

Date

Permit No.....

TOWN OF ACTON

APPLICATION FOR PERMIT TO CONSTRUCT WITHIN A PUBLIC WAY

This application must be submitted not less than five (5) days prior to any Construction within a public way.

Notice 24 hours in advance of any construction must be given to the Town Engineer.

- 1. Permittee: ON The Level Excav Address: 165 Forge Village Rd, Groton
- 1A. Telephone #: 508-330-8008
- 2. Location of Proposed Construction: #284 - #300 Arlington St
- 3. Purpose of Construction: Side walk installation
- 4. Length of Cut: 366'
- 5. Width of Cut: 5'
- 6. Width of Existing Pavement:
- 7. Type of Existing Roadway Surface: Type of Curb:
- 8. Type of Existing Sidewalk Surface: Type of Shoulder:
- 9. Date of Street Opening: From To
- 10. For Work Involving Excavations: Dig Safe Number 2004 410 9060

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated January 8, 1991. I have deposited the required bond with the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way including replacing bounds if not completed by me to the satisfaction of the Town Engineer within the specified time.

Special Instructions:

Signature of Applicant

Thunder Way Subdivision

One road bound in front of 284 Arlington St
One iron rebar at the ^{PROP} corner of 294 & 300 Arlington } Do not Disturb

Permit Issued: Date

10/15/04

By:

Application Denied: Date

By:

Work Inspected and Approved: Date

By:

Work inspected and approved: Date

By:

Approved: Date

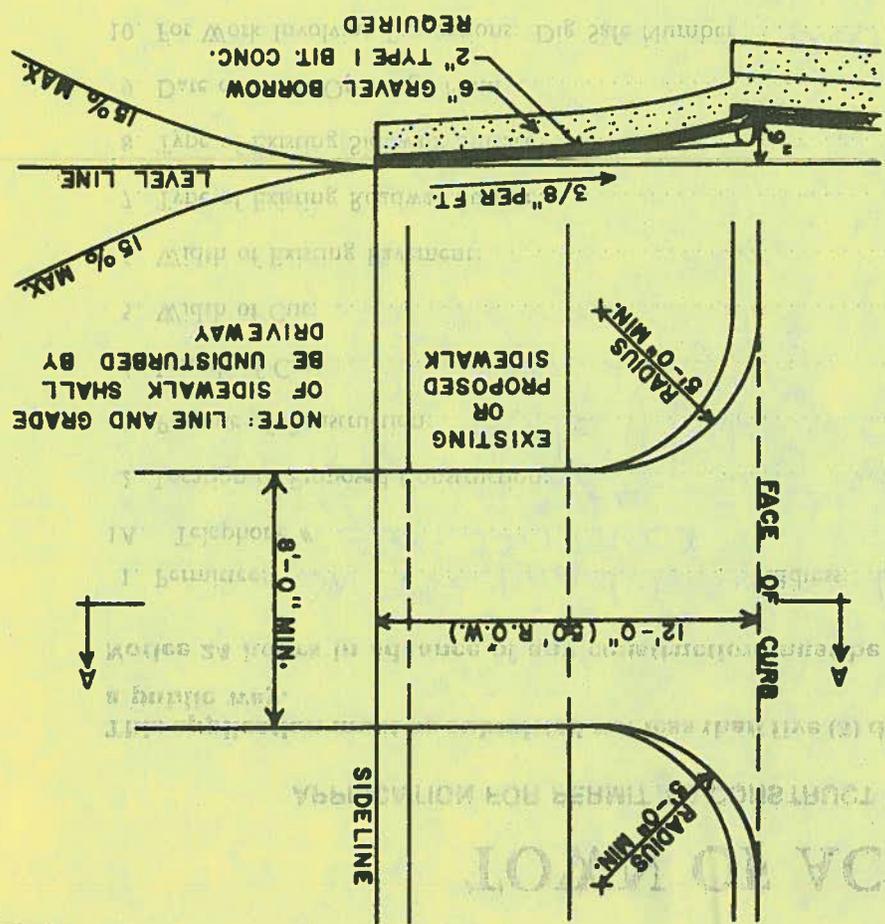
By:

