



Truro Board of Selectmen Meeting

Tuesday, December 11, 2018

Executive Session – 4:30pm

Regular Meeting – 5:00pm

Truro Town Hall - 24 Town Hall Road

Executive Session: *Move that the Board of Selectmen enter into Executive Session pursuant to M.G.L. Chapter 30A, §21(a) paragraph (2), to Discuss strategy sessions in preparation for negotiations with non-union personnel and to conduct contract negotiations with non-union personnel –Town Manager.*

1. PUBLIC COMMENT

- A. Open the Regular Meeting
- B. Public Comment Period - *The Commonwealth's Open Meeting Law limits any discussion by members of the Board of an issue raised to whether that issue should be placed on a future agenda*

2. PUBLIC HEARINGS

- A. A public hearing on a petition from New Cingular Wireless PCS, LLC (“AT&T”)in conjunction with Eversource Energy d/b/a/ NSTAR Electric for Grant of Location for Telecommunication Wires and Wireless Attachments and Appurtenances including fiber optic cable (s), remote nodes and pole top antennas to be attached to existing Eversource utility pole and install conduit or direct bury cable (s), located at 47 Truro Center Road, 42.002291N, -70.053161W, Attachment to existing pole #1466A. Presenter: Tim Whalen, Site Aquisition Centerline Communications

3. BOARD/COMMITTEE/COMMISSION APPOINTMENTS NONE

4. TABLED ITEMS NONE

5. BOARD OF SELECTMEN ACTION

- A. Designate Two Board of Selectmen to Participate in the Shared Services Working Group with Provincetown
Presenter: Rae Ann Palmer, Town Manager

6. CONSENT AGENDA

- A. Review/Approve and Authorize Signature:
 1. Application for a Curb Cut Permit-2 Higgins Hollow Road
 2. Woods Hole Group Phase II & III Proposal for the East Harbor Culvert Replacement
 3. One Day Entertainment and Alcohol License for Castle Hill at Edgewood Farms December 14th
 4. Review and Approve Community Development Partnership Contract for the Housing Rehab program for the FY18 CDBG Grant
- B. Review and Approve Business Licenses: Lodging-Truro Vineyards; Common Victualer-Farm Maid Foods, Top Mast Café Restaurant, Salty Market
- C. Review and Approve Dan Smith’s Tidal Grant Coordinate Change at Beach Point
- D. Review and Approve Tom Bow for Appointment on Open Space Committee
- E. Review and Approve Board of Selectmen Minutes: October 16, 2018, November 7, 2018

7. SELECTMEN REPORTS AND TOWN MANAGER REPORT

8. SELECTMEN COMMENTS

9. NEXT MEETING AGENDA: Tuesday, December 18



TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Administration

REQUESTOR: Nicole Tudor, Executive Assistant on behalf of Tim Whalen Site Acquisitions (Centerline Communications)

REQUESTED MEETING DATE: December 11, 2018

ITEM: Petition from New Cingular Wireless PCS, LLC ("AT&T") in conjunction with Eversource Energy d/b/a NSTAR Electric for Grant Location for Telecommunication Wires and Wireless Attachments and Appurtenances at Existing Eversource Pole #1466A at 47 Truro Center Rd

EXPLANATION: AT&T proposes to deploy One (1) small cell site in the Town of Truro to deal with the rapidly increasing demand on AT&T's Wireless Network. The cell site will be mounted on a proposed Eversource utility pole located within the public right of way at 47 Truro Center Rd. The small cell site will work in conjunction with the existing macro sites installed on rooftops, towers and other structures in and around the Town of Truro.

The Truro Center Road location was chosen by the radio frequency engineers due to the high traffic and data demands on AT&T's network. AT&T's existing macro cell sites are not providing adequate data capacity in this location due to increased population, vehicular and foot traffic, multiple wireless devices used by each person and other contributing factors. This small cell site will work to offload the demand on the macro sites and allow for increased data capacity and speed within the immediate vicinity of the proposed cell site.

The small cell site will be installed using standard commercially accepted methods in accordance with all applicable federal, state and local laws and regulations. All proposed attachments are to existing poles owned and maintained by Eversource. AT&T has entered into a Pole Attachment Agreement with Eversource.

The small cell installation on each existing utility pole will include: fiber optic cable (s); remote nodes in a small equipment cabinet, (H32" x W 18" x D12") mounted to the pole at least 8' above ground level; an unobtrusive pole top antenna measuring 24.7" long and 10" in diameter; conduits and cable protectors; and , an electrical meter with shutoff switch. Emissions comply with the applicable standards of the Federal Control Commission (47 U.S.

Code § 332 (c)(7)(B)(iv).

FINANCIAL SOURCE (IF APPLICABLE): N/A

IMPACT IF NOT APPROVED: Without the installation, AT&T would be unable to provide specifically established coverage and capacity objectives.

SUGGESTED ACTION: MOTION TO *approve the Petition for Grant of Location from New Cingular Wireless PCS, LLC (“AT&T”) in conjunction with Eversource Energy d/b/a NSTAR Electric for Grant Location for Telecommunication Wires and Wireless Attachments and Appurtenances at Existing Eversource Pole #1466A at 47 Truro Center Rd.*

ATTACHMENTS:

1. Public Hearing Notice
2. New Singular Wireless PCS, LLC (“AT&T”) Petition for Grant of Location, Curved Shroud Technical Specifications
3. Department Head Approval
4. Assessing Department-Abutter’s List; Photos and Google Street View of Location of Eversource Pole (#1466A)



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

Email: ntudor@truro-ma.gov or nscoullar@truro-ma.gov

TOWN OF TRURO PUBLIC HEARING

NEW CINGULAR WIRELESS PCS, LLC (“AT&T”) PETITION OF GRANT OF LOCATION FOR TELECOMMUNICATION WIRES AND WIRELESS ATTACHMENTS AND APPURTENANCES ATTACHMENT TO EXISTING UTILITY POLE OWNED BY EVERSOURCE WITHIN THE TOWN OF TRURO LOCATED AT 47 TRURO CENTER RD

The Truro Board of Selectmen will conduct a public hearing in accordance with MGL Ch. 166, § 21, 22 and 25A on a petition from New Cingular Wireless PCS, LLC (“AT&T”) in conjunction with Eversource Energy d/b/a/ NSTAR Electric for Grant of Location for Telecommunication Wires and Wireless Attachments and Appurtenances including fiber optic cable (s), remote nodes and pole top antennas to be attached to existing Eversource utility pole and install conduit or direct bury cable(s): Project: cRAN_CP 28_P2A: Location: 47 Truro Center Road, 42.002291N, -70.053161W, Attachment to existing pole #1466A. Said hearing will be held on **Tuesday, December 11, 2018 at 5:00 p.m.** at the Truro Town Hall, 24 Town Hall Road, Truro.

Robert Weinstein, Chairman
Board of Selectmen
Town of Truro



November 29, 2017

RCVD 2018NOV 29 AM 8:36
ADMINISTRATIVE OFFICE
TOWN OF TRURO

Truro Board of Selectmen
24 Town Hall Road
P.O. Box 2030
Truro, MA 02666

RE: Petition of New Cingular Wireless PCS, LLC ("AT&T") in conjunction with Eversource Energy d/b/a/ NSTAR Electric for Grant of Location for Telecommunication Wires and Wireless Attachments and Appurtenances: **Project: cRAN_CP 28_P2A: Location: 47 Truro Center Road, 42.002291 N, -70.053161W, Attachment to existing pole #1466A**

Dear Honorable Members of the Board of Selectmen:

Pursuant to Massachusetts General Laws Chapter 166, Sections 21, 22 and 25A, please find enclosed the petition (the "Petition") of New Cingular Wireless PCS, LLC ("AT&T") for a grant of location for telecommunication wires and wireless attachments and appurtenances to be attached an existing utility pole owned by Eversource within the Town of Truro. Included with the Petition are detailed plans that identify the locations where AT&T's proposed attachments will be placed. This includes an area map of all locations as well as the utility pole profiles depicting the equipment attachment heights and specs.

AT&T requests that the Town schedule a public hearing on this Petition, subject to the requirements of Chapter 166 of the Massachusetts General Laws. Those requirements prescribe that the Town mail "written notice of the time and place of the hearing at least seven days prior to all owners of real estate abutting upon that part of the way upon, along, across or under which the line is to be constructed, as such ownership is determined by the last preceding assessment for taxation". It is my understanding that the Town will be able to produce this list and I will work with the Town Clerk to ensure the letters are sent per these requirements.

Project Description

AT&T proposes to deploy One (1) small cell site in the Town of Truro in order to deal with the rapidly increasing demand on AT&T's wireless network. The cell site will be mounted on a proposed Eversource utility pole located within the public right of way. The small cell sites will work in conjunction with the existing macro sites installed on rooftops, towers and other structures in and around the Town of Truro. This Petition specifically addresses the following location:

47 Truro Center Road, 42.002291 N, -70.053161W, Attachment to existing pole #1466A, cRAN_CP 28_P2A

AT&T's radio frequency engineers targeted the proposed location due to the high traffic and data demands on AT&T's network. AT&T's existing macro cell sites are not providing adequate data capacity in this location due to increased population, vehicular and foot traffic, multiple wireless devices used by each person and other contributing factors. This small cell site will work to offload the demand on the macro sites and allow for increased data capacity and speed within the immediate vicinity of the proposed small cell site.

The small cell site will be installed using standard commercially accepted methods in accordance with all applicable federal, state and local laws and regulations. All proposed attachments are to existing poles owned and maintained by Eversource. AT&T has entered into a Pole Attachment Agreement with Eversource.

The small cell installation on each existing utility pole will include: fiber optic cable(s); remote nodes in a small equipment cabinet H32" x W18" x D12" mounted to the pole at least 8' above ground level; an unobtrusive pole top antenna measuring 24.7" long and 10" in diameter ; conduits and cable protectors; and, an electrical meter with shutoff switch. Attached please find design sketches for each site showing the proposed location, pole height, mounting height, equipment specifications and utility plan.

The Telecommunications Act of 1996 (the "Act")

Without the installation, AT&T would be unable to provide specifically established coverage and capacity objectives. The utility pole is located within the limited geographic area whereby AT&T's radio frequency engineers determined that a wireless facility is required. The Act imposes substantial restrictions affecting the standard for granting the requested relief. The ACT provides that: no laws or actions by any local government or planning or zoning board may prohibit, or have the effect of prohibiting, the placement, construction, or modification of communications towers, antennas, or other wireless facilities in any particular geographic area, see 47 U.S.C. §332(c)(7)(B)(i); local government or planning or zoning boards may not unreasonably discriminate among providers of functionally equivalent services, see 47 U.S.C. §332(c)(7)(B)(i); health concerns may not be considered so long as the emissions comply with the applicable standards of the FCC, see 47 U.S.C. §332(c)(7)(B)(iv); and, decisions must be rendered within a reasonable period of time, see 47 U.S.C. §332(c)(7)(B)(ii) and the FCC's Declaratory Ruling commonly referred to as the "shot clock".

We have attached to this petition a generic emissions report demonstrating that the low power antenna will comply with applicable FCC standards with respect to emissions.

For the convenience of the Board of Selectmen, AT&T has provided a proposed Form of Order for your consideration.

Should you have any questions, or would like any additional information prior to the public hearing please do not hesitate to contact me at (781) 375-8318 or twhalen@clinellc.com. AT&T will be present at the public hearing to answer any questions you may have as well.

Thank you,



Tim Whalen | Site Aquisition
Cell: 781.375.8318 | Fax: 617.249.0819
twhalen@clinellc.com | www.centerlinecommunications.com

PETITION FOR LOCATIONS FOR TELECOMMUNICATIONS WIRES AND WIRELESS ATTACHMENTS AND APPURTENANCES

To THE BOARD OF SELECTMEN OF THE TOWN OF TRURO, MASSACHUSETTS

Pursuant to Massachusetts General Laws, Chapter 166, Sections 21, 22 and 25A, and the Town Ordinances of the Town of Truro, Massachusetts, NEW CINGULAR WIRELESS PCS, LLC ("AT&T") requests that it be granted locations for and permission to construct and maintain telecommunications wires and wireless attachments and appurtenances, including fiber optic cable(s), remote nodes and pole top antennas to be attached to existing Eversource utility poles, located upon and along the following public ways within the Town of Truro, as depicted on the attached plans. In addition, AT&T seeks permission to install conduit or direct bury cable(s) as depicted on the plans submitted.

Wherefore, AT&T requests that, after due notice and public hearing as provided by law, that it be granted locations for permission to construct the telecommunications wires and wireless attachments and appurtenances upon, along and under the public ways within the Town of Truro as depicted on the plans filed herewith. AT&T also submitted additional information in support of this Petition.

Respectfully submitted,

NEW CINGULAR WIRELESS PCS, LLC ("AT&T")

By: Tim Whalen
Site Acquisition – Small Cell
Centerline Communications, LLC

ORDER FOR LOCATION FOR TELECOMMUNICATIONS WIRES AND WIRELESS ATTACHMENTS AND APPURTENANCES

By the Board of Selectmen

Of the Town of Truro, Massachusetts, _____, 2018

ORDERED:

That pursuant to Massachusetts General Laws, Chapter 166, NEW CINGULAR WIRELESS PCS, LLC ("AT&T") is hereby granted locations for and permission to construct and maintain telecommunications wires and wireless attachments and appurtenances, including fiber optic cable(s), remote nodes and pole top antennas, to be attached to existing Eversource utility poles, located upon, along and under the public ways within the Town of Truro, as substantially shown on the plans filed with said Petition. In addition, AT&T is hereby granted permission to install conduit or direct bury fiber cable(s) as depicted on the plans submitted.

The forgoing permission is subject to the following conditions:

1. The telecommunications wires and wireless attachments and appurtenances shall installed and operated in compliance with all applicable federal and state laws and regulations.
2. AT&T shall indemnify and save the Town harmless against all damages, costs and expense whatsoever to which the Town may be subjected in consequence of the acts or neglect of AT&T or its agents or servants, or in any manner arising from the rights and privileges granted by the Town.
3. AT&T shall comply with the requirements of existing Town Ordinances, as may be applicable and such as may hereafter be adopted governing the construction and maintenance of said telecommunications wires and wireless attachments and appurtenances, so far as the same are not inconsistent with the laws of the United States or of the Commonwealth of Massachusetts.

I hereby certify that the foregoing was adopted at a meeting of the Board of Selectmen of the Town of Truro, Massachusetts, held on the _____ day of _____, 2018.

