



Property Information

File#: BS-X01672-2658091934
Owner: DAVIGNON DOROTHY L
Address 1: 78 CATHERINE ST
Address 2:
City, State Zip: CHICOPEE, MA

Request Information

Requested Date: 06/13/2024
Branch:
Date Completed: 06/25/2024
of Jurisdiction(s):
of Parcel(s): 1

Update Information

Update Requested:
Requested By:
Update Completed:

Notes

CODE VIOLATIONS Per City of Chicopee Department of Zoning there are no Code Violation cases on this property.
Collector: City of Chicopee
Payable Address: 115 Baskin Drive 2nd Floor Chicopee, MA 01020
Business# 413-594-1440

PERMITS Per City of Chicopee Building Department there are no Open/Pending/ Expired Permit on this property.
Collector: City of Chicopee
Payable Address: 115 Baskin Drive 2nd Floor Chicopee, MA 01020
Business# 413-594-1440

SPECIAL ASSESSMENTS Per City of Chicopee Department of Finance there are no Special Assessments/liens on the property.
Collector: City of Chicopee
Payable Address: 274 Front Street 2nd Floor Annex
Chicopee, MA 01013
Business# 413-594-1560

DEMOLITION NO

UTILITIES Water & Sewer
Account #: 030171152000
Payment Status: DELINQUENT
Status: Pvt & Non-Lienable
Amount: \$753.21
Good Thru: 06/30/2024
Account Active: NO
Collector: Chicopee Water Department
Payable: 115 Baskin Dr, Chicopee, MA 01020
Business # 413-594-3420

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

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

78 CATHERINE ST

Location 78 CATHERINE ST

Mblu 0499/ 00027/ / /

Acct# 0499-00027

Owner DAVIGNON DOROTHY L

PBN

Assessment \$216,800

Appraisal \$216,800

PID 13534

Building Count 1

Current Value

Appraisal					
Valuation Year	Building	Extra Features	Outbuildings	Land	Total
2024	\$114,300	\$0	\$2,900	\$99,600	\$216,800

Assessment					
Valuation Year	Building	Extra Features	Outbuildings	Land	Total
2024	\$114,300	\$0	\$2,900	\$99,600	\$216,800

Owner of Record

Owner DAVIGNON DOROTHY L

Sale Price \$0

Co-Owner

Certificate 1

Address 78 CATHERINE ST
CHICOPEE, MA 01013-2023

Book & Page 5839/0163

Sale Date 06/25/1985

Qualified U

Ownership History

Ownership History				
Owner	Sale Price	Certificate	Book & Page	Sale Date
DAVIGNON DOROTHY L	\$0	1	5839/0163	06/25/1985

Building Information

Building 1 : Section 1

Year Built: 1920
Living Area: 1,073
Replacement Cost: \$197,003
Building Percent Good: 58
Replacement Cost Less Depreciation: \$114,300

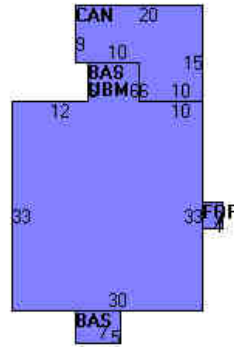
Building Photo

 Building Photo
(<https://images.vgsi.com/photos2/ChicopeeMAPhotos/\00\01\67\57.jpg>)

Building Attributes	
Field	Description
Style:	Bungalow

Model	Residential
Grade:	
Stories:	1
Occupancy	1
Exterior Wall 1	Vinyl Siding
Exterior Wall 2	
Roof Structure:	Gable/Hip
Roof Cover	Asph/F GlS/Cmp
Interior Wall 1	Drywall/Sheet
Interior Wall 2	
Interior Flr 1	Average
Interior Flr 2	
Heat Fuel	Oil
Heat Type:	Hot Water
AC Type:	None
Total Bedrooms:	2 Bedrooms
Total Bthrms:	1
Total Half Baths:	0
Total Rooms:	4
Bath Style:	
Kitchen Style:	
Fireplaces:	0
Extra Openings:	0
Finish Attic:	None
Bsmnt Garage:	0
Finish Bsmnt:	0
Sewer	
Usrflid 300	
Usrflid 301	
Usrflid 302	
Usrflid 304	
Fndtn Cndtn	
Basement	
Usrflid 701	
Usrflid 305	
Usrflid 900	No
Usrflid 901	No
Usrflid 303	

