

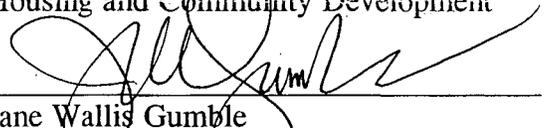
LOCAL INITIATIVE PROGRAM
DISCOUNT RATE CERTIFICATE

The undersigned Director of the Massachusetts Department of the Housing and Community Development, the successor agency to the Executive Office of Communities and Development, a department duly organized and existing pursuant to Chapter 204 of the Acts of 1996 with all powers of said executive office and department, or the Director's duly authorized designee, ("the Director") certifies as follows with respect to a certain Deed Rider annexed and made part of that certain Deed from Bellows Farm LLC ("Grantor") to Howard G. Smith & Charlene Rose ("Grantee") dated _____, recorded with the _____ Registry of Deeds in Book _____ Page _____ (the "Deed Rider"):

1. The property referred to herein is the Property described in the Deed Rider.
2. The Property was developed pursuant to the provisions of the Local Initiative Program (LIP), which was established by regulations promulgated at 760 CMR 45.00 et seq.
3. The Director has determined that the Discount Rate applicable to the Property is 48.5 %, which shall be used in determining the Maximum Resale Price for the Property. [The Discount Rate equals 100% minus the discount.]
4. The Director has determined that the terms of the purchase money loan for the initial sale of the Property, namely a 30-year, fixed rate loan at 7.625 % interest per year with 0 points paid at settlement, are in compliance with LIP requirements.
5. All defined terms used herein shall be defined as set forth in the Deed Rider unless otherwise defined herein.

Executed as a sealed instrument this 18 day of November, 1998.

The Director of the Department of
Housing and Community Development



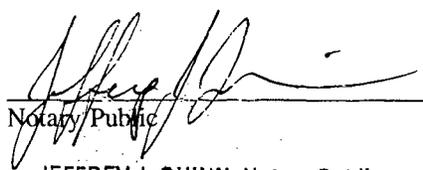
Jane Wallis Gumble
[or _____, duly authorized designee]

COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss

November 18, 1998.

Then personally appeared before me the above named Jane W. Gumble as the Director of the Department of Housing and Community Development and acknowledged the foregoing instrument to be her free act and deed before me.



Notary Public
JEFFREY J. QUINN, Notary Public
My Commission Expires Sept. 1, 2000

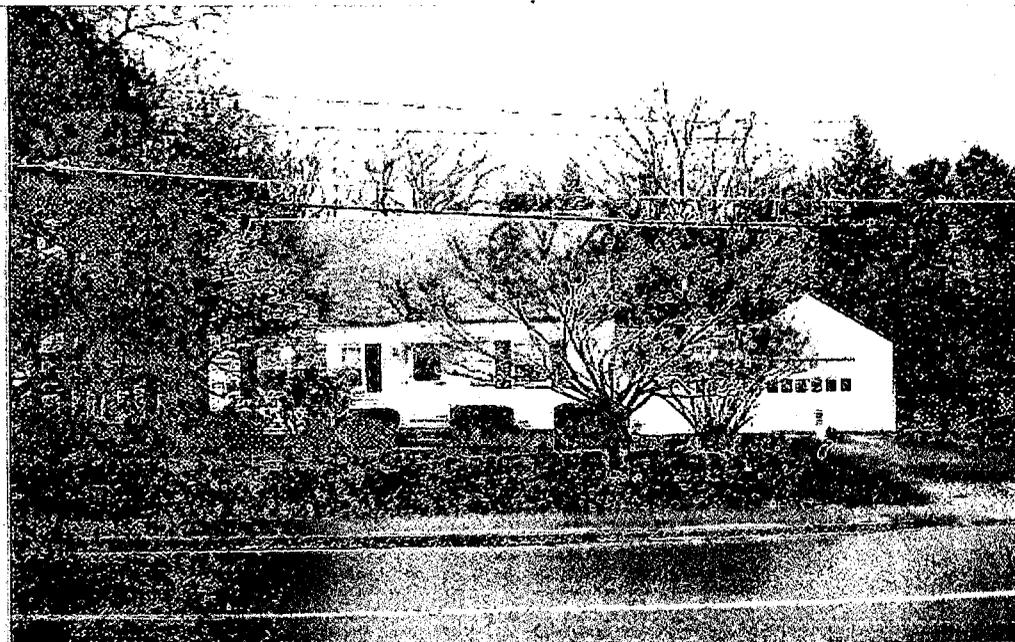
Tel. 978-263-2100

Fax: 978-264-4391

E-MAIL: Senkler3@aol.com

Address: 365 CENTRAL STREET, ACTON

Price: \$199,900
Style: Cape
Age: 45
Living Space: 1583
Rooms: 7
Bedrooms: 3
Baths: 1.5
Lot Size: 19,095 S.F.



Listed By:
Ken Sundberg, CRS, CRB
 263-2100 x240

AGENCY DISCLOSURE: Brokers and Salespersons represent the seller in the marketing, negotiating and sale of property, unless otherwise disclosed. The Broker or Salesperson has an ethical and legal obligation to show honesty and fairness to all parties in the execution of transactions.

A rare opportunity! A well cared for Acton house conveniently located within walking distance to schools, playgrounds, shops and conservation land. Quality construction by Porter Jenks featuring a first level family room, gleaming hardwood floors, tile bath, built-ins and large room. The sellers have made many updates and improvements including vinyl siding, replacement thermopane windows, the family room, fresh interior paint and the second bath. Urea formaldehyde foam insulation was installed over 20 years ago, and the air quality has been tested and certified to be acceptable. A new septic system will be installed.

