



Town of Concord  
Building Department  
(978) 318-3280

# Building Permit Application

## Building Department Use Only

Fee: \$ 135,837.22 ☐ Cash ☐ Check Permit Number: 14-136

(Permit fees are nonrefundable)

Date Accepted: 11/2/13

Accepted By: LL

Approved for issuance: March 12, 2014

Date

Building Inspector

☒ Plans submitted or ☐ Plans not required ~ ☐ Commercial or ☐ Residential

This application must be completed in full at the time of submittal. It is the responsibility of the applicant to provide all necessary information required by this form. Please type or print neatly.

## 1 LOCATION

**BOARD OF APPEALS**

50 BEHARRELL

2185

D - 09

No. 13 B Street COMMONWEALTH AVE

Lot No. 2184-1-2

Map - Parcel D - 09

Name

Address

Owner(s): BROOKSIDE SQUARE, LLP

\* Emily Orloff W1?  
617-491-9100

Tenant: —

Architect: TAT (THE ARCHITECT TEAM)

MA Reg. 5721

Engineer: ZADE ASSOCIATES, LLC

MA Reg. 21233

Contractor: TDECI CONSTRUCTION

Tel #: 781-935-5500

Address 660 MAIN ST, WOBURN, MA 01801

Cell #: 617-719-1839

License #: CS-058122 List CSL Type (see below)

Exp. Date 4/14/2014

Type	Description	Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)	WS	Residential Window and Siding
R	Restricted 1 & 2 Family Dwelling	SF	Residential Solid Fuel Burning Appliance Installation
M	Masonry Only	D	Residential Demolition
RC	Residential Roof Covering		<b>UNRESTRICTED (SIZE OPEN)</b>

## 2 VALUE

Estimated construction value: \$ 13,583,722.00 (See Part 6)

## 3 DESCRIPTION OF PROPOSED WORK

excludes demolition, electrical, plumbing & mechanical

☒ New Building ☐ Addition ☐ Alteration ☐ Repair ☐ Pool ☐ Deck ☐ Demolition  
☐ Roofing ☐ Siding ☐ Change in Use/Occupancy ☐ Other:

• Provide a complete description of work, do not state "see attached plans".

The building type is mixed-use, ground floor commercial and 2 residential floors above, with parking below grade. The basement, ground floor, and second floor are concrete frame. The third floor and roof structures are wood frame. Exterior framing is wood, with cementitious clapboard and panel siding. Windows are fiberglass. HVAC is a split system, with roof condensers and hot water heaters for each unit. The building meets all code requirements.

• Will proposed construction affect the building footprint? ☒ Yes ☐ No. If yes, plot plan required.

Building sewage disposal is by: ☒ Town sewer ☐ Private on-site septic system

Rev. 7/10

1/2 SiF paid to Town per agreement of 12/4/13

**WORKERS COMPENSATION INSURANCE AFFIDAVIT****Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers****Applicant information:**Name (Business/Organization/Individual): TBD by Contractor

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**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. ☐ 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 \_\_\_\_\_

\*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(s) 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: DNA

Policy # or Self-ins. Lic. #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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 the 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: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**City or town: Town of Concord Permit/License #: \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

**10****CERTIFICATION (Please read before signing)**

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work is accurately represented in the statements made in this application and that the work shall be executed in accordance with the Mass State Building Code, Concord Bylaws and all other applicable laws and ordinances in effect on the date of issuance as provided for in MGL Chapter 40A, Section 6.

Signatures: [Signature]

Owner/Authorized Agent

11/21/2013

Date





## 7 ZONING & REGULATORY INFORMATION

### Engineering Division and US Environmental Protection Agency

For any construction activity that disturbs greater than one acre of land, or disturbs less than one acre if part of a larger common plan, a Storm Water Pollution Prevention Plan (SWPPP) is required to be developed and submitted to the Town Engineer for approval. A copy of the SWPPP to be submitted in conjunction with the NOI filing with the EPA will meet this submittal requirement. The SWPPP must be in compliance with "Town of Concord: Design Standards and Construction Specifications". It is the responsibility of the applicant to obtain all other approvals required to perform the work prior to commencing work. Failure to obtain all necessary permits and/or approvals before commencing work may subject the licensee to immediate enforcement action including the issuance of fines and work stoppage. Approval of proposed work by any other Town Department does not automatically imply approval of a Right of Way Permit Application.

