

TOWN OF ACTON

Building Department

INTERDEPARTMENTAL COMMUNICATION

To: Board of Selectmen,
Steve Ledoux Town Manager

Date: December 24, 2014

From: Frank Ramsbottom, Building Commissioner

Subject: Building Permit Application Fee Refunds Request

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

The first is for an application for a permit to replace window at 25-27 School Street. The applicants have decided to delay the replace of the windows while they find a window which is compatible with the HDC requirements. The fees for this permit application are \$325

The second request is from Vivant Solar and is for two permit applications,

5 West Road, the fees for this permit application are \$1,084

& 5 Partridge Pond Road, the fees for this permit application are \$1,157

And the third request is for Dolphin Insulation for 6 Paul Revere Road.

The fees paid for this permit application are \$75

Attached are copies of the requests applications.

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

Respectfully Submitted

Frank Ramsbottom
Building Commissioner

Kristen Brown

From: DoNotReply@MarketSharpM.com
Sent: Thursday, November 13, 2014 9:35 AM
To: Info
Subject: New Lead Inquiry

A new lead inquiry has been submitted via Website Lead Capture Lead Capture to MarketSharp M.

Below is the submitted info:

Ben McBride
6 Paul Revere Road
Acton, MA - MASSACHUSETTS 01720

Home phone: 9788444270
Cell phone: 9788444270
Work phone: 9788444270

Email: mcbrideben@yahoo.com

Interests:

Interests: Hi, We have work scheduled through Mass Save at our house on Dec 1, 2. We have been in contact with Mass Save and need to cancel the contract. Therefore we won't be needing the work done at this time. I am sorry for any inconvenience this may cause.

Thanks,
Ben McBride
Best Time To Reach:

Click the link below (or copy and paste it into a browser) to be taken directly to the lead capture contact.
<https://www.marketsharpm.com/ContactDetail.aspx?contactType=2&contactOid=f2b653a6-50c1-4de3-b8c3-b5d7deadde66>



11/18/2014

Town of Acton
Building Department
33 Nagog Park, Floor 2
Acton, MA 01720

To whom it may concern:

We requested and were approved for building permit #140182 on 4/2/14 for MassSave work to be completed at 6 Paul Revere Road Acton, MA 01720. However, the homeowner has decided to cancel his contract with MassSave. Therefore, we are requesting a refund for the fees paid for acquiring the permit. See attached for homeowner's indication that the contract be cancelled.

Please contact me with any further questions or concerns. My contact information is provided below.

Warmest Regards,

Kristen Brown

978.266.1122 (Main)

978.431.5022 (Direct)

kristen@dolphin-insulation.com

410 Great Road, A-6
Littleton, MA 01460

978-266-1122
800-987-8815

www.dolphin-insulation.com

Vivint Solar

53 Brigham Street #6

Marlborough, Ma. 01752

(Phone) 508-460-0585

(Fax) 508-460-0970

To the Acton Building Department, Frank Ramsbottom;

Dear Frank,

This letter is to inform you that the following two accounts have been canceled and will not be installed.

Permit# 140490, 5 West Road

Permit# 140521, 5 Partridge Pond Road

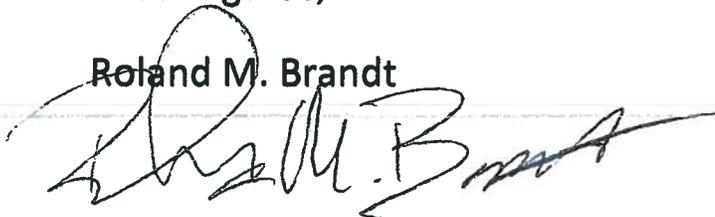
I would like to cancel these two permits and ask for a refund of all fees paid.

Please let me know what other steps I must take if any to go about securing a refund.

Thank you,

Best Regards,

Roland M. Brandt

A handwritten signature in black ink, appearing to read 'Roland M. Brandt', written over a horizontal dashed line.

Construction Supervisor

25-27 school st Acton MA

cancel

Please ^v my building permit application form.

Also do the refund.

Thank you

owner: Nam Xiew



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

140490

This Section For Official Use Only

Building Permit Number: _____ Date Applied: 6/11/14

Signature: Francis A. Lamblin Date: 6/16/2014
 Building Commissioner/ Inspector of Buildings

SECTION 1: SITE INFORMATION

1.1 Property Address: 5 West Road
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 OWNERSHIP¹

2.1 Owner¹ of Record: Richard Plante 5 West Road
 Name (Print) Address for Service:
 Telephone: 978 263 6689
 Signature _____

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: Solar

Brief Description of Proposed Work²: Installation of roof mounted photovoltaic solar systems.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee: \$ <u>996</u> 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 \$ <u>88</u> List: _____	
1. Building	\$ <u>2700.00</u>	Total All Fees: \$ <u>1084.</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	\$ <u>64800.00</u>		
3. Plumbing	\$ <u>0</u>		
4. Mechanical (HVAC)	\$ <u>0</u>		
5. Mechanical (Fire Suppression)	\$ <u>0</u>		
6. Total Project Cost:	\$ <u>67500.00</u>		

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)
Roland M. Brandt
 Name of CSL- Holder
10 Algonquin Rd
 Address Chelmsford, 01824
 Signature
978 319 5682
 Telephone

