

Lisa Tomyl

From: Frank Ramsbottom
Sent: Tuesday, May 12, 2015 4:50 PM
To: Lisa Tomyl
Subject: Building Department Fee Refund Request 3 Concord Place.doc
Attachments: 3 Concord Place refund request.pdf, Building Department Fee Refund Request 3 Concord Place.doc

Hi Lisa Attached is a request for refund of fees for 3 Concord Place

The refund should come from the building general fund 01251-432011

Thank You

Frank Ramsbottom
Building Commissioner
Town of Acton, MA
472 Main Street, 01720
Phone # 978-929-6633
Cell # 978-490-4199

TOWN OF ACTON

Building Department

INTERDEPARTMENTAL COMMUNICATION

To: Board of Selectmen,
Steve Ledoux Town Manager

Date: May 11, 2015

From: Frank Ramsbottom, Building Commissioner

Subject: Building Permit Application Fee Refunds Request

The building department has received a request for refund of permit application fees due to the proposed projects being cancelled.

The proposed work was for insulation upgrades at 3 Concord Place

Attached is a copy of the application.

Usually, when a refund is approved, the Town of Acton retains 50% to cover administrative expenses.

The fee amount is \$75

Respectfully Submitted

Frank Ramsbottom
Building Commissioner



TOWN OF ACTON
 Massachusetts State Building Code, 780 CMR, 7th edition
 Building Permit Application To Construct, Repair, Renovate Or Demolish a
 One- or Two-Family Dwelling

FOR
 MUNICIPALITY
 USE
 Revised
 January 1, 2008

This Section For Official Use Only

Building Permit Number: 141205 Date Applied: 12/16/14

Signature: *Francis Kamalston* Date: 12/23/14
 Building Commissioner/ Inspector of Buildings

SECTION 1: SITE INFORMATION

1.1 Property Address:
3 Concord Place
1.2 Assessors Map & Parcel Numbers
 Map Number _____ Parcel Number _____

1.1a Is this an accepted street? yes no _____

1.3 Zoning Information:
 Zoning District _____ Proposed Use _____ Historic Dist. Y/N _____
1.4 Property Dimensions:
 Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

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

1.6 Water Supply: (M.G.L.c. 40, §54)
 Public Private
1.7 Flood Zone Information:
 Zone: _____ Outside Flood Zone?
 Check if yes
1.8 Sewage Disposal System:
 Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
Susan Muller 3 Concord Place
 Name (Print) Address for Service:
978.264.9156
 Signature Telephone

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

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
 Demolition Accessory Bldg. Number of Units _____ Other Specify: Air Sealing and insulation

Brief Description of Proposed Work²: Air Sealing and Cellulose Insulation

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: Micro Film \$4/ Page \$ _____ List: _____	Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____ "Total Project Square Footage" will be substituted for New Construction. See Notes on next page.
1. Building	\$ _____	Total All Fees: \$ <u>75</u>	
2. Electrical	\$ _____		
3. Plumbing	\$ _____		
4. Mechanical (HVAC)	\$ _____		
5. Mechanical (Fire Suppression)	\$ _____		
6. Total Project Cost:	\$ 3485.10		

141205

SECTION 5: CONSTRUCTION SERVICES

<p>5.1 Licensed Construction Supervisor (CSL)</p> <p><u>Christopher Alphen</u> Name of CSL- Holder</p> <p><u>410 Great Road, A6, Littleton MA 01460</u> Address</p> <p><u><i>C. Alphen</i></u> Signature</p> <p><u>978.266.1122</u> Telephone</p>	<p><u>CSSL-102372</u> <u>02/02/15</u> License Number Expiration Date</p> <p>List CSL Type (see below) <u>CSSL</u></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (up to 35,000 Cu. Ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry Only</td> </tr> <tr> <td>RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Residential Window and Siding</td> </tr> <tr> <td>SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td>D</td> <td>Residential Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (up to 35,000 Cu. Ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry Only	RC	Residential Roofing Covering	WS	Residential Window and Siding	SF	Residential Solid Fuel Burning Appliance Installation	D	Residential Demolition
Type	Description																
U	Unrestricted (up to 35,000 Cu. Ft.)																
R	Restricted 1&2 Family Dwelling																
M	Masonry Only																
RC	Residential Roofing Covering																
WS	Residential Window and Siding																
SF	Residential Solid Fuel Burning Appliance Installation																
D	Residential Demolition																

<p>5.2 Registered Home Improvement Contractor (HIC) <u>Dolphin Insulation</u></p> <p><u>HIC Company Name or HIC Registrant Name</u> <u>410 Great Road, A6, Littleton MA 01460</u> Address</p> <p><u><i>C. Alphen</i></u> <u>978.266.1122</u> Signature Telephone</p>	<p><u>172289</u> Registration Number</p> <p><u>06/07/2016</u> Expiration Date</p>
---	---

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

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

Signed Affidavit Attached? Yes No

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

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

Signature of Owner _____
Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, Dolphin Insulation, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Chris Alphen
Print Name

C. Alphen 12/16/14
Signature of Owner or Authorized Agent Date
(Signed under the pains and penalties of perjury)

NOTES:

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

Total floors area (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (Sq. Ft.) _____	Garage (Sq. Ft.) _____
Gross U/F BSMT (Sq. Ft.) _____	Number of bedrooms _____
Gross FN BSMT (Sq. Ft.) _____	Number of half/baths _____
Number of fireplaces _____	Number of decks/ porches _____
Number of bathrooms _____	Enclosed _____ Open _____
Type of heating system _____	
Type of cooling system _____	