Town Clerk

APPROVED

We hereby certify that on _____, 2018, at _____, o'clock at _____, a public hearing was held on the Petition of NEW CINGULAR WIRELESS PCS, LLC ("AT&T") for permission to construct and maintain telecommunications wires and wireless attachments and appurtenances, including fiber optic cable(s), remote nodes and pole top antennas, to be attached to existing utility poles, located upon, along and under the public ways within the Town of Truro and to install conduit or direct bury fiber cable(s) as indicated in the plans described in the order herewith recorded, that we mailed at least seven days before said hearing a written notice of the time and place of said hearing to each of the owners of real estate (as determined by the last preceding assessment for taxation) along the ways or parts of ways upon which the Company is permitted to construct the telecommunications wires and appurtenances of AT&T under said order, and that thereupon said order was duly adopted.

Board of Selectmen of the Town of Truro

CERTIFICATE

I hereby certify that the forgoing is a true copy of a grant of location order and certificate of hearing with notice adopted by the Board of Selectmen of the Town of Truro, Massachusetts, on the _____ day of _____, 2018 and recorded with records of location orders of said Town, Book _____, Page _____. This certified copy is made under the provisions of Chapter 166 of the Massachusetts General Laws, as amended.

Attest:

Town Clerk

Curved Shroud

Technical Product Description



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Disclaimer

The contents of this document are subject to revision without notice due to continued progress in methodology, design, and manufacturing. Ericsson shall have no liability for any error or damage of any kind resulting from the use of this document.



DESCRIPTION

The Curved Shroud is a pole mounted radio concealment. Its compact rounded shape design and variable powder coat finishes blends with surrounding infrastructure.

TECHNICAL SPECIFICATION

COMPLIANCE

Telcordia GR-487-CORE:

Exposure to High-Temperature
Environmental Induced Vibration
Seismic Test
Transportation Vibration (for configuration with up to 4x 2203 radios)

MECHANICAL

Width x Depth x Height:

18" x 12" x 32"

Weight:

70 lbs. (enclosure only)

Internal Volume:

3.8 cu. ft.

MOUNTING

Pole Mounting:

Wood/Steel (6" offset available) metal banding or thru bolt

FINISH

Variable Powder Coat Finishes

GROUNDING

Isolated ground bar with ¼-in stud, 5/8 ctr-ctr, copper ground bar

CABLE ENTRY

6 cable egress/ingress knock-out

OPTIONAL EQUIPMENT CONFIGURATIONS

Up to 4x Ericsson 2203

Up to 2x 2203 and 1x mRRUS12

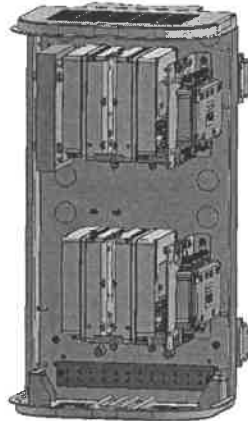
Integrated bracket for up to 2x twin-diplexer

Integrated bracket for outdoor rated fiber termination box

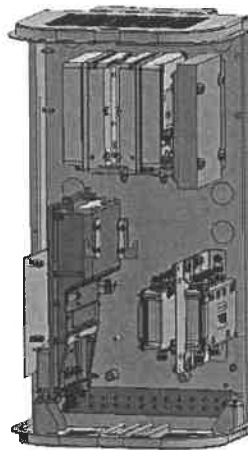


ENCLOSURE CONFIGURATIONS

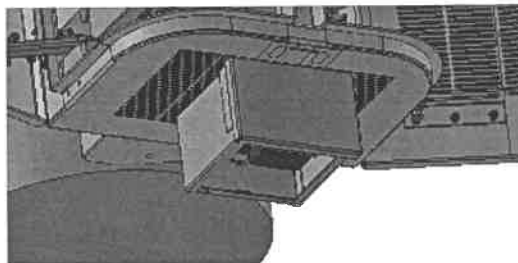
- 4x 2203, 2x twin-diplexer, 1x Fiber termination box

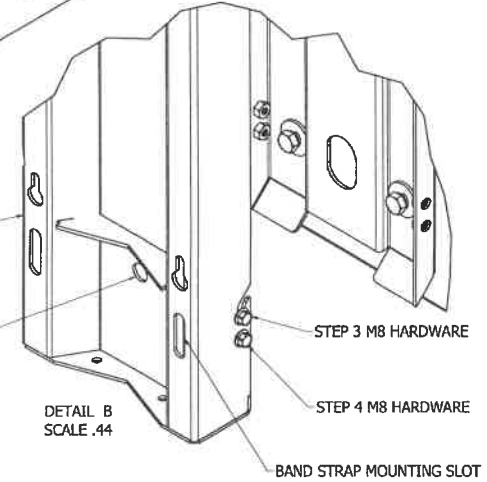
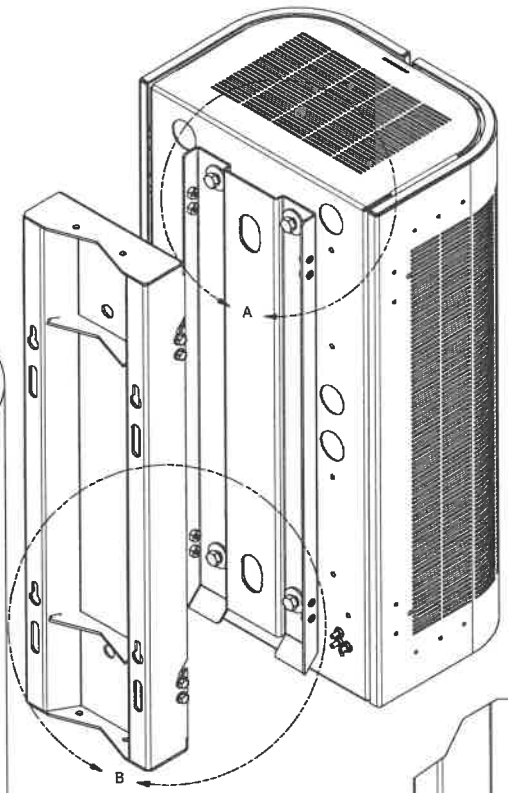
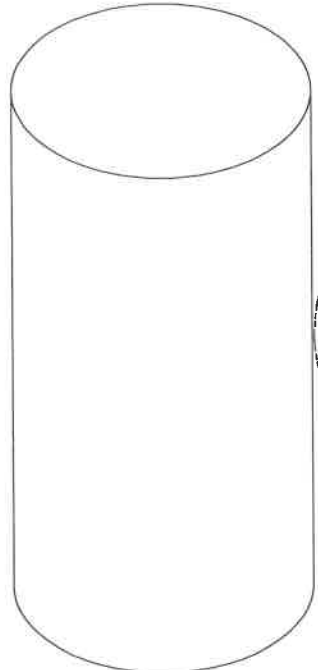
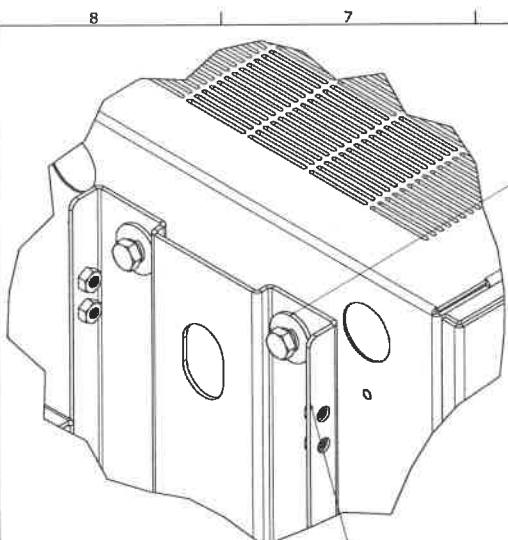


- 2x 2203, 1x mRRUS12, Fiber termination box, twin-diplexer



- Additional feature: mounting provision for AC distribution box





WALL MOUNT ASSEMBLY

STEP 1:
ATTACH THE POLE / WALL BRACKET TO A WALL, OR POLE. POLE MOUNTING CAN BE DONE USING BAND CLAMPS OR THREADED ROD AND NUTS.

STEP 2:
ATTACH THE CABINET BRACKET USING THE M12 HARDWARE SUPPLIED WITH THE KIT

STEP 3:
INSTALL THE UPPER M8 BOLTS APPROXIMATELY HALF WAY IN THE NUTS ATTACHED TO THIS BRACKET THEN LIFT THE CABINET ASSEMBLY AND ALIGN THE BOLTS WITH THE SLANTED SLOTS ON THE BRACKET ATTACHED TO THE WALL OR POLE AND SLIDE DOWN AND BACK INTO THE BRACKET.

STEP 4:
INSTALL THE LOWER M8 BOLTS AND TIGHTEN ALL OF THE M8 BOLTS.

FOR INSTALLATIONS WITH CABINETS MOUNTED TO BUT STACKED ABOVE THIS STACK, A SIMILAR BRACKET WILL BE DESIGNED AND SUPPLIED AS USED IN STEP 2 TO ATTACH DIRECTLY TO THE UPPER CABINET. ADDITIONALLY, A SEPARATE BRACKET FOR ATTACHING TO THE WALL OR POLE WILL BE INCLUDED THAT WILL ATTACH TO THE BRACKET SHOWN IN STEP 1. BELOW. THERE ARE MOUNTING HOLES IN THIS BRACKET TO ACCOMMODATE CUSTOM CONFIGURATIONS.

Project:
DOLBY F DDDR, VARIARI F RADIR,
INSTALLATION GUIDE

NO.	DESCRIPTION	QUANTITY	REVISION
1			

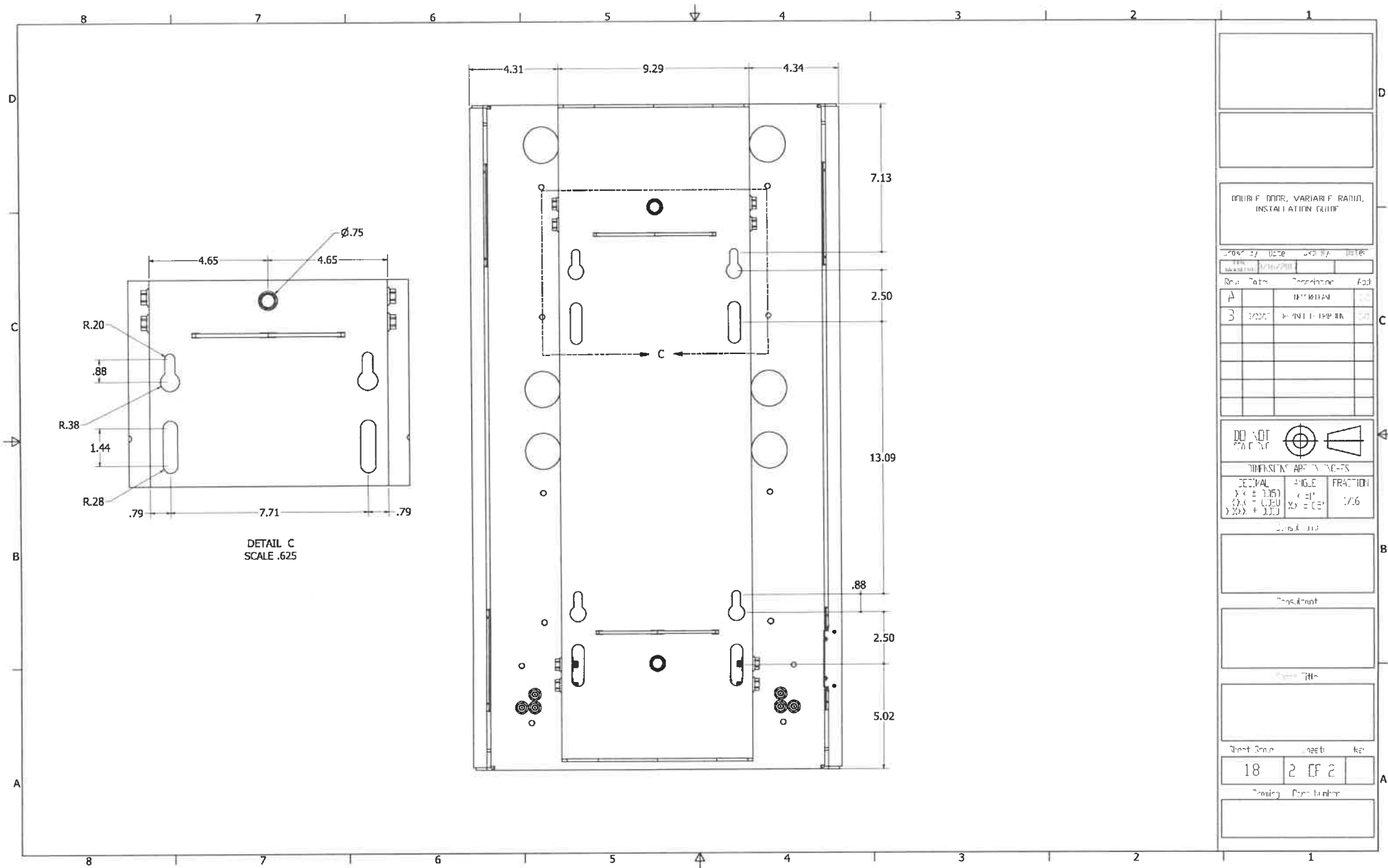
DIMENSIONS ARE IN INCHES		
DECIMAL	ANGLE	FRACTION
XXX.XXXX	##°	##/##
XXX.XXXX	##°	##/##

Consultant:

Sales Title:

Sheet No.	Sheet	Rev.
18	1	2

Drawing Date Update

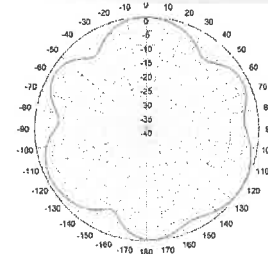


10" x 24" Outdoor Pseudo Omni Canister Antenna [1695-2400, 3550-3700 and 5150-5950 MHz]

EXTENT™ P6480i

Description:

- Pseudo Omni Canister Antenna for Outdoor DAS and Small Cells.
- 4x ports for AWS/PCS/WCS Band 1695-2400 MHz
- 4x ports for CBRS Band 3550-3700 MHz
- 2x ports for 5GHz Band 5150-5950 MHz