STRUCTURE	ROOMS	APPLIANCES	SERVICES	FINANCE/LEGAL
Color: Green	Living Rm: 12x15	Stove: Electric	Heat: Steam	Zoning: Residential
Exter.: Vinyl	Dining Rm: 10x12	Dishwasher: Yes	Fuel: Oil	Assmt: \$174,200
Roof: Asphalt	Kitchen: 12x12	Refrigerator: Neg.	Zones: 1	Taxes: \$3,190
Fnd: Poured concrete	Family Rm: 10x22	Disposal: No	A/C: Window	Tax Yr: 1997
Walls: Plaster	Master BR: 12x19	Microwave:	Hot Water: Electric	Registry: SMRD
Flrs: HW, lino., tile	Bedroom #2: 12x19	Trash Comp:	Electric: 100 AMP	Book: 8158
Fireplace: Yes, with heatolator	Bedroom #3: 10x12	Washer: Neg.	Water: Town	Page: 594
Windows: Replacement thermopane	Bedroom #4:	Dryer: Neg.	Sewage: Septic	Occup Date: POP
Garage: 1 car attached	Baths: 2 Full		Schools: A/B	
Driveway: Paved	Laundry: Hook up in basement		School Bus: Yes	
	Basement: Full, unfin.			

Exclusions:

Showing Instructions: Go Direct.

Lockbox: Greater Boston: XX CMMLS: XX Combo:

ACTON COMMUNITY HOUSING CORPORATION
P.O. BOX 681
ACTON, MA 01720
(978)263-4776

March 8, 1999

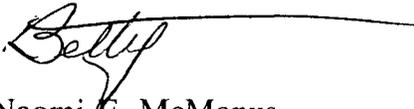
Charlene Rose & Howard Smith
365 Central Street
Acton, MA 01720

Dear Charlene & Howard:

As I discussed with Charlene, the de-leading work can be scheduled at a time that you and your household will be away for the three days. As the work needs to be completed sometime before late fall of '99, please contact either myself or Ron Peabody of Bellows Farm Outreach to schedule a convenient time.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Naomi", with a long horizontal line extending to the right across the page.

Naomi E. McManus
Clerk, ACHC

cc: Ron Peabody

BELLOWS FARM, LLC

178 Great Road, Acton, Massachusetts, 01720

Telephone: (978) 264-4223 Fax: (978) 264-4049

TO: Charlene Rose & Howard Smith
365 Central St.
Acton, MA 01720

FROM: Bellows Farm, LLC

RE: Deleading/365 Central St.

DATE: February 18, 1999

We have been notified by Paint By Numbers, Inc. that the work to be performed at your home can be done anytime between the 15th and 30th of March, however, the work will take approx. 3 days. You will need to vacate the premises for that period of time.

We apologize for this inconvenience but as you can see from the enclosed proposal, it is a code requirement.

Please let us know what dates will be most convenient for you and we will do our best to accommodate your schedule.

Sincerely,

Ron Peabody

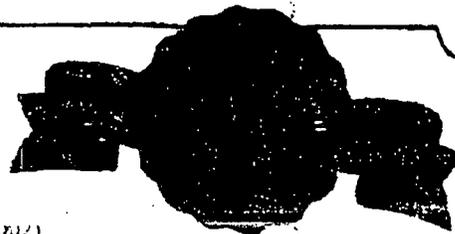
CC: Betty McManus ✓
A.C.H.C.

Proposal

PAINT BY NUMBERS, INC.

P.O. BOX 128
N. EASTON, MA 02356
FAX: (508) 230-2272
(800) 696-4858

Massachusetts Contractor License # D.C. 000021



PROPOSAL SUBMITTED TO: Charlene Rose & Howard Smith	PHONE H(978)263-3266	DATE February 17, 1999
STREET 365 Central Street	JOB NAME 365 Central Street	
CITY, STATE AND ZIP CODE Acton, MA. 01720	JOB LOCATION Acton, MA. 01720	

Home Improvement Contractors Registration #106483

We hereby submit specifications and estimates for:

The lead paint abatement of all areas specified below as shown to be positive in the report done by Jack Kane on 11/07/98 which shall become part of this proposal. All work will be done in compliance with the most recently passed lead regulations namely: 105 CMR 460.000 and 454 CMR 22.00. The majority of the work will be done by hand stripping, replacement & covering. Priming & repainting are not included in this proposal unless specified.

OUR WORK IS GUARANTEED TO PASS RE-INSPECTION

NOTE: Paint By Numbers, Inc. will send the required 10 day notification of deleading to all proper agencies and individuals. No person or animal may enter or occupy the unit while interior deleading is in progress. The owner must supply electricity and water to contractor and is responsible for paying the first re-inspection and mandatory dust wipe samples.

Cost Breakdown:

	Strip & reglaze existing wood cellar sashes	3-2 section vinyl sliders
windows (sashes)	\$ 570.00	\$ 1,200.00
Cover 6 sills & P/B	\$ 330.00	N/A
Exterior deleading	\$ 880.00	\$ 880.00
2 cellar wood windows 3 lite	\$ 250.00	N/A
2 Vinyl Hoppers	N/A	\$ 390.00
2 single pane wood sashes in garage	\$ 340.00	\$ 340.00
Clean up paint chips on ground surface only	\$ 200.00	\$ 200.00
Set-up	\$ 425.00	\$ 425.00
Hazardous waste disposal	\$ 250.00	\$ 250.00
Total Cost	\$ 3,245.00	\$ 3,665.00

Safety precautions may require that we tape or scrape near floors, walls or wallpaper. All precautions will be used to protect these areas, but we are not responsible for damage to these areas. Pre-existing visible paint chips on the surface of the ground will be cleaned up prior to re-inspection regulations.

Proposer hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of: Depends on option chosen _____ dollars (\$ _____)

Payment to be made as follows:
1/2 the cost of windows due before ordering, 50% of remainder is due at start of work, 40% is due at completion of work, and 10% is due at visual re-inspection.