141205

DEPARTMENT APPROVALS

ENGINEERING DEPARTMENT

	Approved	Disapproved
Street Number	_____	_____
Street Cut	_____	_____
Flood Plain	_____	_____
Other	_____	_____

CONSERVATION

Wetlands	_____	_____
Other	_____	_____

HEALTH DEPARTMENT

Comments _____

PLANNING/ZONING DEPARTMENT

Special Permit/Variance _____
 Comments _____

Zoning Enforcement Officer Signature: _____ Date: _____

BUILDING DEPARTMENT

State Building Code Approval Signature: Dennis P. R. Date: 12/18/14
 Comments _____

- 1 GUTTON BACKLOR REIP ON FROM INSULATION



141205

CERTIFICATE OF COMPLETION

Susan Muller
3 Concord Pl
Acton, MA 01720-4600

Phone (Eve): 978-264-9156
Phone (Day):
E-Mail: skmull@us.ibm.com

SiteID: S00002285096

Combustion Safety Test Completed Y/N
Pre Blower Door # _____ (If applicable)
Post Blower Door # _____ (If applicable)

Contract ID: 20141030_ASEAL

Company: Dolphin Insulation
Sub-contractor Work Order #: S85096P91135C225

Location	Description	Quantity	Installed
	Door Sweep	6	
	Exterior Door Weather Stripping	6	
Living Space	Perform Air Sealing at Estimated 62.5 CFM50 Per Hour	14	

Contract ID: 20141117_WORK

Sub-contractor Work Order #: S85096P91135C225

Location	Description	Quantity	Installed
Living Space	Hatch: Thermal Barrier Polyiso 2 inch (Attic)	1	
Living Space	Door: Thermal Barrier Polyiso 2" (Attic)	1	
Living Space	Hatch: Thermal Barrier Polyiso 2 inch (Attic)	1	
Living Space	Hatch: Thermal Barrier Polyiso 2 inch (Attic)	1	
	Damming	192	
Living Space	Attic Floor Open Blow Cellulose 7"	1,904	
	Replace Bath Fan Hose	4	
Living Space	Hatch: Thermal Barrier Polyiso 2 inch (Attic)	1	

PLEASE NOTE: The inspection of the house is for the purpose of finding out whether the Contractor completed the work.

CUSTOMER SHOULD NOT RELY ON THE INSPECTION FOR ASSURANCE THAT THE CONTRACTOR'S WORK NECESSARILY COMPLIES WITH ALL LAWS AND STANDARDS RELATED TO SAFETY.

It was the Contractor's sole responsibility to assure that the measures were installed properly and safely. In addition, this Post-Installation inspection does not replace inspections by licensed inspectors where required by state or local law. It is the duty of the Customer to obtain such required inspections.

CUSTOMER AUTHORIZATION OF CERTIFIED WORK

I confirm that the measures listed above have been completed to my satisfaction. I have received a copy of the Certificate of Completion and hereby authorize the release of any final payments to the Contractor. I understand that this Authorization of Completed Work does not in any manner void any warranties provided to me by the Contractor.

Contractor's Signature

Customer's Signature

Date

Date



PERMIT AUTHORIZATION FORM

141205

I, Susan Muller, owner of the property located at:
(Owner's Name, printed)

13 Concord Place Acton MA
(Property Street Address) (City/Town)

hereby authorize the Mass Save Home Energy Services Program assigned Participating Contractor listed below to act on my behalf and obtain a building permit to perform insulation and/or weatherization work on my property.

Susan Muller
Owner's Signature

12/16/14
Date

FOR CSG OFFICE USE ONLY

Conservation Services Group has assigned the following Mass Save Home Energy Services Participating Contractor to the above referenced project:

Dolbie Insulation 12/16/14
Participating Contractor Date

141205

Massachusetts - Department of Public Safety
Board of Building Regulations and Standards
Construction Supervisor Specialty
License: CSSL-102372



CHRISTOPHER WALPHEN
410 Great Rd., A-6
Littleton MA 01460



Thomas H. Kelly
Commissioner

Expiration
02/02/2015

141205



The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation

HOME IMPROVEMENT CONTRACTOR

Registration: 172289
Expiration: 6/7/2016

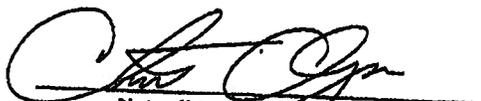
DOLPHIN INSULATION, INC.

Type:
Supplement Card

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

CHRISTOPHER ALPHEN,
410 GREAT ROAD A-8
LITTLETON, MA 01460


Undersecretary


Not valid without signature



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

141205

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

Name (Business/Organization/Individual): Dolphin Insulation

Address: 410 Great Road, A6

City/State/Zip: Littleton, MA 01460 Phone #: 978.266.1122

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input checked="" type="checkbox"/> I am a employer with <u>3</u> employees (full and/or part-time).* 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.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡ 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.]	6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input checked="" type="checkbox"/> Other <u>Air sealing and Insulation</u>

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: Guard

Policy # or Self-ins. Lic. #: DOWC550901 Expiration Date: 2/14/15

Job Site Address: 3 Concord Place City/State/Zip: Acton, MA 01720

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: C. Dipner Date: 12/15/14

Phone #: 9782661122

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____