



Town of Winthrop, MA

08/15/2022

BC-21-4

Building Permit - Commercial

Status: Active**Date Created:** Feb 19, 2021**Applicant**

David Borges
david.borges@chaffeeroofing.com
193 amaral street
RIVERSIDE, Rhode Island 02915
401-601-8223

Primary Location

15 WOODSIDE AVE
Winthrop, MA 02152

Project Info**Type of Proposed Work**

Other

If Other, please specify

Re- roof

Is the owner doing the work?

No

Brief Description of Proposed Work

Remove existing epdm and iso. Furnish and install new double layer 2.6" iso and install new Carlisle fully adhered 60 mil epdm to manufacture 20 year specs.

Owner Information**Owner Name**

--

Owner Phone Number

--

Site & Construction Information**Current Use**

--

Proposed Use

--

Lot Area (sq ft)

--

Frontage (sq ft)

--

Construction Type

--

Zoning District

--

Flood Zone☐**Flood Zone Details**

--

License Construction Supervisor

I understand that Workers' Compensation 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.



Registered Home Improvement Contractor**Contractor's Name**

STEVEN H. CHAFFEE CHAFFEE INDUSTRIAL ROOFING

Business Name

--

License #

196942

License Expiration Date

10/09/2021

License Type

Home Improvement Contractor

Type of Business

--

Corporation/Partnership/LLC License #

--

Mailing Address

193 AMARAL STREET EAST PROVIDENCE RI 02915,

City

--

State

--

Zip Code

--

Preferred Telephone #

--

Email

David.Borges@chaffeeroofing.com

Policy and Job Site Information**Insurance Company Name**

Beacon mutual ins.

Policy # or Self-Ins License #

85314

Expiration Date

05/01/2021

Registered Architect**Architect Name**

--

Architect Address

--

Telephone

--

Registration Number

--

Expiration Date

--

General Contractor**Company Name**

chaffee industrial roofing

Responsible in Charge of Construction

David Borges

Address

193 amaral st. riverside r.i 02915

Telephone

401-438-1160

Label		Status	Activated	Completed	Assignee	Due Date
	Tax Review	Complete	Mar 8, 2021 at 8:44 am	Mar 8, 2021 at 9:51 am	Kathy Rappa	-
	DPW Approval	Complete	Mar 8, 2021 at 9:51 am	Mar 8, 2021 at 10:12 am	Steven Calla	-
	Permit Fee	Paid	Mar 8, 2021 at 10:12 am	Mar 8, 2021 at 12:58 pm	-	-
	Permit Issuance	Issued	Mar 8, 2021 at 12:58 pm	Mar 8, 2021 at 12:58 pm	-	-
	Inspection	Active	Mar 8, 2021 at 12:58 pm	-	-	-
	Certificate of Occupancy Issuance	Inactive	-	-	-	-
	Final Inspection	Inactive	-	-	-	-



Commonwealth of Massachusetts
Division of Professional Licensure
Board of Building Regulations and Standards
Construction Supervisor

CS-113728

DAVID DANIEL BORGES
42 SCOTT DRIVE
RIVERSIDE RI 02915

Expires: 05/05/2023



Commissioner

Nancy J. Lynch



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

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

Name (Business/Organization/Individual): CHAFFEE ROOFING

Address: 193 Amara St

City/State/Zip: Riverside / R.I. / 02915 Phone #: 401-635-1160

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 20 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. ☐ 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. ☐ 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.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☒ Other Re-Roof

*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 attach 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: Seawall Mutual Ins.

Policy # or Self-ins. Lic. #: 85314 Expiration Date: 5-1-21

Job Site Address: 15 Woodside Ave. W. Hartford, CT City/State/Zip: W. Hartford, MA 02152

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: David Rees Date: 2-19-21

Phone #: 401-601-8223

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

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. ☐ Board of Health 2. ☐ Building Department 3. ☐ City/Town Clerk 4. ☐ Electrical Inspector 5. ☐ Plumbing Inspector 6. ☐ Other _____

Contact Person: _____ Phone #: _____

CHAFFEE

INDUSTRIAL ROOFING



February 10, 2021

INVESTMENT SUMMARY

WEBSTER FIRST FEDERAL
CREDIT UNION
15 Woodside Avenue
Winthrop MA 02152

Re:

Main Roof

4,542 ft²

Attn:

Mr. Scott Cyez

Subject:

Roof Proposal

Apply for permit to the City of Winthrop MA

Conduct safety briefing / Install necessary safety equipment

Remove and properly dispose of EPDM and polyisocyanurate insulation to expose tar surface

Remove and properly dispose of flashings and terminations as necessary

The existing perimeter metal edge will remain in place

Furnish and install a double layer of new CARLISLE 2.6" POLYISOCYANURATE INSULATION

* MA Building Code 780 CMR 13.00 - Section 1300.1 - IECC 2015 Climate Zone 5

* The new insulation will have a total thickness of 5.2" and a total R-value of 30.0

Furnish and install new CARLISLE FULLY ADHERED 60 MIL BLACK EPDM ROOF SYSTEM

Flash and terminate the HVAC unit, walls and projections per CARLISLE SPECIFICATIONS