All materials guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviations from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon all local, state or federal laws being in effect. Owner to carry fire, wind damage and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature _____
Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____ Signature _____

DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT



Argeo Paul Cellucci, Governor
Jane Wallis Gumble, Director

July 20, 1998

Wayne L. Friedrichs, Chairman
Board of Selectmen
Town of Acton
472 Main Street
Acton, Massachusetts 01720

RE: Bellows Farm Outreach, Central Street Local Initiative Program Project -- Acton, MA

Dear Mr. Friedrichs:

I am pleased to inform you that your application for Local Initiative Program designation for the single family unit at the proposed Central Street property in Acton has been approved, subject to the fulfillment of the conditions listed below. I congratulate the community of Acton and the developer, Ronald Peabody, for working together to make this project a reality.

It is our understanding that the Acton Planning Board approved the Bellows Farm Special Permit project with the condition that the developer would provide six three-bedroom affordable housing units on scattered sites within the Town of Acton.

This approval letter is for the first of these six units located at 365 Central Street.

This approval indicates that the proposed development plan and pricing structure for the Central Street property are in compliance with the housing standards required of affordable housing units to be included in your community's Chapter 40B affordable housing stock.

This LIP unit is required to comply with all state codes and all local codes.

As you know, the specifics of this project must be formalized in a regulatory agreement signed by the municipality, the project sponsor, and the Department of Housing and Community Development (DHCD) prior to the sale of the unit. Information concerning

both the regulatory agreement and the procedures that must be followed for the sale of the property, will be forwarded to you by the DHCD legal office. The regulatory agreement may not be modified without DHCD approval. Prior to execution of the regulatory agreement, the legal office will review all project documentation. Additional information may be requested as is deemed necessary. Your cooperation in providing such materials will help the project move toward completion as quickly as possible.

As stated in the application, Central Street will consist of one single family home. This unit will be a local initiative unit eligible for inclusion in the town's subsidized housing inventory. The Central Street property will be marketed and sold to eligible first-time homebuyers whose annual incomes may not exceed \$45,300.

The conditions that must be met prior to final DHCD approval include:

1. Finalized details of the lottery to be held for the unit shall be submitted to DHCD. The lottery process shall give first preference to families rather than individuals (see program guidelines). An announcement of this lottery shall be mailed to the Metro List Clearing House in Boston:

Metro List
Room 966
Boston City Hall
Boston, MA 02201

Preference for the local initiative unit will be allocated as follows:

Local Pool	1 unit
Total:	1 unit

2. Any changes to the application DHCD has just reviewed and approved, including but not limited to sales price, development team, and site plan, is subject to DHCD approval.
3. The Local Initiative unit must be priced at a level affordable to buyers with a range of incomes below the maximum listed above. This range should at least allow applicants with incomes of 10% below the maximum figure listed above to purchase an affordable unit. Due to changing market factors such as interest rates, tax rates, and insurance rates this condition may result in the Local Initiative units being sold at prices below the maximum allowable prices listed in the guidelines or this letter.
4. DHCD must approve the terms of the end loan financing of the affordable unit, including but not limited to mortgages interest rates and points charged by the lender at closing. It is

page 3
Central Street
Acton

the agency's expectation that the mortgage for the unit buyer will be a 30-year fixed rate loan at or below interest rates prevailing at the time of closing. Further, it is the agency's expectation that the number of points charged at closing will be no greater than the industry standard at the time of closing. The unit buyer shall comply with Federal National Mortgage Association (FNMA) down payment requirements.

5. Evidence shall be submitted to DHCD that the unit is covered by a third-party extended warranty of at least five years in duration recognized as acceptable by a federal agency such as FHA.

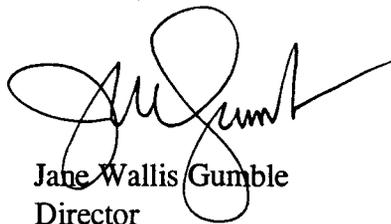
This approval letter shall expire two years from this date if a regulatory agreement has not been executed and rehabilitation has not begun by that date.

After the Central Street property is occupied, the Town of Acton may petition DHCD to include the unit in the subsidized housing inventory by certifying to DHCD that the unit sales price, buyer's income, and deed restrictions meet the program guidelines. The community must continue to certify the affordability of the units to DHCD on an annual basis.

Again, I congratulate you for your efforts to bring affordable housing to Acton. If you have any questions as you proceed with the project, please feel free to call Miryam Bobadilla at (617) 727-7824.

We look forward to continuing to work with you toward the successful completion of this development.

Sincerely,



Jane Wallis Gumble
Director

cc:

Maria Sazonick, DHCD Legal
Kevin McManus, Community Housing Corporation
Ronald Peabody, Bellows Farm LLC
Mark C. O'Hagan, MCO & Associates, Inc.
Jeffrey J. Quinn, DHCD

CENTRAL STREET
ACTON

LOCAL INITIATIVE PROGRAM - UNIT ONLY PROJECT
APPROVED JULY 20, 1998

This project will provide ownership and rental opportunities according to the following breakdown:

Type of Unit	#Units	#Bdrms	#Baths	Livable SF	Sales Price
L.I. Unit	1	3	1.5	1,583	\$ TBA
Total Units	1				



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HIRE THE EYE OF THE TIGER

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 B: This item is functioning less than originally intended. Maintenance, repair or upgrade is suggested.
 C: Caution is advised with this item, as it is not functioning.
 NR: Not inspected. No rating.
 Δ: Further consultation with a contractor is advised.