1695-2400, 3550-3700 and 5150-5950 MHz Pseudo Omni Canister Antenna

Electrical Specifications

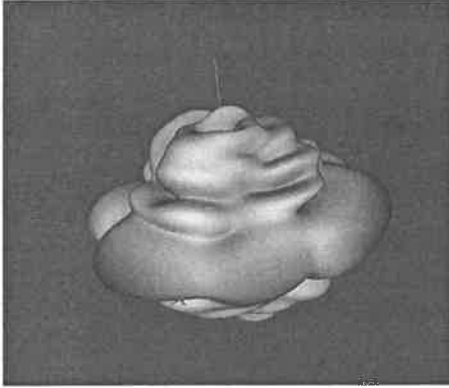
Frequency Band [MHz]	1695-2180	2180-2400	3550-3700	5150-5950
Input Connector Type	4x 4.3-10 DIN(F)		4x 4.3-10 DIN(F)	2x 4.3-10 DIN(F)
Isolation (typ.)	-20 dB		-25 dB	-25 dB
Inter-band Isolation	-30 dB (typ)		-30 dB (typ)	-30 dB (typ)
VSWR/Return Loss	1.5:1(Typ.) 1.7:1(Max.) / 14.0 dB(Typ.) 11.8dB(Max.)			
Impedance	50 Ω			
Polarization	Dual slant 45° (±45°)			
Horizontal Beamwidth	Omni (360°)			
Vertical Beamwidth	15°	12°	15°	19°
Max. Gain	9 dBi	9.5 dBi	8.5 dBi	6 dBi(Max.)
Avg. Gain	7.5 dBi	8 dBi	8 dBi	3 dBi
Downtilt	0°			
Max Power / Port	150 Watts		100 Watts	10 Watts
PIM @ 2x43 dBm	<-153 dBC		N/A	N/A

Mechanical Specifications

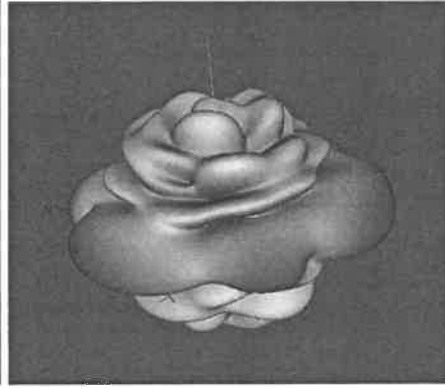
Operating Temperature	-40° to 158°F (-40° to +70°C)
Antenna Weight	19 lbs (9 kg)
Antenna Diameter	10" (254 mm)
Antenna Height	24.7" (628 mm)
Radome Material	ASA
RoHS	Compliant
Radome Color	Gray, Brown, 3M™ Conceal Film, Custom Colors Possible
Ingress Protection	Outdoor (IP65)
Wind Survival Rating	150 mph (241 km/h)
Shipping Dimensions - L x W x D	30"x19"x19" (762x483x483 mm)
Shipping Weight (Gross Weight)	26 lbs (12 kg)

Release Date: March 02, 2017; Revision: S-1 : RFD#6480

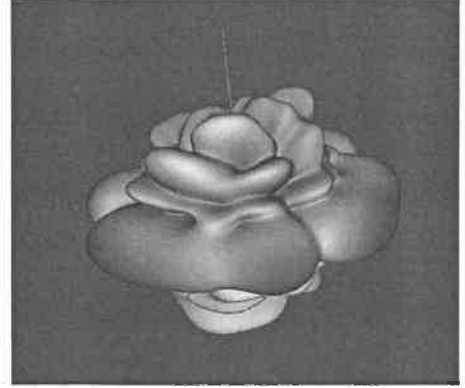
3D Antenna Patterns



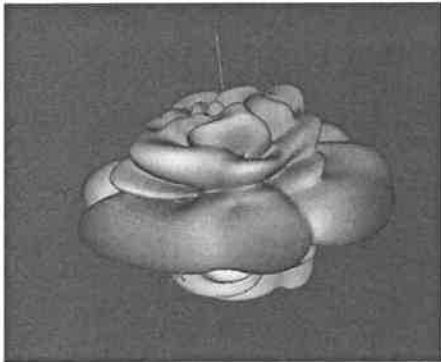
1730MHz



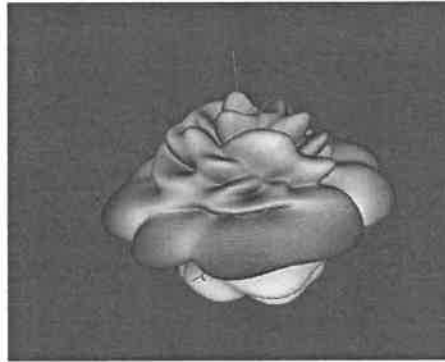
1930MHz



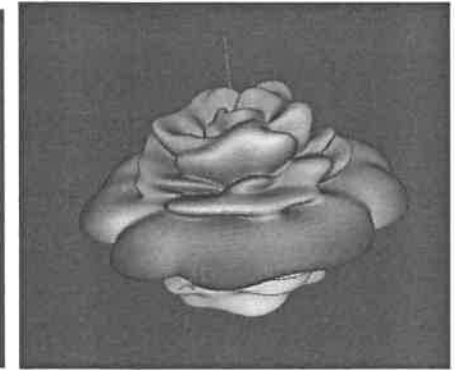
2130MHz



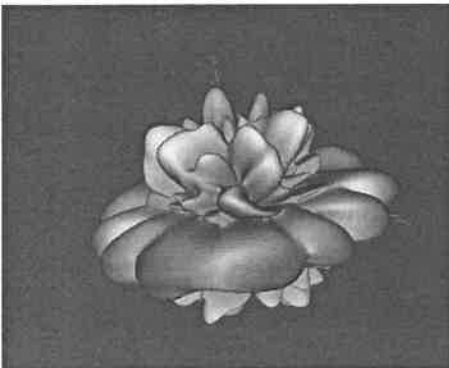
2170MHz



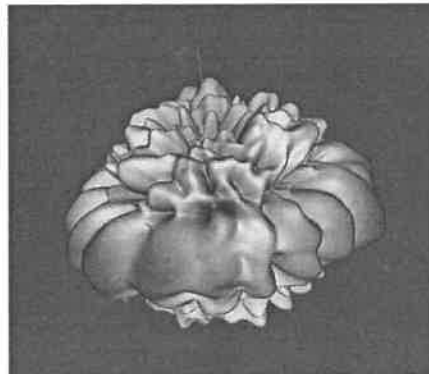
2320MHz



2355MHz



3650MHz

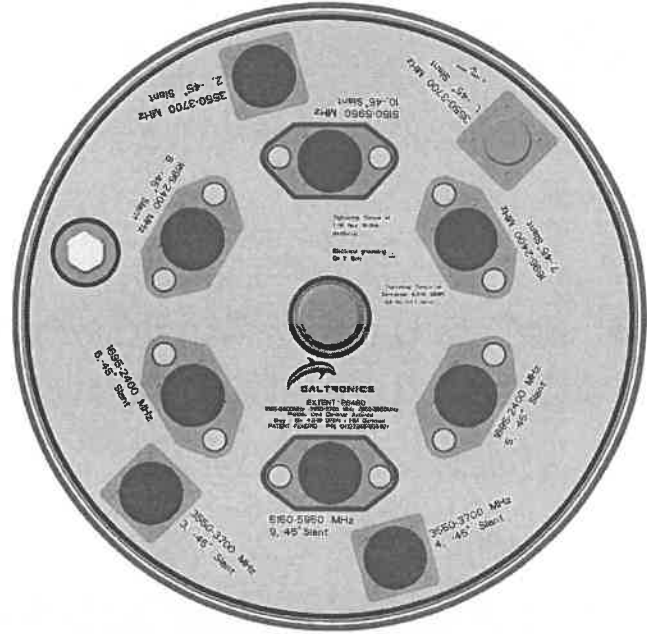
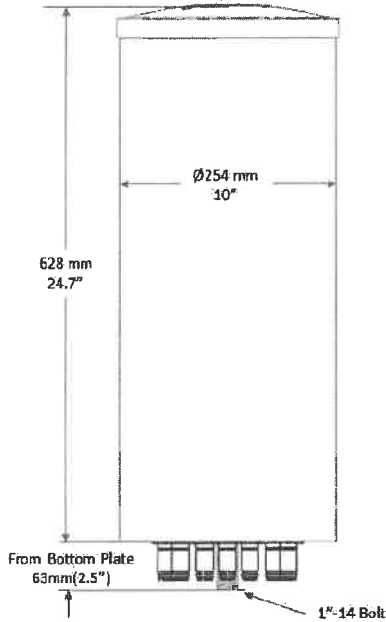


5250MHz

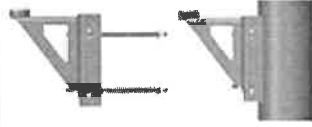



Release Date: March 02, 2017; Revision: S-1 : RFD#6480

Additional Technical Information

Mechanical Dimensions



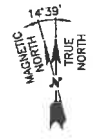
Part Numbers, Ordering Options and Accessories

Description:	Part Number:
Antenna with 10x 4.3-10 DIN (F) Connectors, Gray	04127265-06480-1
Antenna with 10x 4.3-10 DIN (F) Connectors, Brown	04127265-06480-6
Antenna with 10x 4.3-10 DIN (F) Connectors, Chrome (3M™ Conceal Film)	04127265-06480-C
Mounting Bracket(s):	Part Number:
Pole Side Mounting Bracket (wind speed of 150 mph) Offers easy pole side installation.	 62-50-09
Pole Top Mounting Bracket (wind speed of 150 mph) Bracket base attached directly to wood, metal and cement poles.	 62-20-09
1" Mount Rod Adapter (wind speed of 150 mph) Universal interface for pole top installation.	 62-57-09 

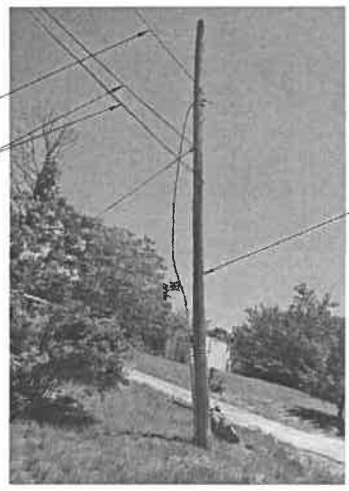
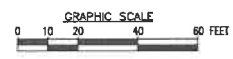
Matting Male Connector Torque:
4.3-10: 3.7 ft-lb (5 Nm)

Release Date: March 02, 2017; Revision: S-1 : RFD#6480

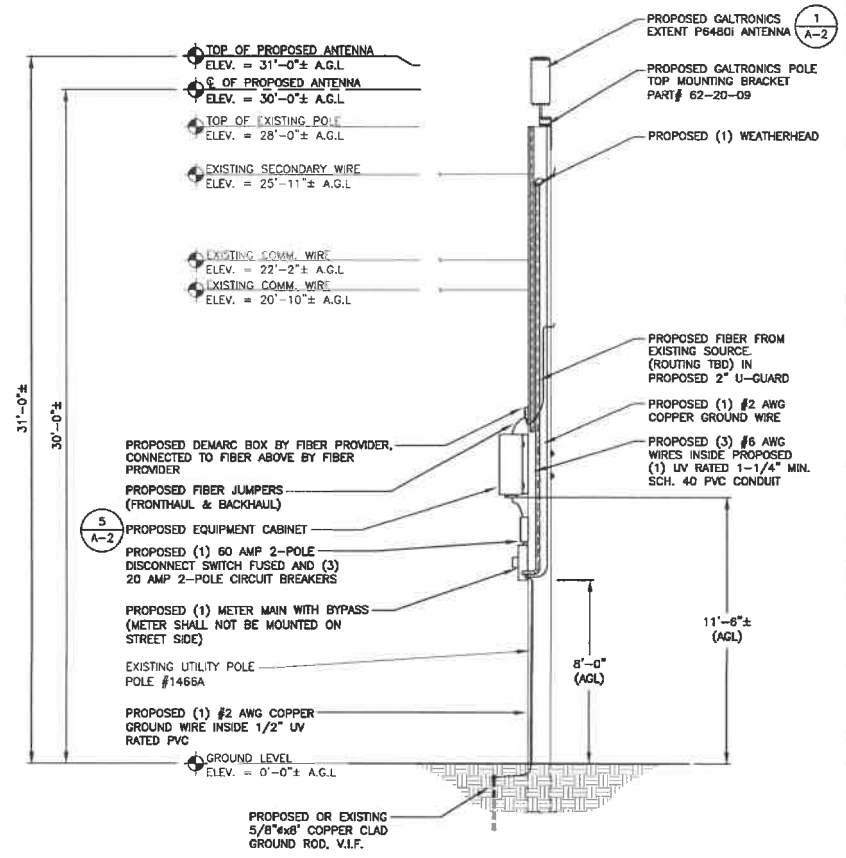
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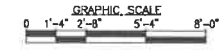
KEY PLAN
 22x34 SCALE: 1"=20'
 11x17 SCALE: 1"=40'



EXISTING CONDITIONS PHOTO DETAIL
 SCALE: N.T.S.



ELEVATION
 22x34 SCALE: 3/8"=1'-0"
 11x17 SCALE: 3/16"=1'-0"



CHECKED BY: AT

APPROVED BY: DJC

SUBMITTALS

REV.	DATE	DESCRIPTION	BY
1	01/15/18	ISSUED FOR REVIEW	JP
2	11/06/17	ISSUED FOR REVIEW	SB

CLUSTER AND NODE NUMBER:
CRAN_CP_28_P2A

SITE ID:
 CRAN_CP_28_P2A

SITE ADDRESS:
 47 TRURO CENTER ROAD
 TRURO, MA 02665
 BARNSTABLE COUNTY

SHEET TITLE
KEY PLAN AND ELEVATION

SHEET NUMBER
A-1



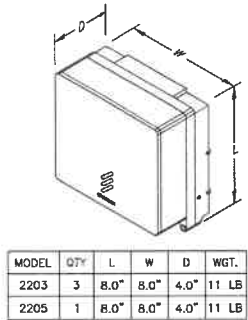
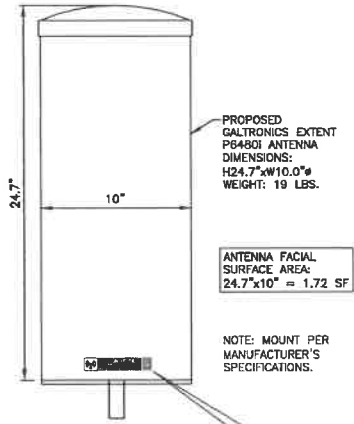
550 COCHITUATE ROAD
FRAMINGHAM, MA 01701



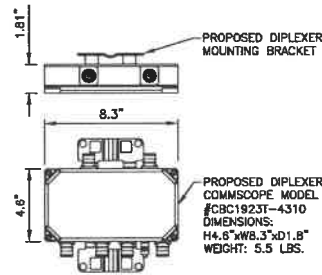
95 RYAN DRIVE
RAYNHAM, MA 02767



45 BEECHWOOD DRIVE TEL: (978) 557-5533
14 ANSOVER, MA 01845 FAX: (978) 336-5588



RRH (2203/2205) DETAIL
SCALE: N.T.S.

