTEM OR YOUR PROPERTY TO THE EXTENT REQUIRED UNDER THIS AGREEMENT. YOU ACKNOWLEDGE THAT WE ARE RELYING ON THIS SECTION 3.C. AS A CONDITION AND MATERIAL INDUCEMENT TO ENTER INTO THIS AGREEMENT. THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION OF THE FACE HEREOF.

4. REMOVAL OF THE SYSTEM

You shall not make any Alterations (as defined in Section 9(c)) to the System. If You want to make repairs or improvements to Your Property that require the temporary removal of the System or that could interfere with its performance or operation, You must give Us at least thirty (30) days' prior written notice (a "Customer-Requested Shutdown"). You agree that any repair or improvement to Your Property shall not materially alter Your roof where the System is installed. As compensation for Our removal, storage, and reinstallation of the System, You agree to pay to Us a fee equal to Four Hundred and Ninety-Nine Dollars (\$499) before We remove the System. You shall be required to pay the Shutdown Payment (as defined in Section 15) if the System is not reinstalled within thirty (30) days of removal. In the event of an emergency affecting the System, You shall contact Us immediately. If We are unable to timely respond, You may (at Your own expense) contract with a licensed and qualified solar installer to remove the System as necessary to make repairs required by the emergency. You shall be responsible for any damage to the System that results from actions taken by Your contractor.

5. ARBITRATION OF DISPUTES

Most customer concerns can be resolved quickly and amicably by calling Our customer service department at (877) 404-4129. If Our customer service department is unable to resolve Your concern, You and We agree to resolve any Dispute (as defined below) through binding arbitration or small claims court instead of courts of general jurisdiction. BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE THAT (I) YOU ARE HEREBY WAIVING THE RIGHT TO A TRIAL BY JURY; AND (II) YOU MAY BRING CLAIMS AGAINST US ONLY IN YOUR INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING. You and We agree to arbitrate all disputes, claims and controversies arising out of or relating to

(i) any aspect of the relationship between You and Us, whether based in contract, tort, statute or any other legal theory; (ii) this Agreement or any other agreement concerning the subject matter hereof; (iii) any breach, default, or termination of this Agreement; and (iv) the interpretation, validity, or enforceability of this Agreement, including the determination of the scope or applicability of this Section 5 (each, a "Dispute"). Prior to commencing arbitration, a party must first send a written "Notice of Dispute" via certified mail to the other party. The Notice of Dispute must describe the nature and basis for the Dispute and the relief sought. If You and We are unable to resolve the Dispute within thirty (30) days, then either party may commence arbitration. The arbitration shall be administered by JAMS pursuant to its Streamlined Arbitration Rules and Procedures (available at: <http://www.jamsadr.com/rules-streamlined-arbitration>, the "JAMS Rules") and under the rules set forth in this Agreement. The arbitrator shall be bound by the terms of this Agreement. No matter the circumstances, the arbitrator shall not award punitive, special, exemplary, indirect, or consequential damages to either party. If You initiate arbitration, You shall be responsible to pay \$250. All attorneys' fees, travel expenses, and other costs of the arbitration shall be borne by You and Us in accordance with the JAMS Rules and applicable law. The arbitration shall be conducted at a mutually agreeable location near Your Property. Judgment on an arbitration award may be entered in any court of competent jurisdiction. Nothing in this Section 5 shall preclude You or We from seeking provisional remedies in aid of arbitration from a court of competent jurisdiction.

NOTICE: BY INITIALING IN THE SPACE BELOW YOU ARE AGREEING TO HAVE ANY DISPUTE ARISING OUT OF THE MATTERS INCLUDED IN THE "ARBITRATION OF DISPUTES" PROVISION DECIDED BY NEUTRAL ARBITRATION AS PROVIDED BY APPLICABLE LAW AND YOU ARE GIVING UP ANY RIGHTS YOU MIGHT POSSESS TO HAVE THE DISPUTE LITIGATED IN A COURT OR JURY TRIAL. BY INITIALING IN THE SPACE BELOW YOU ARE GIVING UP YOUR JUDICIAL RIGHTS TO DISCOVERY AND APPEAL. IF YOU REFUSE TO SUBMIT TO ARBITRATION AFTER AGREEING TO THIS PROVISION, YOU MAY BE COMPELLED TO ARBITRATE. YOUR AGREEMENT TO THIS ARBITRATION PROVISION IS VOLUNTARY. YOU HAVE READ AND UNDERSTAND THE FOREGOING AND AGREE TO SUBMIT DISPUTES ARISING OUT OF THE MATTERS INCLUDED IN THE "ARBITRATION OF DISPUTES" PROVISION TO NEUTRAL ARBITRATION.

I/WE AGREE TO ARBITRATION AND WAIVE THE RIGHT TO A JURY TRIAL:

Customer(s) Initials:

6. NOTICE TO CUSTOMERS

A. LIST OF DOCUMENTS TO BE INCORPORATED INTO THE CONTRACT: (i) this Agreement, (ii) the Additional Terms and Conditions, (iii) the Customer Packet, and (iv) the Work Order. These documents are expressly incorporated into this Agreement and apply to the relationship between You and Us.

B. IT IS NOT LEGAL FOR US TO ENTER YOUR PREMISES UNLAWFULLY OR COMMIT ANY BREACH OF THE PEACE TO REMOVE GOODS INSTALLED UNDER THIS AGREEMENT.

C. DO NOT SIGN THIS AGREEMENT BEFORE YOU HAVE READ ALL OF ITS PAGES. You acknowledge that You have read and received a legible copy of this Agreement, that We have signed the Agreement, and that You have read and received a legible copy of every document that We have signed during the negotiation.

D. DO NOT SIGN THIS AGREEMENT IF THIS AGREEMENT CONTAINS ANY BLANK SPACES. You are entitled to a completely filled in copy of this Agreement, signed by both You and Us, before any work may be started.

E. YOU MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO THE LATER OF: (I) MIDNIGHT OF THE THIRD (3RD) BUSINESS DAY AFTER THE TRANSACTION DATE, OR (II) THE START OF INSTALLATION OF THE SYSTEM. SEE THE NOTICE OF CANCELLATION BELOW FOR AN EXPLANATION OF THIS RIGHT.

VIVINT SOLAR DEVELOPER, LLC

By: James M Assing
 Printed Name: James M Assing
 Title: Energy Consultant

CUSTOMER(S):
 By: Scott Patak
 Printed Name: Scott Patak
 By: _____
 Printed Name: _____
 Transaction Date: 3-6-15

FOR INFORMATION ABOUT CONTRACTOR REGISTRATION REQUIREMENTS, CONTACT THE MASSACHUSETTS OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION: TEN PARK PLAZA, SUITE 5170, BOSTON, MA 02116. (617) 973-8700 OR 888-283-3757.

