| an S Donald or Name: In Sweet  I Use: Family / Rettic floor upg chimney. | ebuild chimney<br>o, identical to | Owner 800 V Contra 2 Wy Permit Alte Permi FIRE               | t Fee: \$130.00  DEPT:  ure:  STRIAN ACTI  | Scarboroug ellings Cost of Worl \$10,40 Approved Denied | in Signatur             | oup:   |            |
|--|-----------------------------------|--|--|---|-------------------------|--|------------|
| an S Donald or Name: m Sweet  I Use: Family / Rettic floor upg chimney.  | ebuild chimney<br>o, identical to | 800 V Contra 2 Wy Permit Alte Permi FIRE Signat PEDES Action | Westchester Actor Address: Annor Drive Type: Arations - Dw Type: \$130.00  DEPT:  ure: STRIAN ACTI | Scarboroug ellings Cost of Worl \$10,40 Approved Denied | in Signatur             | Phone 20777379  CEO District: 1  CTION: oup: | Zone:      |
| n Sweet  I Use: Family / Rettic floor upg chimney.                       | ebuild chimney<br>o, identical to | Permit Alte Permit FIRE Signat PEDES                         | rations - Dw t Fee: \$130.00 DEPT:   | Scarboroug ellings Cost of Worl \$10,40 Approved Denied | in Signatur             | 20777379  CEO District:  1  CTION: oup:      | Zone:      |
| I Use: Family / Rettic floor upg chimney.                                | o, identical to                   | 2 Wy Permit Alte Permi FIRE Signat PEDES                     | rations - Dw t Fee: \$130.00 DEPT:  ure: STRIAN ACTI   | ellings  Cost of Worl \$10,40 Approved Denied           | Use Gro                 | 20777379  CEO District:  1  CTION: oup:      | Zone:      |
| Family / Retitic floor upg chimney.                                      | o, identical to                   | Permit Alte Permi FIRE Signat PEDE:                          | t Type: crations - Dw t Fee: \$130.00 DEPT:  ure: STRIAN ACTI                                      | ellings  Cost of Worl \$10,40 Approved Denied           | Use Gro                 | CEO District:  1 CTION: oup:                 | Zone:      |
| Family / Rettic floor upg chimney.                                       | o, identical to                   | FIRE Signat PEDES Action                                     | t Fee: \$130.00  DEPT:  ure:  STRIAN ACTI  | Cost of Worl \$10,40 Approved Denied                    | 0.00 INSPEC             | 1<br>CTION:<br>oup:                          |            |
| Family / Rettic floor upg chimney.                                       | o, identical to                   | FIRE Signat PEDES  | t Fee: \$130.00  DEPT:  ure:  STRIAN ACTI  | Cost of Worl \$10,40 Approved Denied                    | 0.00 INSPEC             | 1<br>CTION:<br>oup:                          | Type:      |
| Family / Rettic floor upg chimney.                                       | o, identical to                   | FIRE Signat PEDES  | \$130.00  DEPT:  | \$10,40 Approved Denied                                 | 0.00 INSPEC             | 1<br>CTION:<br>oup:                          | Type:      |
| ttic floor up g chimney.   | o, identical to                   | Signat PEDES Action  | DEPT:  | Approved Denied   | INSPEC<br>Use Gro       | CTION:<br>oup:                               | Type:      |
| g chimney.   |                                   | Signat PEDES Action  | ure:   | Denied  | Use Gro                 | oup:   | Туре:      |
| to existing  |                                   | PEDES  | STRIAN ACTI  |   | Signatu                 |  | Type:      |
| :  | chimney.                          | PEDES  | STRIAN ACTI  | VITIES DIST   | •                       |  |            |
| :  | g chimney.                        | PEDES  | STRIAN ACTI  | VITIES DIST   | •                       |  |            |
| :  | chimney.                          | PEDES  | STRIAN ACTI  | VITIES DIST   | •                       |  |            |
| :  | g chimney.                        | PEDES  | STRIAN ACTI  | VITIES DIST   | •                       |  |            |
|  |                                   | Action   | _  | VITIES DIST   |                         |  |            |
|  |                                   |  | n: Approv  |   | KICI (P                 | <b>P.A.D.</b> )                              |            |
|  |                                   | Signat   |  | ved App   | roved w/                | Conditions                                   | Denied     |
|  |                                   | Signat   | uro.   |   |                         | Date:  |            |
|  |                                   |  |  |   |                         | Date.  |            |
| 41   |                                   | Zoning Approval  |  |   |                         |  |            |
|  | Special Zone or Revi              | ews  | s Zoning Appeal  |   |                         | Historic Pres                                | ervation   |
| e the  |                                   |  |  |   |                         |  |            |
| te and   | Shoreland                         |  | ☐ Variance   |   |                         | Not in District or Landmar                   |            |
| g,   | Wetland                           | etland Miscellaneous   |  |   | Does Not Require Review |  |            |
|  | Flood Zone                        |  | Conditional Use  |   |                         | Requires Rev                                 | iew        |
| ng   | Subdivision                       |  | Interpretation   |   |                         | Approved                                     |            |
|  | Site Plan                         |  | Approve  | ed  |                         | Approved w/                                  | Conditions |
| N  | Maj Minor MM                      | ı 🗌  | Denied   |   |                         | Denied                                       |            |
| Dat  | te:                               |  | Date:  |   | Da                      | ate:   |            |
|  | tarted nce.                       | tarted   | tarted   | tarted  | tarted                  | tarted                                       | tarted     |