EXTERIOR

	A	B	C	NR	Δ
1. Roof: Type <u>Pitched</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface type <u>Shingle</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How viewed <u>From Ground</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Exterior of Chimney: See Comment E ..	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Flue Liner not included)					
type <u>Masonry</u> clean out _____					
cricket _____ flashing sealer _____					
3. Exterior siding: Type <u>Vinyl</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exterior trim: Type <u>Aluminum</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exposed gutters and downspouts:					
Type <u>Aluminum</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Yard drainage and grading	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Basement windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Window wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Exterior faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Electric service entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> weather head/drip loop <input type="checkbox"/> meter					
<input type="checkbox"/> underground <input type="checkbox"/> service amperage _____					
11. Exterior outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Exterior lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Walkways Type _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Driveway Type <u>Asphalt</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Attached decks/porches/stairs					
<input checked="" type="checkbox"/> front Type <u>Concrete</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> rear Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> side Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Patios Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please Review Comments & Suggestions A-K Below

① Observed Some Lifting Shingles; Monitor + Repair As needed

② Monitor Settling Cracks in chimney for further movement + Repair as needed

③ Repair Broken Vinyl as needed

④ Recommend Gutters + down spouts All Around house

⑤ Monitor water Pooling in Back Yard + Repair as needed

⑥ Monitor Depression in Sidewalk + Repair as needed

MAINTENANCE SUGGESTIONS AND COMMENTS:

A. Manufacturers of asphalt shingles, on average, provide a twenty year warranty. This should not be confused with the actual roof life. B. It is advised that reserves be set aside for repairs or eventual replacement. It is suggested that no more than two layers of roofing lie on the roof. C. Actual roof life cannot be predicted due to many variables. D. To prevent water damage to roof, sheathing, walls, ceilings and structural members, gutters and down spouts must be kept clean and clear and free of debris. It is suggested that you check periodically to ensure all is working well. E. Local regulations in some communities require the presence of a flue liner when using certain fuels. Consult your local authorities. F. Window wells should be cleaned annually. G. Exterior faucets should be drained during the colder months to prevent freezing. H. Driveway should be sealed to extend its life. I. The underside of decks and porches not accessible at the time of this inspection should be made accessible to check for damage, rot or infestation. J. You should verify the roof's age through the broker, owner, or contractor. Also see page 8, Comment D. K. Wood contacting the ground is conducive to wood-destroying activity. Therefore it should be removed or maintained.



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HIRE THE EYE OF THE TIGER

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CENTRAL HEATING AND COOLING

Oil Gas Electric Propane

	A	B	C	NR	Δ
1. Thermostats: Location <u>1st floor</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire grade sheetrock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Emergency shut off: Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exposed flue and damper from the Heat Plant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Burner/Gun	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fire box liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Asbestos like material See Note F <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Boiler Type <u>Steam</u> <input type="checkbox"/> PSI <u>0</u> <input type="checkbox"/> Temp _____ <input type="checkbox"/> sight glass <input type="checkbox"/> low water cut off <input type="checkbox"/> exp. tank water level _____ <input type="checkbox"/> auto feed <input type="checkbox"/> press. relief valve <input type="checkbox"/> back flow preventer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Circulator pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Zone valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Furnace Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Heat exchanger See Note C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Circulator fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Duct work (in basement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Electric baseboard heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Space Heaters Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Fuel tank <input type="checkbox"/> propane <input type="checkbox"/> fill and vent stacks <input type="checkbox"/> oil level <input type="checkbox"/> emergency shut offs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Cooling system (Ducted systems only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Evaporator unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Service line <input type="checkbox"/> insulation <input type="checkbox"/> sight glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Condenser drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Temp. at service line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Temp. at air intake-outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Electric disconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Compressor slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Review Comments & Suggestions A-L Below

Heating System should be serviced Annually

No Service Tags observed at Heating System

Recommend A Service

Due to the Age of the Heating System, expect possible updates & repairs

MAINTENANCE SUGGESTIONS AND COMMENTS:

A. This report indicates the condition of the heat plant on the day of the inspection without regard to life expectancy; therefore, we suggest that you obtain a major service policy for the heat plant from a dealer or contractor which should include annual servicing, adjustments, efficiency testing, warranty and emergency service. B. In the event that the unit is a coal conversion furnace/boiler, it is at the end of its economic usefulness. Expect repairs or replacement. C. To determine the condition of the heat exchanger in forced Hot Air units, major disassembly by a heating technician is required. **This report does not represent the condition of the heat exchanger and we recommend that you have this evaluated.** D. Relief valves, valves, gauges, switches, and other safety devices cannot be tested. They are listed on the report to denote that they were observed in place on the system. E. Check with the local community for regulation regarding discontinued oil tanks. F. Asbestos insulation should be removed or encapsulated using current professional procedures. G. All material must be kept clear of contact with electric baseboard for safety. Electric thermostats have a limited life expectancy. H. Radiant heat in slabs and ceilings is not accessible. I. Air conditioning units and heat pumps cannot be operated out of season as this could cause damage. J. Most compressors and evaporators are sealed units which are not accessible. The average life expectancy is 5-10 years. K. Annual servicing of the A/C heat pump system by a licensed technician is advised. L. Propane or gas piping not included in this report. Consult licensed contractor.



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ELECTRIC SYSTEM

- Supply 110V 110/220V
- Accessible wiring
 Copper Romex Knob & Tube
 Aluminum BX
 - Service panel box location Basement
 Main disconnect fused at 100
 Service wire _____ Breaker Fuse
 15_ 20_ 30_ GFI_ Other _____
 Sub panel(s) _____ Location _____
 See note F & D.
 - Junction box covers
 - Switch and outlet covers
 - Smoke/fire detectors

	A	B	C	NR	Δ
1. Accessible wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Service panel box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Junction box covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Switch and outlet covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Smoke/fire detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please Review Comments & Suggestions A-L Below

PLUMBING SYSTEM

- Supply munic. pvt How verified _____
 Waste munic. pvt How verified _____
 Waste / Supply for reference only.)
- See note K & H. Water flow Good
- Visual condition of accessible feed lines and connectors within structure
 copper lead brass
 galvanized plastic
 - Visual condition of accessible waste lines/connections within structure
 copper cast iron lead
 galvanized plastic other _____
 - Main vent stack
 - Accessible well equipment
 - Laundry tub
 - Washer/dryer connections
 - Hot water heater
 type Electric fuel _____ gal 50
 safety controls _____ tankless _____
 - Interior sewer ejector pump

