

Please Print Clearly

**THIS APPLICATION IS NOT FOR INTERIOR OR PARTIAL DEMOLITION**

1520110-00038

Permit #..... Zone B15-B Type of Construction 3B Block Plan 308 St/Parcel# 04303-0496  
 Historical \*\*\*\* Applicant Not To Fill In Spaces Above This Line\*\*\*\*

**Application For Demolition**

Date 05/13/2015.....

- 1. Street and No 1357 East Columbus Ave. Springfield Ma. 01103 .....
- 2. Owner's Name: Blue Tarp Redevelopment..... Address 95 State Street .....  
City- Springfield ..... State MA..... Zip 01103..... Tel 617-592-3170 .....
- 3. Architect's Name Laura Garvey..... Address 1 Technology Park Drive .....  
City Westford..... State MA ..... Zip 01886..... Tel 508-274-3970 .....
- 4. Contractor's Name American Environmental ..... Address 18 Canal Street Holyoke MA, 01040 .....  
Tel 413-265-9871 ..... Lic. No CS-048362..... Signature of Licensee [Signature] .....
- 5. Use of Building or Structure Vehicle Repair Shop.....
- 6. Size of Building , Square Footage 1,000 ..... Stories 1.....
- 7. If A Multi-Residence Building—How Many Units.....
- 8. Method of Disposal of Debris Construction Dumpsters to approved landfill .....

As required by Massachusetts State Building Code, Chapter 1, Section 111.5 all debris resulting there from shall be disposed of in a properly licensed solid waste facility.

9. Demolition Sign Offs

	<u>DATE</u>	<u>BY</u>
BAY STATE	<u>N/A</u>	
<del>GAS</del> ELECTRIC	<u>April 7, 2015</u>	<u>Jack Burke / E.N.S. CORP.</u>
SWSC	<u>5/14/15</u>	<u>[Signature]</u>
D.P.W. WAIVER		
LABOR & INDUSTRY		
TELEPHONE	<u>4/27/15</u>	<u>Kevin Quinlan / Verizon</u>
CABLE	<u>3/26/15</u>	<u>Christopher Thompson / Comcast</u>

As required by Massachusetts State Building Code, Chapter 1, Section 112.1, a demolition permit will not be issued until a release is obtained that the respective services have been removed.

10. Estimated Cost \$10,000.....

The undersigned certifies that the above statements are true to the best of their knowledge and belief.

[Signature]  
Signature of owner, architect, engineer or authorized

representative DESCRIPTION OF WORK TO BE DONE  
Demolish 1 story Building

RECEIVED

**MAY 14 2015**

BUILDING DIVISION  
SPRINGFIELD, MA 01104



Massachusetts - Department of Public Safety  
Board of Building Regulations and Standards  
Construction Supervisor  
License: **CS-048362**

**JOSEPH R MALISZEWSKI**  
24 WILLOW CREEK  
SUFFIELD CT 06078



*Thomas D. Kelly*  
Commissioner



Expiration  
**03/08/2016**

# STATE NATIONAL INSURANCE COMPANY

1900 L Don Dodson Drive  
Beford, TX 76021  
Tel: (800) 482-2726

for information, assistance, and inquires on coverage or claims

## Workers Compensation and Employers Liability Insurance Policy

Policy Number	Policy Period From	To		
NFA 0824093	03/29/2015	03/29/2016 12:01 A.M. Standard Time at the mailing address of the Insured as stated herein		
Renewal Of	Transaction			
NFA 0824093	Policy Declaration			
1. Named Insured and Mailing Address				
AMERICAN ENVIRONMENTAL, INC. 18 N CANAL ST # 20 HOLYOKE MA 01040-5833		Agent		
		INSURANCE OFFICE OF AMERICA DBA ENVIRONMENTAL UNDERWRITING 3800 COLONNADE PKWY STE 650 BIRMINGHAM AL 35243		
UNEMPLOYMENT ID #	CARRIER #	FEIN #	Risk ID #	Entity of Insured
	30406	202362441	913120140	CORPORATION

Other Workplaces Not Shown Above: SEE ATTACHED SCHEDULE

2. The Policy Period is from 03/29/2015 to 03/29/2016 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: CT, MA
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. 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: All states except North Dakota, Ohio, Washington, Wyoming, and states designated in item 3.A. above.  
NY
- D. This policy includes these endorsements and schedules: See attached schedule
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

### Assessments and Taxes

CT \$5,405  
MA \$18,840

### SEE EXTENSION OF INFORMATION PAGE

Minimum Premium \$ 750

This is a Three Year Fixed Rate Policy

Premium Adjustment Period:  Annual;  Semiannual;  Quarterly;  Monthly

Total Estimated Annual Premium	\$	421,392
Expense Constant	\$	338
Premium Discount	\$	47,661
Deposit Premium	\$	445,637

Issued Date: 04/07/2015  
Issuing Office

Authorized Representative



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

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

Name (Business/Organization/Individual): American Environmental Inc  
 Address: 18 Canal St.  
 City/State/Zip: Holyoke MA 01040 Phone #: 413-322-7193

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>40</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> 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. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> 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>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input checked="" type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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\*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 attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

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

Insurance Company Name: State National Insurance  
 Policy # or Self-ins. Lic. #: NFA 0824093 Expiration Date: 03/29/2016  
 Job Site Address: 1357 East Columbus Ave City/State/Zip: Springfield MA 01103

**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: 05/13/2015  
 Phone #: 413-322-7193

**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 #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)