085141 3/21/15
 License Number 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)
Vivint Solar LLC
 HIC Company Name or HIC Registrant Name
4931 N. 300 W. Provo, UT
 Address
 Signature
508 460 0585
 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 _____ Date _____

SECTION 7b: OWNER¹ 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 _____ Date 6/11/14
 (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 _____

140490



TOWN OF ACTON
 Massachusetts State Building Code, 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: 140521 Date Applied: 6/11/14
 Signature: Francis Alambotta Date: 6/16/2014
 Building Commissioner/ Inspector of Buildings

SECTION 1: SITE INFORMATION

1.1 Property Address: 5 partridge Pond Rd
 1.1a Is this an accepted street? yes no

1.2 Assessors Map & Parcel Numbers
 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 OWNERSHIP¹

2.1 Owner¹ of Record: Edgar Nugent 5 partridge Pond Rd
 Name (Print) Address for Service:
978 263 1201
 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: Solar

Brief Description of Proposed Work²: installation of roof mounted photovoltaic solar systems.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only	
		1. Building Permit Fee: \$ <u>1069</u>	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 _____
1. Building	\$ <u>2900.00</u>	2. Other Fees: Micro Film \$4/ Page \$ <u>88</u>	List: _____
2. Electrical	\$ <u>64600.00</u>	Total All Fees: \$ <u>11571</u>	Check No. _____ Check Amount: _____ Cash Amount: _____
3. Plumbing	\$ <u>0</u>	<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.
4. Mechanical (HVAC)	\$ <u>0</u>		
5. Mechanical (Fire Suppression)	\$ <u>0</u>		
6. Total Project Cost:	\$ <u>72500.00</u>		

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder Roland M. Brandt

Address 10 Algonquin Rd. Chelmsford, 01824

Signature [Signature]

Telephone * _____

License Number 005141 Expiration Date 3/2/15

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)

HIC Company Name or HIC Registrant Name Vivint Solar LLC

Address 4931 N. 300 W. Provo, UT

Signature [Signature] Telephone 5084600585

Registration Number 170848

Expiration Date 1/5/16

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, 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 6/11/14

(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 _____

140521



Town of Acton

Massachusetts State Building Code (780 CMR) Seventh Edition

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: 8/18/14 Building Inspector: _____

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

25-27 School St
No. and Street City/Town Acton Zip Code 02111 Name of Building (if applicable)

SECTION 2: PROPOSED WORK

If New Construction check here or check all that apply in the two rows below

Existing Building <input type="checkbox"/>	Repair <input checked="" type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input type="checkbox"/>	Demolition <input type="checkbox"/> (Please fill out and submit Appendix 1)
Change of Use <input type="checkbox"/>	Change of Occupancy <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		

Are building plans and/or construction documents being supplied as part of this permit application? Yes No
Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work: change replace most windows
put 10 interior door paint and hardwood floor

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Evaluation is enclosed (See 780 CMR 3402.0)

Existing Use Group(s): _____ Proposed Use Group(s): _____
Existing Hazard Index 780 CMR 34: _____ Proposed Hazard Index 780 CMR 34: _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 <input type="checkbox"/> A-2r <input type="checkbox"/> A-2nc <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/>	B: Business <input type="checkbox"/>	E: Educational <input type="checkbox"/>
F: Factory F-1 <input type="checkbox"/> F2 <input type="checkbox"/>	H: High Hazard H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/>	
I: Institutional I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/>	M: Mercantile <input type="checkbox"/>	R: Residential R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/>
S: Storage S-1 <input type="checkbox"/> S-2 <input type="checkbox"/>	U: Utility <input type="checkbox"/>	Special Use <input type="checkbox"/> and please describe below:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA <input type="checkbox"/>	IB <input type="checkbox"/>	IIA <input type="checkbox"/>	IIB <input type="checkbox"/>	IIIA <input type="checkbox"/>	IIIB <input type="checkbox"/>	IV <input type="checkbox"/>	VA <input type="checkbox"/>	VB <input type="checkbox"/>
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SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
--------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____



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 140182 Date Applied: 3/27/14 Signature: Francis Alambert Building Commissioner/Inspector of Buildings Date 3/21/2014

SECTION 1: SITE INFORMATION

1.1 Property Address: 6 Paul Revere Rd Acton
1.2 Assessors Map & Parcel Numbers
1.3 Zoning Information:
1.4 Property Dimensions:
1.5 Building Setbacks (ft)
1.6 Water Supply:
1.7 Flood Zone Information:
1.8 Sewage Disposal System:

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner of Record: Benjamin McBride
Name (Print) Address for Service: 6 Paul Revere Rd Acton
Signature Telephone: 978-263-8176 EMAIL: mcbrideben@yahw.com

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

New Construction, Existing Building, Owner-Occupied, Repairs(s), Alteration(s), Addition, Demolition, Accessory Bldg., Number of Units, Other Specify: Cellulose Insulation
Brief Description of Proposed Work: perform Air Sealing - 288 sq cellulose overhang - 68 sq Rim joint w/ Fiber glass - 34 sq 10" dense pack cellulose in overhang

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Table with columns: Item, Estimated Costs (Labor and Materials), Official Use Only. Includes rows for Building, Electrical, Plumbing, Mechanical (HVAC), Mechanical (Fire Suppression), and Total Project Cost: \$2,855.15. Also includes fee schedule and payment information.