Application: West Concord Indust. District  
 Zoning District: Village Lot Area: 234,870 sf Lot Frontage: 192.41' (in front of 138 Commonwealth)  
 Present Use: Light industrial, food prep Proposed Use: Residential, office, commercial

Setbacks:	Front	L.Side	R.Side	Rear	Stories	Height	No. of Bedrooms
Existing	13.7'	15'	0	78.9'	1	18'	
Proposed	70.4'	68.7'	15'	81/72	3	40'	

- ☒ Yes ☐ No Lot presently conforming to Zoning Bylaw requirements.  
☐ Yes ☒ No Planning Board Subdivision Approval required.\*  
☒ Yes ☐ No Lot presently nonconforming and approval required by the Board of Appeals.\*  
☐ Yes ☒ No Work within right-of-way.\* (If uncertain be sure to check with the Engineering Dept.)  
☐ Yes ☒ No Lot located within a Historic District.\*  
☐ Yes ☒ No Lot located within the White Pond area.\*  
☒ Yes ☐ No Lot located within the Flood Plain Conservancy District.\*  
☒ Yes ☐ No Lot located Within the Wetland Conservancy District.\*  
☐ Yes ☒ No Lot located within the Groundwater Conservancy District.\*  
☒ Yes ☐ No Proposed work situated within a 100 year flood plain. Flood Zone: \_\_\_\_\_.\*  
☒ Yes ☐ No Proposed work located within ☐ 25 ft. OR ☐ 100 ft. of wetlands.\*  
☒ Yes ☐ No Proposed work located within 200 feet of stream or river.\*  
☐ Yes ☒ No Proposed work located within 100 feet of a Certified Vernal Pool.\*  
☐ Yes ☒ No Proposed work located within a conservation restriction.\*

\*If yes, then additional approvals required prior to a Building Dept. review of this application.

## 5 ADDITIONAL ASPECTS OF THIS WORK

Electrical	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Private Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Plumbing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire Detection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Increase # of Bedrooms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical (HVAC)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driveway: new, relocate,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	widen, or resurface, etc.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oil Storage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sewer Tie-In	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Public Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sign(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Is this lot located on land formerly used as a railroad right-of-way or any property appurtenant thereto formerly used by any railroad company and requiring approval by the Executive Office of Transportation and Construction in accordance with MGL C40 §54A?

☐ Yes ☒ No

**NOTE:** For each yes box checked, additional permits or approvals are required.

•When substantial work is planned, provide the information below:

Type of Heating: GAS Type of Cooling: ROOF COMPRESSORS

Number of: fireplaces 1, bathrooms 111, half/baths (COMMERCIAL) 5

Number of: habitable rooms \*186, bedrooms 111, decks/porches open 71, enclosed NONE

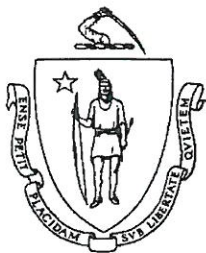
•In accordance with the requirements of Ch508 Acts of 2008 is there 7,500 gross square feet or more in floor area which requires the installation of automatic sprinklers throughout? ☐ Yes ☐ No

•In accordance with the requirements of MGL C40 §54 and MGL C111 §150A please supply the following information relative to solid waste disposal in connection with this project:

Waste Disposal Company: TBD Telephone Number: \_\_\_\_\_

\* 186 HABITABLE RMS IN RESIDENTIAL AREA ONLY (EXCLUDES COMM. AREA)





## Initial Construction Control Document

To be submitted with the building permit application by a

**Registered Design Professional**

for work per the 8<sup>th</sup> edition of the

Massachusetts State Building Code, 780 CMR, Section 107

Project Title: **Brookside Square** Date: **November 08, 2013**

Property Address: **50 Beharrell Street, Concord MA 01742**

Project: Check (x) one or both as applicable: **X** New construction Existing Construction

Project description: **New mixed use building consisting of enclosed resident parking, commercial office use, and (74) residential apartment units.**