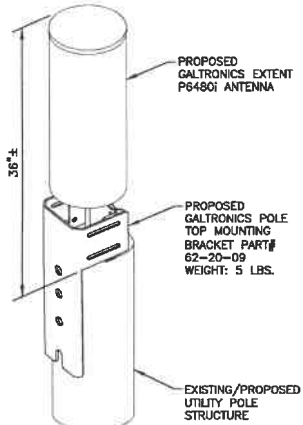


DIPLEXER DETAIL (AS REQUIRED)
SCALE: N.T.S.

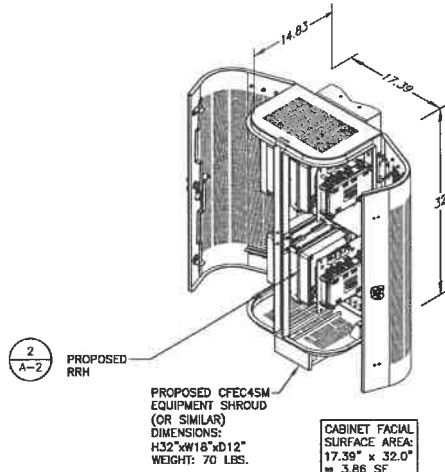


N01-CD-16 1"x6" NOTICE DECAL
PLACE THREE NOTICE STICKERS EQUALLY SPACED AROUND THE BOTTOM OF ANTENNA RADOME

ANTENNA DETAIL
SCALE: N.T.S.

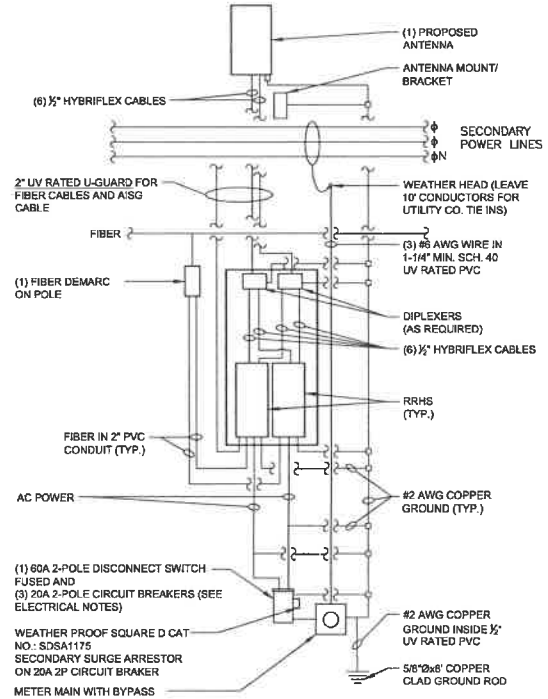


ANTENNA MOUNT DETAIL
SCALE: N.T.S.



NO BATTERY BACKUP OR AUXILIARY OUTLETS FOR BACKUP POWER ARE BEING PROVIDED IN THIS DESIGN

NOTE: MOUNT PER MANUFACTURER'S SPECIFICATIONS.
EQUIPMENT CABINET DETAIL
SCALE: N.T.S.



GENERAL WIRING DIAGRAM - DUAL RRHS
SCALE: N.T.S.

CHECKED BY: AT

APPROVED BY: DJC

SUBMITTALS

REV	DATE	DESCRIPTION	BY

CLUSTER AND NODE NUMBER:
CRAN_CP_28_P2A

SITE ID:
CRAN_CP_28_P2A

SITE ADDRESS:
47 TRURO CENTER ROAD
TRURO, MA 02666
BARNSTABLE COUNTY

SHEET TITLE
EQUIPMENT DETAILS

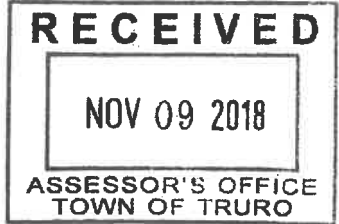
SHEET NUMBER
A-2

DEPARTMENT HEAD APPROVALS FOR AT&T PETITION

<p>Health/Conservation Agent Signature:</p> <hr/> <p>Comments/Conditions:</p> <p>Permits/Inspections needed:</p>	<p>Building Commissioner Signature:</p>  <hr/> <p>Comments/Conditions:</p> <p>Permits/Inspections needed:</p>
<p>Police Department Signature:</p>  <hr/> <p>Comments/Conditions:</p>	<p>Fire Department Signature:</p>  <p>Timothy Collins</p> <p><small>Digitally signed by Timothy Collins DN: cn=Timothy Collins, o=Town of Truro, ou=Truro Fire Department, email=tcollins@truro-ma.gov, c=US Date: 2018.11.06 09:26:58 -05'00'</small></p> <hr/> <p>Comments/Conditions:</p> <p>No issues</p>
<p>DPW Signature:</p>  <hr/> <p>Comments/Conditions:</p>	<p>OTHER:</p> <hr/> <p>Comments/Conditions:</p>



TOWN OF TRURO
ASSESSORS OFFICE



CERTIFIED ABUTTERS LIST
REQUEST FORM

DATE: 11/9/2018

NAME OF APPLICANT: Town of Truro

NAME OF AGENT (if any): On Behalf of New Cingular Wireless (AT&T)

MAIL ADDRESS: PO Box 2030 Truro MA 02666

PHONE: HOME _____

WORK (508) 349-7004

CELL _____

FAX _____

PROPERTY LOCATION: Eversource Pole - 47 Truro Center Rd.
(street address)

PROPERTY IDENTIFICATION NUMBER: _____ MAP 46 PARCEL 221

ABUTTERS NEEDED FOR:

(Please check one)	FEE		FEE:
<input type="checkbox"/> Board of Health	\$10.00	Planning Board	
<input type="checkbox"/> Cape Cod Comm.	\$15.00	<input type="checkbox"/> Special Permit	\$15.00
<input type="checkbox"/> Conservation Comm.	\$10.00	<input type="checkbox"/> Site Plan	\$15.00
<input type="checkbox"/> Zoning Bd. Of Appeals	\$15.00	<input type="checkbox"/> Preliminary Subdivision	\$15.00
<input type="checkbox"/> Licensing	\$15.00	<input type="checkbox"/> Definitive Subdivision	\$15.00
<input type="checkbox"/> Other <u>New Cingular Wireless Public Hearing</u>			\$ _____
	(Please Specify)		(Inquire)

Note: We have up to 10 calendar days to process your order.

THIS SECTION FOR ASSESSORS OFFICE USE ONLY

Date request received by Assessors: 11-9-2018 Date completed: 11-16-2018

List completed by: Kathy Sullivan



TRURO ASSESSORS OFFICE
P.O. Box 2012 Truro, MA 02666
Telephone: (508) 349-7004 Ext. 117
Fax: (508) 349-5506

Date: November 16, 2018

To: Town of Truro on behalf of Eversource Energy and New Cingular Wireless

From: Assessors Department

Certified abutters list for: Special Permit

The following is a request from New Cingular Wireless PCS, LLC in conjunction with Eversource Energy to add services to the following existing pole location for Telecommunication Wires and Wireless Attachments and Appurtenances.

Attached is a list of abutters for the property located at *47 Truro Center Road* on Assessor's Map 46, Parcel 221. The current owner(s) as of *October 22, 2018* is/are *Irene Lillian Silva, Irrevocable Trust*. The names and addresses of the abutters are as of *November 9, 2018* according to the most recent documents received from the Barnstable County Registry of Deeds.

Certified by: _____

Kathleen M Sullivan

Assessor's Clerk

Town of Truro

P.O.Box 2012

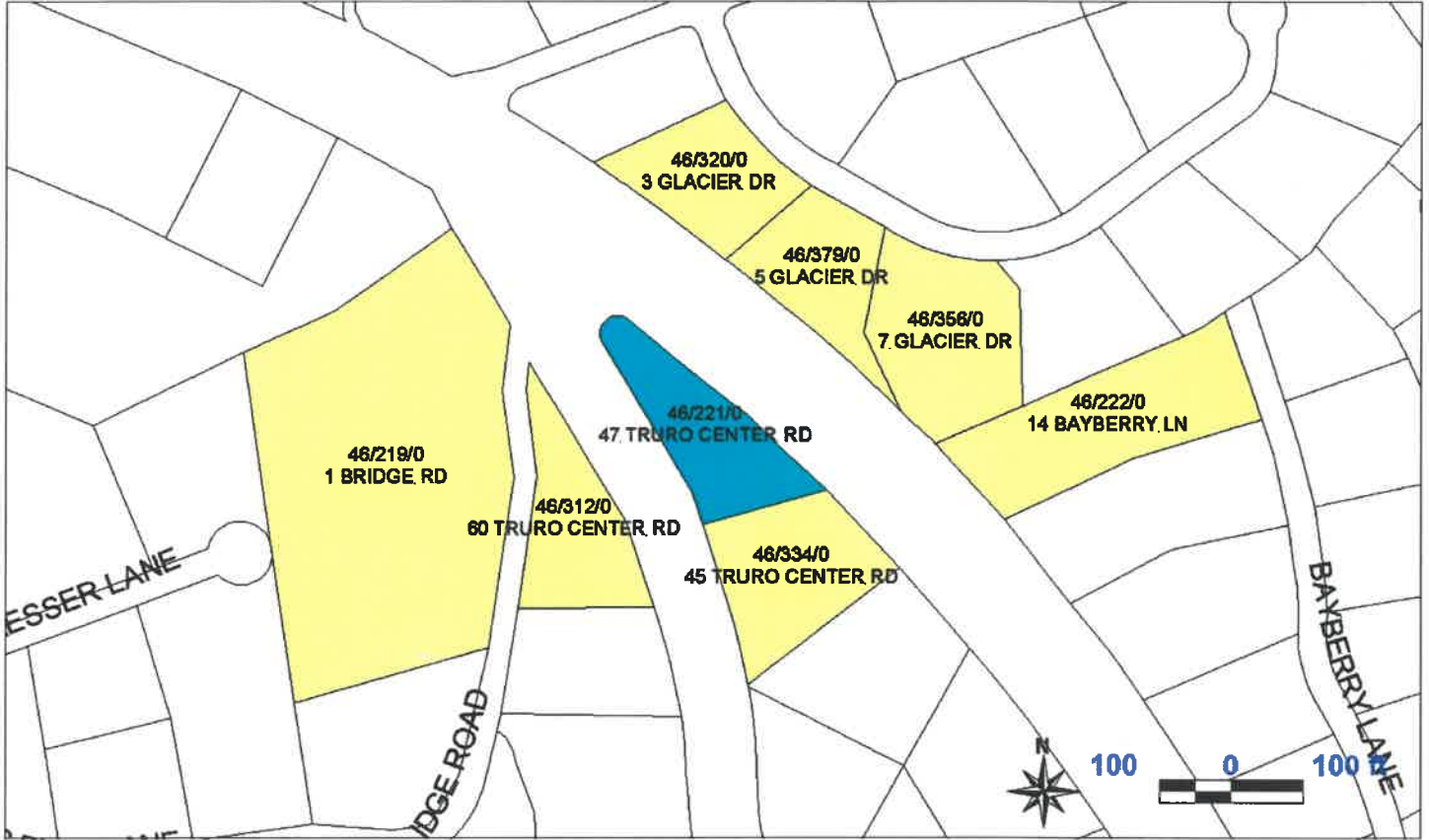
Truro, MA 02666

Telephone: 508-349-7004, x117

Fax: 508-349-5506

ksullivan@truro-ma.gov

Custom Abutters List



Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	ZipCd/Country
2440	46-219-0-E	R C BISHOP OF FALL RIVER	1 BRIDGE RD	PO BOX 2577	FALL RIVER	MA	02722-2577
2441	46-221-0-R	IRENE LILLIAN SILVA REVOC TRST TRS: IRENE L. SILVA	47 TRURO CENTER RD	PO BOX 251	TRURO	MA	02666
2442	46-222-0-R	COOK PETER J & ELIZABETH A	14 BAYBERRY LN	21 MECHANIC STREET	PROVINCETOWN	MA	02657
2521	46-312-0-R	BAGO TIBOR A & OFELIA M	60 TRURO CENTER RD	PO BOX 145	TRURO	MA	02666-0145
2529	46-320-0-R	MORAN DENIS & JUDITH JT REV TR TRS: MORAN DENIS J & JUDITH A	3 GLACIER DR	269 WATSON HOLLOW RD	WEST SHOKAN	NY	12494
2539	46-334-0-R	RODERICK JANICE ROSE & RAYMOND	45 TRURO CENTER RD	PO BOX 934	TRURO	MA	02666-0934
2561	46-356-0-R	WATTS-BUMPUS LAURIE & BUMPUS JOHN R	7 GLACIER DR	PO BOX 397	TRURO	MA	02666-0397
5749	46-379-0-R	WELLS SCOTT M & NELSON NADINE P	5 GLACIER DR	1177 22ND ST NW SUITE 4H	WASHINGTON	DC	20037

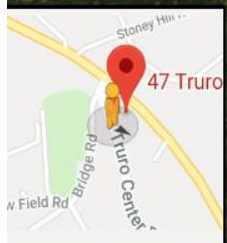


47 Truro Center Rd

Truro, Massachusetts



Street View - Aug 2011



Google









TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Administration

REQUESTOR: Rae Ann Palmer, Town Manager

REQUESTED MEETING DATE: December 11, 2018

ITEM: Discussion of Shared Services Working Group Advisory Members

EXPLANATION: It was agreed at the November 27th Joint meeting with Provincetown to create a working group which includes the Town Managers and Assistant Town Managers from the two Towns along with two advisory representatives from both the Town of Truro and the Town of Provincetown Board of Selectmen. The advisory members will assist the Managers with policy direction for future shared services endeavors. It is anticipated that meetings will be held quarterly.

SUGGESTED ACTION: MOTION TO *name Truro Board of Selectmen Members*
_____ *and* _____ *as advisory representatives to the Shared Services*
Working Group between the Town of Truro and the Town of Provincetown.

