

**TOWN OF ACTON**

**Building Department**

**INTERDEPARTMENTAL COMMUNICATION**

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**To:** Board of Selectmen,  
Steve Ledoux Town Manager

**Date:** March 3, 2016

**From:** Frank Ramsbottom, Building Commissioner

**Subject:** Building Permit Application Fee Refunds Request

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

There are nine permits for solar PV installations being cancelled by Solar City and Vivant Solar has cancelled one solar PV installation.

The Total fees paid by Solar City are \$2914 and the total fees paid by Vivant Solar are \$307

I have attached a copy of their list along with copies of the permit applications.

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

If you approve this refund please send the payments to the following:

Solar City                      Matt Carroll Permit Coordinator  
Solar City  
25 Mohawk Drive  
Leominster, MA 01453

Vivant Solar                      Roland Brant  
Vivant Solar  
53 Brigham Street  
Marlborough, MA 01752

Respectfully Submitted



Frank Ramsbottom  
Building Commissioner



February 9th, 2016

Town of Wonderful Acton  
Attn: Building Department

NOTICE OF CANCELLATION

This letter is to certify our proposal to install Solar (PV) at the properties listed below has moved into a cancellation status.

- ✓ John Aiello – 15 Orchard Dr – Building Permit # 151011/Electrical #6237-E
- ✓ Lynn Hau – 210 School St – Building Permit # 150690/Electrical #5832-E
- ✓ Daniel Simone – 14 Kinsley Rd – Building Permit # 150852/Electrical #5879-E
- ✓ Huiqin Gao – 90 Canterbury Hill Rd – Building Permit # 151169/Electrical # 6304 E
- ✓ Deborah Flint-Baum – 16 Kinsley Rd – Building Permit # 150568
- ✓ Jenny Kuo – 3 Autumn Ln – Building Permit # 151097/ Electrical # 6280-E
- ✓ Chester Li – 26 Grasshopper Ln – Building Permit # 151379/Electrical #6455-E
- ✓ Glen Kaufmann – 114 Newton Rd – Building Permit # 150691/Electrical # 5831-E
- ✓ George Triantafillou – 217 Parker St – Building Permit # 151270

SolarCity Corporation will not be moving forward with the proposed installations. We would greatly appreciate reimbursement for the permitting fees paid if possible.

If you have any questions/concerns, please contact myself directly.

Sincerely,

Matt Carroll

A handwritten signature in black ink, appearing to read "Matt Carroll".



**TOWN OF ACTON**  
 Massachusetts State Building Code, 7<sup>th</sup> 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: 150690 Date Applied: 5/12/15

Signature: Francis A Ramabotom Date: 5/21/15  
 Building Commissioner/ Inspector of Buildings

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**  
 210 SCHOOL ST

**1.2 Assessors Map & Parcel Numbers**  
 H3 98  
 Map Number Parcel Number

1.1a Is this an accepted street? yes  no

**1.3 Zoning Information:**  
 Zoning District \_\_\_\_\_ RESIDENTIAL 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
 LYNN HAU  
 Name (Print) \_\_\_\_\_ Address for Service: 210 SCHOOL ST  
 \_\_\_\_\_ Telephone: 617-797-7631  
 Signature \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition

Demolition  Accessory Bldg.  Number of Units <sup>36</sup> \_\_\_\_\_ Other  Specify: Solar/PV

Brief Description of Proposed Work<sup>2</sup>: INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
		1. Building Permit Fee: \$ <u>354</u> - Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: Micro Film \$4/ Page \$ <u>40</u> List: _____ Total All Fees: \$ <u>394.-</u> 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	\$ 7,000	
2. Electrical	\$ 17,000	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$ 24,000	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

SOLARCITY CORP / CRAIG ELLS  
 Name of CSL- Holder  
 25 MOWHAWK RD LEOMINSTER MA 01453  
 Address Craig Ellis  
 Signature  
 978-875-1698  
 Telephone

107663 License Number      8/29/17 Expiration Date  
 List CSL Type (see below) U

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

**5.2 Registered Home Improvement Contractor (HIC)**

SOLARCITY CORP / JAMES DIPADUA  
 HIC Company Name or HIC Registrant Name  
 25 MOHAWK RD LEOMINSTER MA 01453  
 Address  
 978-215-2380 Telephone  
 Signature

168572 Registration Number  
 3/8/17 Expiration Date

**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, LYNN HAU, as Owner of the subject property hereby authorize SolarCity Corp. to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_ Date 05/11/15

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, SolarCity/JAMES DIPADUA, 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.

