TOWN OF AMHERST
BUILDING PERMIT

TOWN OF AMHERST
4 BOLTWOOD AVENUE
AMHERST, MA 01002
(413) 256-4030

PERMIT NO.: **BLD2005-00786**
APPLIED: **5/31/2005**
ISSUED: **5/31/2005**
FEES: **$ 210.00**
EST COST/VAL.: **$ 18,373.00**

SITE ADDRESS: **309 EAST PLEASANT ST**
ASSESSOR'S PARCEL NO.: **11B000010**
PROJECT DESCRIPTION: **To install siding and gutters.**

OWNER	CONTRACTOR
SHUMAY I LIMITED PARTNERSHIP 196 AMHERST, MA 01002	JOHN RIGALIS S.E.SULLINSKI CO. INC. 103 SOUTH ST HOLYOKE, MA 01040 License # 022840 Hic # 101718

Agent:

Approved by:

"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c. 142A)"

, bld_hic Rev: 5/31/2005 **NO WORK IS ALLOWED AFTER 11 PM OR BEFORE 7 AM**

RECEIVED MAY 1 6 2005

TOWN OF AMHERST
INSPECTION SERVICES

(413) 256-4030, Fax (413) 256-4076
DIG SAFE TELEPHONE # 1-888-DIG SAFE (1-888-344-7233)

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR CHANGE THE USE OR OCCUPANCY OF ANY BUILDING **OTHER THAN** A ONE OR TWO FAMILY DWELLING

SECTION 1 - SITE INFORMATION

1.1a Property Address: 309 East Pleasant St. Amherst, Ma.

1.1b Job Site # _____

1.2 Assessors Map & Parcel Number: Map # _____ Parcel # _____ Lot # (plan) _____

1.3 Zoning Information: Zoning District _____ Proposed Use _____

1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
			/		

1.6 Water Supply (M.G.L.c.40 s 54) Public [ ] Private [ ]

1.7 Sewage Disposal System: Municipal [ ] On Site System [ ]

1.8 Flood Zone Information Zone _____ Outside Flood Zone [ ]

1.9 Driveway Permit Yes [ ] N/A [ ]

1.10 Storm Drainage Yes [ ] No [ ]

SECTION 2 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction [ ] | Existing Building [ ] | Repairs [X] | Alteration [ ] | Addition [ ]

Accessory Building [ ] | Other [ ] Specify: _____ | Heating/Fuel _____

Bldg. Size: _____ ft wide x _____ ft long | # of stories | # of rooms

Brief Description of Proposed Work: Siding & Gutters

SECTION 3 - COSTS & FEES

3.1 ESTIMATED COST

ITEM	EST. AMOUNT
1.Building	
2.Electrical	
3.Alarm System	
4. Fire Protection	
5.Plumbing	
6.Mechanical	
7. Total (1+2+3+4+5+6)	18,373.00

3.2 FEES FOR ALTERATIONS

Total from 3.1 round up to next 1000, divide by 100 and add 830.00

3.3 FEES FOR NEW CONSTRUCTION

DESCRIPTION	SQ. FT. AREA	COST	SUB-TOTAL
a. Multi-family/ Living Area - First Unit		X 0.55	
b. Additional Dwelling Units, Cellars & Attached Accessory		X 0.35	
c. Dorms		X 0.65	
d. Business/Industrial/ Educational		X 0.65	
e. Satellite Dish		$30.00	
f. Detached Accessory	100 SF or less	$30.00	
g. Detached Accessory over 100 SF	(_____sf-100)	x 0.25 + 830.00	
h. Wood stove/Chimney		$30.00	
i. Swimming Pool abv.ground Swimming Pool in-ground		$50.00 $75.00	
TOTAL 3.3 (a+b+c+d+e+f+g+h+i+j).....			