(+) observed some corrosion at feed & waste lines monitor & repair as needed

(C) Toile washer should drain into septic system not into sump pump line

MAINTENANCE SUGGESTIONS AND COMMENTS:

A. The current main fuse capacity is not always an indication of its maximum capacity. Consult with an electrician. B. The decision to upgrade electric service can be influenced by client need, local regulations and mortgage lending institutions. C. Due to the age of the house, not all fixtures may meet current standards; therefore, upgrades to the plumbing, waste, supply and venting systems may be needed when renovating or repairing. D. Smoke detectors should be installed and approved by the local fire department prior to purchase. Tiger makes no representation as to the operability or installation of smoke detectors. E. Once or twice a year flip circuit breakers off and on to maintain good mechanical contact. GFI breakers or outlets should be tested monthly. F. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. G. Manufacturers' warranties for hot water heaters vary from manufacturer to manufacturer; this should not be confused with the actual life expectancy which could be more or less. Please refer to the warranty for the extent and terms if any. H. The type of sewage disposal system as noted above is determined by information provided by either seller, broker or client. It is not a determination of its actual type, design or condition. An optional inspection report is available to offer an opinion of the system's type, effectiveness and condition. I. No conclusions as to quality and quantity of the water supply is implied. It is recommended that you have both a quality and quantity test performed. J. Depending on your individual needs, a tankless unit may not provide you with sufficient hot water. To increase quantity and efficiency you may wish to consider a booster tank or separate water heater. K. Main water shut offs, individual fixture shut offs, and other valves are not tested. L. Follow manufacturer's recommendations for all water conditioning equipment. Failure to provide adequate maintenance can lead to equipment malfunction and affect water quality.



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- A: Indicates item is functioning as originally intended.
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- C: Caution is advised with this item, as it is not functioning.
- NR: Not inspected. No rating.
- Δ: Further consultation with a contractor is advised.

INTERIOR

1 of _____

	A	B	C	NR	Δ
1. Door: <input checked="" type="checkbox"/> main	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> side	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sliding door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fireplace / Wood Stove (Flue liner not included)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stairway (Basement)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairway (Interior)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Halls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Skylight Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Bath <u>1st Floor</u> <input checked="" type="checkbox"/> sink HW Temp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> tub/shower	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> GFI/electric/fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> tile/fiberglass wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bath <u>2nd Floor</u> <input checked="" type="checkbox"/> sink HW Temp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> tub/shower	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> GFI/electric/fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> tile/fiberglass wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> sink HW Temp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GFI/electric/fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> tile/fiberglass wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please Review Comments + Suggestions A-G Below

Monitor possible water stain on ceiling for source + repair as needed

(2+8) toilets in both bathrooms not working

MAINTENANCE SUGGESTIONS AND COMMENTS:

A. Hairline cracks are not unusual on interior wall and ceiling surfaces, due to minor shrinkage and settlement. B. Fireplaces and wood/coal stoves are inspected visually only; test fires are not started due to the prohibitive amount of time required. If applicable, obtain a permit from the local building inspector or fire marshal before operating any solid fuel stoves. C. Check with current owner for location and condition of any and all screens and storm windows. D. Fog or condensation between insulated glass is an indication of a broken thermal seal. However, due to the nature of the defect this situation may not always be detected. E. Cracks in grouting of ceramic tile joints are commonly due to normal shrinkage. Damage beyond the tile surface is not accessible (NR) and further evaluation is suggested. Poor grouting will cause water penetration, lifting of tiles and deterioration of flooring, plaster, drywall and structural members around the tubs and showers. F. Ground Fault Interrupter outlets or circuits are advised whenever the user will come in contact with water. G. This inspection only reports structural or mechanical defects. Cosmetic blemishes on floors, walls and cabinets are not reported.

ADDITIONAL COMMENTS:



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 C: Caution is advised with this item, as it is not functioning.
 NR: Not inspected. No rating.
 Δ: Further consultation with a contractor is advised.

ATTIC VENTILATION / INSULATION

	A	B	C	NR	Δ
1. Access to attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> scuttle <input type="checkbox"/> stairs					
<input type="checkbox"/> pull down <input type="checkbox"/> none					
2. Structural supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> rafter Type _____					
<input type="checkbox"/> post & beam <input type="checkbox"/> collar tie <input type="checkbox"/> truss					
3. Roof backings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> wood <input type="checkbox"/> wafer board					
<input type="checkbox"/> plywood <input type="checkbox"/> hard board					
4. Ceiling joist Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Flashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> vent pipes <input type="checkbox"/> valleys					
<input type="checkbox"/> chimneys <input type="checkbox"/> flashing sealer					
6. Chimney (flue liner not included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Insulation /vapor barrier (attic only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type <u>Loose</u> Depth <u>3"</u>					
8. Ventilation Type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Whole house fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Evidence of water penetration				<input checked="" type="checkbox"/>	<input type="checkbox"/>
See Note F					
<input type="checkbox"/> No visible or accessible evidence at the time of inspection					
<input type="checkbox"/> Evidence of prior water penetration. Consult with owner or monitor for source and repair.					
<input type="checkbox"/> Active water penetration					

Please Review Comments & Suggestions A-F Below

MAINTENANCE SUGGESTIONS AND COMMENTS:

A. The home buyer should be aware that prior to the adoption of federal, state and local codes in the mid 70's, homes were typically built with minimum insulation. Today's home buyer, faced with rising energy costs, should consider the return on investment of insulation upgrades. B. Attic ventilation is an important factor in the life expectancy of roof sheathing and shingles. Provide maximum air flow to minimize heat buildup in summer and condensation in winter. Do not cover or block vents. C. All flashing should be inspected and be repaired when needed. D. Tarred flashing points indicate a repair of sealing of original flashing. The tar composition has a limited life expectancy and therefore future re-application or repair will be required. E. The presence of Urea Foam Formaldehyde Insulation in walls cannot be determined by visual inspection. Tiger recommends an air quality test when the inspector locates visual evidence of U.F.F.I. F. The evidence, source or amount of water penetration may not always be observable at the time of inspection. Tiger suggests you consult the owner for a historical perspective of whether evidence of water penetration has been noted or not.

