

CITY OF GLOUCESTER – INSPECTIONAL SERVICES

3 POND ROAD, GLOUCESTER, MA 01930

978 281-9774 PHONE 978 282-3036 FAX

Massachusetts State Building Code, 780 CMR

Building Permit Application to Construct, Repair, Renovate or Demolish a
One- or Two-Family Dwelling

This Section for Official Use Only

ROLLED PLANS SUBMITTED ☐ CD SUBMITTED ☐

CONTRACTOR INFO ☒ current ☐ needs updating INSURANCE INFO ☒ current ☐ will fax

Signature [Signature]
Building Commissioner/Inspector of Buildings

Date 8/23/2016 Building Code Edition 8TH

1.1 Property Address

7 Rackliffe St.

1.2 Assessors Map & Lot Numbers

Map 129 Lot 18-8

1.1a Is this a change of use? Yes ☐ No ☒

1.3 Zoning Information

Zoning District R-10 Current Use Condo Proposed Use SMU

1.4 Property Dimensions

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Water Supply (M.G.L. c.40 § 54)

Public ☐ Private ☐

1.6 Flood Zone Information

Zone _____ Outside Flood Zone? ☐
Check if yes ☐

1.7 Sewage Disposal System

Municipal ☐
On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record

Name (Print) RONALD C SWANSON

Mailing Address of Owner Unit #4 Rockaway
Gloucester

Signature SEE CONTRACT

Telephone _____

If the property has been owned less than one year
and the information is not reflected in the office
database then the Assessor's sign-off is required.

Mail permit to:

☒ property address ☐ owner's address
☐ applicant's address

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

New Construction ☐ Existing Building ☒ Owner-Occupied ☒ Repair(s) ☒ Alteration(s) ☐ Addition ☐
Demolition ☐ Accessory Building ☐ Number of Units ☐ Other ☐ Specify _____

Brief description of Proposed Work² Removing & replacing rubber roof decks,
Siding, Trim, Gutters, & misc painting ②

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Labor & Materials)	For Office Use Only
Building	\$ <u>309,300.</u>	Permit Fee \$50.00
Electrical	\$ _____	plus \$10.00 per thousand on the 'Total Project Cost'
Plumbing	\$ _____	Permit Fee..... \$ 50.00
Mechanical (HVAC)	\$ _____	Total Project Cost <u>310</u> x 10 \$ <u>3100.00</u>
Mechanical (Fire Suppression)	\$ _____	Total Fee: \$ <u>3150.00</u>
Total Project Cost	\$ <u>309,300.</u>	Check No. <u>5832</u> Amount <u>3150.00</u> Cash <input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> Paid in Full Balance due \$ <u>0</u>

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Dawn Melanson
 Name of CSL Holder
85 Exeter Rd.
 Address
S. Hampton, NH 03827
 Telephone
603.944.2507
 Signature
Dawn Melanson

157207

099891
 License Number
11/20/2017
 Expiration Date
 List CSL Type (see below)

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
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

Dawn Melanson
 HIC Company Name or HIC Registrant Name
85 Exeter Rd. S. Hampton, NH 03827
 Address
603.944.2507
 Telephone
Dawn Melanson
 Signature

150930
 Registration Number
8/20/2017
 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 ☐ Insurance Certificate attached? Yes ☒ No ☐

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

I, Dawn Melanson ^{SEE CONTRACT}, as Owner of the subject property hereby authorize SEE ART to act on my behalf in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

I, Dawn Melanson, 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.

Signature of Owner or Authorized Agent

Date

(Signed under the pains and penalties of perjury)

NOTES

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

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

Total floor area (sq ft) _____ (include garage, finished basement/attic, deck or porch)
 Gross living area (sq ft) _____ Type of heating system _____ Habitable room count _____
 Number of bedrooms _____ Type of cooling system _____ Number of decks/porches _____
 Number of bathrooms _____ Number of fireplaces _____ Enclosed _____ Open _____
 Number of half/baths _____



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):

DM CONSTRUCTION

Address:

85 Exeter Rd.

City/State/Zip:

SHAMPTON, NH 03827

Phone #:

603.394.9944

Are you an employer? Check the appropriate box:

- 1 ☒ I am an employer with 10 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 _____

*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 Ins. Co.