Total 3.2 | **3.4 Fire Dept. Fee** | **Check #:** | **Rcpt #:**

TOTAL FEE 3.2 + 3.3: $210.00 | **RECEIPT #:** 5677 | **CHECK #:** 15215

Driveway/Water/ Sewer Paid [ ] N/A [ ]

SECTION 4 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)			Occupant Load	CONSTRUCTION TYPE	
A Assembly	[ ]	A-1 [ ] A-2 [ ] A-3 [ ] A-4 [ ] A-5 [ ]		1A	[ ]
				1B	[ ]
B Business	[ ]			2A	[ ]
E Educational	[ ]			2B	[ ]
F Factory	[ ]	F-1 [ ] F-2 [ ]		2C	[ ]
H High Hazard	[ ]			3A	[ ]
I Institutional	[ ]	I-1 [ ] I-2 [ ] I-3 [ ]		3B	[ ]
M Mercantile	[ ]			4	[ ]
R Residential	[ ]	R-1 [ ] R-2 [ ] R-3 [ ]		5A	[ ]
S Storage	[ ]	S-1 [ ] S-2 [ ]		5B	[ ]
U Utility	[ ]	Specify:		TOTAL Bldg. OCCUPANCY	
Sp Special Use	[ ]	Specify:			
M Mixed Use	[ ]	separated [ ] non-separated [ ]			

COMPLETE THIS SECTION IF EXISTING BUILDING IS UNDERGOING RENOVATIONS, ADDITIONS, AND/OR CHANGE IN USE

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

SECTION 5 - BUILDING HEIGHT & AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of floors or stories (include basement levels)		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 6 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent review required Yes [ ] No [ ]

SECTION 7 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET ENCLOSED SPACE

7.1 Licensed Construction Supervisor:

John R. Rigalis
Name of Licensed Construction Supervisor: (Please Print)

Company Name: S.E. Sulewski Co. Inc

103 South St. Holyoke Ma 01040
Address: (Please Print) zip code

John R. Rigalis
Signature

(413) 532-3630
Telephone

Not Required [ ]

CS 022840
License Number

6-22-2006
Expiration Date

(413) 532-3630
Job Site Telephone #

7.2 Registered Home Improvement Contractor:

Company Name (Please Print) S.E. Sulewski Co. Inc.

Contractor's Name (Please Print) John R. Rigalis

103 South St. Holyoke Ma. 01040
Address: (Please Print) zip code

John R. Rigalis
Signature

(413) 532-3630
Telephone

Not Required [ ]

101718
Registration Number

6-29-2006
Expiration Date

SECTION 8 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35000 C.F. OF ENCLOSED SPACE)

8.1 Registered Architect:

Name (Registrant): (Please Print)

Address (Please Print) zip code

Signature Telephone ( )

Not Required [ ]

Registration Number

Expiration Date

8.2 Registered Professional Engineer(s):

Name (Registrant): (Please Print)

Address: (Please Print) zip code

Signature Telephone ( )

Area of responsibility

Registration #

Expiration Date

Name (Registrant): (Please Print)

Address: (Please Print) zip code

Signature Telephone ( )

Area of responsibility

Registration #

Expiration Date

Name (Registrant): (Please Print)

Address: (Please Print) zip code

Signature Telephone ( )

Area of responsibility

Registration #

Expiration Date

Name (Registrant): (Please Print)

Address: (Please Print) zip code

Signature Telephone ( )

Area of responsibility

Registration #

Expiration Date

8.3 General Contractor

Company Name: (Please Print)

Responsible Person in Charge of Construction: (Please Print)

Address: (Please Print) zip code

Signature Telephone ( )

Not Required [ ]

License #

Expiration Date

( )

Job Site Telephone #

SECTION 9 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 #25C (6))

I, John R. Rigali do hereby certify th

[X] I am an employer providing the following workers compensation coverage for my employees.
WC 6748562 (policy # / insurance company)

[ ] I am not required to have workers' compensation insurance under M.G.L. c. 152, Sect. 25 (c)(6)

SECTION 10 - PROPERTY OWNERSHIP

Owner of Record: Robert Shumway
Name (Please Print) Signature

309 East Pheasant St. Amherst, Ma 01002 (413) 549-3736
Current Address (Please Print) Town State Zip Code Telephone

SECTION 10b - AUTHORIZED AGENT - To be completed when contractor is not acting as owner's agent

Authorized Agent: S.E. Sulewski Co. Inc John R. Rigali
Name & Position (Please Print) Signature