JAMES DIPADUA  
 Print Name James Dipadua  
 Signature of Owner or Authorized Agent \_\_\_\_\_ Date 05/11/15  
 (Signed under the pains and penalties of perjury)

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. When substantial work is planned, provide the information below:
 

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



**TOWN OF ACTON**  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> 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: 15 1270 Date Applied: \_\_\_\_\_

Signature: James Alameda Date: 10/16/15  
 Building Commissioner/ Inspector of Buildings

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**  
 217 PARKER ST

**1.2 Assessors Map & Parcel Numbers**  
 Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

1.1a Is this an accepted street? yes  no \_\_\_\_\_

**1.3 Zoning Information:**  
 RESIDENTIAL  
 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
 GEORGE TRIANTAFILLOU  
 Name (Print) \_\_\_\_\_ Address for Service: 217 PARKER ST. ACTON, MA 01720  
 Signature \_\_\_\_\_ Telephone: 978-897-3546

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition

Demolition  Accessory Bldg.  Number of Units 17 Other  Specify: Solar/PV

Brief Description of Proposed Work<sup>2</sup>: INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
1. Building	\$ 3,000	1. Building Permit Fee: \$ <u>1162</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input checked="" type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier <u>1</u> x <u>4</u>	
2. Electrical	\$ 8,000	2. Other Fees: Micro Film \$4/ Page \$ _____	
3. Plumbing	\$	List: _____	
4. Mechanical (HVAC)	\$	Total All Fees: \$ <u>1162</u>	
5. Mechanical (Fire Suppression)	\$	Check No. _____ Check Amount: _____ Cash Amount: _____	
6. Total Project Cost:	\$ 11,000	<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.	

*10/16/15*

*10 Page*

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

SOLARCITY CORP / CRAIG ELLS  
 Name of CSL- Holder  
 25 MOWHAWK RD LEOMINSTER MA 01453  
 Address Craig Ells  
 Signature  
 978-875-1698  
 Telephone

107663 License Number      8/29/17 Expiration Date

List CSL Type (see below) U

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

**5.2 Registered Home Improvement Contractor (HIC)**

SOLARCITY CORP / MATT CARROLL  
 HIC Company Name or HIC Registrant Name  
 25 MOWHAWK RD LEOMINSTER MA 01453  
 Address Matt Carroll  
 Signature  
 978-895-0632 Telephone

168572 Registration Number  
 3/8/17 Expiration Date

**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, GEORGE TRIANTAFILLOU, as Owner of the subject property hereby authorize SolarCity Corp./MATT CARROLL to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_ Date 10/16/15

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, SolarCity/MATT CARROLL, 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.

MATT CARROLL  
 Print Name Matt Carroll  
 Signature of Owner or Authorized Agent \_\_\_\_\_ Date 10/16/15  
 (Signed under the pains and penalties of perjury)

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will *not* have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

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



**TOWN OF ACTON**  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> 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 **151011** Date Applied: **8/13/15**  
 Signature: *Francis J. Ross* Building Commissioner/Inspector of Buildings Date: **8/13/15**

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**  
 15 ORCHARD DR

**1.2 Assessors Map & Parcel Numbers**  
 E2 3  
 Map Number Parcel Number

**1.1a Is this an accepted street?** yes  no

**1.3 Zoning Information:**  
 RESIDENTIAL  
 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
**JOHN AIELLO** 15 ORCHARD DR  
 Name (Print) Address for Service:  
 168572 781-983-1651  
 Signature Telephone