ADDITIONAL COMMENTS:

Section I. General Information

Inspection Company Address, & Phone:
Tiger Home Inspection
969 Washington St.
BRAINTREE, MA 01904

Company's Business Lic. No.: FHA/VA Case No. (if any):

Property Address:
365 Central St.
Acton MA.

Inspector's Name:
Mark Winters

Structure(s) Inspected:
Single Family

Section II. Inspection Findings

This report is descriptive of the condition of the subject structure(s) on the date of inspection. Not to be construed as an express or implied warranty or guarantee against latent, concealed, or other defects. Any such warranty agreement to provide future treatment or inspections may be provided as a separate attachment and only if indicated in Section IV. See Section IX on page 2 for important information. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

- a. No Visible evidence of a wood destroying insect infestation was observed.
b. Visible evidence of a wood destroying insect infestation was observed as follows:
Live insects; (description & location):
Insect parts, frass, exit holes, or shelter tubes; (description & location):
Damage from wood destroying insects was noted in the following area(s):

Regarding visible evidence of wood destroying insects: The inspector may find wood which has been damaged. Such damage should be considered only as evidence of current or previous infestation of wood destroying insects. It should be understood that some degree of damage, including hidden damage, may be present. The inspector's report should not qualify the inspector as damage evaluator or any other building construction technology audit repair. The Seller or the Seller's Agent shall notify the Buyer that any damage should be examined by a qualified professional and repaired.

- Any visible evidence observed above appears:
Active; treatment recommended at this time (Note: FHA and VA require treatment for all active infestations)
Inactive; no treatment recommended at this time
Activity and need for treatment cannot be determined without further investigation. Reason:

In many cases, based upon visible signs of infestation by wood destroying insects, it is not possible without benefit of subsequent inspections and evaluations over a period of time to ascertain whether an infestation is active or inactive. If a warranty or service agreement is in effect, the company which issued the warranty or service agreement should be contacted. If no warranty or service agreement is in effect, the inspecting company or another company may provide treatment, if requested and permitted by regulations, for an additional fee.

It appears that the structure(s) or a portion thereof may have been previously treated. Evidence of previous treatment:

This company can give no assurances with regard to work that may have been previously performed by other companies. The company which treated the property should be contacted by the Buyer for treatment and warranty information.

Section III. Treatment was/is scheduled to be performed by the inspecting company: Yes No Date:
Treatment Description:

Section IV. Attachments The following listed attachments are integral parts of this inspection report:

Section V. Obstructions & Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible (see item 4 on page 2):

- Basement 675
Crawl Space
Main Level
Attic
Garage 23
Exterior
Porch
Addition
Other

The inspector may write out inaccessible areas or use the following key:

- 1. fixed ceilings 12. only visual access
2. suspended ceiling 13. no access beneath
3. fixed wall covering 14. cluttered condition
4. floor covering 15. standing water
5. insulation 16. dense vegetation
6. cabinets or shelving 17. exterior coverings
7. stored items 18. window well covers
8. furnishings 19. wood pile
9. appliances 20. snow
10. no access or entry 21. unsafe conditions
11. limited access

Section VI. Additional Comments (may be continued on page 2)

Section VII. Inspector's Signature: Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property.

Signature of Mark Winters Certification or Registration No.: Date of Inspection: 3/25/98

Section VIII. Statement of Buyer & Seller This report is integral to, and a necessary part of the inspecting company's full disclosure as to the scope and inherent limitations of the inspection and report of findings. It is most important that the interested parties acknowledge this advice. The Seller hereto agrees that all known property history information regarding WDI infestation, damage from other causes, and treatment history has been disclosed to the Buyer.

Signature of Seller(s) Owner(s) (if refinancing) X Date:

The undersigned hereby acknowledges receipt of a copy of this report

Buyer's Signature: Date: 3/25/98

This report must be signed by the Buyer and Seller, if applicable. A legible copy of this signature page must be attached to the report and returned by the person ordering this inspection. See Section IX on page 2 regarding the scope & limitations of the inspection and report.

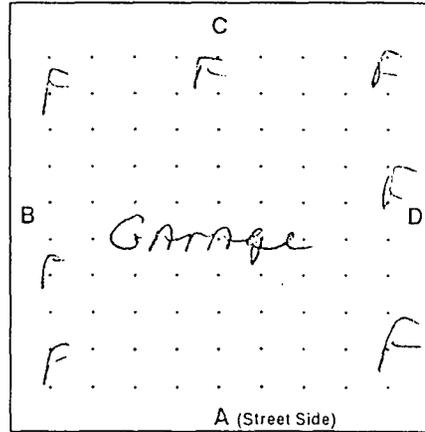
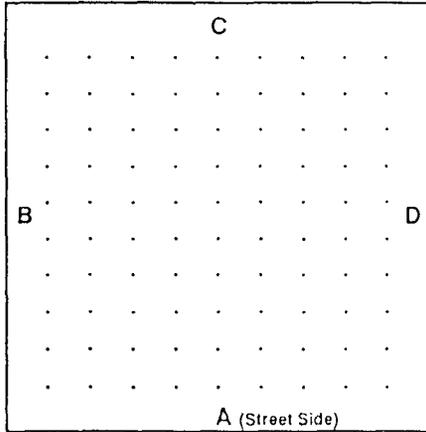




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781-849-0088



	Area _____	Area _____	Area _____	Area _____
Floor	_____	_____	_____	_____
Wall	_____	_____	_____	_____
Ceiling	_____	_____	_____	_____

LEGEND	T = Termite	PP = Bees	J = Joists
	A = Ants	X = Storage	S = Sills
	MT = Mud Tubes	F = Finish	T = Wood Trim
	PT = Previous Treatment	SC = Suspending Ceiling	G = Girder

INSECT DAMAGE DISCLOSURE

This report DOES NOT WARRANTY the absence of woodboring insects. It is only a visual examination of the readily accessible areas. The inspection report is intended to record evidence or activity found on the day of an inspection.