NOTICE OF CANCELLATION

Transaction Date: _____

AR No.: _____

YOU MAY CANCEL THIS TRANSACTION, WITHOUT ANY PENALTY OR OBLIGATION, WITHIN THREE (3) BUSINESS DAYS OF THE ABOVE DATE, OR (IF LATER) UNTIL THE START OF INSTALLATION OF THE SYSTEM. IF YOU CANCEL, ANY PROPERTY TRADED IN, ANY PAYMENTS MADE BY YOU UNDER THE CONTRACT OR SALE, AND ANY NEGOTIABLE INSTRUMENT EXECUTED BY YOU WILL BE RETURNED WITHIN TEN (10) BUSINESS DAYS FOLLOWING RECEIPT BY THE SELLER OF YOUR CANCELLATION NOTICE, AND ANY SECURITY INTEREST ARISING OUT OF THE TRANSACTION WILL BE CANCELLED. IF YOU CANCEL, YOU MUST MAKE AVAILABLE TO THE SELLER AT YOUR RESIDENCE, IN SUBSTANTIALLY AS GOOD CONDITION AS WHEN RECEIVED, ANY GOODS DELIVERED TO YOU UNDER THIS CONTRACT OR SALE, OR YOU MAY, IF YOU WISH, COMPLY WITH THE INSTRUCTIONS OF THE SELLER REGARDING THE RETURN SHIPMENT OF THE GOODS AT THE SELLER'S EXPENSE AND RISK. IF YOU DO MAKE THE GOODS AVAILABLE TO THE SELLER AND THE SELLER DOES NOT PICK THEM UP WITHIN TWENTY (20) DAYS OF THE DATE OF YOUR NOTICE OF CANCELLATION, YOU MAY RETAIN OR DISPOSE OF THE GOODS WITHOUT ANY FURTHER OBLIGATION. IF YOU FAIL TO MAKE THE GOODS AVAILABLE TO THE SELLER, OR IF YOU AGREE TO RETURN THE GOODS TO THE SELLER AND FAIL TO DO SO, THEN YOU REMAIN LIABLE FOR PERFORMANCE OF ALL OBLIGATIONS UNDER THE CONTRACT. TO CANCEL THIS TRANSACTION, MAIL OR DELIVER A SIGNED AND DATED COPY OF THIS CANCELLATION NOTICE OR ANY OTHER WRITTEN NOTICE, OR SEND A TELEGRAM, TO VIVINT SOLAR DEVELOPER, LLC, AT 4931 N 300 W, PROVO, UT 84604 PRIOR TO THE LATER OF: (I) MIDNIGHT OF THE THIRD (3RD) BUSINESS DAY AFTER THE TRANSACTION DATE, OR (II) THE START OF INSTALLATION OF THE SYSTEM. I HEREBY CANCEL THIS TRANSACTION:

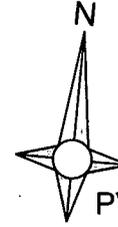
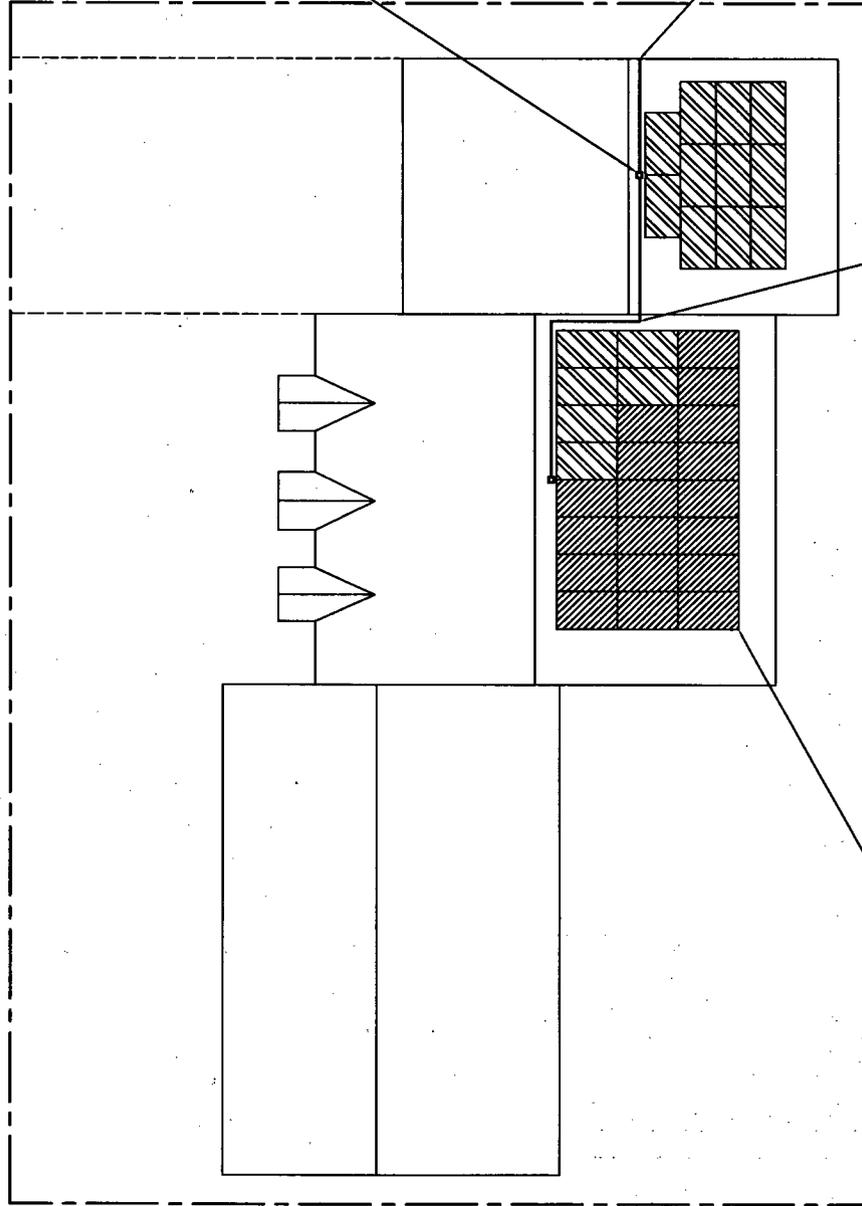
Date: _____