Form # P 04

### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

# PERMIT

Permit Number: 100617

| This is to certify that | Sussman S Donald /William Sweet    |                          |                      |                |                      |
|-------------------------|------------------------------------|--------------------------|----------------------|----------------|----------------------|
| h                       | D 1 11 1: C C                      | ., ., ., .               | 1 .                  |                |                      |
| has permission to       | Rebuild chimney from attic floor u | p, identical to existing | chmney.              |                |                      |
| AT 154-Newbury St       |                                    |                          | CRI / 028            | 2002001        |                      |
| •                       |                                    |                          | 7020                 |                |                      |
| provided that the       | e person or persons, firm          | or corporation           | ac <b>cep</b> ting t | his permit sha | all comply with all  |
| of the provisions       | s of the Statutes of Maine         | and of the Ord           | inances of           | the City of Po | ortland regulating   |
| the construction        | , maintenance and use of           | buildings and            | stru <b>ctu</b> res, | and of the ap  | olication on file in |
| this department.        |                                    |                          |                      |                |                      |

Apply to Public Works for street line and grade if nature of work requires such information. Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate procesurancy must be procured by owner before this building or part thereof is occupied.

DIN 3 2 2010

|   | OT. |               | 00    | <b>~</b> 11 | IRFE | A . |                   | 01   | / A I | c |
|---|-----|---------------|-------|-------------|------|-----|-------------------|------|-------|---|
| 1 |     | <b>11</b> ⊢ ₩ | H = 0 | 1311        |      | ) Д | $\nu \nu \nu \nu$ | i iv | Al    | - |

Fire Dept. \_\_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

PERMIT/ISSUED

Oirector - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



# **Original Receipt**

|                      |  | The Contract of the Contract o | 20 /  |          |
|----------------------|--|--|---|----------|
| Received from        | 4  | À. A.,   | — Connected able all presences all a second | ALCOHOL: |
| Location of Work     |  | 1. July 40   |   |          |
|                      |  |  | and the second                              |          |
| Cost of Construction | \$   | Buildi   | ng Fee:                                     | _        |
| Permit Fee           | \$   | Sit  | e Fee:                                      |          |
|                      | Certific                                     | ate of Occupancy   | / Fee:                                      | _        |
|                      |  | •  | Total:                                      | _        |
| Building (IL) Plum   | nbing (I5)                                   | Electrical (I2)  | Site Plan (U2)                              |          |
| Other                |  |  |   |          |
| CBL:                 | 1 2  |  |   |          |
| Check #:             | <u>)                                    </u> | Total Colle  | ected \$                                    | -        |

No work is to be started until permit issued. Please keep original receipt for your records.

Taken by:

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

The National Fire Protection
Association and the Chimney
Safety Institute of America
recommend that all fireplace and
heating chimneys be cleaned
and inspected each year.
Billy Sweet Chimney Sweep is
Certified, Insured, and Licensed.