Furnish and install two (2) new 30"x30" heavy-duty walkway pads at each of the two (2) HVAC units

Furnish and install new 1/2" plywood over the parapet wall

Furnish and install new pressure treated lumber dunnage beneath the free standing HVAC unit

Furnish and install new wood nailer at outside edge to match height of new insulation as necessary

Furnish and install new .040 ALUMINUM CUSTOM METAL EDGE with a cleat

Clean up and remove all job related debris

Standard Chaffee Industrial Roofing Terms and Conditions apply

TOTAL INVESTMENT:

Roof	+Permit	Total
\$45,227	+\$602	\$45,829

WARRANTY:

20 YEARS TOTAL SYSTEM LABOR AND MATERIAL WARRANTY BY CARLISLE, WITH 2 YEAR WORKMANSHIP WARRANTY BY CHAFFEE ROOFING

TERMS:

One-half (1/2) of contract price is due upon loading of job site, balance due upon job completion, unless otherwise agreed to in writing. Please read the enclosed terms and conditions as the additional terms and conditions thereon are part of this contract.

Colm P Rogers - Project Manager
colm.rogers@chaffeerofing.com
(603) 520 3311 - cell

PRICE FIRM UNTIL:
March 10, 2021

Acceptance of Proposal:

I hereby authorize Steven H. Chaffee Company to proceed with and complete the roofing work as outlined in this proposal at the prices and terms described above.

Date of Acceptance: 02/12/2021 Company Name: Webster First Federal CU

Signature: Title: Chief Operations Officer

Print Signature: Robert J Keith Jr.



NATIONAL
ROOFING
CONTRACTORS
ASSOCIATION
MEMBER

193 Amaral Street ♦ East Providence, RI 02915
800-ROOF-1908 ♦ 401-438-1160 ♦ Fax 401-431-0628
www.chaffeerofing.com



Town of Winthrop, MA

08/15/2022

E-21-291**Electrical Permit****Status:** Active**Date Created:** Oct 25, 2021**Applicant**

Anthony Callahan
anthonyc@serveelectricalsystems.com
131 CHESTNUT ST
MARLBOROUGH, MA 01752
17742498982

Primary Location

15 WOODSIDE AVE
Winthrop, MA 02152

Owner:

Webster First Federal Credit Union
15 Woodside AVE Winthrop, MA 02152

Project Info**Total Estimated Cost**

4,500

Utility Authorization #

--

Location

Bank office area

Brief Description of Proposed Work

Install (20) cat 6 data jacks

Occupancy Type

Commercial

Work to Start:

10/25/2021

Permit is in conjunction with a building permit**Estimated Cost of Work Associated with Building Permit (Do not include the dollar symbol [\$].)**

--

Owner Information**Owner Name**

Anthony Callahan

Owner Phone Number

7742498982

Primary Contractor

No. of Luminaires

--

No. of Switches

--

No. of Ranges

--

No. of Dishwashers

--

No. of Water Heaters

--

No. of Hydromassage Bathtubs

--

No. of Hot Tubs

--

No. of In-Ground Swimming Pools

--

No. of Gas Burners

--

AC Total Tons

--

Heat Pump Tons

--

Space/Area Heating KW

--

No. of Ballasts

--

Motors Total HP

--

Transformers Total KVA

--

Generators KVA

--

No. of Security Systems Devices or Equivalent

--

No. of Data Wiring Devices or Equivalent**No. of Receptacle Outlets**

--

No. of Ranges

--

No. of Waste Disposers

--

No. of Dryers

--

Water Heater KW

--

No. of Ceil.-Susp. (Paddle) Fans

--

No. Above Ground Swimming Pools

--

No. of Oil Burners

--

No. of Air Conditioners

--

No. of Heat Pumps

--

Heat Pump KW

--

No. of Signs

--

No. of Motors

--

No. of Transformers

--

No. of Generators

--

No. of Emergency Lighting Battery Units

--

I have current liability insurance / workers' compensation policy or its substantial equivalent

Yes

Insurance is not required**Workers' Compensation Insurance Affidavit****Are you an employer? Select from the options below.**

I am an employer with full and/or part time employees.

Policy and Job Site Information**Insurance Company Name**

The Hartford (Bright Agency inc)

Policy # or Self-ins License #

08UEOZ3526

Expiration Date

06/22/2022

Type of Insurance Coverage

Liability Policy

Workers' Compensation Affidavit Signature**I do hereby certify that under the pains and penalties of perjury that the information provided above is true and correct.****Attachments**

COI 22.pdf

Uploaded by Anthony Callahan on Oct 25, 2021 at 11:06 am



Electrical lic 2022.pdf

Uploaded by Anthony Callahan on Oct 25, 2021 at 11:03 am

History

Date	Activity
Oct 25, 2021 at 10:49 am	Anthony Callahan started a draft of Record E-21-291
Oct 25, 2021 at 11:08 am	Anthony Callahan submitted Record E-21-291
Oct 25, 2021 at 11:08 am	approval step Inspector Reviewwas assigned to Danny Gray on Record E-21-291
Oct 25, 2021 at 1:26 pm	Danny Gray approved approval step Inspector Review on Record E-21-291
Oct 25, 2021 at 1:50 pm	completed payment step Permit Fee on Record E-21-291
Oct 25, 2021 at 1:50 pm	inspection step Inspectionwas assigned to Danny Gray on Record E-21-291

Timeline

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. 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).