Policy # or Self-ins. Lic. #:

7PJUB-5018P27-2

Expiration Date:

1/26/2017

Job Site Address:

7 Backliffe St

City/State/Zip:

Gloucester, 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:

Dan Melanson

Date:

8/22/16

Phone #:

603.944.2507

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 #:

BUILDING PERMIT APPLICATION ROUTING & APPROVAL FORM

Minimum Requirements

- Site plan showing setback dimensions
- Floor plan showing building layout
- Structure drawing for any structural changes

<input type="checkbox"/> Assessor	Verify Owner Name	Date _____	N/A _____	Approved _____
	Verify Map & Lot	Date _____	N/A _____	Approved _____
Property Address _____				
Owner's Name _____				
Map _____ Lot _____ Number of Units _____				
Owner Info (if different) _____				

If box is checked below then sign-off is required by that department.

<input type="checkbox"/> B.O.H.	Demolition	Date _____	N/A _____	Approved _____
	Septic	Date _____	N/A _____	Approved _____
	Well	Date _____	N/A _____	Approved _____
	Other	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Engineering	Compensatory Sewer Fee	Date _____	N/A _____	Approved _____
	Drainage Design	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Fire Dept.	Fire Alarm System & Plan review	Date _____	N/A _____	Approved _____
	Sprinkler Plan Review	Date _____	N/A _____	Approved _____
	Site Plan Review	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Conservation Commission		Date _____	N/A _____	Approved _____
<input type="checkbox"/> DPW	Water	Date _____	N/A _____	Approved _____
	Sewer Connection	Date _____	N/A _____	Approved _____
	Curb Cuts	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Planning Department	Access	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Electrical Inspector	Smoke Detector Permit	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Other (if needed)		Date _____	N/A _____	Approved _____

Comments _____

Agreement Between: **Owner and Contractor**

Page 1 of 11

Contract Type: **for Residential or Small Commercial Project**

Document No. **OCSP105**

AIA DOCUMENT A105 – 2007

Contract Agreement Date: AUGUST 15, 2016

BETWEEN the Owner:

THE ROCKAWAY AT ROCKY NECK CONDOMINIUM TRUST
7 RACKLIFFE ST.
GLOUCESTER, MA. 01930

and the **Contractor**:

DM CONSTRUCTION
85 EXETER RD.
SOUTH HAMPTON, NH. 03827

for the following **Project**:

EXTERIOR RENOVATIONS TO **INGOMAR BUILDING AND ROCKAWAY BUILDING**
ROCKAWAY CONDOMINIUMS
7 RACKLIFFE ST.
GLOUCESTER, MA. 01930

The **Architect** is:

ROBERT GULLA, ARCHITECT
593 ESSEX AVE.
GLOUCESTER, MA. 01930

A/K/A
Building C
in plans (RS)

↓ A/K/A
Building D
in plans (RS)

The Owner and Contractor agree as follows.

TABLE OF ARTICLES

1	THE CONTRACT DOCUMENTS
2	DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION DATE
3	CONTRACT SUM
4	PAYMENT
5	INSURANCE
6	GENERAL PROVISIONS
7	OWNER
8	CONTRACTOR
9	ARCHITECT
10	CHANGES IN THE WORK
11	TIME
12	PAYMENTS AND COMPLETION
13	PROTECTION OF PERSONS AND PROPERTY
14	CORRECTION OF WORK
15	MISCELLANEOUS PROVISIONS
16	TERMINATION OF THE CONTRACT
17	OTHER TERMS AND CONDITIONS

ARTICLE 1 THE CONTRACT DOCUMENTS

§ 1.1 The Contractor shall complete the Work described in the Contract Documents for the project. The Contract Documents consist of: **REMOVE AND REPLACE RUBBER ROOF DECKS, SIDING, TRIM, GUTTERS, AND MISC PAINTING**

- .1 this Agreement signed by the Owner and Contractor;
- .2 the drawings and specifications prepared by the Architect, dated **AUGUST 15, 2015** , and enumerated as follows:

Drawings:

Number	Title	Date
A1-A7	PROPOSED EXTERIOR REHABILITATION DRAWINGS	7/21/15

Specifications:

Section	Title	Pages
	PROJECT SPECIFICATION SHEETS	12

- .3 addenda prepared by the Architect as follows:

Number	Date	Pages
--------	------	-------

- .4 written change orders or orders for minor changes in the Work issued after execution of this Agreement; and
- .5 other documents, if any, identified as follows:

CHANGE ORDERS FOR ANY ROT, DAMAGE, OR DEFICIENCIES FOUND ON ANY WORK COMPONENTS DURING REMOVAL

ARTICLE 2 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

The number of calendar days available to the Contractor to substantially complete the Work is the Contract Time. The date of commencement of the work shall be the date of this Agreement unless otherwise indicated below. The Contractor shall substantially complete the Work not later than () calendar days from the date of commencement, subject to adjustment as provided in Article 10 and Article 11. *(Insert the date of commencement, if it differs from the date of this Agreement.)*

16 – 18 WEEKS, WEATHER PENDING

ARTICLE 3 CONTRACT SUM

§3.1 Subject to additions and deductions in accordance with Article 10, the Contract Sum is:

\$309,300.00 – PLEASE SEE ATTACHED ADDENDA 1 PRICE BREAKDOWN SHEET

§3.2 For purposes of payment, the Contract Sum includes the following values related to portions of the Work: *(itemize the Contract Sum among the major portions of the Work.)*

Portion of Work	Value
INGOMAR BUILDING TOTAL	\$32,550.00
ROCKAWAY BUILDING TOTAL	\$270,750.00
STOCK INCREASE POSSIBLE 2%-4%	\$6,000.00
(WILL DEDUCT FROM TOTAL COST AT PROJECT END)	

§3.3 Unit prices, if any, are as follows: *(Identify and state the unit price; state the quantity limitations, if any, to which the unit price will be applicable.)*

Item	Units and Limitations	Price per Unit (\$0.00)
HOUSE SILL REPLACEMENT		\$150.00 PER LIN FT
ROOF & WALL SHEATHING		\$2.50 PER SQ FT – AFTER
		\$2500 ALLOWANCE
PERMIT FEES		TBD
STOCK PRICE INCREASE		\$6,000.00

Contract Type: **for Residential or Small Commercial Project**Document No. **OCSP105**

§3.4 Allowances included in the Contract Sum, if any, are as follows: *(Identify allowance and state exclusions, if any, from the allowance price.)*

Item	Price (\$0.00)
ROOF & WALL SHEATHING	\$2,500.00
EXTERIOR PAINT-INGOMAR BUILDING	\$2,000.00
EXTERIOR PAINT=ROCKAWAY BUILDING	\$1,000.00

§3.5 The Contract Sum is based upon the following alternates, if any, which are described in the Contract Documents and hereby accepted by the Owner: *(State the numbers or other identification of accepted alternates. If the bidding proposal documents permit the Owner to accept other alternates subsequent to the execution of this Agreement, attach a schedule of such other alternates showing the amount for each and the date when that amount expires.)*

NO ALTERNATES – MATERIALS PER SPECIFICATIONS SHEETS, PREPARED BY ROBERT GULLA, ARCHITECT

§3.6 The Contract Sum shall include all items and services necessary for the proper execution and completion of the Work.

ARTICLE 4 PAYMENT

§4.1 Based on Contractor's Applications for Payment certified by the Architect, the Owner shall pay the Contractor, in accordance with Article 12, as follows: *(Insert below timing for payments and provisions for withholding retainage, if any.)*

DEPOSIT: \$63,640.00 – PLEASE SEE ATTACHED ADDENDA 2 FOR PAYMENT PLAN

§4.2 Payments due and unpaid under the Contract Documents shall bear interest from the date payment is due at the rate below, or in the absence thereof, at the legal rate prevailing at the place of the Project.