# BILLY SWEET CHIMNEY SWEEP

### Billy Sweet

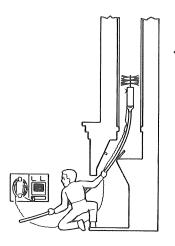
CSIA Certified Chimney Sweep NFI Certified Woodburning Specialist Thermocrete Certified Installer

2 Wynmoor Drive Scarborough, ME 04074 207.773.7933 or 800.248.4900

billy sweet@billy sweetch imney sweep.com

CEU-781-724-2685

Camera inserted through the damper.



| City of Portland, M  | aine - Ruilding o   | r Use Peri               | mit Application                           | Perm                  |                                      | Issue Date:         |  | CBL:                        | £ Z           |
|--|---|--------------------------|---|-----------------------|--------------------------------------|---------------------|--|-----------------------------|---------------|
| 389 Congress Street, 0   | 04101 Tel: (207) 87   | 4-8703, Fax              | x: (207) 874-871                          | 6                     | 10-0617                              |                     |  | 028 P0                      | 01001         |
| Location of Construction:  | Owner I   |                          |   | Owner A               |                                      |                     |  | Phone:                      |               |
| 154 Newbury St   | Sussm   | an S Donald              |   |                       | estchester A                         | DI                  |  |                             |               |
| Business Name:   | Contrac   | tor Name:                |   | Contractor Address:   |                                      |                     | Phone 20777375   | 022                         |               |
|  | Willia  | m Sweet                  |   |                       | 2 Wynmor Drive Scarborough           |                     |  |                             | 733           |
| Lessee/Buyer's Name  | Phone:  |                          |   | 1                     | Permit Type: Alterations - Dwellings |                     |  |                             | 12-6          |
|  | ln  | A Hoos                   |   | Permit                |                                      | Cost of Wor         | k: C   | EO District:                | 7             |
| Past Use:  | Propose   |                          | build chimney                             |                       | \$130.00                             | 1                   |  |                             |               |
| Single Family Single Fam from attic f existing chi   |   |                          | up, identical to FIRE DEPT: Approved INSP |                       |                                      | INSPECT<br>Use Grou | 00   | Type:<br>Chimily<br>6/23/10 |               |
|  |   |                          |   | -                     |                                      |                     | IR   | 7063                        | .1.1          |
| Proposed Project Description   | Rebuild chimney from attic floor up, identical to existing chimney. |                          |   | Signatu               | ire:                                 |                     | Signature  | : Dub                       | 6/23/10       |
| Rebuild chimney from anic floor up, identical to exist   |   |                          | <b>4</b>                                  |                       |                                      | IVITIES DIS         | TRICT (P.  | Г (Р.А.Д.)                  |               |
|  |   |                          |   | Action                | : Appro                              | oved Ap             | proved w/C   | //Conditions Denied         |               |
|  |   |                          |   | Signature:            |                                      |                     |  | Date:                       |               |
| Permit Taken By: Date Applied For:   |   |                          |   |                       | Zoning                               | g Approv            | al   |                             |               |
| gg   | 06/02/2010  |                          | Special Zone or Rev                       | iews                  | Zon                                  | ing Appeal          |  | Aistoric Pr                 | eservation    |
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.     |   | de the tate and          | Shoreland                                 |                       | ☐ Variance                           |                     | Not in Dist  | rict or Landmar             |               |
| 2. Building permits exeptic or electrica   | do not include plumbi<br>I work                                     | ng,                      | Wetland                                   |                       | Miscellaneous                        |                     |  | Does Not Require Review     |               |
| 3. Building permits  | are void if work is not   | started                  | Flood Zone                                |                       | Conditional Use                      |                     |  | Requires Review             |               |
|  | on the date of issum ay invalidate a buil                           |                          | Subdivision                               | [ Interpretation      |                                      |                     | Approved   |                             |               |
| permit and stop a  | I WOIK.   | O District of the second | Site Plan                                 |                       | Appro                                | ved                 | A CONTRACTOR OF THE CONTRACTOR | Approved                    | w/Conditions  |
| PERMIT   | ISSUED  |                          | Maj Minor M                               | M Sul                 | Denie                                | d<br>)              | D  | Denied N                    | A             |
| JUN  | 2 3 2010  | [D                       | Pate: VI (D                               | <u> COnd</u>          | Date.                                |                     |  |                             |               |
| City o   | f Portland  |                          | ,   |                       |                                      |                     |  |                             |               |
|  |   |                          | <b>CERTIFICA</b>                          | TION                  |                                      |                     |  |                             |               |
| I hereby certify that I I have been authorized jurisdiction. In additionable shall have the authorities of permit. | by the owner to mak   | e this applica           | ed property, or tha                       | t the pro<br>zed ager | I certify th                         | at the code         | official's   | authorized r                | epresentative |