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units<sup>23</sup> \_\_\_\_\_ Other  Specify: Solar/PV

**Brief Description of Proposed Work<sup>2</sup>:** INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee: \$ <b>221</b>	Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier <b>3 x 4</b>
1. Building	\$4,000	2. Other Fees: Micro Film \$4/ Page \$ _____	List: _____
2. Electrical	\$11,000	Total All Fees: \$ <b>233</b>	Check No. _____ Check Amount: _____ Cash Amount: _____
3. Plumbing	\$	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____	
4. Mechanical (HVAC)	\$	"Total Project Square Footage" will be substituted for New Construction. See Notes on next page.	
5. Mechanical (Fire Suppression)	\$		
6. Total Project Cost:	\$ 15,000		





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

FOR  
 MUNICIPALITY  
 USE  
 Revised  
 January 1, 2008

**150601**

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: 5/12/15

Signature: Francis Calamboltes Date 5/21/15  
 Building Commissioner/Inspector of Buildings

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**  
 114 NEWTON RD

**1.2 Assessors Map & Parcel Numbers**  
 D3 24-5  
 Map Number Parcel Number

1.1a Is this an accepted street? yes  no

**1.3 Zoning Information:**  
 RESIDENTIAL  
 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
 GLEN KAUFMANN 114 NEWTON RD  
 Name (Print) Address for Service:  
 978-621-4393  
 Signature Telephone

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units <sup>33</sup> \_\_\_\_\_ Other  Specify: Solar/PV

Brief Description of Proposed Work<sup>2</sup>: INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee: \$ <u>325</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier <u>1</u> x _____ 2. Other Fees: Micro Film \$4/ Page \$ <u>40</u> List: _____	
1. Building	\$7,000	Total All Fees: \$ <u>365.-</u> 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.	
2. Electrical	\$15,000		
3. Plumbing	\$		
4. Mechanical (HVAC)	\$		
5. Mechanical (Fire suppression)	\$		
<b>Total Project Cost:</b>	<b>\$22,000</b>		





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

Building Permit Number: 150852 This Section For Official Use Only Date Applied: 6/1/15

Signature: [Signature] Building Commissioner/ Inspector of Buildings Date: 7/14/15

SECTION 1: SITE INFORMATION

1.1 Property Address: 14 KINSLEY RD

1.2 Assessors Map & Parcel Numbers

1.1a Is this an accepted street? yes x no

Map Number Parcel Number

1.3 Zoning Information: RESIDENTIAL Zoning District Proposed Use

1.5 Building Setbacks (ft) Front Yard

Table with 2 columns: Required, Provided

1.6 Water Supply: (M.G.L. c. 40, § 54) Public Private

2.1 Owner of Record: DANIEL SIMONE Name (Print) Signature

D. Hurst Solar Company installed panel on this house. -SSM

Disposal System: On site disposal system 1720

SECTION 3: DE

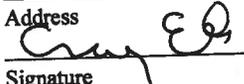
New Construction Existing Building Owner-Occupied Repairs Alteration Addition Demolition Accessory Bldg. Number of Units Other Specify: Solar/PV

Brief Description of Proposed Work: INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Table with 3 columns: Item, Estimated Costs (Labor and Materials), Official Use Only

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**  
 SOLARCITY CORP / CRAIG ELLS  
 Name of CSL- Holder  
 25 MOWHAWK RD LEOMINSTER MA 01453  
 Address  
  
 Signature  
 978-875-1698  
 Telephone

107683 License Number  
 8/29/17 Expiration Date  
 List CSL Type (see below) U

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

**5.2 Registered Home Improvement Contractor (HIC)**  
 SOLARCITY CORP / JAMES DIPADUA  
 HIC Company Name or HIC Registrant Name  
 25 MOHAWK RD LEOMINSTER MA 01453  
 Address  
 978-215-2380 Telephone  
 Signature

168572 Registration Number  
 3/8/17 Expiration Date

**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

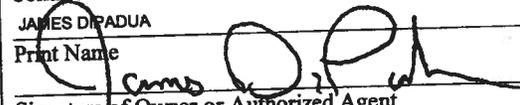
**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

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

Signature of Owner \_\_\_\_\_ Date 06/01/15

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, SolarCity/JAMES DIPADUA, 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.