Customer's Signature: _____

91 Ryefield Rd., Fitchburg MA 01420

JUNCTION BOX ATTACHED TO
ARRAY USING ECO HARDWARE TO
KEEP JUNCTION BOX OFF ROOF

PV INTERCONNECTION POINT, INVERTER,
LOCKABLE DISCONNECT SWITCH,
ANSI METER LOCATION,
& UTILITY METER LOCATION



PV SYSTEM SIZE:
8.75 kW DC

50' OF 1" PVC CONDUIT
FROM JUNCTION BOX TO ELEC PANEL

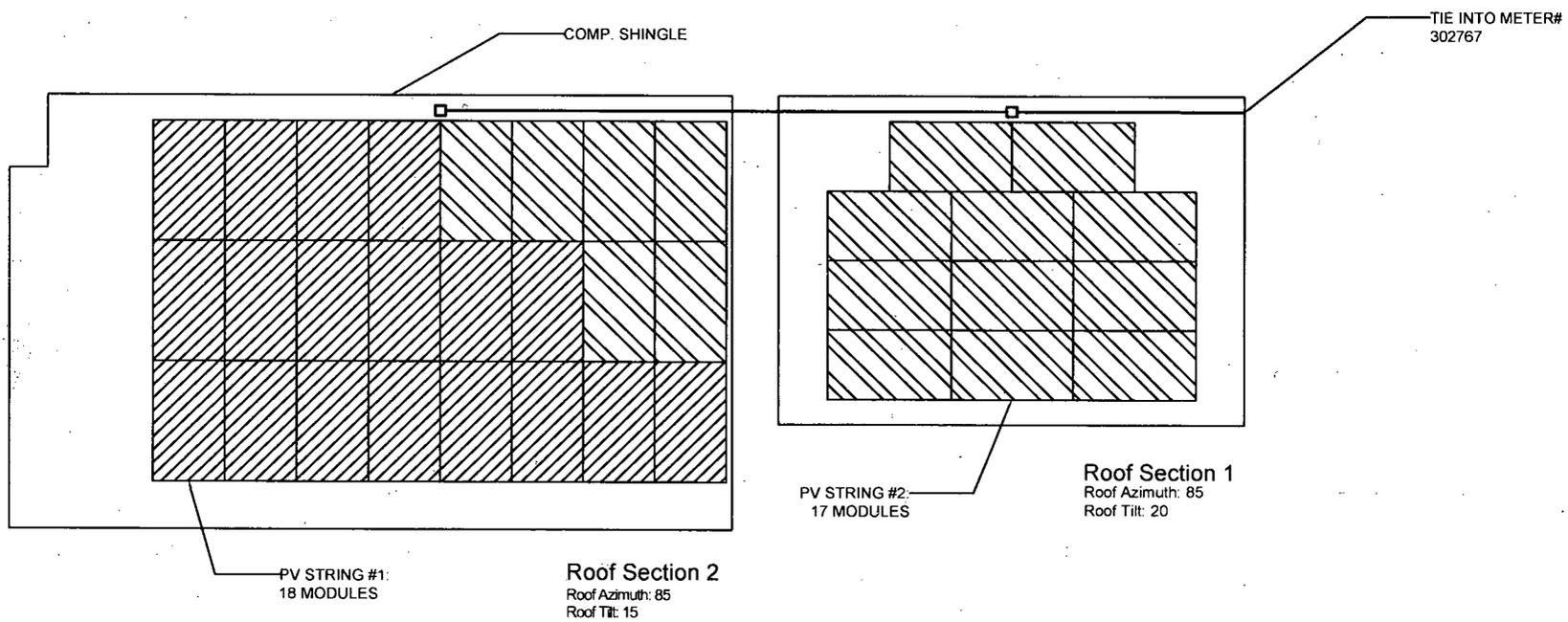
City of Fitchburg
Approved
Inspector & Supervisor

(35) Trina Solar TSM-250 PA05.18 MODULES

PV SYSTEM SITE PLAN

SCALE: 1/16" = 1'-0"

PV 1.0 SHEET NUMBER:	SHEET NAME: SITE PLAN	INSTALLER: VIVINT SOLAR	Ptak Residence 91 Ryefield Rd. Fitchburg, MA 01420 UTILITY ACCOUNT NUMBER: 3183623 3049774
		INSTITUTE: VIVINT SOLAR	
		INSTALLER NUMBER: 1 877 404 4129	
		MA LICENSE: MAHIC 170648	
		DRAWN BY: TJ	
		S: 4192933	
		Last Modified: 4/14/2015	



PV SYSTEM ROOF PLAN
 SCALE: 1/8" = 1'-0"

Ptak Residence
 91 Ryefield Rd.
 Fitchburg, MA 01420
 UTILITY ACCOUNT NUMBER: 3183823 3049774