**ADDRESS** 

SIGNATURE OF APPLICANT

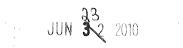
DATE

PHONE

| City of Portland, Maine - Bu                   | ilding or Use Permi                         |             | Permit No: | Date Applied For:            | CBL:                  |                  |          |  |  |
|--|---|-------------|------------|------------------------------|-----------------------|------------------|----------|--|--|
| 389 Congress Street, 04101 Tel:                | O   |             | -8716      | 10-0617                      | 06/02/2010            | 028 P001         | 001      |  |  |
| Location of Construction:                      | Owner Name:                                 |             | 0          | wner Address:                |                       | Phone:           |          |  |  |
| 154 Newbury St                                 | Sussman S Donald                            |             | 8          | 800 Westchester Ae Ste S-414 |                       |                  |          |  |  |
| Business Name:                                 | Contractor Name:                            |             | C          | ontractor Address:           |                       | Phone            |          |  |  |
|  | William Sweet 2 Wynmor Drive Scarborough    |             |            |                              |                       |                  |          |  |  |
| Lessee/Buyer's Name                            | essee/Buyer's Name Phone: Permit Type:      |             |            |                              |                       |                  |          |  |  |
|  |   |             |            | Alterations - Dwell          | llings                |                  |          |  |  |
| Proposed Use:                                  | Proposed Use: Proposed Project Description: |             |            |                              |                       |                  |          |  |  |
| Single Family / Rebuild chimney fro            | om attic floor up, identica                 | l to        | Rebuild    | I chimney from att           | ic floor up, identica | I to existing cl | nimney.  |  |  |
| existing chimney.                              |   |             |            |                              |                       |                  |          |  |  |
|  |   |             |            |                              |                       |                  |          |  |  |
|  |   |             |            |                              |                       |                  |          |  |  |
|  |   |             |            |                              |                       |                  |          |  |  |
| Dept: Zoning Status:                           | Approved with Condition                     | ns Revi     | iewer:     | Marge Schmucka               | al Approval D         | ate: 06/07       | 7/2010   |  |  |
| Note:  |   |             |            |                              |                       | Ok to Issue:     | <b>V</b> |  |  |
| 1) Separate permits shall be require           | ed for future decks, sheds                  | , pools, an | d/or gai   | rages.                       |                       |                  |          |  |  |
| 2) This is NOT an approval for an              | additional dwelling unit                    | You SHA     | LL NO      | T add any addition           | nal kitchen equipme   | nt including b   | nit      |  |  |
| not limited to items such as stov              | <u> </u>                                    |             |            | •                            | 1 1                   | nt moidanis, c   | , at     |  |  |
| 3) This property shall remain a sing approval. | gle family dwelling. Any                    | change of   | use sha    | ll require a separat         | te permit application | ı for review an  | nd       |  |  |
| 4) This permit is being approved of work.      | n the basis of plans subm                   | itted. Any  | deviati    | ons shall require a          | ı separate approval b | efore starting   | that     |  |  |
| Dept: Building Status:                         | Approved with Condition                     | ns Rev      | iewer:     | Jeanine Bourke               | Approval D            | oate: 06/23      | 3/2010   |  |  |
| Note:  | · · · · · · · · · · · · · · · · · · ·       |             |            |                              |                       |                  |          |  |  |
|  |   |             |            |                              |                       | Ok to Issue:     |          |  |  |

and approrval prior to work.