Print Name JAMES DIPADUA  
 Signature of Owner or Authorized Agent   
 (Signed under the pains and penalties of perjury) Date 06/01/15

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

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



**TOWN OF ACTON**  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> 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: 150568 Date Applied: 4/24/15

Signature: Francis Bramsbottom Date: 5/1/15  
 Building Commissioner/ Inspector of Buildings

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**  
 16 KINSLEY ROAD

**1.2 Assessors Map & Parcel Numbers**  
 Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

**1.1a Is this an accepted street?** yes  no

**1.3 Zoning Information:**  
 RESIDENTIAL  
 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
 DEBORAH FLINT-BAUM  
 Name (Print) \_\_\_\_\_ Address for Service: 16 KINSLEY ROAD  
See Contract Signature \_\_\_\_\_ Telephone: 978-844-0185

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition

Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: Solar/PV

Brief Description of Proposed Work<sup>2</sup>: INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
		1. Building Permit Fee: \$ <u>333</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>2</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: Micro Film \$4/ Page \$ <u>8 x 4 = 32</u> List: <u>8 pages on plans</u> Total All Fees: \$ <u>357</u> Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input checked="" type="checkbox"/> Outstanding Balance Due: _____ "Total Project Square Footage" will be substituted for New Construction. See Notes on next page.
1. Building	\$6,600	
2. Electrical	\$15,400	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
<b>6. Total Project Cost:</b>	<b>\$ 22,000</b>	

NO

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

SOLARCITY CORP / CRAIG ELLS

Name of CSL- Holder

24 ST MARTIN DR BLD 2 UNIT 11 MARLBOROUGH, MA 01752

Address

Signature

978-875-1698

Telephone

107663

License Number

8/29/17

Expiration Date

List CSL Type (see below) U

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

**5.2 Registered Home Improvement Contractor (HIC)**

SOLARCITY CORP

HIC Company Name or HIC Registrant Name

24 ST MARTIN DRIVE BLD 2 UNIT 11 MARLBOROUGH MA 01752

Address

Signature

978-215-2366

Telephone

168572

Registration Number

3/8/17

Expiration Date

**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 SolarCity Corp. to act on my behalf, in all matters relative to work authorized by this building permit application.

See Contract  
Signature of Owner

3/2/15

Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, SolarCity/Kelly Strickland, 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.

Kelly Strickland

Print Name

Signature of Owner or Authorized Agent

(Signed under the pains and penalties of perjury)

4/24/15

Date

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

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



**TOWN OF ACTON**  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> 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: 151379 Date Applied: 11/12/15  
 Signature: Francis Lamotte Date: 11/16/2015  
 Building Commissioner/ Inspector of Buildings

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**  
26 GRASSHOPPER LN

**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 RESIDENTIAL 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
 Name (Print) CHESTER LI Address for Service: 26 GRASSHOPPER LN ACTON, MA 01720  
 Telephone: 978-505-5346  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units <sup>54</sup> \_\_\_\_\_ Other  Specify: Solar/PV

Brief Description of Proposed Work<sup>2</sup>: INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

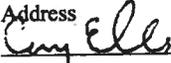
**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
1. Building	\$ 10,000	1. Building Permit Fee: \$ <u>516</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____	
2. Electrical	\$ 25,000	2. Other Fees: Micro Film \$4/ Page \$ <u>40</u> - _____	
3. Plumbing	\$	List: _____	
4. Mechanical (HVAC)	\$		
5. Mechanical (Fire Suppression)	\$	Total All Fees \$ <u>556.00</u>	
6. Total Project Cost:	\$ 35,000	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.