103 South St. Holyoke Ma 01040 (413) 532-3630
Current Address (Please Print) Town State Zip Code Telephone

SECTION 11 - OWNER AUTHORIZATION - To Be Completed When Owners' Agent or Contractor Applies For Building Permit

I, Robert Shumway (Please Print) Owner of the subject Property hereby authorize S.E. Sulewski Co. Inc. (Please Print Contractor's Name) to act on my behalf, in all matters relative to work authorized by this building permit application

Robert Shumway 5/12/2005
Signature of Owner Date

SECTION 12 - CONTRACTOR (AUTHORIZED AGENT)/ OWNER DECLARATION

I, John R. Rigali (Please Print), as Contractor / Authorized Agent/ Owner (circle one) hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief. ***Signed under the pains and penalties of perjury.***

John R. Rigali 5-12-05
Signature of Contractor (Agent)/Owner Date

APRIL 1, 2000

Return to: AMHERST INSPECTION SERVICES
4 BOLTWOOD AVENUE
AMHERST, MA 01002

Telephone (413) 256-0030
Fax (413) 256-4076

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/18/2005

PRODUCER (413)536-0804 FAX (413)5[illegible]7874
Martin J. Clayton Insurance Agency, Inc.
1649 Northampton Street
P. O. Box 989
Holyoke, MA 01041-0989

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Sulenski Roofing And Siding Co. Inc.
103 South Street
Holyoke, MA 01040

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: WESTERN WORLD INSURANCE COMPANY	
INSURER B: Safety Insurance	
INSURER C: AMERICAN HOME ASSURANCE	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC	NPP88963	06/04/2004	06/04/2005	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 1,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X COMPREHENSIVE X COLLISION	1610306	01/01/2005	01/01/2006	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $ 0				EACH OCCURRENCE AGGREGATE	$ 0 $ 0 $ $ $
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC6926428	12/31/2004	12/31/2005	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*MASS AUTO - 10 DAYS NON PAYMENT

CERTIFICATE HOLDER

SAMPLE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *20 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Harold Clayton Jr./ICB

©ACORD CORPORATION 1988

The Commonwealth of Massachusetts

Board of Building Regulations and Standards
One Ashburton Place - Room 1301
Boston, Massachusetts 02108
Home Improvement Contractor Registration

Registration: 101718
Type: Private Corporation
Expiration: 6/29/2006

S.E. SULENSKI ROOFING & SIDING, CO
John Rigalis
103 South St
Holyoke, MA 01040

Update Address and return card. Mark reason for chang
☐ Address ☐ Renewal ☐ Employment ☐ Lost Card

DPS-CA1 ♻ 50M-04/04-G101216

The Commonwealth of Massachusetts
Board of Building Regulations and Standards
HOME IMPROVEMENT CONTRACTOR
Registration: 101718
Expiration: 6/29/2006
Type: Private Corporation

License or registration valid for individual use only
before the expiration date. If found return to:
Board of Building Regulations and Standards
One Ashburton Place Rm 1301
Boston, Ma. 02108

S.E. SULENSKI ROOFING & SIDING, CO
John Rigalis
103 South St
Holyoke, MA 01040

Administrator

Not valid without signature

The Commonwealth of Massachusetts

Board of Building Regulations

One Ashburton Place, Rm 1301
Boston, Ma 02108-1618

License: CONSTRUCTION SUPERVISOR LICENSE
Birthdate: 06/22/1945
Number: CS 022840 **Expires:** 06/22/2006
Restricted To: 00

JOHN R RIGALIS
103 SOUTH STREET
HOLYOKE, MA 01040

Tr. no: 27022
Keep top for receipt and change of address notification.

DPS-CA1 ♻ 50M-04/04-G101216

Licensed Contractor Look Up

Select the search method: Name

Maximum number of matches: 25

Enter Search terms separated by spaces. rigalis

Select Search type: ◉ AND ○ OR Search

Search Results

City/Town	Name	Lic. Type	Lic. #	Restriction	Expiration	Street	State	Zip
HOLYOKE	RIGALIS, JOHN R	CS	22840	00	06/22/2006	103 SOUTH STREET	MA	01040
Total of 1 Records matched.								

Back to Home Page

BBRS Privacy Statement