2% AFTER 14 DAYS

ARTICLE 5 INSURANCE

§5.1 The Contractor shall provide Contractor's general liability and other Insurance as follows: *(Insert specific insurance requirements and limits.)*

Type of Insurance	Limit of Liability (\$0.00)
WORKERS COMPENSATION INS	PLEASE SEE INS CERTIFICATE ON FILE
GEN LIABILITY INS	PLEASE SEE INS CERTIFICATE ON FILE
AUTOMOBILE LIABILITY INS	PLEASE SEE INS CERTIFICATE ON FILE

§5.2 The Owner shall provide property insurance to cover the value of the Owner's property, including any Work provided under this Agreement. The Contractor is entitled to receive an increase in the Contract Sum equal to the insurance proceeds related to a loss for damage to the Work covered by the Owner's property insurance.

§5.3 The Contractor shall obtain an endorsement to its general liability insurance policy to cover the Contractor's obligations under Section 8.12.

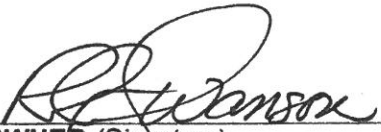
§5.4 Each party shall provide certificates of insurance showing their respective coverages prior to commencement of the Work.

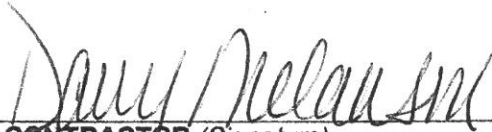
Contract Type: **for Residential or Small Commercial Project**

Document No. **OCSP105**

This Agreement entered into as of the day and year first written above.

(If required by law, insert cancellation period, disclosures or other warning statements above the signatures.)


OWNER (Signature) *NOT INDIVIDUALLY*
PER BOARD OF TRUSTEES
(Printed name, title and address)
RENOLD C. SWANSON


CONTRACTOR (Signature)
Dawn Melanson
(Printed name, title and address)
*85 Exeter Rd.
J. Hampton, NH 05827*

LICENSE NO.

CSL 099891

JURISDICTION

MASSACHUSETTS

ADDENDA 1 - PRICE BREAKDOWN

**THE ROCKAWAY AT ROCKY NECK CONDOMINIUM TRUST
7 RACKLIFE ST.
GLOUCESTER, MA. 01930**

INGOMAR BUILDING

RUBBER ROOF SYSTEM - TOP DECK	\$3,300.00
SIDING - INCLS TRIM, GUTTERS, PAINT AND OTHER ITEMS RELATED & INDICATED IN SPECIFICATIONS	\$26,800.00
EXTERIOR PAINT ALLOWANCE	\$2,000.00
VINYL FENCE - FOR STOCK STORAGE AREA RIGHT SIDE OF BUILDING C	\$450.00
<u>TOTAL INGOMAR BUILDING</u>	\$32,550.00

ROCKAWAY BUILDING

RUBBER ROOF DECKS	
UNIT H1 QUARATO: NONE	
UNIT H2 PUJIT: NONE	
UNIT H3 CURLEY: NONE	
UNIT H4 BOYAL: NONE	

UNIT H5 SWANSON: 1ST FLR - \$1950

SUB TOTAL \$1,950.00

UNIT H6 ROBINSON: 2ND FLR-\$1,950, 3RD FLR-\$1,900, TOP LRG BALC \$3,250.00

SUB TOTAL \$7,100.00

UNIT H7 GEORGE: 1ST FLR - \$1,950

SUB TOTAL \$1,950.00

UNIT H8 GOLD: NONE

RUBBER ROOF DECK TOTAL

\$11,000.00

SIDING - INCLS TRIM, GUTTERS, PAINT
INCLS MANSARD ROOF

\$254,000.00

INCLS (4) LOWER PRIVACY DIVIDERS

INCLS FRONT ENTRYWAYS

PAINT ALLOWANCE (MISC PAINTING)

\$1,000.00

ADDTL PRIVACY DIVIDERS (3)

ORIGINALLY PRICED (4) BUT THERE ARE (7)

\$4,750.00

TOTAL ROCKAWAY BUILDING

\$270,750.00

STOCK INCREASE POSSIBLE - APPROX 2%-4%

(WILL DEDUCT FROM TOTAL COST AT PROJECT END)

\$6,000.00

TOTAL FOR THE ROCKAWAY AT ROCKY NECK TRUST CONTRACT

\$309,300.00