I, **Brian Cates** MA Registration Number: **39661** Expiration date: **6/30/2014**, am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning<sup>1</sup>:

Architectural  
Fire Protection

**X** Structural  
Electrical

Mechanical  
Other:

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

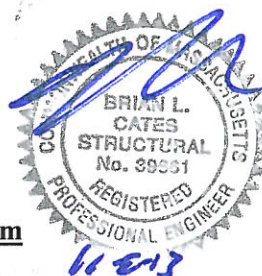
1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or electronic signature and seal:



Phone number: **571-261-9280**

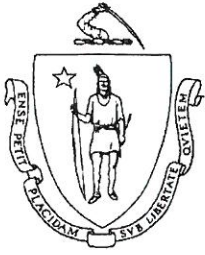
Email: **BCates@cateseng.com**

Building Official Use Only

Building Official Name: Permit No.: Date:

Note 1. Indicate with an 'x' project design plans, computations and specifications that you prepared or directly supervised. If 'other' is chosen, provide a description.





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Project: Check (x) one or both as applicable: **X** New construction Existing Construction

Project description: **New mixed use building consisting of enclosed resident parking, commercial office use, and (74) residential apartment units.**

I, **Muzaffer Muctehitzade** MA Registration Number: **32579** Expiration date: **06/30/14**, am a  
*registered design professional*, and I have prepared or directly supervised the preparation of all design plans,  
computations and specifications concerning<sup>1</sup>:

Architectural  
Fire Protection

Structural  
**X** Electrical

Mechanical  
Other:

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Enter in the space to the right a "wet" or  
electronic signature and seal:

Phone number: **617-338-4406**

Email: **zadeco@aol.com**



Building Official Use Only

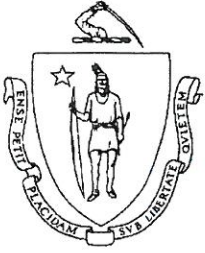
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Version 06\_11\_2013







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Project description: **New mixed use building consisting of enclosed resident parking, commercial office use, and (74) residential apartment units.**

I, **Muzaffer Muctehitzade** MA Registration Number: **39362** Expiration date: **06/30/14**, am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning<sup>1</sup>:

Architectural  
☒ Fire Protection

Structural  
Electrical

Mechanical  
Other:

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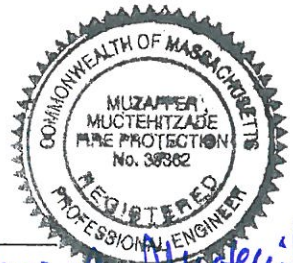
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Email: **zadeco@aol.com**



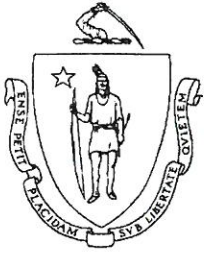
*Muzaffer Muctehitzade*

### Building Official Use Only

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Project description: **New mixed use building consisting of enclosed resident parking, commercial office use, and (74) residential apartment units.**

I, **Mohammed Zade** MA Registration Number: **27233** Expiration date: **06/30/14**, am a  
*registered design professional*, and I have prepared or directly supervised the preparation of all design plans,  
computations and specifications concerning<sup>1</sup>:

Architectural  
Fire Protection

Structural  
Electrical

**X** Mechanical  
Other:

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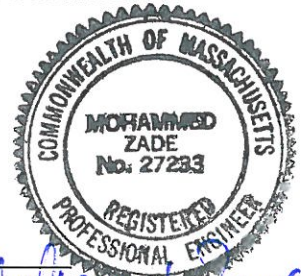
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Phone number: **617-338-4406**

Email: **zadeco@aol.com**



*Mohammed Zade*

## Building Official Use Only

Building Official Name: Permit No.: Date:

Note 1. Indicate with an 'x' project design plans, computations and specifications that you prepared or directly supervised. If 'other' is chosen, provide a description.

