



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
City, State, Zip: 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, Roofing, Window/Siding, Solid Fuel Burning Appliance, and Demolition.

5.2 Registered Home Improvement Contractor (HIC)

Name: The HOME Depot
Address: 345 Greenwood St Worcester Ma 01609
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))

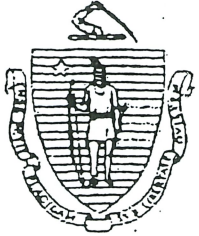
Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.
Signed Affidavit attached? Yes No

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

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

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: 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"/> OTHER 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 Padgett*

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

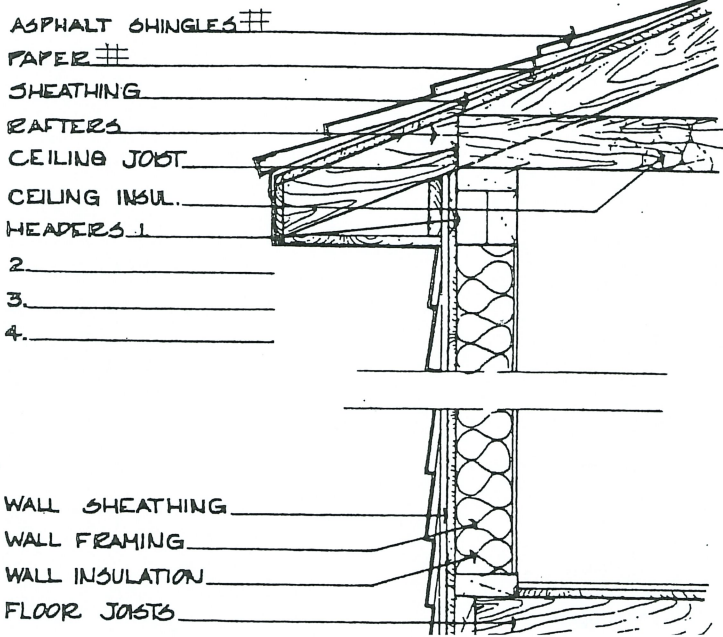
STREET
LOCATION 78 CATHERINE ST.

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