Our Inspectors rely solely on visual, non-destructive methods when performing their inspection. We do not remove or disturb areas such as walls, paneling, or baseboards, fixed materials, permanent or non-permanent ceiling tiles when performing a woodboring insect inspection. Repairs and renovations to a home or other changes in conditions may reveal insect activity that was not discoverable during an inspection. If evidence of woodboring insect activity has been removed or concealed before the inspection, even a trained expert will not be able to detect the presence of woodboring insects.

Our inspections are based on observations that would indicate past or present infestations, not future activity. Consequently, there is always a risk of insect activity that is not discoverable during an inspection. For your protection, you should consult a licensed pest control company about warranties commonly available to protect you in case of future insect activity.

Client Signature *[Handwritten Signature]* Address of Property *365 Central St. Boston MA*
Date *3/25/98*



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781-849-0088

AN AGREEMENT

Congratulations on your expected purchase! You have made a wise decision in having your prospective home inspected by Tiger. Our Inspector will present you with an objective, general evaluation of the home, consistent with the professional practices and standards of the home inspection industry. To understand the report, you should read the entire document including all printed and hand-written material, maintenance suggestions and comments section on each page. Each of these areas provides important information.

Our inspectors present observations that are based on the visual examination of accessible areas of the property on the day of inspection. There is no destructive testing, probing or dismantling of any components. We cannot predict the future life expectancy or sudden failure of any component. This report is not an engineering study, nor a substitute for an insurance policy, Home Warranty package (ask your broker or Tiger representative about a Home Warranty), or a Manufacturer's Warranty.

You can certainly understand that we cannot see through walls, remove suspended ceiling tiles, nor enter crawl spaces that are less than 3 feet. We cannot enter attics that are not specifically designed for safe pass through. This report does not warranty the absence of wood-destroying insects. It is, however, a visual, non-destructive investigation for indications of previous or ongoing activity in readily accessible areas. Future repairs or renovations may reveal defects or wood-destroying insect activity that were not discoverable during the inspection. Tiger is not responsible for damage which is concealed or not accessible at the time of the inspection. If wood-destroying insect activity is discovered during the interior or exterior inspection, that activity will be documented on the report.

No evaluation has been made regarding air, soil, lead, water, waste disposal or sewage systems, asbestos, urea formaldehyde, lead paint, molds, radon, piping outside the foundation, natural or propane gas fittings or regulations, swimming pools or alarm systems or out-buildings. This report does not include the detection of rodents or general pests. We do not make an assessment of compliance with building codes. Tiger is not responsible for pointing out repairs needed to bring the home in compliance with current building codes or other regulations, and we do not report on whether the property may be lawfully used for rental, business or any other purpose.

Please be aware that only those components specifically mentioned in this report have been inspected and those components not included are not part of this report. We do not make any representation, implied or otherwise, concerning the condition of un-inspected areas. You should evaluate concerns about specific components with a qualified specialist and act upon any comments or recommendations before continuing with your purchase. It is important that you further evaluate those areas not included in this report as well as those items recorded as NR, B or C. Tiger is not responsible for repairs on any component rated B, C, or NR.

In the event that you believe the condition of a component has not been accurately disclosed or that a particular component has been omitted from the report, it is your responsibility to notify Tiger and permit us to investigate and evaluate the situation before you take any corrective action.

Now that you have read this agreement and understand it, and all your questions have been answered, we thank you and trust that this report will assist your decision-making process. If you should have any further questions, please contact your inspector.

Tiger reserves the right to retain the Inspection Report if the fee is not paid for at the time of the inspection. This Inspection Report is for your exclusive use, and is not transferable without the expressed written consent of Tiger Home Inspection. If the Inspector is requested to go back to the property after the inspection to check a component that was turned off or rated NR, there will be a \$75.00 charge.

Please sign below, acknowledging that you understand our Agreement and wish to proceed.

<u>B. Perry Jr</u>	<u>3/25/98</u>	<u>[Signature]</u>	<u>3/25/98</u>
Client	Date	Inspector	Date

PROPERTY INFORMATION:		WEATHER & SITE CONDITIONS:	
<u>365 Central St</u>		Temperature <u>35°</u>	
Street		Ground Condition <u>Snow Covered</u>	
<u>Acton</u>	<u>MA</u>	Climate Condition:	
Town	State	Current <u>Wet</u>	Past Day <u>Wet</u>
<u>Gold</u>	Zip	Radon Number _____	
Inspection Type	Inspection Fee		
	<u>\$ 175.-</u>		
Individuals Present	<u>B+B</u>		

The above authorizes Tiger Home Inspection to conduct a Home Inspection on the referenced property.



Environmental Testing Service

95 Beaver Street Waltham, Mass. 02154

(617) 893-8339

September 8, 1997

Report For: Mr. and Mrs. Edward Bailey
c/o Carson Real Estate
83 Great Road
Acton, MA 01720

Project: 365 Central Street
Acton, MA 01720

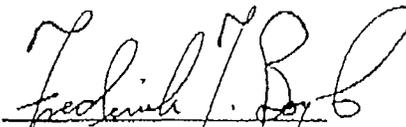
Scope: The Environmental Testing Service was requested to perform sampling for the presence of formaldehyde in the air at the above noted location.

Date Tested: September 2, 1997

Methodology: The method used in analysis for formaldehyde is NIOSH method 3500, (Chromotropic+ Sulfuric acid).