Revised: Date

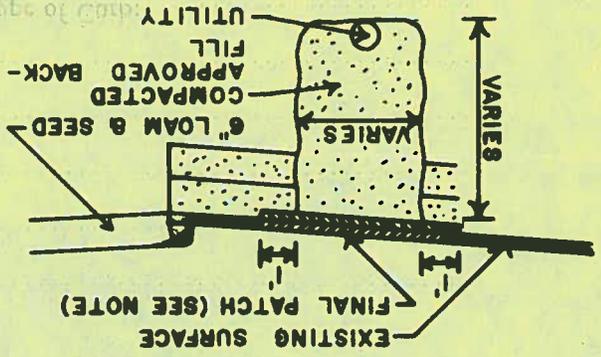
By:

SKETCH

SECTION A-A



- NOTE: 1. FINAL PATCH DEPTH
 3. OIL TREATED ROADS
 4. BIT. CONC. ROADS
 2. SEE SPECIFICATIONS FOR FURTHER REQUIREMENTS



TOWN OF ACTON
 TYPICAL DRIVEWAY 8
 TRENCH DETAIL
 FEB. 1969
 NO SCALE

Date.....

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- 1. Permittee: ON The Level Address: 165 Forge Village Rd, Groton
- 1A. Telephone #: 508-330-8
- 2. Location of Proposed Construction: # 300 Arlington St.
- 3. Purpose of Construction: Side walk installation
- 4. Length of Cut: @ 366'
- 5. Width of Cut: 5'
- 6. Width of Existing Pavement:
- 7. Type of Existing Roadway Surface: Type of Curb:
- 8. Type of Existing Sidewalk Surface: Type of Shoulder:
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One iron rebar at the ^{PROP} corner of 294 & 300 Arlington

Do Not Disturb

Permit Issued: Date 10/15/04

By:

Application Denied: Date

By:

Work Inspected and Approved: Date

By:

Work prepared and approved: Date

By:

Approval Date: Date

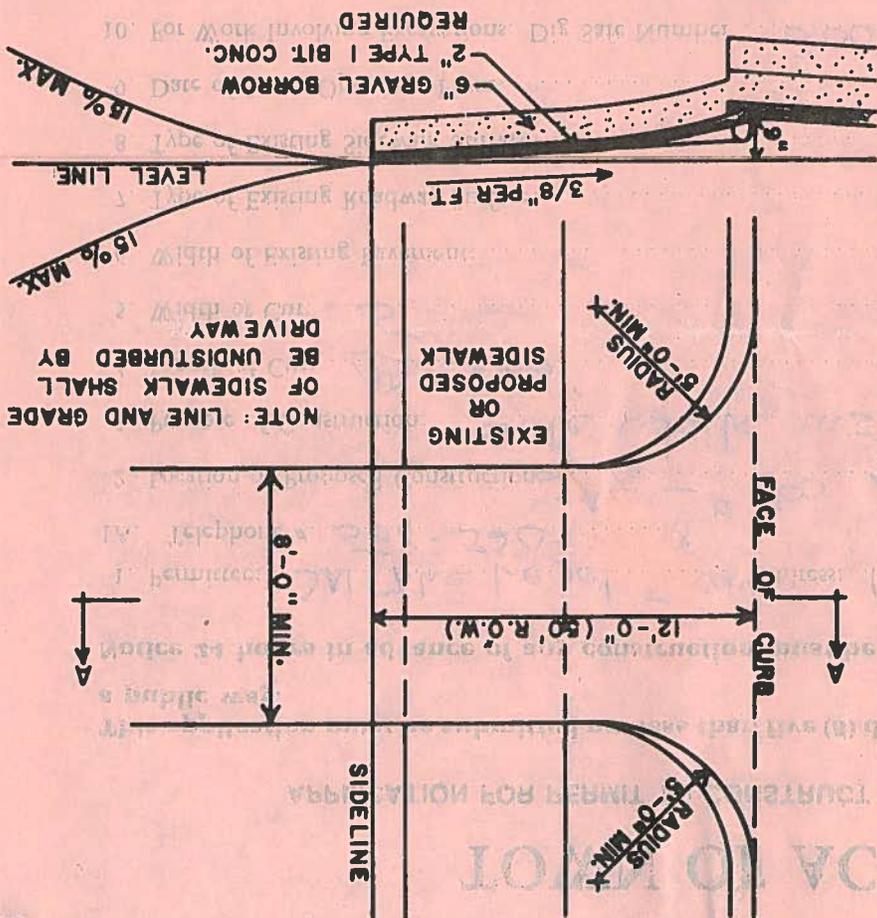
By:

Revision Issue: Date

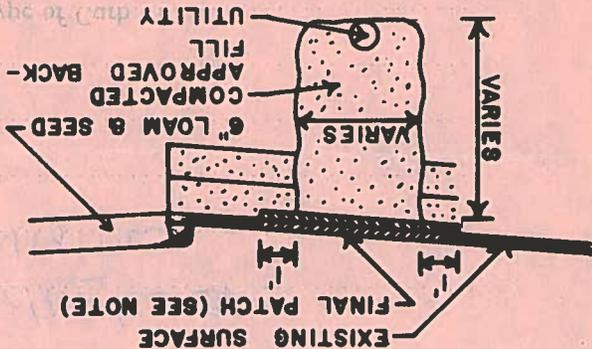
By:

SKETCH

SECTION A-A



NOTE: 1. FINAL PATCH DEPTH
 3" OIL TREATED ROADS
 4" BIT. CONC. ROADS
 2. SEE SPECIFICATIONS FOR
 FURTHER REQUIREMENTS



TOWN OF ACTON
 TYPICAL DRIVEWAY &
 TRENCH DETAIL
 FEB. 1969
 NO SCALE

**Town of Acton
Permit to Construct Within a Public Way
(Hold)**

To: Town Treasurer

Date: October 15, 2004

From: Engineering Department

Subject: Permit to Construct Within a Public Way #

2004-053

Please hold the enclosed performance deposit in the form of:

Certified Check #: _____

Bank: _____

Personal Check #: _____

Bank: _____

Other (specify): Middlesex Savings Bank

In the amount of \$ 500.00 , from (Permitee)

Commonwealth Properties Group

as a security for Permit to Construct Within a Public Way #

2004-053

located at (address) 296 Arlington Street

For authority, see section 3.1 of the Town of Acton Specifications for Regulating Construction Within Public Ways. This deposit is to be held until released in writing by this department.

Account #: 8101-484001

Amount: \$ 500.00

Mailing Address:

Commonwealth Properties Group

132 Great Road

Acton, MA 01720

Signed: _____



Acton Engineering Department

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/07/2004
PRODUCER (508)366-6161 FAX (508)366-5202 Mackintire Insurance Agency, Inc. 11 West Main Street Westborough, MA 01581-1931		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 On The Level Construction & Excavating, Inc. 165 Forge Village Road Groton, MA 01450-2090		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: Travelers Insurance
		INSURER B: American Home Assurance Co.
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES

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

INSR	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	I-680-630D3286-COF-04	07/14/2004	07/14/2005	EACH OCCURRENCE \$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	I 810 7061W608-TIL-04	07/14/2004	07/14/2005	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESSUMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	ISF-CUP-2297W546-IND-04	07/14/2004	07/14/2005	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 769 39 18	07/20/2004	07/20/2005	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

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

<p>CERTIFICATE HOLDER</p> <p>The Town of Acton Attn: Engineering Department 472 Main Street Acton, MA 01720</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>20</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE Robert Mackintire</p>
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FACSIMILE COVER PAGE

To : Attn: Engineering Dept.