vivint.solar
 Last Modified: 4/14/2015

INSTALLER: VIVINT SOLAR
 INSTALLER NUMBER: 1.877.404.4129
 MA LICENSE: MAHIC 170848
 DRAWN BY: T.J. | S: 4192933

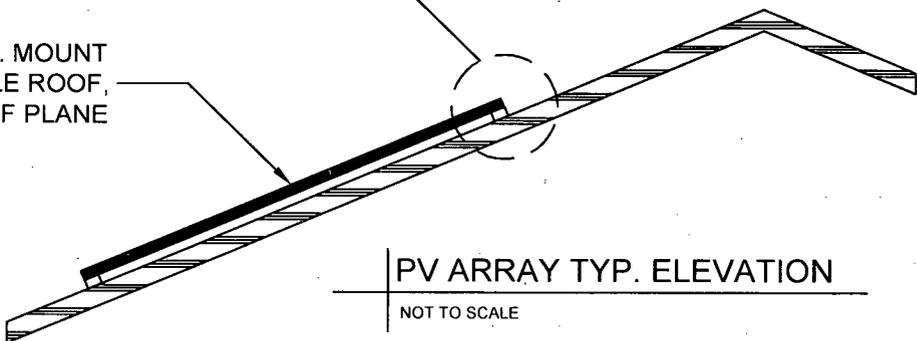
SHEET NAME:
ROOF PLAN

SHEET NUMBER:
PV 2.0

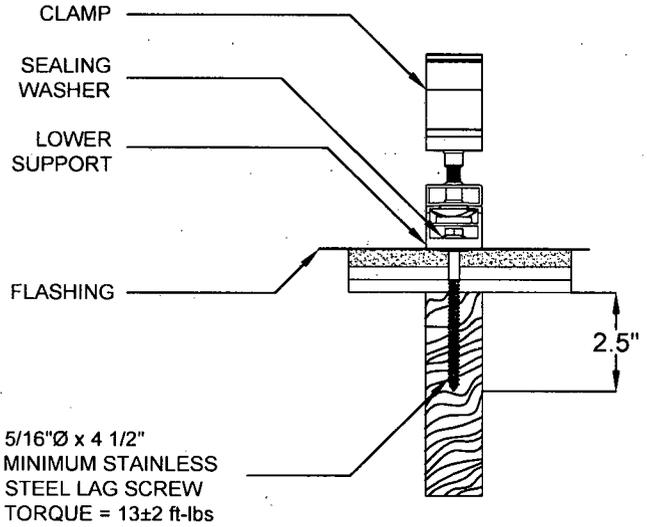
1
PV3.0

**MOUNTING
DETAIL**

PV MODULES, TYP. MOUNT
OF COMP SHINGLE ROOF,
PARALLEL TO ROOF PLANE

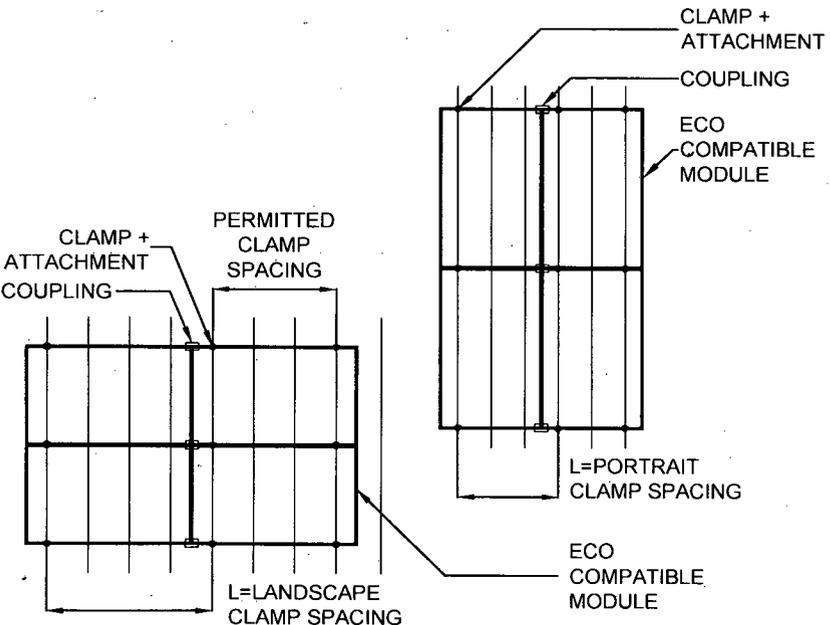


PV ARRAY TYP. ELEVATION
NOT TO SCALE

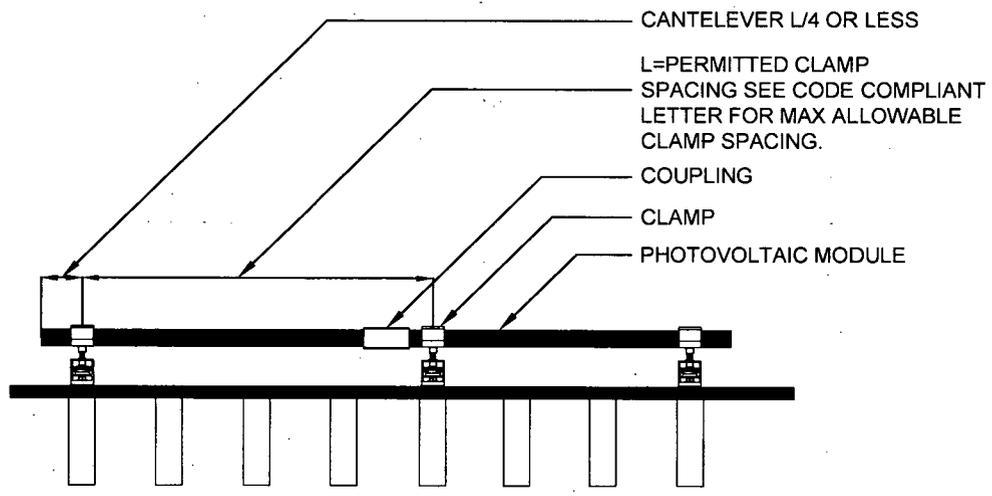


5/16"Ø x 4 1/2"
MINIMUM STAINLESS
STEEL LAG SCREW
TORQUE = 13±2 ft-lbs

CLAMP ATTACHMENT
NOT TO SCALE



MODULES IN PORTRAIT/LANDSCAPE
NOT TO SCALE



PV SYSTEM MOUNTING DETAIL
NOT TO SCALE

①

Ptak Residence
91 Ryefield Rd.
Fitchburg, MA 01420

UTILITY ACCOUNT NUMBER: 3183823 3049774

vivint.solar
Last Modified: 4/14/2015

INSTALLER: VIVINT SOLAR
INSTALLER NUMBER: 1 877 404 4129
MA LICENSE: MAHIC 170848
DRAWN BY: T.J. S. 4192933

SHEET NAME:

**MOUNT:
DETAILS**

SHEET NUMBER:

PV 3.0

SolarEdge Power Optimizer P300 Rated DC Input Power - 300 watts Maximum Input Voltage - 80 Vdc MPPT Range - 8 to 80 Vdc Maximum Input Current - 10 Adc Maximum Output Current - 15 Adc String Limitations - 8 to 20 Optimizers, 5250 watts STC per string maximum	1
*PV Wire in Free Air or THHN-2 / THWN-2 in 3/4" conduit Minimum 10 AWG Cu wire each (rated 90 deg C) Positive, 6 AWG Negative Bare Copper EGC into 8 AWG insulated GEC in conduit Keep under 2% voltage drop	2
Minimum 8 AWG Cu Wire (rated 90 deg C) L1, L2, and neutral 8 AWG Ground wire in 3/4" EMT or 1" PVC conduit Keep under 1.5% voltage drop	3
SolarEdge SE7600A-US-U Inverter 97.5% CEC Efficiency @ 240 Vac 7600 Wac continuous Maximum Output Current 32 Amps Maximum Input Current 23.5 Adc Ground fault protection provided per NEC article 690.35	4
SolarEdge AC/DC Safety Switch 440 Vac, 50 amps continuous 600 Vdc, 36.5 amps continuous Opens all ungrounded conductors per NEC article 690.35	5

Signs (See Guide Section 7)		
Sign for inverter OCPD and AC Disconnect.		
Solar PV System AC Point of Connection		
AC Output Current	32	Amps
Nominal AC Voltage	240	Volts
THIS PANEL FED BY MULTIPLE SOURCES (UTILITY AND SOLAR)		

PV Module Ratings @ STC (Guide Section 5)		
Model Make/Model	Trina Solar TSM-250 PA05.18	
Max Power-Point Current (Imp)	8.27	Amps
Max Power-Point Voltage (Vmp)	30.3	Volts
Open-Circuit Voltage (Voc)	38	Volts
Short-Circuit Current (Isc)	8.79	Amps
Max Series Fuse (OCPD)	15	Amps
Nominal Maximum Power at STC (Pmax)	250	Watts
Maximum System Voltage	1000(IEC)/600(UL)	
Voc Temperature Coefficient	-0.32	%/°C

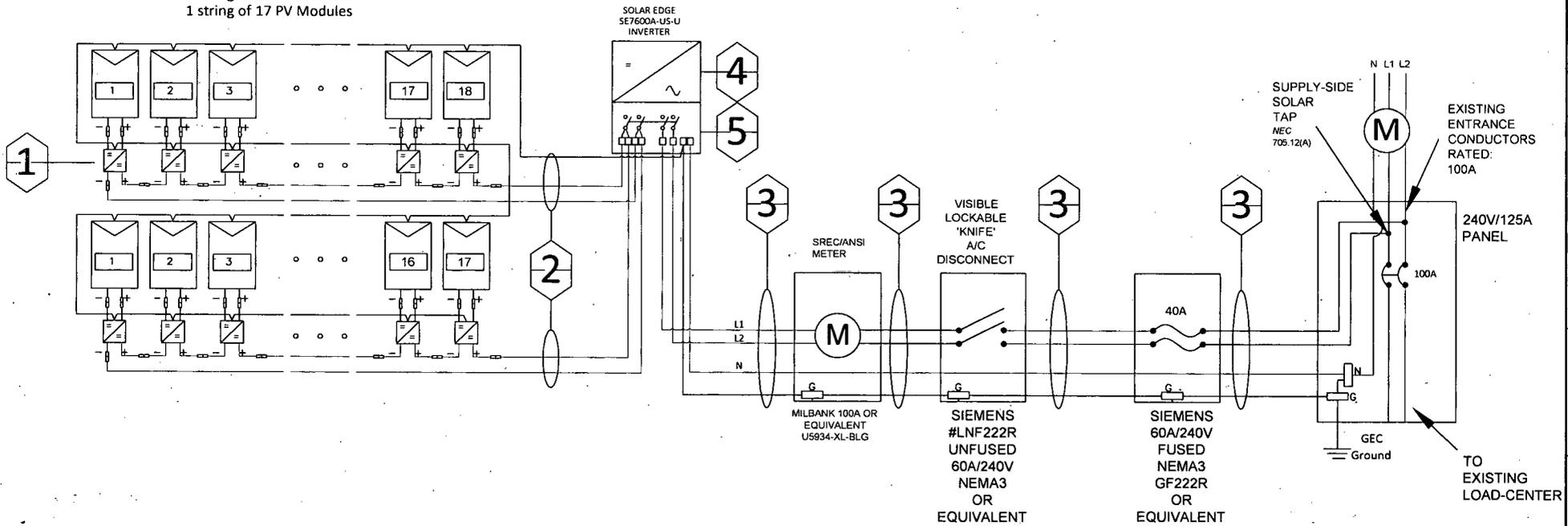
System Labels
 Maximum DC Voltage = 500 Vdc
 Nominal Operating Voltage = 350 V
 Maximum DC Current = 15.0 Adc per string
 Max Continuous Output Current = 32A