**SECTION 5: CONSTRUCTION SERVICES**

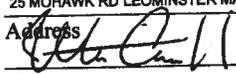
**5.1 Licensed Construction Supervisor (CSL)**

SOLARCITY CORP / CRAIG ELLS  
 Name of CSL- Holder  
 25 MOWHAWK RD LEOMINSTER MA 01453  
 Address  
  
 Signature  
 978-875-1688  
 Telephone

107663 License Number      8/29/17 Expiration Date  
 List CSL Type (see below) U

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

**5.2 Registered Home Improvement Contractor (HIC)**

SOLARCITY CORP / MATT CARROLL  
 HIC Company Name or HIC Registrant Name  
 25 MOHAWK RD LEOMINSTER MA 01453  
 Address  
  
 Signature      978-895-0632 Telephone

168572 Registration Number  
 3/8/17 Expiration Date

**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, CHESTER LI, as Owner of the subject property hereby authorize SolarCity Corp / MATT CARROLL to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_ Date 11/11/15

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, SolarCity/MATT CARROLL, 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.

Print Name MATT CARROLL      11/11/15  
 Signature of Owner or Authorized Agent \_\_\_\_\_ Date  
 (Signed under the pains and penalties of perjury)

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:  
 Total floors area (Sq. Ft.) \_\_\_\_\_ (including garage, finished basement/attics, decks or porch)  
 Gross living area (Sq. Ft.) \_\_\_\_\_ Habitable room count \_\_\_\_\_  
 Gross U/F BSMT (Sq. Ft.) \_\_\_\_\_ Garage (Sq. Ft.) \_\_\_\_\_  
 Gross FN BSMT (Sq. Ft.) \_\_\_\_\_  
 Number of fireplaces \_\_\_\_\_ Number of bedrooms \_\_\_\_\_  
 Number of bathrooms \_\_\_\_\_ Number of half/baths \_\_\_\_\_  
 Type of heating system \_\_\_\_\_ Number of decks/ porches \_\_\_\_\_  
 Type of cooling system \_\_\_\_\_ Enclosed \_\_\_\_\_ Open \_\_\_\_\_



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

FOR  
 MUNICIPALITY  
 USE  
 Revised  
 January 1, 2008

**151097**

**This Section For Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Applied: 8/31/15  
 Signature: Frank J. Sambolton Date: 9/4/15  
 Building Commissioner/ Inspector of Buildings

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**  
 3 AUTUMN LN

**1.2 Assessors Map & Parcel Numbers**  
 F1 157-3  
 Map Number Parcel Number

1.1a Is this an accepted street? yes<sup>x</sup> no

**1.3 Zoning Information:**  
 RESIDENTIAL  
 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
 JENNY KUO 3 AUTUMN LN ACTON MA 01720  
 Name (Print) Address for Service:  
 168572 978-266-0168  
 Signature Telephone

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units <sup>30</sup> \_\_\_\_\_ Other  Specify: Solar/PV

Brief Description of Proposed Work<sup>2</sup>: INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee: \$ <u>295</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier x _____ 2. Other Fees: Micro Film \$4/ Page \$ <u>36</u> List: _____	Cash Amount:
1. Building	\$ 6,000	Total All Fees: \$ <u>331</u> Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input checked="" type="checkbox"/> Outstanding Balance Due: _____ "Total Project Square Footage" will be substituted for New Construction. See Notes on next page.	
2. Electrical	\$ 14,000		
3. Plumbing	\$		
4. Mechanical (HVAC)	\$		
5. Mechanical (Fire Suppression)	\$		
<b>6. Total Project Cost:</b>	<b>\$ 20,000</b>		

*151097*

*9 Pages*

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

SOLARCITY CORP / CRAIG ELLS  
 Name of CSL- Holder  
 25 MOWHAWK RD LEOMINSTER MA 01453  
 Address Craig Ells  
 Signature  
 978-875-1698  
 Telephone

107663 License Number      8/29/17 Expiration Date  
 List CSL Type (see below) U

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

**5.2 Registered Home Improvement Contractor (HIC)**

SOLARCITY CORP / JAMES DIPADUA  
 HIC Company Name or HIC Registrant Name  
 25 MOWHAWK RD LEOMINSTER MA 01453  
 Address James D. Padua  
 Signature  
 978-215-2380 Telephone

168572 Registration Number  
 3/8/17 Expiration Date

**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, JENNY KUO, as Owner of the subject property hereby authorize SolarCity Corp./JAMES DIPADUA to act on my behalf, in all matters relative to work authorized by this building permit application.