Building Layout



(https://images.vgsi.com/photos2/ChicopeeMAPhotos/Sketches/13534_13)

Building Sub-Areas (sq ft)			<u>Legend</u>
Code	Description	Gross Area	Living Area
BAS	First Floor	1,073	1,073
CAN	Canopy	240	0
FOP	Porch, Open, Finished	12	0
UBM	Basement, Unfinished	1,038	0
		2,363	1,073

Extra Features

Extra Features	<u>Legend</u>
No Data for Extra Features	

Parcel Information

Use Code 1010
Description Single Fam MDL-01
Deeded Acres 0.27

Land

Land Use

Use Code 1010
Description Single Fam MDL-01
Neighborhood 5

Land Line Valuation

Size (Acres) 0.27
Assessed Value \$99,600
Appraised Value \$99,600

Outbuildings


Outbuildings						Legend
Code	Description	Sub Code	Sub Description	Size	Value	Bldg #
FGR1	Garage - A			322.00 S.F.	\$2,900	1

Valuation History

Appraisal					
Valuation Year	Building	Extra Features	Outbuildings	Land	Total
2024	\$114,300	\$0	\$2,900	\$99,600	\$216,800
2023	\$101,700	\$0	\$2,900	\$90,500	\$195,100

Assessment					
Valuation Year	Building	Extra Features	Outbuildings	Land	Total
2024	\$114,300	\$0	\$2,900	\$99,600	\$216,800
2023	\$101,700	\$0	\$2,900	\$90,500	\$195,100

FW: response to public search request

 3 attachments (24 MB)

20240624153736964.pdf; 20240624153751999.pdf; 20240624153759254.pdf;

From: Logan Deni <ldeni@chicopeema.gov>

Sent: Tuesday, June 25, 2024 1:16 AM

Cc: Staff Law <lawstaff@chicopeema.gov>

Subject: response to public search request

Some people who received this message don't often get email from ldeni@chicopeema.gov. [Learn why this is important](#)

- **CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To whom this may concern,

The City of Chicopee Building Department received your information request pertaining to the property located at 78 Catherine Street, Chicopee Massachusetts. In response to your request for information on above reference property, we have research our files and presented the following:

1. Copies of permits? Please see the following attachment above.
2. Copies of violations? A diligent search of our department's records did not reveal any documents to your request.

I trust this will meet your needs. If you have any questions, please feel free to contact me directly.

Best Regards, Logan

Logan Deni, Clerk

City of Chicopee / Building Department

ldeni@chicopeema.gov / 413 594 1440

DISCLAIMER: The information contained in this message is proprietary and/or confidential and may be privileged. If you are not the intended recipient of this communication, you are hereby notified to: (i) delete the message and all copies; (ii) do not disclose, distribute or use the message in any manner; and (iii) notify the sender immediately. (iv) The recipient should check this email and any attachments for the presence of malware. The company accepts no liability for any damage caused by any Malware transmitted by this email.

Plans must be filed and approved by the Inspector, before a permit for erection will be granted, duplicates of which, when approved by the Inspector, shall be kept at the building during the progress of the work.