NOTES FOR ARRAY CIRCUIT WIRING (Guide Section 6 and 8 and Appendix D):

- Lowest expected ambient temperature based on ASHRAE minimum mean extreme dry bulb temperature for ASHRAE location most similar to installation location: -22.8°C
- Highest continuous ambient temperature based on ASHRAE highest month 2% dry bulb temperature for ASHRAE location most similar to installation location: 32.5°C
- 2005 ASHRAE fundamentals 2% design temperatures do not exceed 47°C in the United States (Worcester, MA is 29.7°C). For less than 8 current-carrying conductors in roof-mounted sunlit conduit at least 0.5" above roof and using the outdoor design temperature of 47°C or less (all of United States).
 - 12 AWG, 90°C conductors are generally acceptable for modules with Isc of 7.68 Amps or less when protected by a 12-Amp or smaller fuse.
 - 10 AWG, 90°C conductors are generally acceptable for modules with Isc of 9.6 Amps or less when protected by a 15-Amp or smaller fuse.

ALL CONDUCTORS SHALL BE COPPER

PV Modules = 250 Watts STC
 35 Modules per inverter = 9100 watts STC
 1 string of 18 PV Modules
 1 string of 17 PV Modules



Plak Residence
 91 Ryefield Rd
 Fitchburg, MA 01420
 UTILITY ACCOUNT NUMBER: 3183823-3049774

vivint.solar
 Last Modified: 4/14/2015

INSTALLER: VIVINT SOLAR
 INSTALLER NUMBER: 1.877.404.4129
 MA LICENSE: WAHC 170848
 DRAWN BY: T.J. | AR 4192933

SHEET NAME:
1-LINE DIAGRAM
 SHEET NUMBER:
E 1.0



City of Fitchburg
OFFICE OF THE TREASURER

166 Boulder Drive
Fitchburg, MA 01420

Calvin D. Brooks
Treasurer/Collector

Date: 7/17/15

Name: Scott Ptak

Parcel ID: 5-4-0

Address: 91 Lyefield Rd
Fitchburg MA 01420

CERTIFICATE OF TAX COMPLIANCE

This document signed by the Treasurer certifies that as of the above date, that the above named Applicant is in compliance and in good standing with its tax obligations and fees payable under City code, including real estate, personal property and water and sewer fees and is not a delinquent taxpayer (longer than 12 months outstanding). This Certificate is issued in compliance with Part II, Article 3, Chapter 120, Section 22, Subsection (C) as amended by City Council. This Certificate is required for all original applications and renewal applications for any license or permit, other than those referred to in Section 120-24, and issued by any Department, Officer, Board, or Commission of the City but not limited to Building Permits, Zoning Board Appeals Applicants, Planning Board Applications, and Special Permits.

Very truly yours,

Calvin D. Brooks

Calvin D. Brooks
Treasurer/Collector
City of Fitchburg



City of Fitchburg
 Building Department
 166 Boulder Drive
 Fitchburg, MA 01420
 Phone: 978-829-1880
 Fax: 978-829-1963

Permit # _____

CONSTRUCTION DEBRIS FORM

Applicant procedure: You may turn in this form at the time of application if you have all of the information complete at that time. Otherwise, complete it during the course of the project and send it to the Fitchburg Building Department prior to Final Inspection or hand to Inspector at Final Inspection. Final signoff will be withheld unless this form has been submitted. Please be sure to include the Building Permit number on the form if not submitted with permit application.

SITE INFORMATION:

Property Address: 91 Ryefield Road Fitchburg, MA 01420

Assessor's Parcel ID Numbers: Map: _____ Block: _____ Lot: _____

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record: Scott Ptak
 Phone Number: 978 479 2704
 Mailing Address: 91 Ryefield Rd.
Fitchburg MA 01420

Authorized Agent: Roland M. Brandt
 Phone Number: 978 319 5682
 Mailing Address: 10 Algonquin Rd.
Chesterfield MA 01824

REQUIRED REPORTING OF DEBRIS REMOVAL: As a condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a building or structure, MGL c. 40, § 54 requires that the debris resulting therefrom shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150A. Signature of the permit applicant, date, and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed.

Building Permit Number: _____

Hauler/Contractor Responsible to Remove Debris:
 Name: VIVINT Solar LLC
 Phone Number: 508 460 0585
 Mailing Address: 53 Brigham St
Marlborough MA 01752

Estimated Amount of Debris (Cubic Yards or Tons):

DPU Certificate Number (if waste hauler): _____

Amount Disposed: _____ c.y. Tons

Amount Recycled: _____ c.y. Tons

In accordance with the provisions of MGL c. 40, § 54, all debris resulting from work associated with the accompanying Building Permit Application shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150A. **Debris will be or has been disposed in:**

Dumpsters

Waste and/or Recycling Facility:

Name: _____
 Phone Number: _____
 Mailing Address: _____

Name: _____
 Phone Number: _____
 Mailing Address: @ 53 Brigham St
Marlborough MA 01752

Note: If more than two facilities are used, please fill out their information, including signatures, on the back of this form. Also, if the debris is not disposed as indicated, the holder of the permit shall resubmit this form with the accurate information, including Building Permit Number, prior to final signoff.

I certify under the pains of perjury that the information above is true and accurate to the best of my knowledge and belief.

Roland M. Brandt Date: 7/17/15
 Signature of Permit Applicant

[Signature] Date: 7/17/15
 Signature of Contractor/Hauler

CSL Roland M. Brandt

VIVINT Solar, LLC



CITY OF FITCHBURG

INSPECTION OF BUILDINGS DEPARTMENT

Plans must be submitted, if required by the Inspector, and approved by this Department, before a permit for erection will be granted.