PRODUCER Bright Agency, Inc 6 Congress St. P.O. Box 424 Milford MA 01752		CONTACT NAME: Kourtney Welch PHONE (A/C, No, Ext): (508) 473-0556 E-MAIL ADDRESS: kwelch@brightinsurance.com FAX (A/C, No): (508) 478-6709	
INSURED Serv Electrical Systems LLC 131 Chestnut St Marlboro MA 01752		INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford INSURER B: Arbella Protection Ins INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 41360	

COVERAGES

CERTIFICATE NUMBER: CL2162113589

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:			08UENOZ3526	05/16/2021	05/16/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			1020082909 03	06/30/2021	06/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			08HHUOZ3576	05/16/2021	05/16/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	08WECCQ5257	05/16/2021	05/16/2022	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Johnson Controls Security Solutions LLC 80 Capital Dr West Springfield MA 01089	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF
ELECTRICIANS
ISSUES THE FOLLOWING LICENSE
REG JOURNEYMAN ELECTRICIAN

ANTHONY C CALLAHAN
131 CHESTNUT ST
MARLBOROUGH, MA 01752-2008

35800 E 07/31/2022 651368

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

LICENSEE SIGNATURE

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF
ELECTRICIANS
ISSUES THE FOLLOWING LICENSE
REGISTERED MASTER ELECTRICIAN

ANTHONY C CALLAHAN
SERV ELECTRICAL SYSTEMS LLC
131 CHESTNUT ST
MARLBOROUGH, MA 01752-2008

18296 A 07/31/2022 651336

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

LICENSEE SIGNATURE



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No.	<u>1520-30</u>
Occupancy and Fee Checked	_____
[Rev. 1/07]	(leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 1-21-2020

City or Town of: Winthrop

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) Woodside Avenue 15

Owner or Tenant Webster First Credit Union

Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes ☐ No ☒ (Check Appropriate Box)

Purpose of Building Bank

Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Retrofit (83) existing lighting fixtures to LED.

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires 83	Swimming Pool Above grnd. ☐ In-grnd. ☐	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local ☐ Municipal Connection ☐ Other	
No. of Dryers	Heating Appliances KW	Security Systems:*	
No. of Water Heaters KW	No. of Signs No. of Ballasts	No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Data Wiring: No. of Devices or Equivalent	
		Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Estimated Value of Electrical Work: \$15,126.00

Attach additional detail if desired, or as required by the Inspector of Wires. (When required by municipal policy.)

Work to Start: ASAP

Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☒ BOND ☐ OTHER ☐ (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: Commonwealth Electrical Technologies

LIC. NO.: _____

Licensee: John P. Duquette

Signature _____

LIC. NO.: 11301A

(If applicable, enter "exempt" in the license number line.)

Bus. Tel. No.: 508-421-6600

Address: 125 Blackstone River Road Worcester, MA 01607

Alt. Tel. No.: _____

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:

Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent
Signature _____

Telephone No. _____

PERMIT FEE: \$242.00

Email Address: mhunt@comelectrical.com

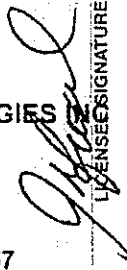
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**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE**

BOARD OF
ELECTRICIANS

ISSUES THE FOLLOWING LICENSE
REGISTERED MASTER ELECTRICIAN

JOHN P DUQUETTE
COMMONWEALTH ELECTRICAL TECHNOLOGIES
125 BLACKSTONE RIVER RD
WORCESTER, MA 01607-1491


LICENSE SIGNATURE

11301 A 07/31/2022 635957

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER



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

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

Name (Business/Organization/Individual): Commonwealth Electrical Technologies, Inc.

Address: 125 Blackstone River Road

City/State/Zip: Worcester, MA 01607 Phone #: 508-421-6600

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| <p>1. ☒ I am an employer with <u>140</u> employees (full and/or part-time).*</p> <p>2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. ☐ 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.‡</p> <p>5. ☐ 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.]</p> |
|--|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☒ Other Lighting Retrofit

*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 attach 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: Traveler's Indemnity Co. of Connecticut

Policy # or Self-ins. Lic. #: UB9J589765 Expiration Date: 01/01/2021

Job Site Address: 15 Woodside Avenue City/State/Zip: Winthrop, MA 02152

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: [Signature] Date: 1-21-2020

Phone #: 508-421-6600

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 #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER Marsh & McLennan Agency, LLC 100 Front St, Ste 800 Worcester MA 01608		CONTACT NAME: Susan R. Pace PHONE (A/C, No. Ext): E-MAIL: susan.pace@marshmma.com ADDRESS:		
INSURED Commonwealth Electrical Technologies Inc. 125 Blackstone River Road Worcester MA 01607		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Phoenix Insurance Company		25623
		INSURER B: Travelers Indemnity Co of America		25666
		INSURER C: Travelers Indemnity Company of CT		25682
		INSURER D: Travelers Property Casualty Co of Amer		25674
		INSURER E:		
INSURER F:				