978-215-2380      08/31/15  
 Signature of Owner      Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, SolarCity/JAMES DIPADUA, 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.

JAMES DIPADUA  
 Print Name James D. Padua  
 Signature of Owner or Authorized Agent      08/31/15  
 (Signed under the pains and penalties of perjury)      Date

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will *not* have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

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



**TOWN OF ACTON**  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition  
 Building Permit Application To Construct, Repair, Renovate Or Demolish a  
**151160** *One- or Two-Family Dwelling*

FOR  
 MUNICIPALITY  
 USE  
 Revised  
 January 1, 2008

*This Section For Official Use Only*

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_  
 Signature: Francis A. Lambert Date: 9/14/15  
 Building Commissioner/ Inspector of Buildings

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**  
 90 CANTEBURY HILL RD

**1.2 Assessors Map & Parcel Numbers**  
 C6 13-13  
 Map Number. Parcel Number

1.1a Is this an accepted street? yes  no

**1.3 Zoning Information:**  
 RESIDENTIAL  
 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
 HUIQIN GAO 90 CANTEBURY HILL RD  
 Name (Print) Address for Service:  
 Huiqin Gao 978-844-2106  
 Signature Telephone

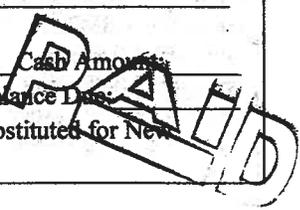
**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units <sup>36</sup> \_\_\_\_\_ Other  Specify: Solar/PV

Brief Description of Proposed Work<sup>2</sup>: INSTALL SOLAR ELECTRIC PANELS ON ROOF OF EXISTING HOME TO BE INTERCONNECTED WITH HOMES ELECTRICAL SYSTEM.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

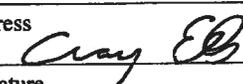
Item	Estimated Costs: (Labor and Materials)	Official Use Only	
1. Building	\$ 7,000	1. Building Permit Fee: \$ 354 Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier <u>10</u> x <u>4</u>	
2. Electrical	\$ 17,000	2. Other Fees: Micro Film \$4/ Page \$ _____	
3. Plumbing	\$	List: _____	
4. Mechanical (HVAC)	\$	Total All Fees: \$ <u>394</u>	
5. Mechanical (Fire Suppression)	\$	Check No. _____ Check Amount: _____ Cash Amount: _____	
6. Total Project Cost:	\$ 24,000	<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.	



★  
 10  
 Pages

**SECTION 5: CONSTRUCTION SERVICES**

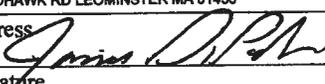
**5.1 Licensed Construction Supervisor (CSL)**

SOLARCITY CORP / CRAIG ELLS  
 Name of CSL- Holder  
 25 MOWHAWK RD LEOMINSTER MA 01453  
 Address  
  
 Signature  
 978-875-1698  
 Telephone

107663 License Number      8/29/17 Expiration Date  
 List CSL Type (see below) U

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

**5.2 Registered Home Improvement Contractor (HIC)**

SOLARCITY CORP / JAMES DIPADUA  
 HIC Company Name or HIC Registrant Name  
 25 MOHAWK RD LEOMINSTER MA 01453  
 Address  
  
 Signature      978-215-2380 Telephone

168572 Registration Number  
 3/8/17 Expiration Date

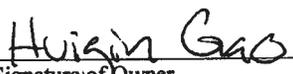
**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))**

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 .....