FEE 3.00

APPLICATION FOR PERMIT TO BUILD

Fitchburg, Mass. June 22, 1971

TO THE SUPERINTENDENT OF BUILDINGS:

The undersigned hereby applies for a permit to build as herein specified:

1. Location No 91 Ryefield Rd. Street Zoning District RA-1
2. Is the building of wood? If not, of what material? Canvas
3. Name of Owner John Hunter
4. Name of Architect
5. Name of Builder Jesse H. Killis Inc.
6. Name the nearest street
7. Is the building to be used for a dwelling? No If not, for what purpose? wedding
8. If a dwelling, for how many families?
9. Will the first floor be used as a tenement? If not, for what purpose?
10. No. of stories high height of 1st story 2nd 3rd 4th
11. Size of building 40x50 ft. front ft. in depth
12. What is the total height, from underpinning to top of plate?
13. Depth of foundation below grade
14. Distance of nearest point of front to street line
15. Distance from nearest point of rear to line of adjoining property
16. Distance from nearest point of left side right side to the line of adjoining property
17. Distance from nearest point to nearest wood frame building
18. Is the roof flat or pitch roof covering? class
19. How are the exterior walls finished? clapboards shingles stucco metal novelty siding
20. Floor joist size 1st Floor 2nd Floor 3rd Floor Distance on centers Ceiling joist size
21. Rafters size Distance on Centers Size of Sill
22. What is the material of foundation? Thickness of Foundation
23. Is the foundation laid on solid ground? Filled Land? Width of Footing?
24. How is the building to be heated?
25. Will plumbing be installed?
26. Will it be piped for gas?
27. Will it be wired for electricity?
28. Will it be connected with sewer or cesspool?
29. Will the material that is used be New or Second-hand?
30. Will it conform to the requirements of the building laws of the City of Fitchburg? yes
31. What is the probable cost, not including land?
32. Are you prepared to submit plans, if required? yes

Name of Applicant Jesse H. Killis Inc.
Name of Owner John Hunter
Address of Owner 91 Ryefield Rd. - Fitchburg

(See Other Side)

Note:—Show by sketch or diagram on back of this form, the proposed building, the distance marked in figures from line of street and lines of adjoining property.

INSPECTED

6-22-71 *Roland J. Caron*

No. *217-71*

Sketch here

Sketch here

APPLICATION FOR PERMIT TO BUILD

LOCATION

No. *91 RYEFIELD RD*

Owner *JOHN HUNTER*

Builder *J. WILLIS INC*

PERMIT GRANTED

June 29 1971

MEMORANDA

Fitchburg 19

Approved *Roland J. Caron*
Supt. of Bldgs.

Type of Building *TEMP TENT*

Estimated Value \$ *---*

Permit Fee \$ *3.00*



CITY OF FITCHBURG

INSPECTION OF BUILDINGS DEPARTMENT

#3.00 pd. appli 16716 Recept 14049

Application for Permit for Additions, Alterations and Repairs

Fitchburg, Mass., April 28 1967

TO THE SUPERINTENDENT OF BUILDINGS:

The undersigned hereby applies for a permit to make additions, alterations and repairs as follows:

- 1. Location, no. 91 RyeField Rd. Street Zoning District RES-A-1
2. Name of Owner Dr. John Hunter

NATURE OF ALTERATIONS

Describe briefly the additions, extensions, and general alterations contemplated

Add one room to rear of house

3. What is the probable value of the alterations? \$ 2500.00

DETAILS OF ALTERATIONS

- 4. What is the material of present building? wood
5. To what stories will the addition, alterations be made? 1
6. How many families is it to accommodate? 1
7. For what is the building at present used? Residence
8. For what will it be used when alterations are complete? same
9. If for a dwelling, for how many families? 1
10. No. of stories when complete? 1
11. Will all the floors be used for tenements? If not, for what use?
12. Finish of exterior walls? Clapboards, Shingles, Stucco, Metal, Novelty Siding,
13. Roof coverings? Slate, Metal, Asbestos Shingles, Asphalt Shingles, Gravel, Roofing paper, Class
14. Floor joist size 1st Floor 2nd Floor 3rd Floor Distance on centers Ceiling joist size 2x6
15. Rafters size 2x8 Distance on centers 16" Size of sill 4x4
16. Name of Builder Honkala Cons. Co. Inc.
17. Will the present chimneys be disturbed? no
18. Will new chimneys be built? no Size of flue conc. Block
19. Will it require any new foundations? yes If so, of what materials? Thickness of Foundation 12"
20. Distance, nearest point, of front from street line? 62'
21. Distance, nearest point, of rear from line of adjoining property? 120'
22. Distance, nearest point, of left side from line of adjoining property? 13'
23. Distance, nearest point, of right side from line of adjoining property? 15'
24. Distance, nearest point, to nearest wood frame building? 250'
25. State if any additions or changes of plumbing, wiring, heating or gas piping are to be made.
26. Will the material that is used be New or Second hand? new
27. Will it conform to the requirements of the building laws of the City of Fitchburg? yes

Name of Applicant Honkala Cons. Co. Inc.
Name of Owner Dr. John Hunter
Address of Owner 100 Prospect St. Fitch.

(See Other Side)

Note:—Show by sketch or diagram on back of this form, the proposed building, the distances marked in figures from line of street and line of adjoining property.

189-07

INSPECTED

4/28/67 Clyde J. Bernier

No. 189-67

Application for Permit

For Additions, Alterations and Repairs

LOCATION

No. 91 RYEFIELD RD Street

Owner DR JOHN HUNTER

Builder HONKALA CONST CO

PERMIT GRANTED

Aug. 29 1967

Fitchburg 19

Approved

Supt. of Bldgs.