ATTACHMENTS: None



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

6. CONSENT AGENDA

A. Review/Approve and Authorize Signature:

1. Application for a Curb Cut Permit-2 Higgins Hollow Road
2. Woods Hole Group Phase II & III Proposal for the East Harbor Culvert Replacement
3. One Day Entertainment and Alcohol License for Castle Hill at Edgewood Farms December 14th
4. Review and Approve Community Development Partnership Contract for the Housing Rehab program for the FY18 CDBG Grant

B. Review and Approve Business Licenses: Lodging-Truro Vineyards; Common Victualer-Farm Maid Foods, Top Mast Café Restaurant, Salty Market

C. Review and Approve Dan Smith's Tidal Grant Coordinate Change at Beach Point

D. Review and Approve Tom Bow for Appointment on Open Space Committee

E. Review and Approve Board of Selectmen Minutes: October 16, 2018, November 7, 2018



TOWN OF TRURO

Select Board Agenda Item

DEPARTMENT: Administration

REQUESTOR: Noelle Scoullar, Executive Assistant

REQUESTED MEETING DATE: December 11, 2018

ITEM: Application for a Curb Cut Permit

EXPLANATION: Thomas Taborelli, owner of 2 Higgins Hollow Road, has submitted an application for a curb cut permit to move the driveway away from the busy corner of Higgins Hollow Road and Longnook Road. DPW Director Cabral and Police Chief Calise have both signed off on this project.

FINANCIAL SOURCE (IF APPLICABLE): N/A

IMPACT IF NOT APPROVED: Driveway will remain where it is currently located.

SUGGESTED ACTION: *MOTION TO approve the curb cut permit and authorize the Chair to sign.*

ATTACHMENTS:

1. Application for curb cut permit with Plan of Land

EXHIBIT 1

**TOWN OF TRURO
APPLICATION FOR A CURB CUT PERMIT**

Note: This permit application must be accompanied by a plan. If this permit is being applied for by someone other than the Owner of the property, the owner's signature must appear at the bottom of the application.

Date: 11-1-18

To the Board of Selectmen
24 Town Hall Road
P. O. Box 2030
Truro, MA 02666

RCVD 2018NOV19 AM813
ADMINISTRATIVE OFFICE
TOWN OF TRURO

Re: **APPLICATION FOR A CURB CUT**

Dear Board Members:

The applicant(s) hereby make application for a curb cut as follows:

Name(s): THOMAS TABORELLI

Address: 2 HIGGINS HOLLOW ROAD

Curb Cut Street Location: SAME

Affected Town or State road: HIGGINS HOLLOW ROAD

Truro Assessor's Map Number: _____ Parcel Number: _____

Name of contractor: JAKE FRANCESCO - GRASSROOTS

Reason/explanation: TO MOVE DRIVEWAY AWAY FROM BUSY CORNER OF HH + LONGMOOK

I/we hereby agree to the terms and conditions as outlined in this policy and attached Exhibits:

Applicant's Signature: Thomas Taborelli

Owner's Signature (if different): same Date: 11-1-18

Owner's Address (if different): same

Director, Department of Public Works Preliminary Approval:

Approved Disapproved Not Applicable

Director, Department of Public Works

16 NOV 2018
Date

Chief of Police Approval:

Approved Disapproved Not applicable

Chief of Police

19 Nov 2018
Date

Board of Selectmen Approval:

Approved Disapproved

Chairman, Board of Selectmen

Date

Planning Board Approval (if required):

Approved Disapproved Not Applicable

Chairman, Planning Board

Date

Building Commissioner Approval:

Approved Disapproved

Building Permit Number _____

Building Commissioner

Date

Mass Highway Referral (if required):

Date Forwarded _____

Signature

Director, Department of Public Works Declaration of Compliance:

I have inspected the property located at _____ and found the work requested on the Application for a Curb Cut dated _____ to be in compliance with the Board of Selectmen Policy #28 - Curb Cut Policy.

Director, Department of Public Works

Date

Building Commissioner Final Approval:

Approved Disapproved

Certificate of Occupancy _____

Building Commissioner

Date



Grass Roots Landscaping

PO Box 960
N. Eastham, MA 02651
(508) 255-3500

November 14, 2018

Town of Truro
PO Box 2030
Truro, MA 02666

To whom it may concern,

We are a local landscape installation & maintenance company with our main office located in Orleans. We have been contracted by Thomas Taborelli whom resides a 2 Higgins Hollow Rd in Truro for landscape renovations & improvements.

Working with the homeowner, engineer, as well as the Town of Truro, it is our goal to move the driveway location to obtain better visibility and a safer departure, while allowing sufficient space for vehicle turn-around. A proposed location has been delineated on the attached site plan which has more level terrain and clearer line of sight. It is also proposed to install a wall on Taborelli's property eliminating the existing curb cut and reducing run-off from the property on to the town road.

The driveway proposed would be constructed and graded in a manner to contain any driveway runoff on the private property. During construction, wattle fencing may be used to prevent temporary erosion before project is finalized. The base layer of the driveway is to be constructed using processed hardener, a natural blue stone aggregate of various sizes ranging from ¾" to dust, in a 3" +/- layer. The surface of the driveway is to be a 3" +/- layer of both ¾" native stone and crushed shell. All levels including sub-grade will be compacted. The area located between the edge of pavement of the town road and proposed driveway shall be hot-mixed & bermed.

If you have any questions or need any further details, please do not hesitate to reach out to me directly. Thank you for your time and assistance with this project.

Best Regards,

Jake Francesconi - President

Gro Cape Cod, Ltd.

DBA Grass Roots Landscaping & Nauset Flooring Company

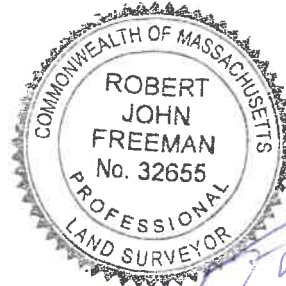
(508)360-3409 cell

SURVEYOR'S CERTIFICATION:

ON THE BASIS OF MY KNOWLEDGE, INFORMATION AND BELIEF, I CERTIFY TO THOMAS TABORELLI THAT AS THE RESULT OF A LOCATION SURVEY PERFORMED ON THE GROUND ON MAY 11, 2018 IN ACCORDANCE WITH THE NORMAL STANDARD OF CARE EXERCISED BY PROFESSIONAL LAND SURVEYORS PRACTICING IN THE COMMONWEALTH OF MASSACHUSETTS, I FIND THAT THE EXISTING DWELLING AND GARAGE AND PROPOSED ADDITION ARE SITUATED ON LOCUS AS SHOWN HEREON.

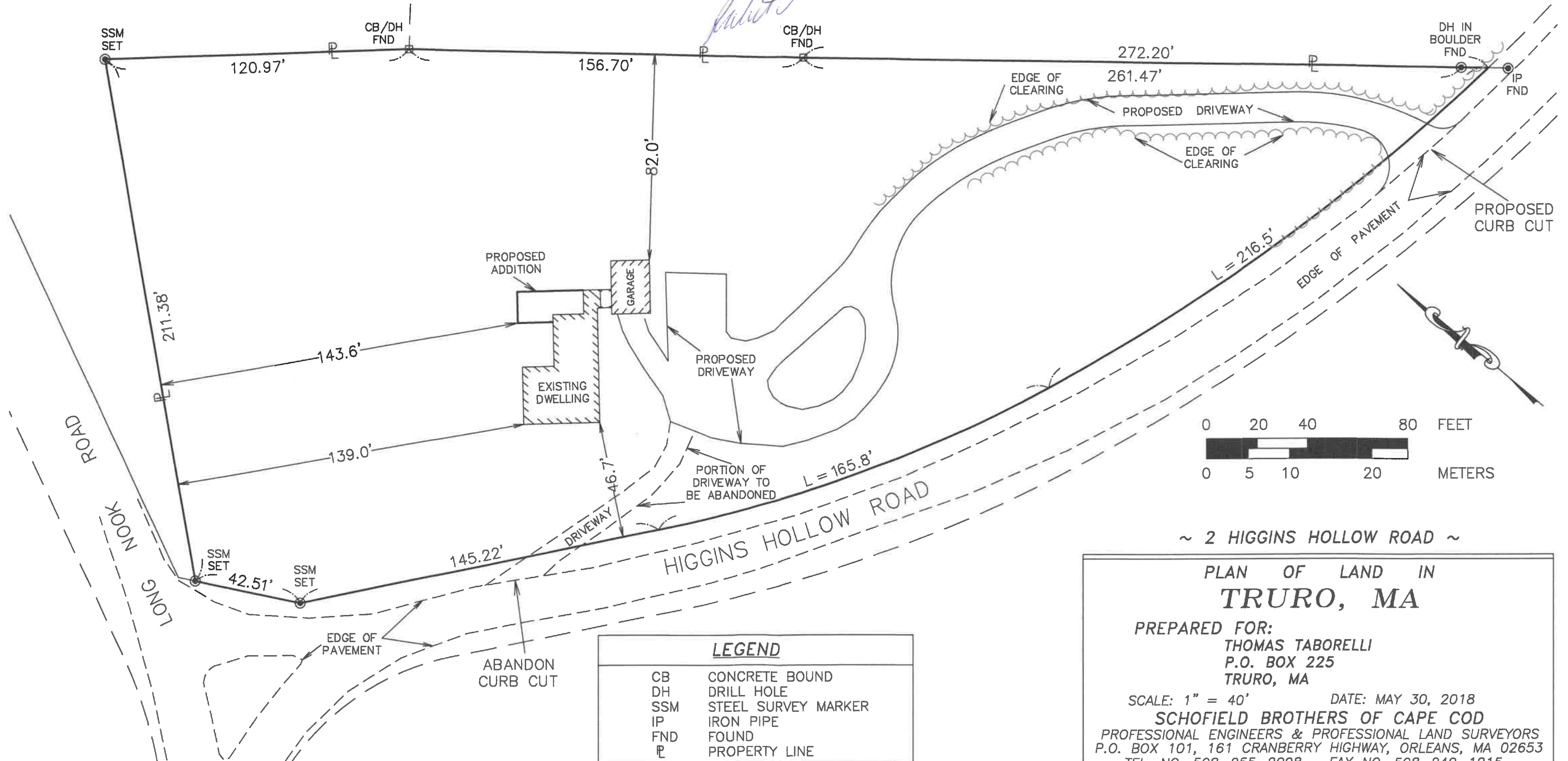
DATE: NOVEMBER 14, 2018

PROFESSIONAL LAND SURVEYOR



NOTES:

- 1: ASSESSOR'S MAP 43 - PARCEL 129
- 2: OWNER OF RECORD:
THOMAS TABORELLI
- 3: REFERENCE:
DEED BOOK 31206, PAGE 255
PLAN BOOK 150, PAGE 119

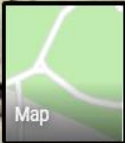


~ 2 HIGGINS HOLLOW ROAD ~

**PLAN OF LAND IN
TRURO, MA**

PREPARED FOR:
THOMAS TABORELLI
P.O. BOX 225
TRURO, MA

SCALE: 1" = 40' DATE: MAY 30, 2018
SCHOFIELD BROTHERS OF CAPE COD
PROFESSIONAL ENGINEERS & PROFESSIONAL LAND SURVEYORS
P.O. BOX 101, 161 CRANBERRY HIGHWAY, ORLEANS, MA 02653
TEL. NO. 508-255-2098 FAX NO. 508-240-1215



Map

Google



TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Public Works

REQUESTOR: Jarrod Cabral, DPW Director

REQUESTED MEETING DATE: December 11, 2018

ITEM: Woods Hole Group Phase II & III Proposal-East Harbor Culvert Replacement

EXPLANATION: Attached for your review and approval is a proposal from the Woods Hole Group for continuing engineering and construction supervision services for the East Harbor culvert replacement project. This proposal focuses on the final design and permitting services required for the underground culvert between Rte. 6 and Rte. 6A, as well as supplemental services for the offshore outfall phase.

FINANCIAL SOURCE (IF APPLICABLE): Debt Authorization at 2017 Annual Town Meeting

IMPACT IF NOT APPROVED: Culvert will further deteriorate, increasing the threats to road utilities, as well as public and private infrastructure.

SUGGESTED ACTION: *MOTION TO Approve the Woods Hole Group Phase II & III Proposal for the East Harbor Culvert Replacement and Authorize the Chair to Sign.*

ATTACHMENTS:

1. Phase II & III Proposal



WOODSHOLEGROUP.COM

October 18, 2018

Job No. 2013-0084

Sent by Electronic Mail

Mr. Jarrod Cabral, Director
Department of Public Works
Town of Truro
P.O. Box 2030
Truro, MA 02666
Email: jcabral@truro-ma.gov
Tel: (774) 722-3747

Phase II & III Proposal - East Harbor Culvert Replacement

Dear Mr. Cabral

Woods Hole Group offers this proposal for engineering design, permitting, and bid support services required for repairing/replacing the failing East Harbor culvert system in Truro, MA. Prior work approved on this project includes planning, survey, geotechnical, engineering design, permitting, and bid support services primarily related to the ocean outfall, as well as survey, geotechnical, planning, and preliminary engineering work for the culvert section between the roads. This proposal now focuses on the final design and permitting services required for the underground culvert between Rte. 6 and Rte. 6A, as well as supplemental services for the



Figure 1. General Site Layout.



offshore outfall phase (dune walkover design and bid process support). Services not yet included in this proposal include bid support for the culvert project, as well as construction monitoring services for either phase of the project. The original culvert is a composite structure that includes a seaward section of concrete box culvert sections supported by pilings, which connects under Shore Road (Route 6A) through a junction box that includes an inoperable tidal gate control system (Figure 1).

The concrete section continues underground between Shore Road and the State Highway Route 6, where it connects to another junction box and a culvert under the highway before exiting through a headwall into Moon Pond, a southern section of the East Harbor system. The junction boxes and culvert sections upstream of Shore Road have several sinkholes, exposing steel sheeting and joints at places. The condition of the tidal gate control system adjacent to Shore Road is unknown, but it is our understanding that the flap gates are wedged in an open position. Repairing or replacing the existing failing structure will allow continued drainage and modest tidal flushing, while allowing management of upland flooding, insect control, habitat restoration, and protection of public safety.

This project is not intended to fully restore flushing of East Harbor / Pilgrim Lake system, which is a longer-term initiative. Rather, this project is intended to address a failing piece of infrastructure, while incorporating flow restoration measures within the constraints of the property limits and roadway crossings. Woods Hole Group has developed a phased approach for completing the project through construction that was first detailed in the full Woods Hole Group report, *Final Report: East Harbor Culvert Evaluation* (June, 2016).

A project approach has been agreed upon with the Town to undertake design, permitting and repair of the two portions of the structure on separate design, permitting and construction tracks:

- **Partial replacement of the outfall Structure on Noon's Landing Beach:** This first portion of the project has been previously authorized and is currently in the bid phase for the partial replacement of the seaward portion of the outfall. Some additional bid-phase services are provided in this proposal, and future construction monitoring services will be provided under a supplemental scope of services.
- **Partial replacement of the underground culvert between Shore Road and Route 6:** This second portion of the project includes the design, permitting, and bid-support services for replacing the underground culvert between the Shore Road and Route 6 junction boxes, which is covered under this proposal. Additional bid and construction-phase services will be provided under a supplemental scope of services once the design is finalized and permitted.