No. 22858

Zone _____

APPLICATION FOR PERMIT TO BUILD ADDITION OR MAKE ALTERATIONS

Chicopee, Mass. July 23, 1962

To the Building Inspector:—

The undersigned hereby applies for a permit to make additions or alterations according to the following specifications:—

1. Owner's name Joseph Coache COACHE
2. Owner's address 78 Catherine St. Millinansett Mass.
3. Architect's name Street Melonzi Address South Hadley Mass.
4. Builder's name SAME
5. Builder's address _____
6. Location of building 78 Catherine St. W.
7. Size of Lot 120 X 60 Lot No. 11-12-13
8. Purpose of building? Patio
9. Material of building? wood
10. If dwelling, for how many families? _____
11. Is there to be a store in the lower story? _____
12. Size of addition, front, 10' rear, 10' deep, 16'
13. No. of stories? _____ No. of Rooms? _____
14. No. of feet from the level of the ground to the highest part of the roof? _____
15. How near line of the street? _____
16. How near line of adjoining lot? 22' side? 36' rear? 36'
17. Means of access to the roof? _____
18. Size of floor timbers, 1st _____ ; 2d _____ ; 3d _____ ; 4th _____ ; 5th _____
Span _____ ; Distance on centers _____
19. Will the building be erected on solid or filled land? _____
20. Will the foundations be laid on earth, rock, timber or piles? _____
21. Thickness and material of foundation? Cement
22. Will the roof be flat, pitched, mansard or gambrel? pitched
23. Material of roof covering? asphalt
24. Method of heating? _____
25. Will the building conform to the requirements of the building and zoning laws? yes
26. Estimated cost? 40000

Signature of applicant Joseph Coache

REMARKS



CITY OF CHICOPEE, MASSACHUSETTS

BUILDING DEPARTMENT
ACCESSORY PERMIT APPLICATION
Building Permit Application to Repair, Renovate or demolish a structure

Permit No. 050989
Permit Fee: 150.

IMPORTANT - Complete ALL items where applicable

SECTION 1: PROPERTY ADDRESS

Address: 78 Catherine St. Lot No.: Assessor Map/Parcel No.: 499-27

SECTION 2: SITE INFORMATION AND COST OF IMPROVEMENTS

2.1. LOCATION OF BLDG. ON LOT - DISTANCE OF BLDG FROM
2.2. TYPE OF SEWAGE DISPOSAL
2.3. TYPE OF WATER SUPPLY
2.4. COST
2.5. DIMENSIONS

SECTION 3: DESCRIPTION OF PROPOSED WORK

Owner Occupied Repair (s) Alteration (s) Addition Accessory Building Demolition No. Of Units:

Brief Description of Proposed Work:
Remove old Roof and Replace
Install 12 new DH windows Replaced
Install new Vinyl Siding

SECTION 4: PROPERTY OWNERSHIP

4.1. Owner's Name: Gerald Daurgnon
Mailing Address: 78 Catherine St.
City, State, Zip: Chicopee MA 01013 Phone Number: 535-3242

SECTION 5: CONSTRUCTION SERVICES

5.1. Construction Supervisor: Adam Quenneville Roofing & Siding, Inc.
Address: 160 Old Lyman Road South Hadley, MA 01075
Business Phone:
Signature of Contractor:
CSL Number: 70626 List CSL Type: U Expiration Date: 8-21-09

Table with 2 columns: TYPE, DESCRIPTION. Rows include Unrestricted (up to 35,000 cu.ft.), Restricted 1 & 2 Family Dwelling, Masonry Only, Residential Roofing Covering, Residential Window and Siding, Residential Solid Fuel Burning Appliance Installation, Residential Demolition.

5.2 Registered Home Improvement Contractor (HIC)
Name: Adam Quenneville Roofing & Siding, Inc.
Address: 160 Old Lyman Road South Hadley, MA 01075
Registration Number: 120982
Expiration Date: 3-25-10
Signature:

SECTION 6: ARCHITECTURAL SERVICES

6.1. Name:
Mailing Address:
City, State, Zip: Phone Number:

SECTION 7: 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 8: OWNER DECLARATION

As Owner, I hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.
Signature of Owner Application Date 11-3-08

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. Demolition permits require Gas Slip from Gas Co., Electric Light slip from CEL, Rodent Control slip from Health Dept., and Water slip from Water Dept



Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111
 Workers' Compensation Insurance Affidavit

NAME: _____

location: 78 Catherine Street

city: Chicago phone # 536 3222

- I am a homeowner performing all work myself
 I am a sole proprietor and have no one working in any capacity