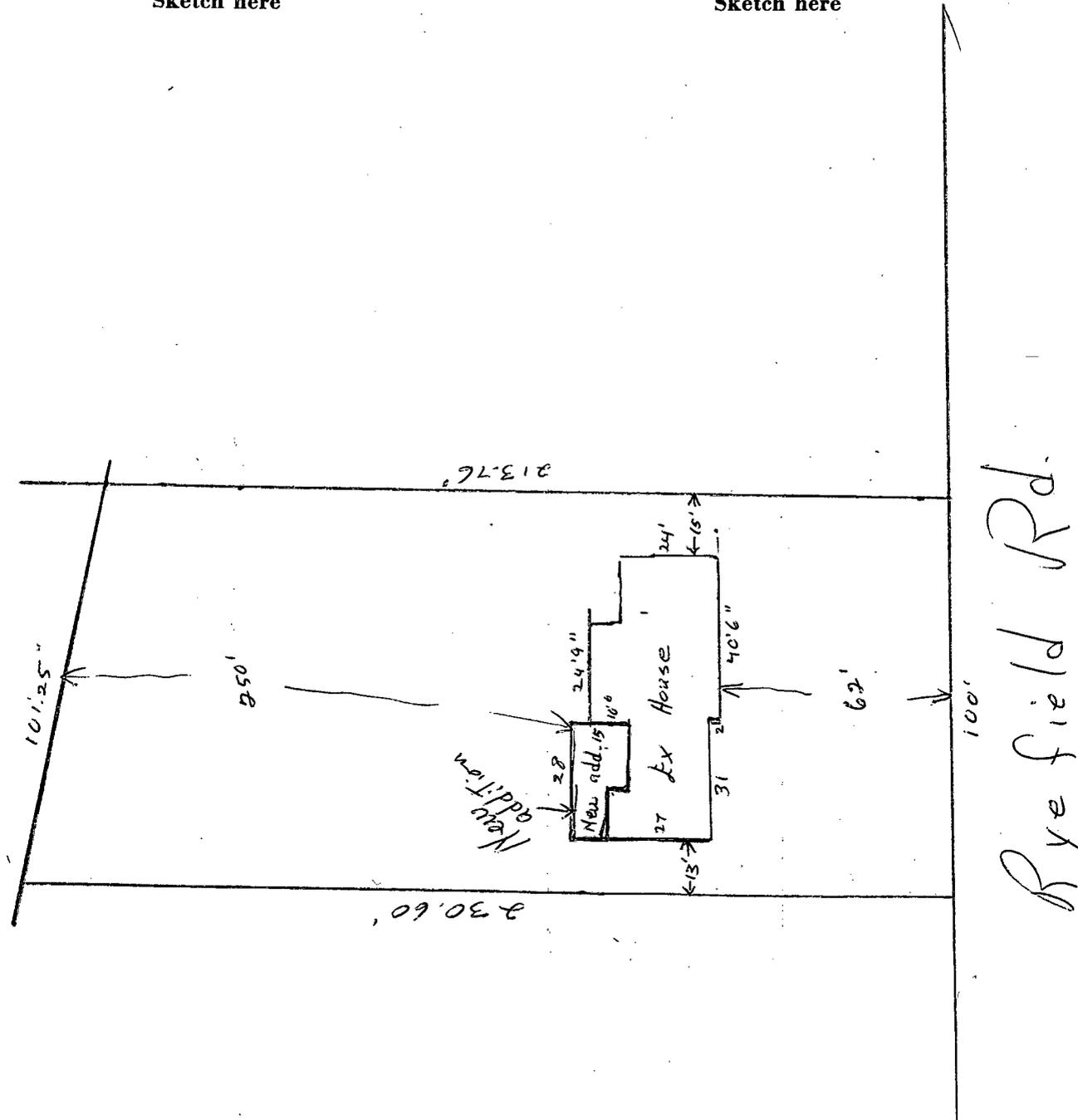
Type of Building NEW ADDITION

Estimated Value \$ 2,500.00

Permit Fee \$ 3.00

Sketch here

Sketch here



MEMORANDA

GAS FITTER MUST RECEIVE PERMIT BEFORE COMMENCING WORK

All work hereafter performed must be tested before being used, and the Inspector must be notified when all connections are in position and the final test is applied.

Fee 300 No. 027478



APPLICATION FOR PERMIT TO DO GAS FITTING

Fitchburg, Mass. 2-6 19 74

To the
INSPECTOR of PLUMBING and GAS FITTING

The undersigned hereby applies for a permit to perform gas fitting work according to the following specifications:

Location Rye Field Rd Change of occupancy - Yes No

Nearest cross street _____

Name of owner Dr. Hunter Address Rye Field Rd

Material of building Wood Frame New or old Number of families one Stores _____

What was the building last used for? Home What is the building to be occupied for? _____

Is installation an entire job or a conversion to gas fuel? 2-100 lb Tanks Propane

(SEE REVERSE SIDE FOR FEE)

NATURE OF PROPOSED GAS FITTING IN DETAIL

Floor	Pipe Size	Domestic Range	Built-in Oven	Gas and Gas Range	Auto. Storage Heaters	Auto. Space Heaters	Recess Heaters	Piping to Water Heater	Heating Boiler	Heating Furnace	Conversion Burner	Roof Units	Unit Heaters	Incinerators	Hot Plates	Fryolators	Commercial Ranges	Piping Only	Generator	
Basement																				
1st																			X	
2nd																				
3rd																				
4th																				
TOTAL																			X	

Note — Mark below by X whether

New Gas Fitting Note

Alterations in Gas Fitting

Replacement of Fixtures

Estimated Cost \$

Signature of Gas Fitter P.B. Morrill Lic. No. M 1059

Telephone No. 3-7132 Address 2 Ashby State Rd Lic. Expires 6-6-74

Fire Dept 6 Feb 1974 *2-100 lb tanks Propane*

till spring - temporary installation for natural gas - (has solved at work)

APPROVED

Signature of Licensed Gas Fitter P.B. Morrill

PLUMBING and GAS FITTING INSPECTOR

By George E. Glenny

Address 2 Ashby State Rd

License No. M 1059

Plumbers must receive a Permit before commencing work, except in the case of repair of leaks or other emergencies. In such cases, an application, as above, shall be filed within 72 hours of commencing said work.

Logged.

**APPLICATION FOR
PERMIT TO DO GAS FITTING**

Gas Fitter

FEEES FOR GAS FITTING PERMITS

Installation, alteration or repair—primary fee ... \$2.00

Plus each fixture or appliance \$1.00

Separate application required for gas heating installation, \$2.00 per unit

PERMIT GRANTED

FINAL REPORT

Inspector



Fitchburg, Massachusetts

Office of the
Superintendent of Public Buildings

ROLAND J. CARON
SUPERINTENDENT

March 5, 1974

Mr. Phillips Morrill
2 Ashby Road
Fitchburg, Ma 01420

Dear Sir:

Your attention is called to your application for an L.P. Gas installation no. 027-478 dated 5 February re. Doctor John Hunter Ryefield Road, this city.

A temporary gas permit has been issued for this installation. This confirms our previous conversation to this effect.

Yours truly,

George E. Glenny



CITY OF FITCHBURG
PUBLIC BUILDINGS DEPARTMENT

A-16757
R-14091

Application for ~~Plumbing~~ Permit

Gas

Fee. 4.00

No.

Fitchburg, Mass., May 3, 1967

To the INSPECTOR OF PLUMBING:-

The undersigned hereby applies for a permit to install plumbing according to the following specifications:

- 1. Street and No.? 91 Rye field Rd Ward?
- 2. Nearest cross street?
- 3. Old or New Building? Purpose of Building?
- 4. Owner? Dr. John J. Hunter Address? Grove St
- 5. Plumbing Firm? McBride Bros Address? Lunenburg
- 6. How many families? 1
- 7. Connected with sewer or cesspool or Septic Tank? Estimated Cost? 500.-
- 8. Are fixtures which are to be installed ADDITIONAL or REPLACEMENT ?

PROPOSED FIXTURES IN DETAIL

BASEMENT	SECOND STORY
Domestic Hot Water?	
Replace gas header	
gas pipe gas boiler	
FIRST STORY	THIRD STORY
FOURTH STORY	FIFTH STORY

ALL WORK HEREAFTER PERFORMED MUST BE TESTED BY WATER PRESSURE, AND THE INSPECTOR MUST BE NOTIFIED WHEN SOIL, DRAIN PIPE AND ALL CONNECTIONS THEREWITH ARE PLACED IN POSITION.

Application must be signed by a Licensed Plumber.

APPROVED

PLUMBING INSPECTOR

By

Signature of Licensed Plumber

Address

License No.

Joseph J. McBride
Lunenburg
6670

Plumbers must receive a Permit before commencing work, except in the case of repair of leaks or other emergencies. In such cases, an application, as above, shall be filed within 72 hours of commencing said work.

Gas McBride

**APPLICATION FOR
PLUMBING PERMIT**

(DO NOT FILL OUT THIS FOLD)

Amount 500⁰⁰ Serial No. 16757

St. and No. 91 Ryefield Rd.
Owner Dr. John J. Hunter

Permit Issued.....
5/3, 1967

REPORT of INSPECTOR of PLUMBING

Item.....
Replace gas header
+ Boiler

Rough.....

Finish.....

Gas Co. 5/1505

Layout.....

Heat.....

Bldg. Dept.....

Fire Dept.....

Note.....



CITY OF FITCHBURG

PUBLIC BUILDINGS DEPARTMENT

Application for Plumbing Permit

A-16758
B-14092

Fee..... 2.00
No.....