Version 06\_11\_2013





Brookside Square Building Permit Fee  
50 Beharrell St

3.18.18  
• excludes

Sitework	1,905,288	✓
Concrete	3,607,888	✓
Masonry	84,829	✓
Steel	425,721	✓
Wood	1,863,108	✓
Therm Moist protection	1,946,545	✓
Door, Windows	694,954	✓
Finishes	1,980,466	✓
Specialties	150,454	✓
Equipment	331,472	✓
Furnishings,	457,598	✓
Conveying System	135,199	✓
	<hr/> 13,583,522	
		total

~~3,607,888~~ Value for computing  
permit fee

2-16-82  
7000000

Figure 1 is a line graph titled "Percentage of respondents who believe that the U.S. should take action to reduce global warming, by age group." The x-axis represents age groups: 18-29, 30-49, 50-69, and 70+. The y-axis represents the percentage of respondents, ranging from 0 to 100. The graph shows a clear upward trend, indicating that older respondents are more likely to believe that the U.S. should take action to reduce global warming. The data points are approximately: 18-29 (65%), 30-49 (75%), 50-69 (80%), and 70+ (85%).

Age Group	Percentage of respondents
18-29	65%
30-49	75%
50-69	80%
70+	85%

365



**EXHIBIT C: Schedule of Values**

GROUP	DESCRIPTION	TOTAL AMOUNT
1000	GENERAL CONDITIONS/FEE	\$1,450,000.00
2000	SITEWORK	\$1,905,288.00
2000	Demo	92,000.00
3000	CONCRETE	\$3,607,888.00
4000	MASONRY	\$84,829.00
5000	STEEL	\$425,721.00
6000	WOOD	\$1,863,108.00
7000	THERM/MOIST PROTECTION	\$1,946,545.00
8000	DOORS & WINDOWS	\$694,954.00
9000	FINISHES	\$1,980,466.00
10000	SPECIALTIES	\$150,654.00
11000	EQUIPMENT	\$331,472.00
12000	FURNISHINGS	\$457,598.00
14000	CONVEYING SYSTEM	\$135,199.00
15000	MECHANICAL	\$2,769,718.00
16000	ELECTRICAL	\$1,304,560.00
	<b>TOTAL</b>	<b>\$19,200,000.00</b>

~~\$ 13,675,722~~

13,583,722







# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
01/22/2014

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 and endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  THE DRISCOLL AGENCY 93 LONGWATER CIRCLE  NORWELL, MA 02061 2875W	<b>CONTACT NAME:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <b>PHONE</b> (A/C, No, Ext):         </td> <td style="width: 40%;"> <b>FAX</b> (A/C, No):         </td> </tr> </table> <b>E-MAIL ADDRESS:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> <b>INSURER(S) AFFORDING COVERAGE</b> </td> <td style="width: 20%;"> <b>NAIC #</b> </td> </tr> </table>	<b>PHONE</b> (A/C, No, Ext):	<b>FAX</b> (A/C, No):	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>								
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<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>												
<b>INSURED</b>  TOCCI BUILDING CORPORATION  660 MAIN STREET WOBURN, MA 01801	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><b>INSURER A:</b> TRAVELERS INDEMNITY COMPANY OF AMERICA</td><td></td></tr> <tr><td><b>INSURER B:</b></td><td></td></tr> <tr><td><b>INSURER C:</b></td><td></td></tr> <tr><td><b>INSURER D:</b></td><td></td></tr> <tr><td><b>INSURER E:</b></td><td></td></tr> <tr><td><b>INSURER F:</b></td><td></td></tr> </table>	<b>INSURER A:</b> TRAVELERS INDEMNITY COMPANY OF AMERICA		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>													

## COVERAGES

CERTIFICATE NUMBER:

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	ADD L	SUB R	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULE AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB-5B760238-13	10/21/2013	10/21/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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/RESTRICTIONS/SPECIAL ITEMS

THIS REPLACES ANY PRIOR CERTIFICATE ISSUED TO THE CERTIFICATE HOLDER AFFECTING WORKERS COMP COVERAGE.

## CERTIFICATE HOLDER

## CANCELLATION

 TOCCI BUILDING COMPANIES  
 660 MAIN STREET  
 WOBURN, MA 01801

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







WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (6HUB-5B76023-8-13)

RENEWAL OF (6KUB-5B76023-8-12)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF AMERICA

NCCI CO CODE: 13439

1.