I am an employer providing workers' compensation for my employees working on this job.

company name: Adam Greenwell Roofing

address: 140 Old Lyman Rd

city: South Hadley phone #: 536 5955

insurance co.: AIM Mutual policy #: AWC 7012861012007

I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500 and/or one year's imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for 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: 12-4-07

Print name: Adam Greenwell Phone #: 413 536 5955

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____

- check if immediate response is required
- contact person: _____ phone #: _____
- Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

KLB



160 Old Lyman Road, South Hadley, MA 01075

The Premium Choice
We Are Licensed

1-800-NEW-ROOF • 413-536-5955

Website: www.1800newroof.net

Insured

Email: info@1800newroof.net

MA Registration #120982

Factory Certified Installers

MA Construction Supervisor's Lic. #070626

CT Registration #575920

Member of the Home Builder's Association of Western Mass.

Member of the Better Business Bureau

P.P.C. 38710

Proposal Submitted To: DAVIGNON Date: 11-28-07 Phone #s: H: 413-536-3242 Cell:

Street: 78 Catherine St Mail To:

City, State, Zip Code: Chicago, IL 60613 Special Requirements: Cut in new lead around chimney

Proposal to furnish and install the following: Yes - No X Initial MBD

Re-Roof Tear-Off Gutter

Complete Roof Preparation

Home exterior to be protected by tarps and plywood
 Shrubs, landscaping, trees to be protected
 Entire existing roofing material to be removed to existing decking, including flashing, etc. Not doing back overhang.

Site to be cleaned everyday with roll magnet debris removed at project completion

Deteriorated existing decking replaced at ~~\$2.50~~ per sq. ft. \$1.50 per sheet

White Brown 8 inch metal drip edge installed at eaves and rakes White/ Brown 5 inch for re-roof only

New flashing will be installed where necessary (see Special Requirements)

Install new pipe boot flashing

We shall acquire all appropriate permits etc. for all roofing work

Complete Roofing System

ELK Leak Barrier installed at all eaves to protect from ice dams (and meet codes in the north)

ELK Leak Barrier installed in all valleys, around penetrations, and chimneys to protect critical areas

15 pd. reinforced underlayment installed over entire decking

Shingles:

ELK Prestique® Series 30 year 50 year Color Peuter Gray ?

Nailable ridge vent will be installed

ELK ridge cap shingles

Warranty Options:

We guarantee our workmanship for 10 full years

ELK 10-Year Umbrella Coverage Limited Warranty upgrade.

ELK 15-Year Umbrella Coverage Limited Warranty upgrade.

We Propose hereby to furnish materials and labor - complete in accordance with above specifications for the sum of:

Total Sale Price \$ 4,500 Down Payment \$ 1,500 Upon Completion \$ 3,000

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. Payment will be 1/3 down upon signing, and balance due upon completion. Unpaid balances shall accrue with interest at 18% per annum. Purchaser(s) will pay for all costs, expenses and reasonable attorney's fees incurred by Adam Quenneville Roofing and Siding, Inc. to recover any sums due under this contract.

Date: 11-28-07 Signature: Shane R. Duffey Phone # 413-536-3242

Date: 11-28-07 Estimator's Signature: [Signature] Estimates are honored for sixty (60) days from above date

ATTENTION HOMEOWNERS: Please cover all personal belongings in the attic, garage or storage areas due to the possibility of roofing debris or dust coming in through cracks of the wood. Adam Quenneville Roofing and Siding will not be responsible for debris or dust in the attic or storage areas.

