X30-

Springfield Department of Code Enforcement/Building Division, 70 Tapley Street, Springfield, MA 01104
(413) 787-6031 – TTY (413) 787-6641
FAX (413) 787-6023

Please Print Clearly

THIS APPLICATION IS NOT FOR INTERIOR OR PARTIAL DEMOLITION

Permit #..... Zone Bus-C Type of Construction 3B Block Plan 309 St/Parcel# 08130-0100

☐ Historical ****Applicant Not To Fill In Spaces Above This Line*****

Application For Demolition

Date 05/13/2015

1. Street and No 1114Main Street. Springfield Ma. 01103 (~~1437~~ 1940 1106 MAIN ST)
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 .....
5. Use of Building or Structure Garage .....
6. Size of Building , Square Footage 3000sf ..... Stories 2.....
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.

RECEIVED
JUL 21 2015
BUILDING DIVISION
SPRINGFIELD, MA 01104

9. Demolition Sign Offs

	DATE	BY
BAY STATE	N/A	
GAS ELECTRIC	N/A	
SWSC	N/A	
D.P.W. WAIVER	N/A	
LABOR & INDUSTRY		
TELEPHONE	N/A	
CABLE	N/A	

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 $15,000.....

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

.....
Signature of owner, architect, engineer or authorized

representative DESCRIPTION OF WORK TO BE DONE

.....
Demolish Dilapidated 2 Car Garage

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

Commissioner

Expiration
03/08/2016

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 Environmtl Inc

Address: 18 Canal St.

City/State/Zip: Holyoke, MA 01040 Phone #: 413-265-9871

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 50 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 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 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 Co.

Policy # or Self-ins. Lic. #: NFA 0824093 Expiration Date: 3/29/2016

Job Site Address: Main Street City/State/Zip: Springfield MA 01040

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: 7/21/15

Phone #: 413-265-9871

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 #:** _____

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	Agent
AMERICAN ENVIRONMENTAL, INC. 18 N CANAL ST # 20 HOLYOKE MA 01040-5833	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

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

Minimum Premium $ 750

☐ This is a Three Year Fixed Rate Policy
Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Issued Date: 04/07/2015
Issuing Office

Authorized Representative

INSURED COPY