COVERAGES **CERTIFICATE NUMBER:** 846966812 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ XCU Included ☒ LmtContract Liab GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:		DTC03F370597	1/1/2020	1/1/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY		DTA08103F343073	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$10,000		CUP9J559908	1/1/2020	1/1/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	UB9J589765	1/1/2020	1/1/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Inland Marine 3rd Party Crime		QT6604F117215	1/1/2020	1/1/2021	Leased/Rented Installation Floater \$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Webster First Credit Union / 15 Woodside Avenue, Winthrop MA 02152

CERTIFICATE HOLDER Town of Winthrop Public Works Facilities Building 100 Kennedy Drive Winthrop MA 02152	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. B20-54
Occupancy and Fee Checked _____
[Rev. 1/07] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 2-18-2020

City or Town of: Winthrop

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) Woodside Ave 15

Owner or Tenant Webster First Federal Credit Union

Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes ☐ No ☒ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Retrofit (83) existing lighting fixtures to LED.

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above grnd. ☐ In-grnd. ☐	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local ☐ Municipal Connection ☐ Other	
No. of Dryers	Heating Appliances KW	Security Systems:*	
No. of Water Heaters KW	No. of Signs	No. of Devices or Equivalent	
No. of Hydromassage Bathtubs	No. of Motors	No. of Ballasts	
	Total HP	Telecommunications Wiring:	
		No. of Devices or Equivalent	

OTHER:

Estimated Value of Electrical Work: \$15,126.00

Attach additional detail if desired, or as required by the Inspector of Wires.
(When required by municipal policy.)

Work to Start: ASAP Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☒ BOND ☐ OTHER ☐ (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: Frank Houle

LIC. NO.:

Licensee: FRANK J. HOULE

Signature Frank Houle

LIC. NO.: 10317B

(If applicable, enter "exempt" in the license number line.)

Address: 341 West Thompson Rd Thompson CT 06277

Bus. Tel. No.:

Alt. Tel. No.: 860 450 9242

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:

Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent

Signature _____

Telephone No. _____

PERMIT FEE: \$ 242.00 PAID by

Email Address: mhunt@comelectrical.com

Commonwealth

Electrical

NO FINAL INSP.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/18/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER Gerardi Insurance Services, Inc. 16 Pomfret St Putnam CT 06260		CONTACT NAME: Karissa Verrette PHONE (A/C, No, Ext): (860) 928-7771 FAX (A/C, No): (860) 928-7144 E-MAIL ADDRESS: kverrette@gerardiinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Main Street America Assurance	
		INSURER B: NGM Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 19-20 BOP, 20-21 Auto**REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY			MPP1782E	10/06/2019	10/06/2020	EACH OCCURRENCE	\$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COM/OP AGG	\$ 2,000,000
	OTHER:						CRIS	\$ 25,000
B	AUTOMOBILE LIABILITY			B1P1782E	01/28/2020	01/28/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	\$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	☐ HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB						Uninsured motorist	\$ 1,000,000
	EXCESS LIAB						Commercial Single Limit	\$
	☐ OCCUR ☐ CLAIMS-MADE						EACH OCCURRENCE	\$
	DED ☐ RETENTION \$						AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTHER ☐	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Work Being Done at: Webster First Credit Union 15 Woodside Ave Winthrop, MA 02152
Work Description: Retrofit (83) existing lighting fixtures to LED.

CERTIFICATE HOLDER**CANCELLATION**

Town of Winthrop Public Works Facilities Building
100 Kennedy Drive

Winthrop

MA 02152

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Frank Houle

Address: 341 West Thompson Rd

City/State/Zip: Thompson CT 06277 Phone #: 860-450-9242

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Lighting retrofit

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: The Hartford

Insurer's Address: P.O. Box 14170

City/State/Zip: Lexington, KY 40512

Policy # or Self-ins. Lic. # 76 WEG AB4 LQF Expiration Date: 01-01-2021

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: Frank Houle Date: 2-18-2020

Phone #: 860-450-9242

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. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE

BOARD OF

ELECTRICIANS

ISSUES THE FOLLOWING LICENSE
REG JOURNEYMAN ELECTRICIAN

FRANK J HOULE
341 W THOMPSON RD
THOMPSON, CT 06277-2606

Frank J Houle
LICENSEE SIGNATURE

10317 B

07/31/2022

630513

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

TOWN OF WINTHROP BUILDING DEPARTMENT
100 KENNEDY DRIVE
WINTHROP, MA 02152



Permit No: 1500-30

☒ ELECTRICAL PERMIT
☐ PLUMBING PERMIT
☐ GAS FITTING PERMIT

DATE: 1-30-20
Value: 15,126
Amount: 242
Check #: 041692

PERMISSION IS HEREBY GIVEN TO: CONSUMERS NAT'L BLDG. TRUST,

BUSINESS ADDRESS: 125 BLACKSTONE RIVER RD.