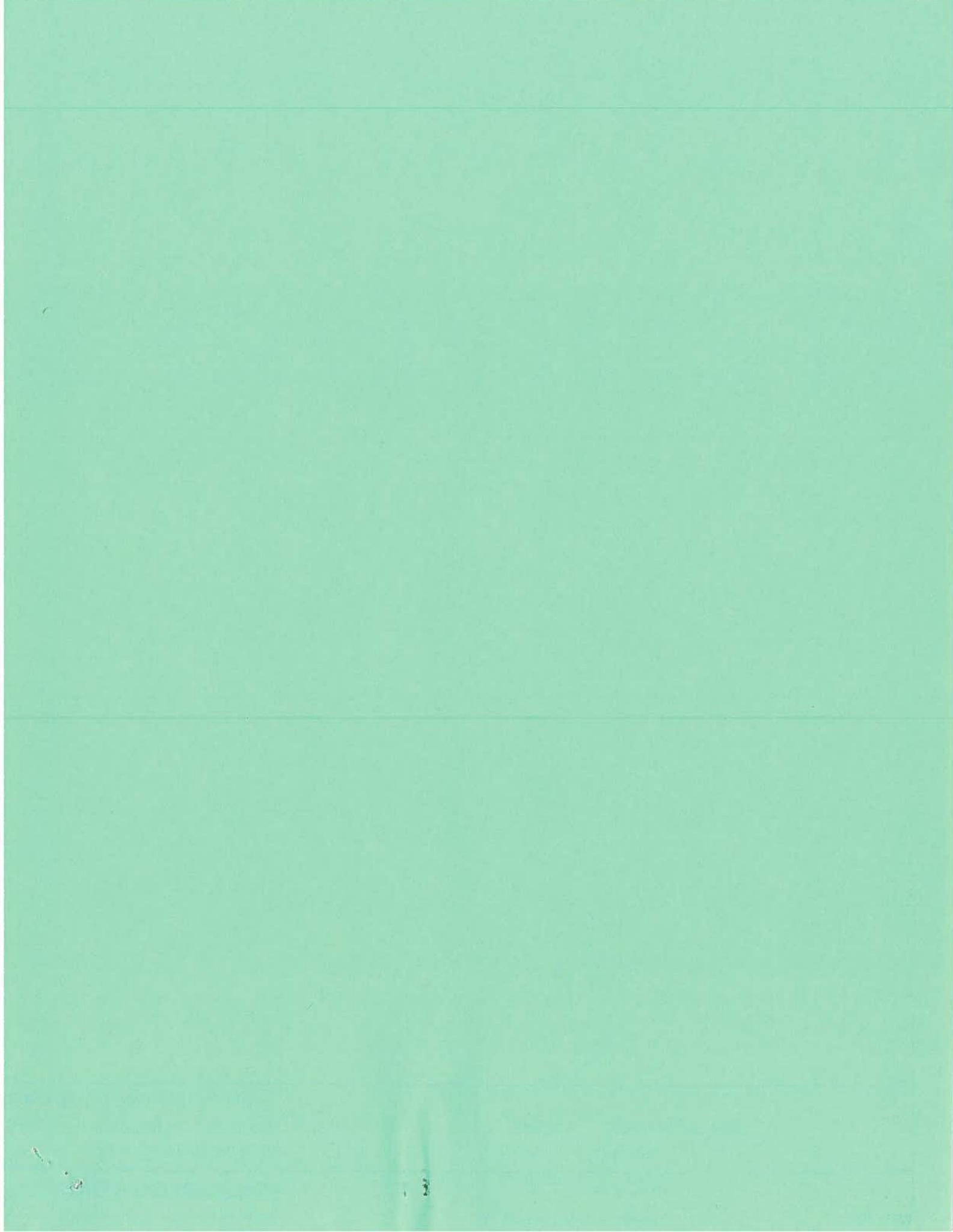
Sent : 10/7/2004 at 4:22:20 PM

Subject : Certificate of insurance

From : Andrea

Pages : 3 (including Cover)

?



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/07/2004

PRODUCER (508)366-6161 FAX (508)366-5202
Mackintire Insurance Agency, Inc.
11 West Main Street
Westborough, MA 01581-1931

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 On The Level Construction & Excavating, Inc.
165 Forge Village Road
Groton, MA 01450-2090

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Travelers Insurance	39357
INSURER B:	American Home Assurance Co.	
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	I-680-630D3286-COF-04	07/14/2004	07/14/2005	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		GENL AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PRODUCTS - COMP/OP AGG	\$ 2,000,000				
A		AUTOMOBILE LIABILITY	I 810 7061W608-TIL-04	07/14/2004	07/14/2005	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	EA ACC \$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY	ISF-CUP-2297W546-IND-04	07/14/2004	07/14/2005	EACH OCCURRENCE	\$ 5,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 769 39 18	07/20/2004	07/20/2005	WC STATUTORY LIMITS	OTH-FR
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER

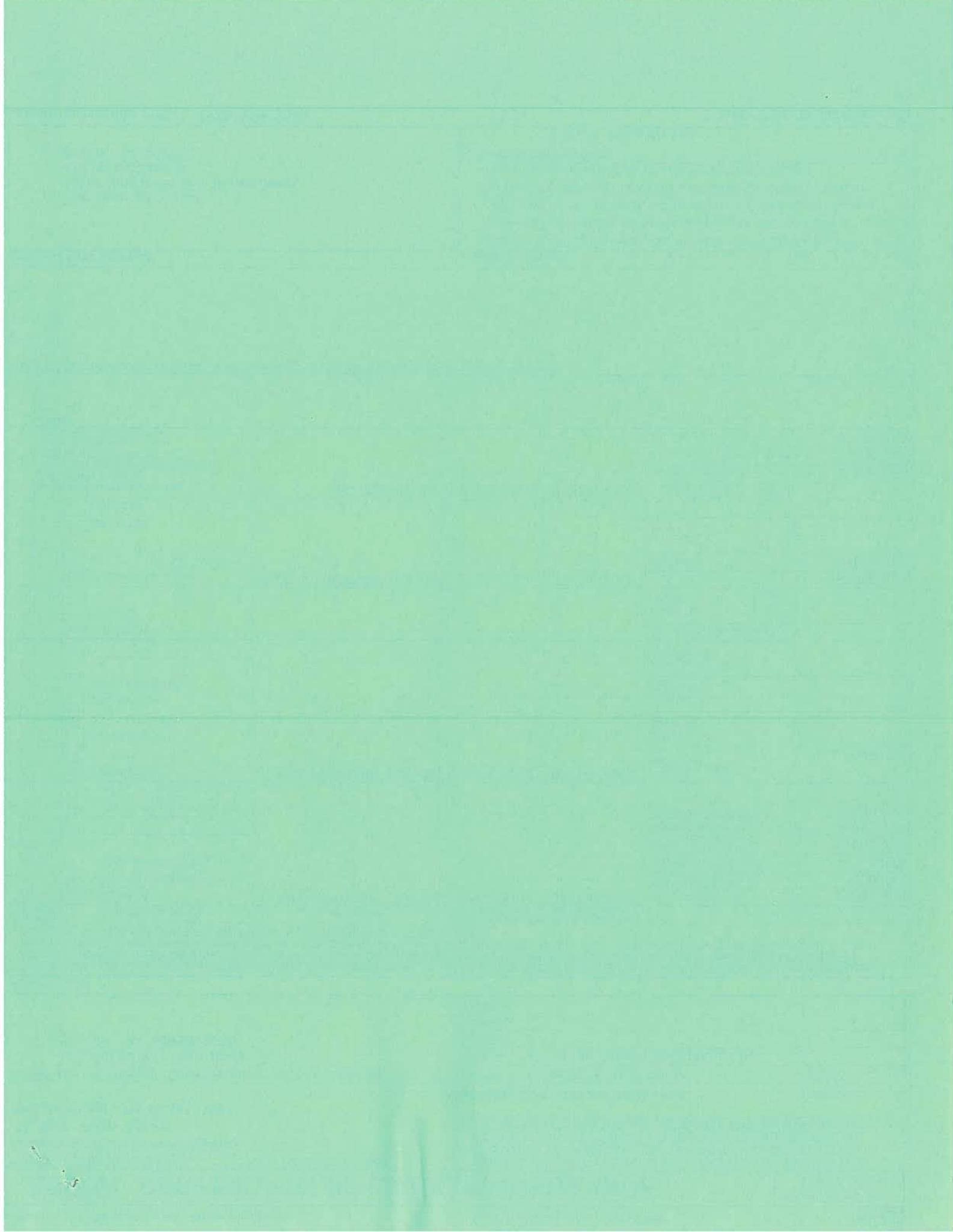
The Town of Acton
Attn: Engineering Department
472 Main Street
Acton, MA 01720

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 20 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Robert Mackintire



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