INSURED:

TOCCI BUILDING CORPORATION  
660 MAIN STREET  
WOBURN MA 01801

PRODUCER:

THE DRISCOLL AGENCY  
93 LONGWATER CIRCLE  
NORWELL MA 02061

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 10-21-13 to 10-21-14 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	1 000 000	Each Accident
Bodily Injury by Disease:	\$	1 000 000	Policy Limit
Bodily Injury by Disease:	\$	1 000 000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06A

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 10-28-13 WC  
OFFICE: ORLANDO INDUS AFF 161  
PRODUCER: THE DRISCOLL AGENCY

ST ASSIGN: MA

2875W







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/27/2014

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 and endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
PRESCOTT & SON INS AGCY 963 EASTERN AVE		PHONE (A/C, No, Ext):	FAX (A/C, No):
MALDEN, MA 02148 275TT		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: AMERICAN ZURICH INSURANCE COMPANY	
SMITH, KEN DBA KEN SMITH ROOFING		INSURER B:	
		INSURER C:	
143 HIGH ST		INSURER D:	
BILLERICA, MA 01862		INSURER E:	
		INSURER F:	

## COVERAGES

CERTIFICATE NUMBER:

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	ADD L	SUB R	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.						MED EXP (Any one person) \$
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULE AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	Y/N		UB-0560N066-13	05/31/2013	05/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N/A					E. L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E. L. DISEASE - EA EMPLOYEE \$ 100,000
							E. L. DISEASE - POLICY LIMIT \$ 500,000

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

THIS REPLACES ANY PRIOR CERTIFICATE ISSUED TO THE CERTIFICATE HOLDER AFFECTING WORKERS COMP COVERAGE.

THE WORKERS' COMPENSATION POLICY DOES NOT PROVIDE COVERAGE FOR SMITH, KEN.

## CERTIFICATE HOLDER

TOWN OF CONCORD  
22 MONUMENT SQ  
CONCORD, MA 01742

## 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

*John J. McCarthy*



# LETTER OF TRANSMITTAL

tat | the architectural team

TO: Town of Concord Department of Buildings and Inspections  
141 Keyes Rd,  
Concord, MA 01742  
(978)318-3280

ATTN: Laurie Lavoli

FROM:	Jason Gier	
DATE:	01.21.2014	PROJECT #: 13076
PROJ. NAME:	Brookside Square	
CC:	file	

## SENT BY:

- ☐ Mail  
☐ E-Mail  
☒ Hand Delivery  
☐ Courier \_\_\_ Hour Service

## ☐ Other:

- ☐ UPS: ☐ Overnight ☐ Ground Service ☐ Going to Residence  
☐ FedEx: ☐ Overnight ☐ Ground Service ☐ Going to Residence

## REMARKS:

13076 - Brookside Square;  
Revisions to Permit Set per Comments 01.10.14 for Review by Township Depts, Concord, MA



COPIES	DATE	NO.	DESCRIPTION
2	01/21/2014		Signed and Sealed Full-size Drawings (30x42), black and white; T0.03, LS1.00, LS1.01, A1.01, A1.02, A1.03, A1.04, A2.00A, A2.00B, A2.00C, A2.01A, A2.01B, A2.01C, A2.02A, A2.03B, A2.04B, A3.02, A3.61, A6.21, A7.22, E-00, P-102, and P-200
2	01/21/2014		Revisions to Project Manual; Table of Contents, Code Compliance Approach Report
1	01/21/2014		13076 - Building Permit Application and Building Code Review narrative

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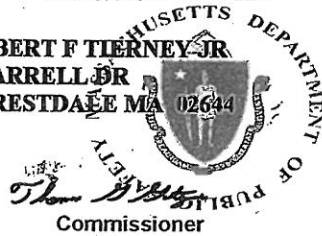
Massachusetts - Department of Public Safety  
Board of Building Regulations and Standards

Construction Supervisor

License: **CS-048220**



**ROBERT F TIERNEY JR.**  
**7 FARRELL DR**  
**FORESTDALE MA 02644**



Expiration  
**02/03/2014**

