



Thomas M. Menino Mayor

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CITY OF BOSTON INSPECTIONAL SERVICES DEPARTMENT

1010 MASSACHUSETTS AVENUE, BOSTON, MA 02118

INSPECTIONAL SERVICES DEPARTMENT PERMIT CENTER

APPLICATION FOR PERMIT TO INSTALL FIRE PROTECTION SYSTEM(S)

Location: 533 Cambridge St Brighton
Floor: 1-5 Unit: 44 Condo (Y/N): YES
City Area: Ward 21 Zip:

Commercial (Exist./New): 2007 NOV -b P 1:49
Residential (Exist./New): New
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Use and Occupancy: Residential Condo's

Location and Description of Proposed Work: Install new Sprinkler System in New Residential Condo Building at 533 Cambridge St Brighton

Applicant Name: A&E Fire Protection, Inc
(Owner) Edward Byrne
Street: 202 Bussey City: Dedham
State: MA Zip: 02026 Phone: 781-329-9799
Plans Submitted (Y/N): YES

Corp.: Partnership: Company:
General Contractor: Heru Development
Firm Name: A&E Fire Protection, Inc
Street: 202 Bussey City: Dedham
State: MA Zip: 02026 Phone:
License Number: 112783 Class: S.C.

FEE \$25.00 PLUS \$1.00 PER HEAD/OUTLET 25 + 622 = 647.00

Table with columns for Fire Protection Systems (WET, DRY, STANDPIPE 1.5, STANDPIPE 2.5, CHEMICAL SYSTEM) and rows for Fix, Sub, Tot, Bsm, Bam, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, Other.

Service, High-Low, Size and Street High 6"

Number and Size of Supplies (new, or existing) New 6"

Alarm Devices Flow Switches

Describe fully Pumps, Tanks, etc.

Chemical Systems No. 0 No. of Nozzles and Type of System

Describe Chemical Systems

* MASS. DEBRIS DISPOSAL LAW ** MGL c40, S54, C584, S9, all, S150A. Will work result in any debris? Yes No [X] Initials EIB

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substitute equivalent. YES [X] NO [] I have submitted valid proof of same to the office. YES [X] NO [] If you have checked YES, please indicate the type of coverage by checking the appropriate box. INSURANCE: [X] BOND: [] OTHER: [] (Please Specify) Liability W.C.

OWNER INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner/Agent: [Signature]

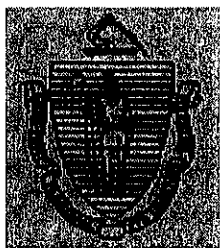
TO THE COMMISSIONER, INSPECTIONAL SERVICE DEPARTMENT, THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO INSTALL Fire Sprinkler System

ACCORDING TO THE FOLLOWING SPECIFICATIONS:

[Signature] Telephone No. 781-329-9799

Notify inspector for rough and/or final inspection. Permit must be obtained before commencing any, and all work in compliance with all applicable laws and ordinances required and understood.

This permit is issued with the understanding that all fees have been paid in full pursuant to City of Boston Code, Ordinance, Title 14, 450(48); Further, this permit is issued with the understanding and agreement between the applicant and the Commissioner that no solicitation, promise, payment or exchange of any gift, gratuity or thing of value, including cash, over and above the aforementioned permit fees, has or will take place relative to the permit being issued or relative to the information and/or assurances contained in the permit application plans or permit. If such solicitation, promise, payment or exchange has occurred, this permit is void and civil or criminal action will be instituted. This permit shall be void, if work has not commenced in 90 days.



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): HALE Fire Protection, Inc

Address: 202 Bussey Street

City/State/Zip: Dedham MA 02026 Phone #: 781-329-9799

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> I am an employer with <u>6</u> employees (full and/or part-time).* | 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 employees and have workers' comp. insurance.† |
| 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.] | 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.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [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 Sprinkler

*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: Associated Employers Ins Co.

Policy # or Self-ins. Lic. #: 5005671012007 Expiration Date: 4/9/08

* Job Site Address: 533 Cambridge St City/State/Zip: Brighton 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 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: 11/6/07

Phone #: 781-329-9799

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Boston 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: Jim Kenney Phone #: _____