This proposal includes subcontract services from Fuss & O'Neill, Inc. for engineering design, bid, and construction-phase support services. The level of support (e.g., part- or full-time inspection) and the duration of construction for the respective projects will be determined in developing the scope and budget for these future services upon the completion of this scope of work.

SCOPE OF WORK

As outlined in the prior October 20, 2017 Proposal, the scope of work for each of the two portions of the project is being conducted in three (3) phases including:

- I. Supplemental Surveys/Investigations and Preliminary Design



- II. Final Engineering Design and Permitting
- III. Contractor Bidding and Construction Administration Assistance

To date, all services offered under Phase I have been completed including supplemental field survey, subsurface investigations, field investigation report, and the preliminary design (Tasks 1 – 5). There was an overage in the amount of \$1,380 left over from Phase I Task 2 site survey performed by Ryder & Wilcox that the Town agreed to fulfill in an April 12, 2018 email during the final design and permitting services for the underground culvert portion of the project (Tasks 6B and 7B). The Phase II Tasks for the Final Engineering Design & Drawings and Environmental Permitting of the offshore outfall are either completed or in the permitting process. In addition, a portion of Task 8, Contractor Bid Process support for the outfall portion, was included in Task 7A to help expedite that portion of the project. The remaining scope of services offered by this proposal for the underground culvert replacement include the following:

Phase II Services - Final Engineering Design and Permitting for Underground Culvert

The scope of services to provide the remaining Phase II tasks for the final design and permitting of the underground culvert between Shore Road and Route 6, as well as the design of the dune overwalk structure is provided below:

- **Tasks 6B - Environmental Permitting for Culvert Repairs:** Task 6B will include the preparation of permit applications for repairs of the underground culvert sections between Shore Road and Route 6 and modifications to its two (2) chamber structures. Based on our experience with the project so far and discussions with various regulatory bodies, it is assumed that the only two (2) permit applications will be required including:
 1. Notice of Intent (NOI) application to the Town of Truro Conservation Commission Massachusetts Department of Environmental Protection (MassDEP)
 2. MassDOT Access Permit

Drawings to support the permit applications will be completed under Task 7B below. The MassDOT Access Permit application will be prepared and filed as a Non-Vehicular Access Permit since all work is being completed within the State Highway Layout. The MassDOT will review the project drawings with a narrative description, which are to be transmitted with the application. Since the culvert replacement is located outside of the intertidal area and well above the High Tide Line, it will not require a MassDEP Chapter 91 office notification or a USACE Category 2 permit application that were required for the offshore outfall permitting. If it is determined that additional permit applications are needed, then an additional scope of work will be provided for this work. Woods Hole Group will respond to permitting agency permit comments, and provide revisions if needed. We have budgeted a certain level of effort for this assistance. If additional out of scope assistance is required, we will gain approval from the Town prior to proceeding. It is also assumed that the Woods Hole Group team will help draft the Order of Conditions (OOCs) for the project as was completed for the outfall permitting.

It is assumed that the Town will negotiate/coordinate with relevant property owners to obtain written permission for proposed project activities (e.g., access, staging/stockpiling). Meetings are assumed for agency interaction (1), NOI hearings (1), and Town progress meetings (2). Additional meetings, if required, will be provided on a time and materials basis.



- **Task 6C - Dune Walkover Structure Design Analysis, Drawings and Technical Specification:** This task includes engineering design, drawings and specifications for dune walkover structure at Noon's Landing Beach. It is understood and assumed that this structure is not required to meet ADA requirements. It is also assumed that the foundation for this structure will be designed for construction using timber piles on the ocean side of the dune, with consideration for sonotubes on the landward side of the dune, based upon subsurface conditions identified by the boring program conducted under Phase I. The foundation type will be selected upon review of subsurface data, structure loadings, and wave forcing; design of one foundation type is included in this scope of services (no alternatives evaluation). A budgetary opinion of cost will be prepared for construction of the structure.

As the dune enhancement will result in placement of several feet of sand on the beach adjacent to the existing dune, which will potentially erode from seasonal migration and/or storm surges, the oceanward side of the structure is assumed to extend to the elevation of existing beach profile such that beach access will be provided through the range of potential dune/beach profiles (i.e., from existing to proposed post-enhancement profiles). Drawings and specifications will be developed to construction-level design and incorporated into bid/contract documents being prepared for repair of the outfall structure.

Tasks 7B – Final Engineering Design Analysis and Drawings for Culvert: A preliminary engineering design for the culvert and outfall system was completed under Phase I. Task 7B will finalize the engineering design, specifications, and drawings for replacing the underground culvert between Shore Road and Route 6 including modifications to its two (2) chamber structures. Engineering design plan sets will be developed to permitting-level designs for the NOI Application and MassDOT Access Permits. Design or plan modifications required due to additional permitting requirements or conditions will be incorporated into the drawings and specifications, as appropriate, upon receipt of permit authorizations. It is assumed that control of water, water bypassing, and coffer damming/access requirements will be developed on the plans as performance technical specifications leaving flexibility for the contractor to develop and submit its own PE-stamped design specifications submittal for review and acceptance. The shoring layout/description will be indicated as delegated design performance specifications where the contractor's engineer will complete detailed analyses to determine sheeting depths and layouts bracing. A certain level of effort has been budgeted for this assistance, and additional out of scope assistance, if required, will be provided on a time and materials basis.

Phase III Services – Contractor Bidding and Construction Administration Assistance

The scope of services to provide the Town assistance with the bidding process is provided below.

- **Task 8A – Outfall Contractor Bid Process:** The Woods Hole Group team will provide assistance to the Town in soliciting bids for repairs to the outfall structure. This will consist of attendance at a pre-bid meeting to describe the project, contract requirements and address bidder questions. A draft addendum will be prepared documenting responses provided at the pre-bid meeting and subsequently received by email. This draft addendum will be provided in PDF format for the Town review, revised to address received comments, and provided as a final PDF for distribution to bidders via email. The Woods Hole Group team will review and tabulate bids, call references for the lowest apparent bidder, and prepare a draft and final recommendation letter for the Town's award of the bid. Note that a



portion of this task, drafting the front-end bidding and contract documents including a contract manual, was previously authorized previously under Task 7A of the July 13, 2018 Proposal. This assumed that the Town will take the lead on the actual bid process (e.g., preparation of bid documents and forms, solicitation and public notice, receipt and evaluation, address contractor inquiries, etc.) using bid specifications and plans provided by the Woods Hole Group and Fuss & O'Neill team.

SCHEDULE

The permitting and bid process for partial replacement of the outfall are ongoing, and the overwalk structure drawings and specifications for Task 6C are being expedited with email approval from the Town for incorporation into the bid/contract documents as part of the issued addendum within a week of authorization. Bidding assistance will be provided by the Woods Hole Group team in accordance schedules established with Town.

For the underground culvert between Rte. 6 and Rte. 6A, the team is prepared to initiate work within two (2) weeks of receiving a notice to proceed. The draft design, permit applications, and permitting-level drawings will be provided within 12-14 weeks of authorization, and final drawings and permit applications will be provided within two weeks of receipt of comments. Approximately four (4) months would be required to reach a point where the design and specifications for the culvert replacement project are ready for the Town to put out to bid. This assumes the project can be put out to bid prior to permitting, and that permitting can proceed in parallel. Interim steps along the way, some performed in parallel, are listed below. As part of project kick-off activities, a more detailed schedule will be provided with milestone dates and deliverables.

ESTIMATED BUDGET

The estimated budget for the Permitting and Engineering Design of the Culvert (Tasks 6B and 7B), Dune Overwalk Structure (6C), and the Outfall Bid Support (Task 8A) for the Outfall is **\$136,480** and a breakdown is summarized in the Table below:



PHASE I. Supplemental Surveys / Investigations / Preliminary Design	
2.8 Site Survey Overages from Ryder & Wilcox	\$1,380
PHASE II. Permitting and Final Design	
Task 6B. Culvert permitting	\$28,800
6A.1 Prepare and file NOI 6A.2 Conservation hearing (1) 6A.3 DEP Chapter 91 Notice 6A.4 USACE Notice 6A.5 Permit drawings 6A.6 Permit service and recordings 6A.7 PM & correspondence	
Task 6C. Dune Walkover Structure Design Analysis, Drawings & Technical Specs	\$12,500
6C.1 Design Analyses 6C.2 Specs 6C.3 Draft & Final construction design plans & specs 6C.4 Opinion of Coast 6C.5 PM & Correspondence	
Task 7B. Culvert final design	\$83,900
7A.1 Design refinements 7A.2 Contractor performance technical and access specifications 7A.3 Specifications 7A.4 Draft Final design plans 7A.5 Progress review meeting 7A.6 Final design plans and specifications 7A.7 Bid support for outfall only (review Town document, attend pre-bid meeting, and answer questions) 7A.8 PM & Correspondence	
PHASE III. Bid & Construction Process	
Task 8A. Beach outfall bid support	\$9,900
8A.2 Prepare Draft & Final Addendum 8A.3 Pre-bid onsite contractor meeting 8A.4 Bid meeting 8A.5 Address questions/comments from contractors 8A.6 Support Town for decision	



The proposal was assembled under the assumptions for a time and materials services contract. Realistic budgets for planning purposes were estimated based on the detailed level of effort in the WBS, and experience with similar projects. Costs will be submitted based on the actual time and expenses required to perform the work. Every effort will be made to conserve costs where possible. These cost estimates are inclusive of Fuss & O'Neill's and other subcontract services, standard Woods Hole Group mark-up, and Woods Hole Group labor. We also can proceed incrementally with key stop points along the way if preferred by the Town. In this case, a revised schedule would be provided. Invoices will be submitted monthly based upon percent complete, and payment is due within 30-days of the invoice date. Woods Hole Group reserves the opportunity to withhold work products or pursue legal action to obtain rightful payment.

We appreciate the opportunity to present this proposal, and look forward to continuing our work together on this project. If there are any questions please contact myself, Robert Hamilton, by email at bhamilton@whgrp.com or phone at 508-495-6229.

Sincerely,

Robert P. Hamilton, Jr.
President & Coastal Engineer
The Woods Hole Group, Inc.

Acceptance and Authorization to Proceed:

"I authorize Woods Hole Group, Inc. to proceed with the above scope of work and budget of **\$136,480**"

Client Name

Date

Woods Hole Group Representative

Date



TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Licensing Department

REQUESTOR: Nicole Tudor, Executive Assistant, on behalf of Truro Center for the Arts at Edgewood Farm

REQUESTED MEETING DATE: December 11, 2018

ITEM: Approval of a One-Day Alcohol and Entertainment License for December 14, 2018 at Truro Center for the Arts at Edgewood Farm

EXPLANATION: MGL Chapter 138 § 14 provides local authority to license Special One-Day alcohol licenses and MGL Chapter 140 § 181 provides local authority to license performance events.

The All Alcohol and Entertainment Application for review and approval is for an event being held on Friday, December 14, 2018 from 6-9pm for the Truro Center for the Arts annual Holiday Bash Fundraiser (<https://www.castlehill.org/special-events/2018/12/14/holiday-bash>). The event is being held at Castle Hill at Edgewood Farm, 3 Edgewood Way from 6:00pm-9:00pm. The applicant is requesting an all alcohol license and there will also be a DJ (Matty Dread) at the fundraiser with amplified music.

The One-Day All Alcohol and One-Day Entertainment Application has been reviewed and approved by the Chief of Police. Certificate of Inspection of Edgewood Farm, Certificate of Insurance for Liquor Liability have been provided along with Tips Certification.

FINANCIAL SOURCE (IF APPLICABLE): N/A

IMPACT IF NOT APPROVED: This fundraiser event will not have alcohol or entertainment.

SUGGESTED ACTION: *MOTION TO approve the One-Day Alcohol and Entertainment Licenses for Truro Center for the Arts at Edgewood Farm on Friday, December 14, 2018 from 6:00pm-9:00pm at 3 Edgewood Way and to authorize the Chair to sign the applications.*

ATTACHMENTS:

1. One Day Alcohol and Entertainment Application approved by Chief of Police, Liquor Liability, eTIPS Certification, Certificate of Inspection, Liquor Liability



TOWN OF TRURO
P.O. Box 2030, Truro, MA 02666
Licensing Department

PH: 508-349-7004, Ext. 110 or 124 Fax: 508-349-5505
Email: ntudor@truro-ma.gov or nscoullar@truro-ma.gov

Application for a One Day Pouring License
MGL Chapter 138, Section 14 Special Licenses

The Local Licensing Authorities of TRURO pursuant to the provisions of Chapter 138 § 14 issuance of a special one-day pouring license as described herein.

BUSINESS/ORGANIZATION INFORMATION

Alicia Moretti Souza Truro Center for the Arts at Castle Hill
Name of Applicant Business/Organization Name

P.O. Box 756 Truro, MA 02666
Mailing Address of Business/Organization

Non-profit or For-profit Entity Yes No
If yes, proof of Non-Profit Status **must** accompany this application

Alicia Moretti Souza 508-214-0836 alicia@castlehill.org
Contact Person Phone Number Email

INDIVIDUAL APPLICANT INFORMATION

Individual's Name Mailing Address

Phone Number Email Address

EVENT INFORMATION

December 14, 2018 fundraiser
Date(s) of Event for License to be issued Purpose of Event (example: fundraiser, etc.)

Hours of Alcoholic Beverages sales, service and/or Consumption (from - to) 6-9pm

Edgewood Farm 3 Edgewood Way Truro, MA 02666
Event Location (Must provide facility name, if any, street number and name)

Truro Center for the Arts P.O. Box 756 Truro, MA 02666 508-214-0836
Property Owner Name and Address Phone number

Cosmos Catering 100
Name of Caterer (if applicable) Approximate number of people attending

Is the event open to the general public Yes No

Will there be Entertainment Yes No If Yes, Type of Entertainment _____
Will there be Police Detail Yes No

Purchase & Service

License is for the Sale of:

- All Alcohol Beverages (\$75.00) Wines & Malt beverages Only (\$50.00)
 Wines Only (\$50.00) Malt Beverages Only (\$50.00)

What is the source of the alcohol for the event (where is it being purchased*?) Lyles Super Liquor Store
*If Wine is being donated see ABCC - Charity Wine Fundraising Application at <http://www.mass.gov/abcc/spec-lic-perms.htm>

Who will be serving the Alcohol? Alicia Moretti Souza
TIPS CERTIFIED REQUIRED-SUBMIT COPY OF CERTIFICATION WITH APPLICATION

Massachusetts Alcohol Beverage Control Commission (ABCC) has a 3-page list of "authorized sources" for the purchase of Alcohol used in conjunction with a temporary pouring license. The list includes alcohol wholesalers, farm brewers, manufacturers and direct shippers only. At this time, package stores and liquor stores are not considered "authorized sources" for use with a temporary pouring license.