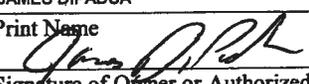
**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, HUIQIN GAO, as Owner of the subject property hereby authorize SolarCity Corp./JAMES DIPADUA to act on my behalf, in all matters relative to work authorized by this building permit application.

      09/11/15  
 Signature of Owner      Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, SolarCity/JAMES DIPADUA, 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.

JAMES DIPADUA  
 Print Name  
      09/11/15  
 Signature of Owner or Authorized Agent      Date  
 (Signed under the pains and penalties of perjury)

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. When substantial work is planned, provide the information below:
 

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

**Vivint Solar**

53 Brigham Street #5  
Marlborough, MA 01752  
Phone: (508)460-0585  
Fax: (508)460-0970

Acton Building Department  
c/o Frank Ramsbottom

Dear Mr. Ramsbottom,

This letter is to inform you that the following account(s) have been canceled, and therefore will not be installed:

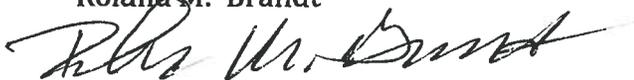
16 Abel Jones Place  
Permit Number: 150928

Please cancel the associated permits, as well as refund any associated fees. If there are any additional steps needed to secure a refund, please let me know and I will be happy to complete them.

Thank you.

Best regards,

Roland M. Brandt



Construction Supervisor



**TOWN OF ACTON**  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> 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: 150928 Date Applied: \_\_\_\_\_

Signature: Frank G. S. [Signature] Date: 7/27/15  
 Building Commissioner/Inspector of Buildings

**SECTION 1: SITE INFORMATION**

1.1 Property Address: 16 Abel Jones Pl. 1.2 Assessors Map & Parcel Numbers  
 1.1a Is this an accepted street? yes  no  Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

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 OWNERSHIP<sup>1</sup>**

2.1 Owner<sup>1</sup> of Record: Susan Avery Address for Service: 16 Abel Jones Pl.  
 Name (Print)

Signature: attached contract Telephone: \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: solar

Brief Description of Proposed Work<sup>2</sup>: installation of roof mounted photovoltaic solar systems  
16 panels.

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee: \$ <u>307</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: Micro Film \$4/ Page \$ <u>40</u> List: _____ Total All Fees: \$ <u>347</u> 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	\$ <u>832.00</u>		
2. Electrical	\$ <u>19968.00</u>		
3. Plumbing	\$ <u>0</u>		
4. Mechanical (HVAC)	\$ <u>0</u>		
5. Mechanical (Fire Suppression)	\$ <u>0</u>		
6. Total Project Cost:	\$ <u>20800.00</u>		

**PAID**

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**  
Roland M. Brandt  
 Name of CSL- Holder  
10 Fitzgibbon Rd, 01821  
 Address  
[Signature]  
 Signature  
978 319 5682  
 Telephone

085141 License Number      3/21/17 Expiration Date  
 List CSL Type (see below) 150928  

Type	Description
<input checked="" type="checkbox"/> U	Unrestricted (up to 35,000 Cu. Ft.)
<input type="checkbox"/> R	Restricted 1&2 Family Dwelling
<input type="checkbox"/> M	Masonry Only
<input type="checkbox"/> RC	Residential Roofing Covering
<input type="checkbox"/> WS	Residential Window and Siding
<input type="checkbox"/> SF	Residential Solid Fuel Burning Appliance Installation
<input type="checkbox"/> D	Residential Demolition

**5.2 Registered Home Improvement Contractor (HIC)**  
Vivint Solar LLC  
 HIC Company Name or HIC Registrant Name  
3301 N. Thanksgiving w. Lehi VT  
 Address  
[Signature]      508 4602525  
 Signature      Telephone

170848  
 Registration Number  
1/5/16  
 Expiration Date

**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 attached contract Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, Roland M. Brandt, 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.

Print Name Roland M. Brandt  
 Signature of Owner or Authorized Agent [Signature]      Date 7/15/15  
 (Signed under the pains and penalties of perjury)

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

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