Data: Testing for formaldehyde was performed in two areas of the home as described on the air sampling data sheet. A concentration of 0.03 ppm (parts per million) formaldehyde was noted in the bedroom on the first floor and a concentration of 0.03 ppm in one of the bedrooms upstairs.

Comment: The Commonwealth of Massachusetts, Chapter 728 of the Acts of 1985 (UFFI Program) states that UFFI homes, when formaldehyde levels are 0.10 ppm or below, may not be discriminated against.


Frederick T. Boyle
President



Town of Acton, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed or repaired/replaced , which was completed on Aug 27, 1998 by G. Nichols Const Co for Ruth Bailey at 365 Central Street has been constructed in accordance with the provisions of Title 5 and the Disposal System Construction Permit No. 97-120AR dated 8-24-98.

Use of this system is conditioned on compliance with the provisions set forth below:

as seen on plan

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

Signatures:

Date 8/20/98
Date Aug 27, 1998
Date _____
Date 8/28/98

Designer [Signature]
AS BUILT
Installer [Signature]
Electrical Inspector [Signature]
Approving Authority [Signature]



(781) 849-7313

1-800-332-5323 or 1-800-332-LEAD

Lead Paint Testing and Other Inspections

8:00AM - 10:00 PM ▼ Seven Days a Week

LETTER OF FULL DELEADING COMPLIANCE

Dear Bellos Farm L.L.C.

Date: 5/5/99

This letter is to certify that I inspected your property located at 365 Central Street, apartment no. _____, and relevant common areas, in the City or Town of Acton, for full deleading compliance on 5/5/99, and on that date those surfaces cited in the initial inspection report of 11/7/98 were found to be in full compliance with Massachusetts General Laws, Chapter 111, Section 197, and 105 CMR 460.000: Regulations for Lead Poisoning Prevention and Control.

Massachusetts law does not require the abatement or containment of all residential lead paint. The residential premises or dwelling unit and relevant common areas shall remain in compliance only as long as there continues to be no peeling, chipping or flaking lead paint or other accessible leaded materials, as long as coverings and/or encapsulants forming an effective barrier over such paint or other leaded materials remain in place, and as long as surfaces reversed to correct lead hazards remain reversed and securely in place. See the reverse side of this letter for the location(s) of surfaces which were covered, encapsulated or reversed as an abatement method to achieve compliance, if applicable. A complete reinspection report is attached to this letter.

To the best of my knowledge, the cost of the legally required deleading is \$ 3,245.00

Sincerely,

[Signature]
Inspector

Jack Kane M3144
DPH License Number

DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT



Argeo Paul Cellucci, Governor
Jane Wallis Gumble, Director

November 13, 1998

Mr. Wayne L. Friedrichs, Chair
Board of Selectmen
Town Hall - 472 Main Street
Acton, MA 01720

Mr. Ronald Peabody
Bellows Farm LLC
179 Great Road - Suite 111B
Acton, MA 01720

Re: Bellows Farm; L.I.P. Regulatory Agreement of November 12, 1998

Dear Mr. Friedrichs & Mr. Peabody:

Enclosed please find the signed Regulatory Agreement for the above project.

Before construction begins, it is your obligation to insure that all plans and specifications conform to the Comprehensive Permit issued by the Board of Appeals. Construction must also comply with all state laws and with all local bylaws, regulations, and requirements which have not been explicitly waived in the Comprehensive Permit.

In particular, we suggest that the appropriate municipal officials carefully review final construction plans and specifications such as:

I. Recorded Definitive Subdivision Plan OR Plan endorsed Approval Not Required

II. Site Plans, including:

A. Site Plan, showing:

1. Lot lines
2. Location of all buildings
3. Street and driveway locations, dimensions and cross sections

Mr. Wayne Friedrichs
Mr. Ronald Peabody
November 13, 1998
Page Two

- B. Utilities Plan, showing:
 - 1. All utilities
 - 2. Hydrants and Street lights
- C. Septic System Plan (if applicable)
- D. Drainage Plan and Calculations
- E. Landscape Plan, showing:
 - 1. Existing vegetation
 - 2. Grading
 - 3. Sidewalks
 - 4. Street trees

III. Architectural Plans and Elevations

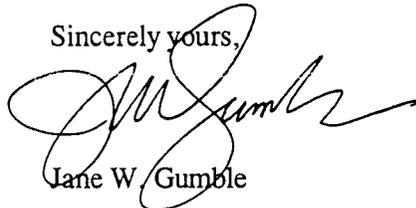
Please be sure to review the Regulatory Agreement (RA) carefully. If you have any questions about the requirements contained in it, please contact Maria Sazonick in the DHCD Legal Office (727-7078). Among the obligations contained in it are:

- A. The RA must be recorded.
- B. After recording, Town Counsel should submit a Confirmation of Recording to the DHCD Legal Office. (RA ¶ 10)
- C. "Upon issuance of final Certificate(s) of Occupancy," the Sponsor should submit a Certificate Cost and Income Statement to the DHCD Private Housing Programs Bureau. (RA, ¶ 5)
- D. An Annual Certification of Qualified Occupancy should be submitted by the Chief Elected Official annually to the DHCD Private Housing Programs Bureau. (RA, ¶ 9)

It is important to note that, prior to the sale of each unit in this development, a Loan Term Certificate and a Discount Rate Certificate must be submitted to DHCD Private Housing Bureau for approval.

We thank you for your participation in the Local Initiative Program, and look forward to continuing to work with you to increase the availability of affordable housing in Massachusetts.

Sincerely yours,



Jane W. Gumble

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Encl.

cc: Mr. Peter Berry, Chair, Board of Appeals
✓ Mr. Kevin McManus, Chair, Acton Community Housing Corp.
Norman P. Cohen, Town Counsel
Building Inspector
Maria Sazonick, DHCD Legal Office