PERMIT ISSUED



#### **BUILDING PERMIT INSPECTION PROCEDURES**

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

X Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

JUN 2 3 2010

Building Permit #: 10-0617

CBL: 028 P001001

City of Portland

10 0611

# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

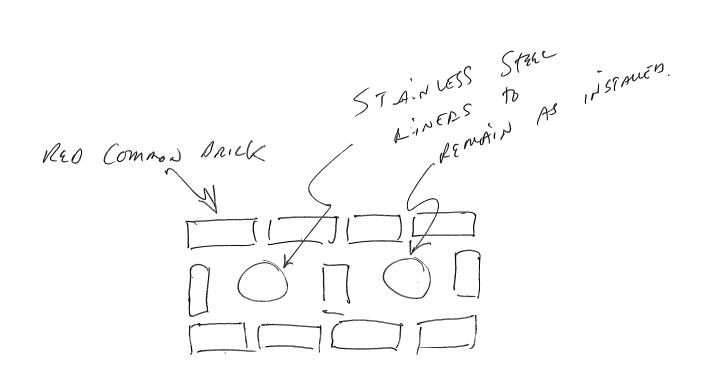
| Location/Address of Construction: /54          |  |                          |
|--|--|--------------------------|
| Total Square Footage of Proposed Structure/A   |  | Number of Stories Z'/Z   |
| Tax Assessor's Chart, Block & Lot              | Applicant *must be owner, Lessee or Buyer* | Telephone:               |
| Chart# Block# Lot#                             | Name William Sweet                         | 707-773-                 |
|  | Address 2 WYDMOOR DR.                      | 7933                     |
| 028 7 002                                      |  |                          |
|  | City, State & Zip SCAR BORMGH, ME          | 04077                    |
| Lessee/DBA (If Applicable)                     | 11   | ost Of                   |
| RECEIVE  | Name OONALD Sussiman W                     | Tork: \$ /0, 4 w. w      |
| - "LOLIVE                                      |  |                          |
|  | Address /sy // 200 3 417 / /               | of O Fee: \$             |
| JUN - 2 2010                                   | City, State & Zip PORT LAND, ME.           | otal Fee: \$ 130,0 ()    |
| •  | 04101                                      |                          |
| Dept. of Building Inspec                       | tione                                      |                          |
| Current legal use (i.e. single family)         | Number of Residential U                    | nits                     |
| If vacant, what was the previous use?          |  |                          |
| Proposed Specific use:                         | If yes, please name                        |                          |
|  |  |                          |
| Project description: REBULLO CHIMINEY          | from Afric From UP, 10                     | ENTI ON WITH             |
| ExisTNG CHIMNUY, CLEAR.                        | WE ROOK OUER DA 2-3-10 R.                  | nce Ó O A A              |
| Contractor's name: William 3                   | WEET then                                  | (allfus)                 |
| Address: 2 WYNMO                               | OR OR.                                     | ·                        |
| City, State & Zip SCAR BO RONG.                | 1 , me. 84874 Telep                        | phone: <u>207.773</u> 78 |
| Who should are contact when the permit is read | Teler                                      | phone: 781-724-2635      |
| who should we contact when the permit is read  | dy: 13 Sweet Telep                         |                          |
| Mailing address: Wynmook OR                    | . SCARBOROUGH, ME. 0407                    | 7                        |
| Please submit all of the information           | outlined on the applicable Checklist.      | Failure to               |
| do so will result in the                       | automatic denial of your permit.           |                          |

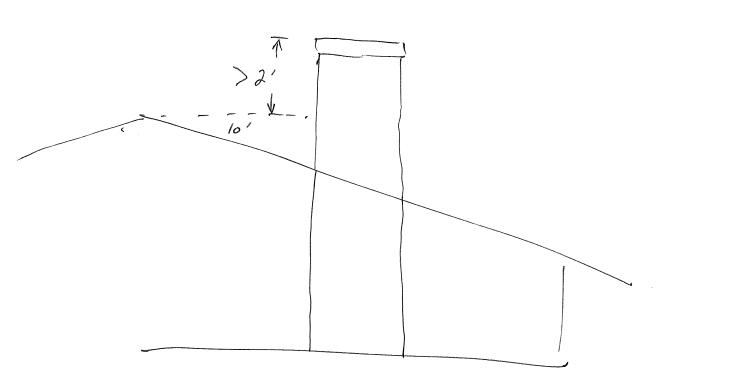
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

| provisions or | the codes applicable to this pe |       |    |    |     |  |
|---------------|---------------------------------|-------|----|----|-----|--|
| Signature:    | WI Sweet                        | Date: | 6/ | 12 | 110 |  |

154 NEW BURY ST.







Proposal SPECIFICATIONS AND ESTIMATE

2 Wynmoor Drive Scarborough, ME 04074 207-773-7933 or 800.248.4900 781.595.1140 fax

| PROPOSAL SUBMITTED TO: | DATE:                    |
|------------------------|--------------------------|
| Marni Maynard          | 3/25/2010                |
| STREET                 | PHONE                    |
| 154 Newbury St.        | Marni cell: 207-671-9099 |
| CITY, STATE, ZIP CODE  | PHONE                    |
| Portland, ME 04101     |                          |
| EMAIL                  |                          |

- 1. Stage the roof and chimney,
- 2. Tear down the chimney to the attic floor,
- 3. Rebuild the chimney using new red brick,
- 4. re-install the flashing,
- 5. Install a double-flue cap to cover the top of the chimney,

Mrsgandhi07@yahoo.com

- 6. Waterproof the chimney,
- 7. Break down staging, cleanup, and disposal,
- 8. permit and cost to be additional.