Fitchburg, Mass., May 3, 1967

To the INSPECTOR OF PLUMBING:-

The undersigned hereby applies for a permit to install plumbing according to the following specifications:

1. Street and No.? 91 Rye field Rd. Ward?
2. Nearest cross street?
3. Old or New Building? Purpose of Building?
4. Owner? Dr. John J. Hunter Address? 80 Grove St
5. Plumbing Firm? McBride Bros Address? Lunenburg
6. How many families? 1
7. Connected with sewer or cesspool or Septic Tank? Estimated Cost? \$235.
8. Are fixtures which are to be installed ADDITIONAL or REPLACEMENT ?

PROPOSED FIXTURES IN DETAIL

BASEMENT Domestic Hot Water? 	SECOND STORY
FIRST STORY Replace kit. sink Install 50 gal. H. W. Tank Relocate Wash. Mach. waste Install dish washer.	THIRD STORY
FOURTH STORY 	FIFTH STORY

ALL WORK HEREAFTER PERFORMED MUST BE TESTED BY WATER PRESSURE, AND THE INSPECTOR MUST BE NOTIFIED WHEN SOIL, DRAIN PIPE AND ALL CONNECTIONS THEREWITH ARE PLACED IN POSITION.

Application must be signed by a Licensed Plumber.

APPROVED

Signature of Licensed Plumber

Joseph L. McBride

PLUMBING INSPECTOR

Address

Lunenburg

By

License No.

6670

Plumbers must receive a Permit before commencing work, except in the case of repair of leaks or other emergencies. In such cases, an application, as above, shall be filed within 72 hours of commencing said work.

McBride

**APPLICATION FOR
PLUMBING PERMIT**

(DO NOT FILL OUT THIS FOLD)

Amount 235⁰⁰ Serial No 16758

St. and No. 91 Ryefield Rd.
Owner Dr. John J. Hunter

Permit Issued 5/3, 1967

REPORT of INSPECTOR of PLUMBING

- Item
- 1 - 50 gal. elec water heater
 - 1 - K. Sink
 - 1 - Dishwasher
 - 1 - W. C. Conn.

Rough

Finish 5/15 68

Gas Co.

Layout

Heat

Bldg. Dept.

Fire Dept.

Note



Bill Cart	
Items In Cart:	0
Subtotal:	\$ 0.00

Select a bill type on the left and enter the requested information below to find your bill:

Bills are not available for payment until their mailing date.

Convenience Fees: eCheck is \$0.50, Credit&Debit is 2.95% min \$1.00

Water/Sewer in Fitchburg, MA

Enter the bill number -or- account number:

300049960

-and-

The billing last name -or- company name:

SCOTT

Then click here to search.

Search results for Water/Sewer in Fitchburg, MA

YEAR	NUMBER	NAME / DESCRIPTION
2024	2720603	PTAK SCOTT 300-049960 91 RYEFIELD RD Click here to view your bill.

AMOUNT TO PAY*

- Due 11/15/2023: \$ 162.75
- Full Balance: \$ 162.75
- Other: \$

Add To Cart

* The DUE and BALANCE amounts may include additional interest and late fees.
All payments made after 10:00 PM EST will be credited the next business day.
After 10:00 PM EST, interest on past due bills is calculated to the next business day.



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For questions or comments, please email: ePay@CityHallSystems.com
For help, Monday-Friday 8:30AM-5PM ET, please call **508-381-5455**.

Terms & Conditions of Use
Security & Privacy
Server: 93



CITY OF FITCHBURG
 718 Main Street - City Hall
 Fitchburg, MA 01420

Payment Questions:
 (978)-829-1830 Ext. 0

Treasurer Office Hours
 8:30 - 4:30

All Other Water Questions:
 (978)-345-9616 Ext. 2
 Water Office Hours 7:00 - 4:00

WATER & SEWER BILL
CUSTOMER COPY

For questions regarding the sewer
 portion of your bill call: 978-829-1930

CUSTOMER NAME	CUSTOMER NO.	SERVICE LOCATION
PTAK SCOTT	124461	91 RYEFIELD RD

BILL NUMBER	BILL DATE	ACCOUNT #	ACCOUNT TYPE	DUE DATE
2720603	10/17/2023	300049960	RESIDENTIAL	11/15/2023

DESCRIPTION	READ CODE	PREVIOUS READ DATE	CURRENT READ DATE	PREVIOUS READING	CURRENT READING	USAGE	CHARGE AMOUNT
5/8" WATER SERVICE	A	08/31/2023	09/29/2023	126	130	4	\$20.89
Consumption Amount							\$11.34
Base Amount							\$9.55
SEWER BASED ON 5/8" WATER		08/31/2023	09/29/2023				\$39.81

Previous Balance	\$200.69
Total Current Billing	\$60.70
Interest	\$1.50
Less Payments Received	\$98.55

Total Amount Due \$162.89

DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



CITY OF FITCHBURG
 718 Main Street - City Hall
 Fitchburg, MA 01420

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WATER & SEWER BILL - REMIT PORTION

Please write your account number on your check and enclose remit copy of bill with your payment. Make checks payable to: City of Fitchburg

SERVICE LOCATION: 91 RYEFIELD RD
 BILL NUMBER: 2720603
 CUSTOMER #: 124461
 ACCOUNT #: 300049960
 BILL DATE: 10/17/2023
 DUE DATE: 11/15/2023
 TOTAL DUE: \$162.89

MAKE CHECKS PAYABLE AND REMIT TO:
CITY OF FITCHBURG
 PO BOX 312
 MEDFORD, MA 02155



PTAK SCOTT
 91 RYEFIELD RD
 FITCHBURG, MA 01420-2512



02736042024802720603600000162891

001796010

**Bills payable at Treasurer’s Office, Fitchburg City Hall, 718 Main St., Fitchburg MA
8:30AM- 4:30PM Monday- Friday**

**Water Division
Metered Water Rates**

The charge for metered water for all purposes used through each service to any house, business, or facility shall be:

Minimum Charge per Month
The minimum monthly charge includes two (2) units of water (200 cubic feet)

5/8" Meter	\$9.55	3" Meter	\$86.00
3/4" Meter	\$9.55	4" Meter	\$131.85
1" Meter	\$9.55	6" Meter	\$260.10
1.5" Meter	\$30.10	8" Meter	\$413.40
2" Meter	\$45.15		

**USAGE IS BILLED IN UNITS
1 UNIT = 100 CUBIC FEET = 748 GALLONS**
Usage in excess of 2 units per month is billed at **\$5.67** per unit

**NO DISCOUNTS ALLOWED
NO CLAIMS ALLOWED FOR EXCESSIVE WATER USE DUE TO LEAKS**

Failure of owner to receive a bill does not relieve him/her from obligation of its payment nor consequences of nonpayment.

**ALL PAYMENTS MUST BE RECEIVED BY THE DUE DATE, OTHERWISE BOTH WATER AND SEWER PAST DUE
BALANCES WILL RECEIVE \$5.00 LATE FEES
(\$10.00 TOTAL) AND ACCRUE DAILY INTEREST AT 14% PER ANNUM.**

**Wastewater Division
Sewer Rates**

Sewer is based on 100% of metered water consumption (if connected to city water)
If not connected to city water, the monthly minimum sewer charge is \$92.56

0-3 units per month (based on 100% of metered water consumption): \$28.70 minimum charge
If over 3 units: \$11.11 per unit used for entire usage

Return with Payment