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR RL ADAMO-3 DATE (MM/DD/YYYY)
11/21/07

PRODUCER
Remillard Insurance Agency, Inc
79 Lyman Street
South Hadley MA 01075
Phone: 413-538-7862 Fax: 413-538-7179

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: AXI Mutual Insurance Company
INSURER B: ST Paul / Providence Insurance
INSURER C: Penn America Ins., Co.
INSURER D:
INSURER E:

Adam Queenwillie Roofing Inc
PO Box 612
South Hadley MA 01075

COVERAGES

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

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY	SUB1015632	06/23/07	06/23/08	EACH OCCURRENCE \$ 1000000
	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY				MED EXP (Any one person) \$ 5000
	POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
B	AUTOMOBILE LIABILITY	BA7354L006	11/21/07	11/21/08	COMBINED SINGLE LIMIT (EA accident) \$ 1000000
	ANY AUTO				BODILY INJURY (per person) \$
	ALL OWNED AUTOS				BODILY INJURY (per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE (per accident) \$
	Hired Autos				AUTO ONLY - EA ACCIDENT \$
	NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$
					AUTO ONLY: AGG \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	ANY AUTO				AGGREGATE \$
					\$
	EXCESS/UMBRELLA LIABILITY				\$
	OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	2ANC019733012007	09/16/07	09/16/08	<input checked="" type="checkbox"/> WC STATUTE - OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT \$ 100000
	If yes, describe under Special Provisions below				EL DISEASE - EA EMPLOYEE \$ 100000
	OTHER				EL DISEASE - POLICY LIMIT \$ 500000

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

CERTIFICATE HOLDER

TOWNMONT

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL, 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Stephens E. Radon

COPY

COPY



CITY OF CHICOPEE, MASSACHUSETTS

RECEIVED

DEC 3 2008

BUILDING DEPARTMENT
ACCESSORY PERMIT APPLICATION

Building Permit Application to Repair, Renovate or demolish a structure

Permit No. 051067

Permit Fee: 50.00

IMPORTANT - Complete ALL items where applicable

SECTION 1: PROPERTY ADDRESS

Address: 78 Catherine St Lot No.: Assessor Map/Parcel No.: 499-27

SECTION 2: SITE INFORMATION AND COST OF IMPROVEMENTS

2.1. LOCATION OF BLDG. ON LOT - DISTANCE OF BLDG FROM

Street line ft
Right lot line ft
Left lot line ft
Rear lot line ft

Is this a corner lot? Yes No

If answer is Yes - Distance of Bldg. from side street line: ft

2.2. TYPE OF SEWAGE DISPOSAL

- Individual (septic tank, etc.)
Public or private company

2.3. TYPE OF WATER SUPPLY

- Individual (well, cistern)
Public or private company

2.4. COST

Cost of Improvement \$ 4085
To be installed but not included in the above cost
Electrical \$
Plumbing \$
Heating, A.C. \$
Other \$
Total Cost \$ 4085

2.5. DIMENSIONS

Number of stories
Size of building - front rear deep
Total square feet of floor area, all floors based on exterior dimensions
Total square foot of garage area
Size of lot - front depth
Total land area, square feet

SECTION 3: DESCRIPTION OF PROPOSED WORK

- Owner Occupied Repair(s) Alteration(s) Addition Accessory Building Demolition No. Of Units:

Brief Description of Proposed Work: Install (3) replacement doors (no struct)

SECTION 4: PROPERTY OWNERSHIP

4.1. Owner's Name: Gerald Davignon
Mailing Address: 78 Catherine St Chicopee Ma 01013
Phone Number: 536 3242

SECTION 5: CONSTRUCTION SERVICES

5.1. Construction Supervisor:
Address: N/A
Home Phone: Business Phone:
Signature of Contractor:
CSL Number: List CSL Type: Expiration Date:

Table with 2 columns: TYPE, DESCRIPTION. Rows include Unrestricted, Restricted, Masonry Only, Residential Roofing, Window and Siding, Solid Fuel Burning Appliance, and Demolition.