Applicant's Signature

I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Truro.

Alicia Moretti Souza
Signature

11/21/18
Date

- Licenses are issued to persons who are at least 21 years of age.
- All Massachusetts Municipalities are required to send copies of temporary pouring licenses issued by the Town to the ABCC in Boston.
- Liquor Liability Insurance Certificate may be required and must list the Town of Truro as the "certificate holder" in the lower left corner of the certificate form.
- A copy of the required Fire Safety Inspection Certificate of the facility must be provided, if applicable.
- The Local Licensing Authority may impose restrictions and/or conditions.

Office Use Only

APPROVAL

Board of Selectmen _____ Meeting Date _____

Police Department [Signature] Date December 4, 2018

Restrictions/Conditions attached to the license by the Board of Selectmen or its Delegate: _____



TOWN OF TRURO

Licensing Department
PO Box 2030, Truro, MA 02666

PH: 508-349-7004, Ext. 110 or 124 Fax: 508-349-5505
Email: ntudor@truro-ma.gov or nscoullan@truro-ma.gov

RCVD 2018NOV26 AM11:52

ADMINISTRATIVE OFFICE

TOWN OF TRURO

Application for an Entertainment License

Weekday Saturday Sunday

*Please complete the Commonwealth's
Public Entertainment on Sunday
Application

The undersigned hereby applies for a license in accordance with the provisions of
Mass. General Laws, c.140 §183A amended, Ch. 140§181 & Ch.136§4

BUSINESS/ORGANIZATION INFORMATION

Alicia Moretti Souza

Truro Center for the Arts at Castle Hill

Name of Applicant

Business/Organization Name

P. O. Box 756 Truro, MA 02666

Mailing Address of Business/Organization

Is this a Non-profit or For-profit Entity (Check the appropriate box)

Yes No

If yes, proof of Non-profit status **must** accompany this application

Alicia Moretti Souza

508-214-0836

alicia@castlehill.org

Contact Person

Phone Number

Email

INDIVIDUAL APPLICANT INFORMATION

Individual's Name

Mailing Address

Phone Number

Email Address

EVENT INFORMATION

December 14, 2018

fundraiser

Day (s)/Date (s) of Event for License to be issued

Purpose of Event (example: fundraiser)

Hours of Event (from - to) 6-9pm

Edgewood Farm 3 Edgewood Way, Truro

Event is: Indoor Outdoor Event
(Please check applicable box)

Location (Must provide facility name, if any, street number and name)

Truro Center for the Arts at Castle Hill

Property Owner Name and Address

Phone number

Seating Capacity: _____

Occupancy Number: _____

Cosmo's Catering

Approximate number of people attending 100

Name of Caterer (if applicable)

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ServSafe
National Restaurant Association

ID # 14761437
CARD # 15671725

ServSafe Alcohol® CERTIFICATE



ALICIA MORETTI SOUZA

NAME

9/21/2017

DATE OF EXAMINATION

Card expires three years from the date of examination. Local laws apply.

Sherman Brown

Sherman Brown, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

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NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

In Alaska you must laminate your card for it to be valid.

NATIONAL
RESTAURANT
ASSOCIATION

175 West Jackson Boulevard,
Suite 1500
Chicago, IL 60604-2814
1.800.SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

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The Commonwealth of Massachusetts

Town of Truro




New and Renewal Certificate of Inspection

In accordance with 780 CMR, Chapter 1 (*The Ninth Edition of the Massachusetts State Building Code*) and Chapter 304 of the Acts of 2004 (*an Act to further enhance fire and life safety*), this certificate of inspection is issued to the premise or structure or part thereof as herein identified.

Issued to	<i>Identify Name of Establishment</i>					<i>Certificate No.</i>
	Truro Center for the Arts at Castle Hill, Inc.					18-018
Located at	<i>Identify property address including street number, name, city or town and county</i>					<i>Certificate Expiration</i>
	3 Edgewood Way Map 51 Parcel 34					7/12/2019
Use Group Classification	<i>Basement</i>	<i>First Floor</i>	<i>Second Floor</i>	<i>Third Floor</i>	<i>Fourth Floor</i>	<i>Other</i>
		R-Barn	R-Barn			
Allowable Occupant Load		3 Bedrooms 10	1 Bedroom 6			

This *certificate of inspection* is hereby issued by the undersigned to certify that the premise, structure or portion thereof as herein specified has been inspected for general fire and life safety features. This certificate shall be framed behind clear glass and/or laminated and posted in a conspicuous place within the space as directed by the undersigned. *Failure to post or tampering with the contents of the certificate is strictly prohibited.*

Name of Municipal Fire Chief	TIMOTHY COLLINS	Name of Municipal Building Inspector	RICHARD STEVENS	Date of Inspection	7/12/2018
Signature of Municipal Fire Chief		Signature of Municipal Building Inspector		Date of Issuance	7/12/2018



The Commonwealth of Massachusetts

Town of Truro



New and Renewal Certificate of Inspection

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Located at	<i>Identify property address including street number, name, city or town and county</i>					<i>Certificate Expiration</i>
	3 Edgewood Way Map 51 Parcel 34					7/12/2019
Use Group Classification	<i>Basement</i>	<i>First Floor</i>	<i>Second Floor</i>	<i>Third Floor</i>	<i>Fourth Floor</i>	<i>Other</i>
		R-Studio				
Allowable Occupant Load		1 Bedroom 6				

This *certificate of inspection* is hereby issued by the undersigned to certify that the premise, structure or portion thereof as herein specified has been inspected for general fire and life safety features. This certificate shall be framed behind clear glass and/or laminated and posted in a conspicuous place within the space as directed by the undersigned. *Failure to post or tampering with the contents of the certificate is strictly prohibited.*

Name of Municipal Fire Chief	TIMOTHY COLLINS	Name of Municipal Building Inspector	RICHARD STEVENS	Date of Inspection	7/12/2018
Signature of Municipal Fire Chief		Signature of Municipal Building Inspector		Date of Issuance	7/12/2018



TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Administration

REQUESTOR: Rae Ann Palmer, Town Manager

REQUESTED MEETING DATE: December 11, 2018

ITEM: Contract for professional services related to the implementation and administration of the Community Development Block Grant (CDBG) Housing Rehabilitation program.

EXPLANATION: Attached for your review, approval and authorization for the Chair to sign, is the award of a contract to Lower Cape Cod Community Development Corporation dba Community Development Partnership (CDP) for the Housing Rehabilitation Loan program component of the annual CDBG Grant. In addition, the Town must authorize the Chief Executive Officer of the CDP to modify loan documents as may be required as a part of the Town's Housing Rehab Program.

You will note that there were two respondents to the RFP issued by Bailey Boyd Associates. Since the respondents are tied in scoring, it is staff's recommendation that the award be made to CDP to maintain consistency for the program. There are Truro residents on the waiting list for funds from this grant and maintaining continuity with the existing provider will allow those applicants to receive funds to complete home improvements after the award is made. We have not received the contract from Bailey Boyd and Associates, I will forward it as soon as it is received.

FINANCIAL SOURCE (IF APPLICABLE): Funding through the CDBG program through an agreement with the Massachusetts Department of Housing and Community Development ("DHCD").

IMPACT IF NOT APPROVED: The funding from DHCD cannot be utilized until the Housing Rehabilitation Services contract is in place.

SUGGESTED ACTION: *MOTION TO approve the contract with Lower Cape Cod Community Development Corporation (CDP) for professional services for the FY18 CDBG Housing Rehabilitation Grant Program, to authorize the CEO of CDP to amend loan documents as required and to authorize the Chair to sign.*

ATTACHMENTS:

1. CDP Proposal
2. Scoring Sheet from Selection Process



community development partnership

Creating opportunities for people to live, work, & thrive on the Lower Cape

October 22, 2018

Cassie Boyd Marsh
Grant Administrator
9 Hillside Road
Scituate, MA 02066-1020

Dear Ms. Marsh:

The Lower Cape Cod Community Development Corporation, d/b/a the Community Development Partnership, is pleased to present our proposal to provide Housing Rehabilitation Services for a 2018 Community Development Fund CDBG grant awarded to the Town of Truro. Enclosed please find a technical proposal that contains all of the required documentation requested in the RFP and a price proposal in a separate sealed envelope.

The Community Development Partnership has an 18 year history of successful delivery of housing rehab services on the Lower and Outer Cape. The CDP utilizes online technology tools that provide greater transparency and stronger contractual documentation for the homeowner as well as greater efficiency in sharing information between the program staff, homeowners and the general contractors. We have found success in advanced practices such as the use of tablets for electronic signature directly on payment requests; another such innovation is the ability for the homeowner to fill out a Pre-Application online with a direct email address for quick submittal. These new protocols have proven to be highly effective and have modernized our program management approach.

Another significant strength that sets the CDP apart is our strategic and institutional commitment to ensuring that each homeowner is educated on the environmental benefits of energy efficiency and lead paint abatement. The program's Rehab Specialist has licenses, certifications, training and related work expertise, and can effectively help homeowners make informed decisions regarding their energy efficiency needs. Last year alone, the Housing Rehab programs under the direction of the CDP committed over \$80,000 to energy efficiency upgrades. The Housing Rehab program also committed over \$200,000 in funds to identify and eliminate lead paint hazards present in homes.

The CDP has demonstrated our commitment to the success of the Housing Rehab programs by investing in both modernization and staff to efficiently and thoroughly expend funds in a timely manner. The CDP

3 Main Street Mercantile, Unit 7 Eastham, MA 02642
P 508.240.7873 F 508.240.5085 E contact@capecdp.org

www.capecdp.org



Cassie Boyd Marsh
October 22, 2018
Page 2

has the equivalent of 3 full-time staff members working on the program, either in a full-time or part-time position, as well as additional supporting staff. We feel confident our investments will result in an exceptionally well-run program and provide tremendous benefit to participating families and contractors.

A table of contents is included with this proposal which allows for easy reading and review of its contents. However, if you have any questions or require additional information, please contact me, 508-240-7873, ex.16 or email jay@capecdp.org. We look forward to the opportunity to work together to preserve and stabilize housing for low and moderate families in our community.

Sincerely,



Jay Coburn
Chief Executive Officer

3 Main Street Mercantile, Unit 7 Eastham, MA 02642
P 508.240.7873 F 508.240.5085 E contact@capecdp.org

www.capecdp.org





community development partnership



October 2018

PROPOSAL FOR 2018 COMMUNITY DEVELOPMENT BLOCK GRANT
TRURO REGIONAL HOUSING REHABILITATION PROJECT

COPY

SUBMITTED BY THE COMMUNITY DEVELOPMENT PARTNERSHIP

3 MAIN STREET MERCANTILE, UNIT 7
EASTHAM, MA 02642
508-240-7873

Art work by: Kali Andersen-Age 10, Eastham Resident



community development partnership

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Section 2	Scope of Services
Section 3	Minimum Evaluation Criteria and Technical Questions
Section 4	Comparative Evaluation Criteria including Before & After Photos and Resumes
Section 5	Executed Certificate of Non-Conclusion Executed Certificate of Tax Compliance
Section 6	Sample Marketing Materials
Section 7	Sample Application Package including Program Guidelines and Homeowner Application
Section 8	Sample Work Write-Up, Estimate and Schedule of Values





community development partnership

Section 1 – Truro

Introduction and Organizational Overview

The Lower Cape Cod Community Development Corporation, d/b/a the Community Development Partnership (CDP), was created in 1992 to address the unique housing and economic development needs of the Lower Cape region.

The CDP has a wealth of CDBG and state funded program administration experience, construction expertise and a track-record of successful collaboration with municipal and non-profit partners throughout Cape Cod. The CDP's direct and relevant experience, combined with a demonstrated commitment to serving the community with the highest quality standards, will ensure that the Truro Regional Housing Rehab Program will be successfully marketed, implemented and completed on budget and within the allotted time frame.

Since its inception, the CDP has become a nationally recognized leader in developing and delivering innovative programs that foster an economically and environmentally sustainable community. The CDP's affordable rental portfolio consists of 72 units of which 59 are owned and managed by the CDP and 13 managed through partnerships with other towns/non-profits. One of the properties developed, owned and managed by the CDP is the 12 unit LEED Platinum Certified Thankful Chases Pathway in Harwich—recipient of HUD's Door Knocker Award Competition for Sustainable Housing. The CDP's success in economic development include the nationally recognized Cape Cod Fisheries Trust that retains over \$10,000,000 in fishing revenues in the local economy each year and provides direct technical support to the local day-boat fishing fleet. In addition to the CDP's successful micro-loan program, the agency provides small business training and technical assistance.

The CDP's 26 year track record of managing mission-driven programs that strengthen and stabilize low and moderate income families on Cape Cod includes:

- the successful rehabilitation of over 435 CDBG funded housing rehab projects over a 18 year period utilizing over \$10.5 million in funds
- the development of 74 DHCD and CDBG funded affordable housing units
- the management of 72 DHCD and CDBG funded affordable housing rental units
- the management of a CDBG funded micro-loan program providing over \$3.2 in capital to 200+ small businesses owned by low and moderate income residents



The CDP brings the following strengths to the proposed housing rehab program:

- Mission driven approach that effectively balances needs of clients within program guidelines.
- Proven track record of program management and responsible stewardship of public resources expending funds in a timely manner, compliant with program guidelines.
- Tested and refined program protocols using latest technology to create greater efficiencies and transparency for program stakeholders including homeowners, contractors, program staff and the grant administrator.
- Experience and ability to develop accurate construction specifications and budgets by a part-time, in-house, Housing Rehab Specialist who holds a current Construction Supervisor's License.
- Full-Time staff dedicated solely to the delivery of Housing Rehab Programs
- A Development and Marketing Department to help promote and expand the Housing Rehab Program to contractors and homeowners.
- A strategic focus and organizational commitment to energy efficiency and homeowner education.
- Extensive experience in community development, program marketing and financial management.
- Conflict resolution training and expertise.
- Legal counsel with housing and real estate contract experience.
- Respected reputation along with wide-spread community and stakeholder support.
- Established, positive, long-term working relationships with Cape based contractors and builders.
- Positive feedback from homeowners and contractors.
- Long standing positive relationships and partnerships with local municipalities, non-profits, and housing authorities.
- Collaborative relationships with Cape Light Compact for energy efficiency upgrades as well as South Middlesex Opportunity Council (SMOC) which provides handicap upgrades, such as ramps and bathrooms to income qualified homeowners.
- A sixteen member Board of Directors comprised of business & community leaders, and low- to moderate-income residents with deep ties to Lower and Outer Cape Communities.
- A strategic partnership with Cape Cod Children's Place and the Homeless Prevention Council to promote a range of programs and services available to support low- to moderate-income families on Cape Cod.





community development partnership

Section 2 - Truro

Scope of Services

The Scope of Services outlined below includes specific details on how the CDP will deliver exceptional Housing Rehabilitation Services that meet the needs of low and moderate-income homeowners while fulfilling the required specification for services. All program materials referenced in each section are updated, available and ready for use. In addition, a database of pre-applicants is in place so that program marketing activities may commence immediately upon being selected as the program contractor. A sample of program materials is part of this proposal including the Program Marketing Flyers, Program Guidelines and Application, and a sample Estimate and Work Write-Up. In addition, a copy of the program's integrated Schedule of Values used to monitor progress payments is included.