TO PERFORM WORK AT: 15 WOODSIDE AVE

OWNED BY: WINTERBURN FIRST CRUIT UNION

TYPE OF WORK: ELECTRIC REPAIR LEO

In accordance with an application on file in the Building Department.

David B. B.

Inspectors Signature

NOTICE: Only registered licensed electricians, plumbers and gas fitters can perform work in this town. All others will be prosecuted according to law.



ck # 39049
74-

TOWN OF WINTHROP

BUILDING DEPARTMENT

APPLICATION FOR SIGN PERMIT

[Signature]

B17-376 9/5/17
~~8/31/17~~

The undersigned respectfully petitions

for permission to erect (1) WALL SIGN ON REAR ELEVATION ☐ Illuminated ☒ Non-Illuminated sign at

Location: 15 WOODSIDE AVE.

from 1ST story of building, and of the following description and dimensions:

Material of which composed 3/4" THICK PVC

Height of lowest part above street ~8' feet.

Projection of furthest part over sidewalk not to exceed MATERIAL IS 3/4" THICK feet.

Length 9' 9 7/8" feet.

Width 24 3/8" feet.

Description to be placed on sign as follows:

"WEBSTER FIRST FEDERAL CREDIT UNION"

Sketch of sign must accompany this petition.

PROPERTY OWNER WEBSTER FIRST CREDIT UNION
(PREV. WINTHROP FED. CREDIT UNION)

EST. COST \$ 2000.00

OWNER'S ADDRESS 509 MAIN ST. SAUGUS, MA 01906

TEL: 508 671 5002

FEE: \$

SIGN COMPANY VIEWPOINT SIGN & AWNING

ADDRESS 35 LYMAN ST. NORTHBORO, MA 01532

TEL: 508 393 8200 x21

Approved: *[Signature]*

BUILDING INSPECTOR



TOWN OF WINTHROP

BUILDING DEPARTMENT

OFFICE OF THE BUILDING COMMISSIONER/INSPECTOR

JAMES SOPER/ COMMISSIONER

Town Hall, 1 Metcalf Square, Winthrop, MA 02152

Tel (617) 846-4344, Fax (617) 539-5826, Email jsoper@town.winthrop.ma.us

DEBRIS REMOVAL FORM

Section 111.5 780 CMR, State Building Code states: "As a condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a *building* or *structure*, M.G.L. c. 40, subsection 54, requires that the debris resulting therefrom shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. 111, subsection 150A."

Job Location: 15 WOODSIDE AVE.

VIEWPOINT SIGN & AWNING - 35 LYMAN ST. NORTHBURY, MA 01532
Location of Facility or Dumpster Company's Name and Address

Lauren Cronin
Signature of Applicant

LAUREN CRONIN - PERMIT MGR.
Print Name
VIEWPOINT SIGN & AWNING.

Date: 8/24/17



35 Lyman Street
Northboro, MA 01532

508 393-8200
508 393-4244 Fax
signs@ViewPointSign.com
www.ViewPointSign.com

**INTERIOR/EXTERIOR
SIGNAGE**

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METAL FABRICATION**

VEHICLE GRAPHICS

MEMBERS

Massachusetts Sign Association
Rhode Island Sign Association
International Sign Association
Northeast States Sign Association
North East Canvas Products
Association
Industrial Fabrics Association
International

UL LISTED FABRICATORS

Landlord Authorization

Date: August 9 2017

To whom it may concern:

WEBSTER FIRST FEDERAL CREDIT UNION

Owner of the property located at 15 WOODSIDE AVE
WINTHROP, MA 02152

Do hereby consent to allow Jeff Kwass of ViewPoint Sign and Awning to act on my behalf pertaining to permitting and installation of signs and/or awnings for the property named above.