5.2 Registered Home Improvement Contractor (HIC)

Name: The HOME Depot
Address: 345 Greenwood St Worcester Ma 01602
Business Phone: 401 935 2637
Registration Number: 126813
Expiration Date: 8/31/08
Signature: [Signature]

SECTION 6: ARCHITECTURAL SERVICES

6.1. Name:
Mailing Address:
City, State, Zip: Phone Number:

SECTION 7: 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 8: OWNER DECLARATION

As Owner, I hereby declare that the statements and information on the foregoing application are true, and accurate, to the best of my knowledge and behalf,

Signature of Owner: See Contract Application Date: 1/13/08

NOTES

- 1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor...
2. Demolition permits require Gas Slip from Gas Co., Electric Light slip from CEL, Rodent Control slip from Health Dept., and Water slip from Water Dept



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

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
 Applicant Information Please Print Legibly

Name (Business/Organization/Individual): The Home Depot
 Address: 2455 Paces Ferry Rd
 City/State/Zip: Atlanta Ga 30339 Phone #: 800 657 5182

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>100</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 workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input checked="" type="checkbox"/> Other <u>Door Replace</u></p>
---	--

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

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

Insurance Company Name: New Hampshire Ins Co
 Policy # or Self-ins. Lic. #: 1928755 Expiration Date: 3/1/09
 Job Site Address: 78 Catherine St City/State/Zip: Chicopee Ma

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: Rick Tallone Date: 12/31/08
 Phone #: 401 935 2633

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 _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/26/08

PRODUCER
Marsh USA, Inc.
1-404-995-3000
homedepot.certrequest@marsh.com
3475 Piedmont Rd NE, Suite 1200
Atlanta, GA 30305
Fax (212) 948-0902

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Home Depot U.S.A., Inc.
The Home Depot, Inc.
2455 Paces Ferry Road
Building C-8
Atlanta, GA 30339

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Steadfast Ins Co	26387
INSURER B: Zurich American Ins Co	16535
INSURER C: Illinois Natl Ins Co	23817
INSURER D: American Home Assur Co	19380
INSURER E: New Hampshire Ins Co	21841

COVERAGES

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

INSR ADD'L LTR	INSRO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	IPR 3757 608-02 LIMITS OF POLICY ARE EXCESS "OF SIR: \$1,000,000 PER OCC"	03/01/08	03/01/09	EACH OCCURRENCE \$ 4,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B		<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> SELF INSURED AUTO <input type="checkbox"/> PHYSICAL DAMAGE <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	BAP 2938863-05	03/01/08	03/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		<input checked="" type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	IPR 3757 608-02	03/01/08	03/01/09	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER TX Employers Excess Workers Compensation Workers Compensation	1928757 (FL) 1928756 (CA) 1928755 (AOS)	03/01/08 03/01/08 03/01/08	03/01/09 03/01/09 03/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
			TNS-C45197967 (TX) 1928759 (QSI) 1928758 (KY, MO, NY, WI)	03/01/08 03/01/08 03/01/08	03/01/09 03/01/09 03/01/09	Occurrence/SIR 25M/2M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS OR EVIDENCE ONLY

CERTIFICATE HOLDER

HOME DEPOT, INC.
5 PACES FERRY RD., N.W. BUILDING C-8
ATLANTA, GA 30339
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Mary Rodriguez

Lead Inquiry-4146128

<u>Customer Information</u>		<u>Job Information</u>	
Homeowner.....	Mr. Gerald Davignon	Sale Amount.....	\$4,085.00 Balance Due: \$0.00
Homeowner.....	Mrs. Dorothy Davignon	Product.....	Standard Entry Doors (4%)
Job Site Address.....	78 Catherine St Chicopee, MA 01013	Status.....	Sale/Finished and Paid-Customer
		Entity.....	RSW
		Branch.....	Boston
County.....	Hampden	<u>Sales</u>	
Billing Address.....	78 Catherine St Chicopee, MA 01013	Commission.....	\$163.40 Rate..... 4.00%
Home Phone.....	(413) 536-3242	<u>Consultant Name</u>	<u>Term Date</u> <u>Split</u> <u>Comp Plan</u>
Work Phone.....	Ext.	Timothy Drost	100.00% Straight Commission
Cell Phone.....	(413) 433-0720	B-Back Sale.....	No Cross Reference# 1-943972181
Pager.....	PIN	<u>Marketing</u>	
Work Phone 2.....		Referral Store.....	2610-CHICOPEE
Cell Phone 2.....		Base Store.....	2662-W SPRINGFIELD
Cross Street.....		Lead Source.....	0080 Store Associate
<u>Key Dates</u>		<u>Final Payment Information</u>	
Sale Date....	11/13/2008 FUP Date.....	12/17/2008	<u>Source</u> <u>Approval Code</u>
Credit Date..	11/19/2008 FPD-Customer.....	12/22/2008	1... Customer Check 1...
RTP Date....	11/14/2008 Post Install Date..		2... 2...
Start Date....	12/17/2008 FPD-Home Depot.		3... 3...
Inspection.....	12/19/2008		