| WE PROPOSE hereby to furnish material and labor – complete in accordance with above specifications, for the sum of:   |  |              |           |  |  |  |  |  |
|---|--|--------------|-----------|--|--|--|--|--|
| Ten thousand four hundred and 00/100*************   | ******   | Dollars (\$) | 10,400.00 |  |  |  |  |  |
| PAYMENT TO BE MADE AS FOLLOWS  1/3 deposit in advance (\$3466.66), 1/3 payment at the start of work (\$3466.66), balance due when  # 1702 €3 466.66)  the work is complete (\$3466.68).  Advance deposits are non-refundable in case of cancellation by customer.   |  |              |           |  |  |  |  |  |
| All material is guaranteed to be as specified. All work is to be completed in a substantial workman- like manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance | Authorized Signature  Note: This proposal may be |              |           |  |  |  |  |  |
| ACCEPTANCE OF PROPOSAL  The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.   | Signature: Mo                                    | , m          | y and     |  |  |  |  |  |
| Date of Acceptance:   | Signature:                                       |              |           |  |  |  |  |  |



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/06/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| certificati | e nolder in lieu of such endorsement(s).   |             |  |  |                   |  |  |  |  |
|-------------|--|-------------|--|--|-------------------|--|--|--|--|
| PRODUCER    | Thomas St Jean Insurance<br>P O Box 3543<br>106 Lynn Street Suite 301<br>Peabody, MA 01961 |             | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext):<br>E-MAIL<br>ADDRESS:<br>PRODUCER | (978) 531-8053<br>SW040406133138             | FAX<br>(A/C, No): |  |  |  |  |
|             |  |             |  | CUSTOMERID #:  INSURER(S) AFFORDING COVERAGE |                   |  |  |  |  |
| INSURED     | Sweet Contracting Corp dba Billy Sweet Chimney Sweep                                       | imney Sween | INSURER A: Northland Insurance Company  TRAVELERS INDEMNITY CO OF AMERICA      |  |                   |  |  |  |  |
|             | P O Box 287  |             | INSURER B: TRAVELERS INDEMNITY CO OF AMERICA                                   |  |                   |  |  |  |  |
|             | Swampscott, MA 01907   |             | INSURER C: LIBERTY MUTUAL INSURANCE CO 2                                       |  |                   |  |  |  |  |
|             |  |             | INSURER D: TUDOR INSURANCE COMPANY 3   |  |                   |  |  |  |  |
|             |  |             | INSURER E:   |  |                   |  |  |  |  |
| ŀ           |  |             | INSURER F:   |  |                   |  |  |  |  |
| COVERAG     | ES CERTIFICATE   | IUMBER:     |  | REVIS  | ION NUMBER:       |  |  |  |  |