Sincerely,

Jeanne S. Seale
VICE PRESIDENT BRANCH ADMINISTRATION

Address 509 MAIN ST SAUGUS, MA 01906

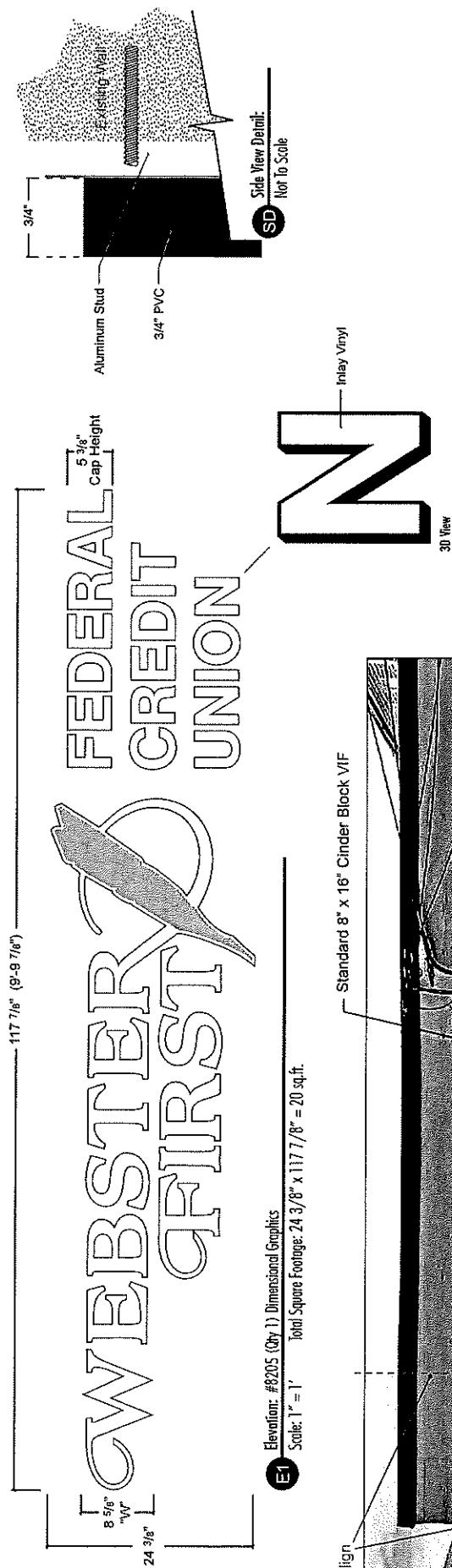
Telephone (508) 671-5007

Email: OFFSTA@WEBSTERFIRST.COM
(Please print carefully)

Deeded name of property:

WEBSTER FIRST FEDERAL CREDIT UNION
SUCCESSOR BY MERGER FOR
WINTHROP FEDERAL CREDIT UNION

Dimensional Graphics

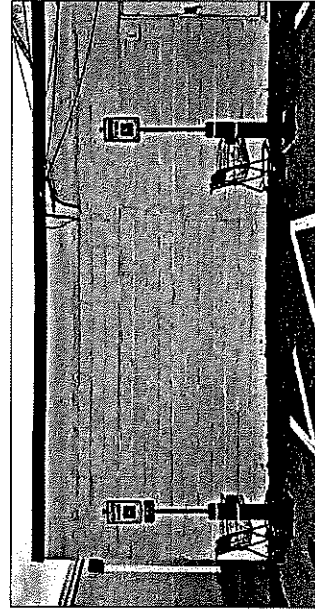
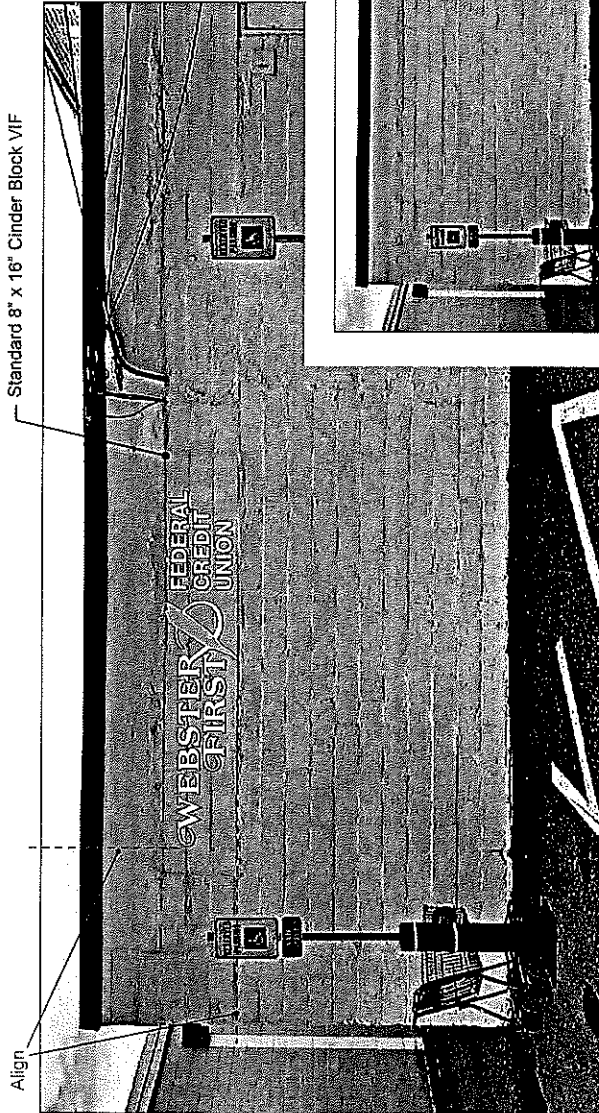


Description:
 (Qty 1) Dimensional Graphics
 - 3/4" PVC logo and letters stud mounted flush.
 - Surface applied inlay vinyl on face.

Logo:
 Logo on file.
 Outline added around letters and letters spacing adjusted to accommodate.