3 doors

Close	History	Comments	Commissions		Costs
Inquiry	Order Detail	Payments	Job Issues	Services	Resulting
	Print		Touchpoints	Order Entry	PO
	Accounting		Cust Info	Work Order	Permits

DO NOT WRITE ON LINES BELOW

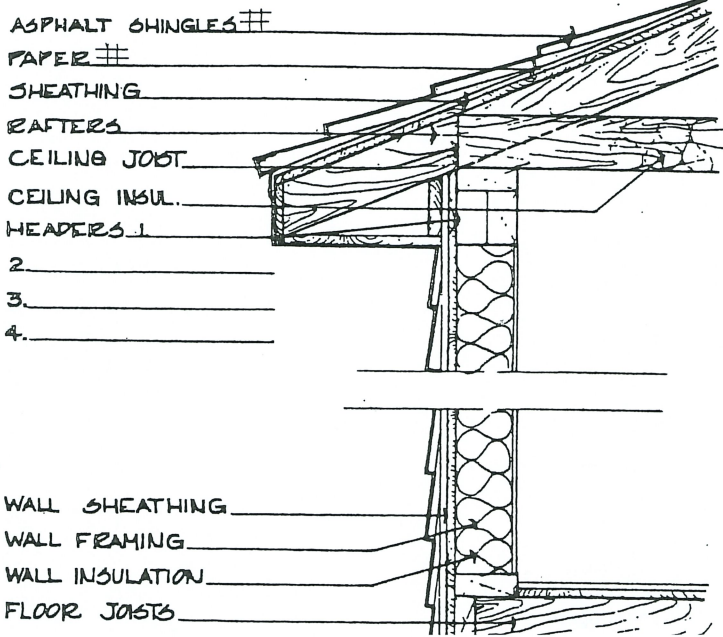
STREET
LOCATION 78 CATHERINE ST.

ZONE _____

PERMIT NO. 050407

APPLICATION FOR ACCESSORY PERMIT

OWNER Gerald Davignon



- ADDITION
- GARAGE
- NEW SWIMMING POOL
- ALTERATION
- OTHER STRUCTURE
- WRECKING
- REPAIR - REPLACEMENT
- CERTIFICATE OF OCCUPANCY

Total Cost of Improvement \$ 4,500

DIMENSIONS

Will addition block any windows?

Yes No

If answer is Yes what rooms _____

Are there other windows in that room?

Yes No

Does the property contain any protected wetland
Resource areas? (MGL 131 S.40 or Chicopee Wetlands
Ordinance, Chapter 272)

Yes
 No

Number of stories
Size of building — front
 rear
 deep
Total square feet of floor area, all floors,
based on exterior dimensions
Total sq. ft. of garage area
Size of lot — front
 depth
Total land area, sq. ft.

Description of Work

*Remove old roof and replace with new
shingles*

H.V.A.C. Worksheet Required (attach)

499-27

RECEIVED
DEC 10 2007
CHICOPEE, MASS.

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

Location of Work- Address *78 Catherine Street*

If permit is to demolish building-state where building materials and debris will be dumped _____

Wrecking permit requires Gas Slip from Gas Co., Electric Light Slip from Electric Light Dept., Rodent Control Slip from Health Dept., and Water Slip from Water Dept.

IMPORTANT — This question must be answered before permit will be issued. Has the property listed been the subject of a zone change within the past _____