| TYPE OF INSURANCE                                      | INSR  | WVD  | POLICY NUMBER   | (MM/DDYYYYY)   | (MM/DDYYYYY)  | LIMITS   |  |
|--|---|--|---|--|---|--|--|
| GENERAL LIABILITY                                      | 11.01   | ,0   |   | 04/08/2010   |   |  | \$ 1000000   |
| COMMERCIAL GENERAL LIABILITY                           |   |  |   |  |   | DAMAGE TO RENTED PREMISES (Ea occurrence)  | \$ 50000   |
| <del>*                                     </del>      |   |  |   |  |   | MED EXP (Any one person)   | \$ 5000  |
| 35711110 1117102   350011                              |   |  |   |  |   | PERSONAL & ADV INJURY  | s 1000000  |
|  |   |  |   |  |   | GENERAL AGGREGATE  | \$ 2000000   |
| GEN'I AGGREGATE LIMIT APPLIES PER                      |   | İ  |   |  |   | PRODUCTS - COMP/OP AGG   | \$ 2000000   |
|  |   |  |   |  |   |  | \$   |
| AUTOMOBILE LIABILITY                                   |   |  | BA7167M153  | 11/30/2009   | 11/30/2010  | COMBINED SINGLE LIMIT<br>(Ea accident)   | \$ 250,0000  |
| ANY AUTO   |   |  |   |  |   | BODILY INJURY (Per person)   | \$   |
| ALL OWNED AUTOS  |   |  |   |  |   | BODILY INJURY (Per accident)   | \$   |
| SCHEDULED AUTOS  |   |  |   |  |   | PROPERTY DAMAGE<br>(Per accident)  | \$   |
| 7  |   |  |   |  |   |  | \$   |
| W NOTE NOTOS   |   |  |   |  |   |  | \$   |
| UMBRELLA LIAB OCCUR                                    | <u> </u>  |  |   |  |   | EACH OCCURRENCE  | \$   |
| H  |   |  |   |  |   | AGGREGATE  | \$   |
| DEDUCTIBLE   | 1   |  |   |  |   |  | \$   |
| RETENTION \$   |   |  |   |  |   |  | \$   |
| WORKERS COMPENSATION                                   |   |  | wc1-31s-351551-029  | 05/07/2010   | 05/07/2011  | WC STATU- OTH-<br>TORY LIMITS ER   |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE                       | 1   |  |   |  |   | E.L. EACH ACCIDENT   | \$ 100000  |
| (Mandatory in NH)                                      | N/A   | 1  |   |  |   | E.L. DISEASE - EA EMPLOYEE   |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below |   |  |   |  |   | E.L. DISEASE - POLICY LIMIT  | \$ 500000  |
| Professional Liability                                 |   |  | EOP   | 08/31/2009   | 08/31/2010  | 100,000  |  |
|  |   |  |   |  |   | l  |  |
| CRIPTION OF OPERATIONS / LOCATIONS / VEHICL            | ES (A   | ttach A  | ACORD 101, Additional Remarks Schedule, if r  | nore space is rec  | quirea)   |  |  |
|  |   |  |   |  |   |  |  |
|  | GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO- POLICY PRO- AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  HIRED AUTOS  HIRED AUTOS  NON-OWNED AUTOS  WHEELA LIAB EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEM MER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability | GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER.  POLICY PRO- PECT LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS  HIRED AUTOS  HIRED AUTOS  NON-OWNED AUTOS  WHEELA LIAB CLAIMS-MADE  DEDUCTIBLE RETENTION  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET ORPARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability | GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER. POLICY PRO- POLICY PRO- POLICY PRO- AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS  SCHEDULED AUTOS  HIRED AUTOS  HIRED AUTOS  NON-OWNED AUTOS  UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE  DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIET OR, PARTINER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability | TYPE OF INSURANCE  GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER. POLICY  PRO-POLICY  PRO-POLICY  PRO-POLICY  BA7167M153  ANY AUTO  ALL OWNED AUTOS  ANY AUTO  ALL OWNED AUTOS  HIRED AUTOS  HIRED AUTOS  MON-OWNED AUTOS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTINER/EXECUTIVE  OFFICE/PMEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability  EOP | TYPE OF INSURANCE  INSR WVD  POLICY NUMBER  (MMDDIYYYY)  WS063824  04/08/2010  VS063824  04/08/2010  VS063824  04/08/2010  VS063824  04/08/2010  VS063824  04/08/2010  VS063824  04/08/2010  VS063824  04/08/2010  SCHEDILG BEREAL LIABILITY  ANY AUTO  ALL OWNED AUTOS  VSCHEDULED AUTOS  VHRED AUTOS  VNON-OWNED AUTOS  VNON-OWNED AUTOS  VNON-OWNED AUTOS  VONCERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION of OPERATIONS below  Professional Liability  EOP  08/31/2009 | TYPE OF INSURANCE INSR WVD POLICY NUMBER (MMIDDIYYYY) (MMIDDIYYYYY) (MMIDDIYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY | TYPE OF INSURANCE INSR W/D POLICY NUMBER (MINIDITYYYY) (MINIDITYYYYY) (MINIDITYYYY) (MINIDITYYYYY) (MINIDITYYYY) (MINIDITYYYYY) (MINIDITYYYYYYYYYY) (MINIDITYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY |

| CERTIFICATE HOLDER   | CANCELLATION   |
|--|--|
| TOWN OF WATERTOWN MA<br>149 MAIN STREET<br>Watertown, MA 02472 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|  | AUTHORIZED REPRESENTATIVE  |
|  | Thomas le spend  |

| Location of Construction: | Owner Name:      |  | Owner Address:               | Phone:     |       |  |
|---------------------------|------------------|--|------------------------------|------------|-------|--|
| 154 Newbury St            | Sussman S Donald |  | 800 Westchester Ae Ste S-414 |            |       |  |
| Business Name:            | Contractor Name: |  | Contractor Address:          | Phone      | Phone |  |
|                           | William Sweet    |  | 2 Wynmor Drive Scarborough   | 2077737933 |       |  |
| Lessee/Buyer's Name       | Phone:           |  | Permit Type:                 |            | Zone: |  |
|                           |                  |  | Alterations - Dwellings      |            |       |  |

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 06/07/2010

 Note:
 Ok to Issue:
 ✓

- 1) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Jeanine Bourke
 Approval Date:
 06/23/2010

 Note:
 Ok to Issue:
 ✓

 Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

#### **CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
|------------------------|---------|------|-------|
|                        |         |      |       |
|                        |         |      |       |