Colors:
 Logo (face & returns): - Painted to match PHS Reflex Blue C
 Inlay Vinyl: - Arlon 02 White high performance
 - 3M 220-131 Gold Metallic vinyl (feather kant)

Installation:
 By ViewPoint



Job:	Webster First Federal	Account Manager:	Jill Evans	Date:	10.28.16	25	Revisions:		Customer Approval:		Ad Manager Approval:		Production Approval:	VIF
Location:	15 Woodside Ave., Westport, MA	File:	Webster_F_Credit_Union_Graphics_16.ai	Revised:										

ViewPoint
 SIGN AND AWNING

THIS PROPOSAL DRAWING CONTAINS ORIGINAL ELEMENTS
 CREATED BY VIEWPOINT SIGN AND AWNING. ALL RIGHTS RESERVED.
 UNAUTHORIZED DUPLICATION OR REPRODUCTION IS PROHIBITED.

THIS PROPOSAL DRAWING CONTAINS ORIGINAL ELEMENTS CREATED BY VIEWPOINT SIGN AND AWNING. ALL RIGHTS RESERVED. UNAUTHORIZED DUPLICATION OR REPRODUCTION IS PROHIBITED.

15 WOODSIDE AVE

Location 15 WOODSIDE AVE

Mblu 36/ 26/ / /

Acct#

Owner WINTHROP FEDERAL

PBN

Assessment \$710,500

Appraisal \$710,500

PID 3470

Building Count 1

Current Value

Appraisal			
Valuation Year	Improvements	Land	Total
2017	\$509,500	\$201,000	\$710,500
Assessment			
Valuation Year	Improvements	Land	Total
2017	\$509,500	\$201,000	\$710,500

Owner of Record

Owner	WINTHROP FEDERAL	Sale Price	\$260,000
Co-Owner	CREDIT	Certificate	
Address	15 WOODSIDE AVE WINTHROP, MA 02152	Book & Page	19680- 081
		Sale Date	04/04/1995
		Instrument	00

Ownership History

Ownership History					
Owner	Sale Price	Certificate	Book & Page	Instrument	Sale Date
WINTHROP FEDERAL	\$260,000		19680- 081	00	04/04/1995
WOODSIDE REALTY TRUST	\$0				01/01/1988

Building Information

Building 1 : Section 1

Year Built: 1967
Living Area: 4,622
Replacement Cost: \$611,447
Building Percent Good: 83
Replacement Cost Less Depreciation: \$507,500

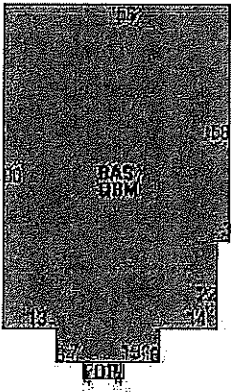
Building Attributes	
Field	Description
STYLE	Branch Bank
MODEL	Apts/Comm
Grade	Average +10
Stories:	1
Occupancy	1
Exterior Wall 1	Brick Veneer
Exterior Wall 2	
Roof Structure	Flat
Roof Cover	Asph/F GlS/Cmp
Interior Wall 1	Drywall
Interior Wall 2	
Interior Floor 1	Carpet
Interior Floor 2	
Heating Fuel	Gas
Heating Type	Forced Air-Duc
AC Type	Central
Bldg Use	BANK
Total Rooms	
Total Bedrms	0
Total Baths	00
Int vs Ext	31
Foundation	
1st Floor Use:	3410
Heat/AC	Heat/Ac Pkg
Frame Type	Masonry
Baths/Plumbing	Average
Ceiling/Wall	Acoustic Tile
Rooms/Prtns	Average
Wall Height	10
% Comn Wall	0

Building Photo

Building Photo

(http://images.vgsi.com/photos/WinthropMAPhotos//\00\00\72\66.jpg)

Building Layout



Building Sub-Areas (sq ft)			Legend
Code	Description	Gross Area	Living Area
BAS	First Floor	4,622	4,622
FOP	Porch, Open	40	0
QBM	Bsmnt, 1/4 Finished	4,622	0
		9,284	4,622

Extra Features

Extra Features	Legend
No Data for Extra Features	

Land

Land Use

Use Code	3410
Description	BANK
Zone	
Neighborhood	C2
Alt Land Appr	No
Category	

Land Line Valuation

Size (Acres)	0.14
Frontage	0
Depth	0
Assessed Value	\$201,000
Appraised Value	\$201,000

Outbuildings

Outbuildings						Legend
Code	Description	Sub Code	Sub Description	Size	Value	Bldg #
PAV1	PAVING-ASPHALT			2000 S.F.	\$2,000	1

Valuation History

Appraisal			
Valuation Year	Improvements	Land	Total
2016	\$509,500	\$201,000	\$710,500
2015	\$509,500	\$196,800	\$706,300
2014	\$509,500	\$185,700	\$695,200

Assessment			
Valuation Year	Improvements	Land	Total
2016	\$509,500	\$201,000	\$710,500
2015	\$509,500	\$196,800	\$706,300
2014	\$509,500	\$185,700	\$695,200

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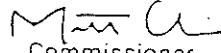


Massachusetts Department of Public Safety
Board of Building Regulations and Standards

License: CS-076718
Construction Supervisor

DAVID J RANDA
8 CIDER HILL LANE
SHERBORN MA 01770




Commissioner

Expiration:
03/15/2018

Construction Supervisor

Restricted to:

Unrestricted - Buildings of any use group which contain less than 35,000 cubic feet (991 cubic meters) of enclosed space.