# 028 P001001

# STATE OF MAINE CHIMNEY OR FIREPLACE CONSTRUCTION/INSTALLATION DISCLOSURE

Dear Consumer: State law, specifically 32 M.R.S.A. § 2313-A, requires that chimney or fireplace installers, as of January 1, 1992, provide you with this "Disclosure" prior to the installation or construction of your chimney or fireplace. The purpose of this Disclosure is to inform you that the National Fire Protection Standard #211 (NFPA #211) is the current standard which applies to all new construction of chimneys and fireplaces. Please note that the State of Maine does not require registration or licensure of chimney or fireplace installers. It is important to realize that many fires are caused each year from improperly constructed fireplaces and chimneys. This disclosure form should help you in making an informed decision as to the abilities of the installer and under what requirements the installation must comply.

|                                |                          |                           | INSTAL                       | LER II    | NFORMA                    | ATIO             | N        |                       |                      |                         |               |
|--------------------------------|--------------------------|---------------------------|------------------------------|-----------|---------------------------|------------------|----------|-----------------------|----------------------|-------------------------|---------------|
| Name of Ins                    |                          | A                         |                              |           | D/B/A:                    |                  |          |                       |                      |                         |               |
| Wicin                          | m f                      | NEEL                      |                              |           |                           |                  |          |                       |                      |                         |               |
| Name of Ins                    |                          |                           |                              |           | D/B/A:                    |                  |          |                       |                      |                         |               |
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| County:                        |                          |                           |                              | Homo.     | Tolophone                 |                  | 01       | 724                   | 768                  | 15 cen                  |               |
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| Name of Cor                    |                          | DONA                      | io Suss                      | "out      |                           |                  |          |                       | AUG                  | 1.8 2010                |               |
| Mailing Addr                   | ess;                     | 154                       | NEW BURG                     | 1 ST.     |                           |                  |          | Dept.                 |                      | ling Inspec             | 2.0           |
| City:                          | Portu                    | 40                        | State:                       |           |                           |                  | Zip C    | ode: C                | ty of Poi            | rtland Main             | ie<br>e       |
| County:                        |                          |                           |                              | Home T    | elephone                  | . ( 2,           | 27) /    | 21                    | - Pa                 | 00,                     | =             |
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| nderstand that<br>penalties as | at if I fail<br>outlined | to conform<br>in Title 32 | with the standard, M.R.S.A., | andards   | aeu is tru<br>s as outlin | e to t<br>led in | NEPA     | si Oi III)<br>#211 th | / KNOWI<br>nat Lish: | eage. Ta<br>all be subi | าเรา          |
| ignature of In                 | ıstaller:                | 6)1                       | Lid cet                      |           |                           |                  | Data:    | e /                   | 18 / 7               | @ / «                   |               |

#### **INSTALLATION STANDARDS**

The 1996 Edition of NFPA #211 contains provisions for chimney, fireplaces, venting systems, and solid fuel burning appliances including their installations. The standards applies to residential as well as commercial and industrial installations.

#### PLEASE CHECK THE TYPE OF CONSTRUCTION TO BE BUILT:

☐ Factory-Built Chimney and Chimney Units.

Factory-built chimney and chimney units shall be listed and installed in accordance with the temperature conditions of the listing, the manufacturer's instructions and all applicable sections of NFPA #211.

☐ Factory-Built Fireplaces.

Factory-built fireplaces shall be listed and shall be installed in accordance with the terms of the listing. Hearth extensions shall be provided in accordance with the manufacturer's instructions or shall be of masonry on non combustible construction in accordance with applicable sections of NFPA #211.

☐ Unlisted Metal Chimney (smokestacks) for Non Residential Applications.

Single wall metal chimneys or unlisted metal chimneys shall not be used inside or outside of one and two family dwellings. Metal chimneys shall be constructed and installed in accordance with the appropriate sections of NFPA #211

## Masonry Chimney.

Masonry chimneys shall be constructed by appropriate sections of NFPA #211 for proper design, support, re-enforced, and installation..

☐ Masonry Fireplace.

Masonry fireplaces shall comply with all requirements of NFPA #211 and all other pertinent sections.

#### CONSUMER CHECKLIST

- 1. Has the installer provided you with a written contract? 10 M.R.S.A., Chapter 219-A requires written contracts for any home remodeling or construction with an estimated cost in excess of \$3,000.
- 2. Have you asked the local fire department or code enforcement officials to inspect the installation during and after construction?
- 3. Is the installer familiar with current NFPA #211 standards and does he have a copy of same?
- 4. Have you asked for references to be provided by the installer?