Failure to possess a current edition of the Massachusetts State Building Code is cause for revocation of this license.
DPS Licensing information visit: WWW.MASS.GOV/DPS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/7/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER FM Walley Insurance Agency Inc 475 High Street P. O. Box 469 Dedham MA 02026	CONTACT NAME: Elizabeth Bortone PHONE (A/C, No, Ext): (781) 326-8383 FAX (A/C, No): (781) 326-8387 E-MAIL ADDRESS: ebortone@walleyinsurance.com
INSURED Expansion Opportunities Inc DBA ViewPoint Sign & Awning 35 Lyman Street, Suite 1 Northborough MA 01532	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Co of CT 25682 INSURER B: Charter Oak Fire Insurance Co 25615 INSURER C: The American Insurance Company 21857 INSURER D: Travelers Casualty & Surety Co 19038 INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2016

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			630-5609C939	9/14/2016	9/14/2017	EACH OCCURRENCE \$ 1,000,000 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
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS			BA-0123T720-16	9/14/2016	9/14/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			SSE 00015244213	9/14/2016	9/14/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	VB-4A698605-16	9/14/2016	9/14/2017	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

(508) 393-4244

Expansion Opportunities, Inc.
DBA Viewpoint Sign & Awning
35 Lyman Street, Suite 1
Northboro, MA 01532

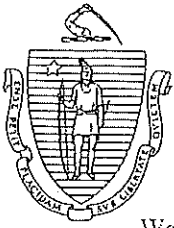
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Frank Walley III/BETH

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

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Expansion Opportunities dba ViewPoint Sign and Awning

Address: 35 Lyman Street

City/State/Zip: Northborough, MA 01532

Phone #: 508.393.8200

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 48 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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.‡
6. ☐ 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.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☒ Other SIGNS

*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 attach 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: Travelers Casualty & Surety Co NAIC#19038

Policy # or Self-ins. Lic. #: UB-4A698605-16

Expiration Date: 09-14-2017

Job Site Address: 15 WOODSIDE AVENUE City/State/Zip: WINTHROP, MA

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: _____

Date: 8/24/17

Phone #: 508-393-8200

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 #: _____



TOWN OF WINTHROP

INSPECTIONAL SERVICES - BUILDING DEPT.

No:

B17-376

Date:

8/31/17

PERMIT TO BUILD

THIS CERTIFIES THAT

has permission to

Wardpoint Square Annex

building

on

15 Woodside Ave

providing that the person accepting this permit shall in every respect conform to the terms of the application on file in this office, and to the provisions of the Statutes and Ordinances relating to the Construction of Buildings in the Town of Winthrop. Any violation of any of the terms above noted shall result in an immediate revocation of this permit.

Cost of Construction: \$

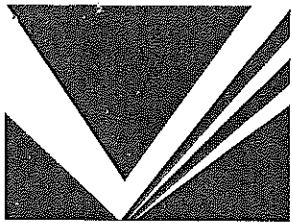
2,000.00

Inspector of Buildings

Jill Cavett

No Building, Structure or Land shall be used or occupied until a certificate of use or occupancy is applied for and issued. This permit shall expire in six months unless work has commenced and proceeds continuously to completion.

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE VISIBLE TO
THE PUBLIC AND NOT TORN DOWN OR REMOVED
NO SHEETROCK TO BE HUNG UNTIL SIGNED BY THE INSPECTOR



ViewPoint
SIGN AND AWNING

35 Lyman Street
Northboro, MA 01532

508 393-8200
508 393-4244 Fax
signs@ViewPointSign.com
www.ViewPointSign.com

**INTERIOR/EXTERIOR
SIGNAGE**

Electric
Architectural
Dimensional
Wayfinding
Channel Letters
LED/Neon
Electronic Message Centers
Digital Graphics

AWNINGS

Commercial
Backlit
Canvas
Retractable

SIGN SERVICE

**ARCHITECTURAL
METAL FABRICATION**

VEHICLE GRAPHICS

MEMBERS

Massachusetts Sign Association
Rhode Island Sign Association
International Sign Association
Northeast States Sign Association
North East Canvas Products
Association
Industrial Fabrics Association
International

UL LISTED FABRICATORS

August 24, 2017

*Town of Winthrop
Building Department
Public Works Facilities Building
100 Kennedy Dr.
Winthrop, MA 02152*

Re: Webster First Federal Credit Union - 15 Woodside Ave.

Hello,

Enclosed please find an application and associated documents for a permit for a new wall sign at the above location.

Please give me a call once the fee is determined and I will mail you a check as quickly as possible. Also attached is a pre-stamped, self-addressed envelope for the permit once it is issued.

Please feel free to call me with any questions or if you need more information. I appreciate your help with this project - I look forward to hearing from you!

Best Regards,

Lauren Cronin

*Lauren Cronin
Permit Manager
Viewpoint Sign and Awning
35 Lyman St
Northboro, Ma. 01532
508-393-8200 x21
LCronin@viewpointsign.com*