Required Scope of Services	Proposed Activities
<p>1. <u>Marketing the Housing Rehabilitation Program</u></p> <ul style="list-style-type: none"> a. Initiate a marketing effort to reach targeted neighborhoods and all LMI residents b. Reach out to applicants on existing waitlist c. Provide information and information sessions to residents interested in participating in housing rehab program d. Create a mechanism for accepting applications from residents in such a manner 	<p>The CDP is a highly respected organization with a 26 year history of providing housing solutions on Cape Cod. As such, we have well established connections with a variety of media outlets, non-profit community-based service organizations, local officials and the business community. These relationships will be fully utilized to market the program and ensure that potential qualified applicants have every opportunity to become aware of the program and learn more about it. All of the program's marketing materials have been updated and now include full color examples of completed projects with the eye catching phrase "See the Possibilities." This theme will be used consistently in all print, web and TV/radio to create an inviting and recognizable brand for the program. Specific outreach to the community will be achieved through multiple channels:</p> <ul style="list-style-type: none"> • Press Releases to 15 local media outlets (including newspapers, magazines and radio) • Inclusion in the CDP's monthly e-newsletter sent to over 3,000 recipients which features success stories on Housing Rehab clients throughout the year, the impact on the residents and their place in the community • Inclusion in the CDP's quarterly newsletter mailed to over 1,000 recipients which features success stories on Housing Rehab clients throughout the year, the impact on the residents and their place in the community

as to ensure that there is no discrimination toward a resident and that all applicants are treated fairly and prioritized on a first come/first served basis with the exception of bona fide emergency rehab needs.

- Dedicated page on the CDP website, with direct link from the homepage
- Regular posts on our Facebook page which has over 1000 followers and a broad geographical reach
- Housing Rehabilitation success story included in the Annual Report
- Announcements on the CDP's bi-weekly radio show *This Place Matters* airing on WOMR, 92.1 FM and WFMR, 91.3 FM and corresponding Public Service Announcements
- Emails to partner organizations to spread word to their membership/clients
- Targeted postcard mailings to year round residents

In addition, marketing through these outlets will continue throughout the full program timeline in order to build the pre-application waitlist to demonstrate community need for subsequent funding rounds. Below is a complete list of proposed marketing activities.

Pre-Applicant Outreach - A list of all households that have submitted pre-applications in anticipation of available program funds this fall is being maintained by the CDP in the interest of the Housing Rehab program's success. Each household will be mailed a complete application package, with clear information on contacting the CDP with any questions the applicant might have. Means of communication include phone call, email, or office appointments.

Radio, TV & Print - In addition, the program will be promoted by placing public notices on local community radio and local TV channels, by sending program flyers with meals delivered by Elder Services Meals on Wheels. Other means of promotion will involve targeted direct mail pieces, and by posting flyers in public locations, such as general stores and coffee shops, churches, post offices and social service agencies. Flyers will also be inserted in each town's tax bills, pending Select Board/Town approval. Finally, the program will again be featured during the CDP's bi-weekly radio show on WOMR, *This Place Matters*. Previous interviews are available for download as a podcast from the CDP website.

Public Presentations – Information about the Housing Rehab Program will be presented to the Board of Selectmen of each participating town so that viewers at home may learn about the program. In addition, presentations will be made to staff and clientele at community-based social service organizations that serve the target market for the Rehab Program including Community Action Committee of the Cape & Islands, Family Pantry of Cape Cod, Lower Cape Outreach Council, Homeless Prevention Council, Helping Our Women, WE CAN and town Councils on Aging.

Information Sessions - Formal information sessions will be held in a variety of locations such as public libraries, Councils on Aging and community centers at varied and convenient times throughout the participating towns to provide maximum flexibility for potential applicants to attend. Past program participants will be invited to share their experience with the program.

As an integral part of the Cape community, the CDP has a strong reputation for providing programs and services to *all* qualified residents in the region. Our office at 3 Main Street Mercantile, Unit 7, Eastham, MA is easily located on Route 6, is handicapped accessible and staffed with a professional and administrative staff every weekday from 8:30am to 5:00pm. The Housing Rehabilitation team will be available to answer any questions about the program

<p>1. Cont'd</p>	<p>and the application process either by phone or in person, both on a walk-in basis or by appointment. Applicants who are home-bound are welcome to make arrangements for an in-home visit.</p> <p>To ensure fairness of evaluation and processing of applications, the CDP adheres to a policy of serving qualified applicants on a first come/first served basis. This policy is contained in all correspondence, marketing materials and informational sessions. Completed applications, delivered to the CDP by hand, US Mail, email scan or fax are time stamped upon receipt. The housing rehab program manager will review each application to make sure all items per the Documentation Check List, included in the application packet, are present and legible. If any application is found to be missing elements, the homeowner will be notified by phone as to what information is missing and a follow up letter will be sent including a list of all missing items and the steps needed to complete the application. Only completed applications will be placed on the active waiting lists. In the event an applicant has an emergency need, a site visit may be required to determine if the situation qualifies for urgent attention. A completed application is still a requirement for emergency cases. Our part-time staff member acting as Housing Rehab Specialist is available to confirm and/or determine emergency situations requiring immediate attention.</p>
<p>2. <u>Selecting Applicants for the Program</u></p> <ul style="list-style-type: none"> a. Complete full income qualifications of each applicant and tenant, as required b. Complete work write-up of each applicant's home, following state, federal and local regulations regarding the abatement of toxic materials and code compliance c. Complete an environmental review on each property, submitting it to the required authorities/agencies d. Analyze the homeowner's ability to provide matching funds 	<p>Our team has years of experience with income certification related to Housing Rehab and affordable rental/ownership homes and a commitment to working with low and moderate income families in the region. The team also has extensive rehab construction experience related to CDBG funds. This combination of technical skill and mission driven values results in an approach that is tailored to meet the clients' needs, to help them complete the application process and to ensure that all program guidelines are fully satisfied.</p> <p>Team members also have experience and technical expertise in general construction supervision for rehabilitation and new housing construction as well as the submission of environmental review documents including Full 21E Environmental Assessments, EPA statutory checklists and lead testing. The team includes a Rehab Specialist who is available for additional support if needed.</p> <p>Finally, our team has a track record of collaboration with organizations that are capable of providing supplemental construction funds including SMOC, MA OEP "Get the Lead Out" Program, HAC Building Repair Funds and emergency support organizations such as Lower Cape Outreach Council, Homeless Prevention Council and a variety of local church groups. Although not required by program guidelines, this team has adopted a formal program protocol of immediately helping homeowners access Cape Light Compact funding to address eligible energy efficiency upgrades included in the project. This allows limited rehab funds to be used for other eligible rehab requirements within the home or to additional projects in the region.</p> <p>Below is a detailed description of the proposed applicant selection process.</p> <p>Application packets will be made available upon request to year-round homeowners and landlords in participating towns. Completed applications will be reviewed on a first come/first served basis. The review consists of the following steps:</p> <p>Income Eligibility Analysis - This entails a complete analysis of all sources of income for anyone over 18 years old</p>

<p>2. Cont'd</p>	<p>who resides in the home. Analysis includes but is not limited to income from self-employment, salaried employment, unemployment, social security benefits, workers' comp benefits, veteran's benefits and any income from the applicant's assets.</p> <p>Debt to Value Eligibility Analysis - This entails a complete analysis of the applicant's debts as well as a review of the value of the applicant's house to ensure that the applicant meets the debt to value eligibility requirements.</p> <p>Project Eligibility Analysis - Each applicant is required to indicate the specific nature of the proposed project on the application. This is to ensure that the proposed project does not exceed the definition of moderate rehab as defined by DHCD. In most cases, this may be determined by the information provided on the application and/or in the follow-up interview. However, in cases where it is unclear whether the condition of the home exceeds these guidelines, the Rehab Specialist will conduct a drive-by and/or home visit to assess the condition of the house before the applicant moves to the next stage in the process.</p> <p>Homeowner Matching and Other Leveraged Funds - In order to maximize the rehab capacity for each applicant, an assessment of the availability of additional funds will be conducted. This may include funds from other sources such as the Cape Light Compact (for energy efficiency upgrades) and SMOC (for eligible accessibility specifications). In addition, the homeowner's ability to provide matching funds will also be determined at this stage of the process.</p> <p>Additional Steps for Proposed Projects with Rental Units - In the case of a proposed project for a rental unit (in an existing structure), the existing tenant's income also needs to be qualified in order for the unit to qualify for the program. In addition, if the homeowner is not income eligible, the homeowner will be required to provide matching funds for the proposed project.</p> <p>Job Development and Environmental Review - Once it is determined that an applicant meets all of the eligibility requirements, the Rehab Specialist will conduct a full assessment of the rehab needs of each qualified unit and provide a full and detailed Work Write-Up on which contractors may submit bids. The Work Write-Up is developed to meet the applicant's rehab needs and in accordance with DHCD's guidelines for code, health and safety failures, as well as the abatement of toxic materials. The Work Write-Up will also include as many specifications that increase the energy efficiency of the unit as appropriate and feasible. This part of the process also entails an environmental review and the submission of the review, evaluation and/or any other testing required for project completion, to the appropriate authorities/agencies.</p> <p>Prioritizing Projects for Bid - Once an applicant has been deemed eligible to participate in the program, the project will immediately move to the bidding phase. A project of an emergency nature will be moved to the bidding phase ahead all other projects.</p>
<p>3. Solicitation of bids</p> <p>a. Create a list of licensed General Contractors for participation in the program, securing</p>	<p>The CDP has experience in completing over 400 CDBG funded housing rehab projects, as well as experience in affordable housing rental rehab projects and owner representative services for multi-unit new construction projects. In addition, the CDP team has extensive relationships with area contractors, local building officials and licensed construction specialists. The in-house Rehab Specialist is a construction professional with Building Performance Institute Certification in Building Analysis and Building Envelope, and Heat Analysis Training. She also holds a MA</p>

<p>documentation of licenses, insurances, and references</p> <ul style="list-style-type: none"> b. Provide homeowners with a list of Contractors and insure that bids are collected for each project, as defined by a consistent detailed work write-up c. Review bids and assist homeowners in selecting contractor d. Prepare contract between contractor and homeowner 	<p>Construction Supervisors License and MA Home Improvement Contractor License as well as a High Risk De-leading certificate; all appropriate licenses are up to date and in good standing. As such, our team is well qualified to solicit bids in accordance with CDBG guidelines and to assist homeowners in selecting a contractor that best meets their needs.</p> <p>This team has extensive experience assisting homeowners by preparing and facilitating the execution of contract documents for rehab projects. The documents used in the program have been reviewed by legal counsel and in its 17 year history of completing housing rehab projects, the CDP has never had a legal dispute or major conflict with a homeowner.</p> <p>Furthermore, the contract documents proposed in this Scope of Work have been updated to clearly align with both the Detailed Work-Write Up as well as the Schedule of Values--providing greater clarity and protection for both the homeowner and the contractor. The Schedule of Values which, contains direct and easy-to-follow references to the detailed Work Write-Up, is used to track project progress and the budget.</p> <p>Below is a detailed outline of the proposed bid solicitation process:</p> <p>Verified List of General Contractors – The CDP has established relationships with approximately 20 licensed and insured contractors that meet the specifications required to bid on CDBG funded rehabilitation projects. In addition, new contractors are always invited to learn more about the program. Contractors new to the program are required to provide verification of licenses and insurance as well as references that can attest to their experience and capacity to fulfill the type of work that would be included in a Work Write-Up provided by the Rehab Specialist. They will then be added to the list of verified contractors. New contractors are also invited to attend an orientation session to learn about how the program works. The orientation includes information about the bidding process, profiles a typical project, and explains payment policies and the role of the Program Manager and the Rehab Specialist.</p> <p>List of Contractors for Homeowner - The list of contractors and their contact information will be provided to the homeowner as requested. In addition, the homeowner may recommend a contractor to the program who may be eligible to bid on the project. Once the contractor has registered with the CDP and been fully vetted by the HR team, including verification of insurance and references, they will then be added to the verified list of contractors.</p> <p>Bid Review and Contractor Selection Process - The Draft Work Write-Up is released to the verified list of contractors via email along with an invitation to attend a scheduled contractor "walk-through." The walk-through is an opportunity for potential bidders to review the proposed project on-site and ask to questions about the Draft Work Write-Up. Potential bidders also take measurements and assess the condition of the home, first hand, before bidding on the project. In the event that field conditions have changed since the initial walk through with the rehab specialist, the Draft Work Write-Up will be amended and sent out, via email to all of the contractors who attended the walk-through as a Final Work Write-Up.</p> <p>The Final Work Write-Up and Bid Package are then sent out via email to all of the contractors who attended the walk-through. Any questions from bidders are submitted in writing and answers are provided in writing to the entire</p>
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<p>3. Cont'd</p>	<p>list of verified contractors via email. A minimum of three bids will be solicited and the homeowner will be sent a bid summary sheet that presents each bid in a uniform way so that the homeowner can clearly understand each bid.</p> <p>Contracts - Once the contractor has been selected by the homeowner, contract documents will be prepared for the homeowner and contractor to sign. At this point, a notice to proceed is signed by the homeowner and the contractor is authorized to start work. If the homeowner is contributing any of their own money to the project, their contribution is collected at the closing so that their money may be released with the same protocols for inspections as the program funds.</p>
<p>4. <u>Completion of closing with each homeowner</u></p> <ul style="list-style-type: none"> a. Complete closing documents, including deed restrictions and loan documents b. Record all appropriate documents at the Registry of Deeds 	<p>Members of the CDP team have extensive experience with title searches, affordable housing deed restrictions, promissory notes, loan agreements and mortgage recordings. All documents used in the program have been reviewed by legal counsel to ensure that they meet the specifications of MA DHCD and the CDBG program guidelines. In addition, there is a notary public on staff for the convenience of the program participants.</p> <p>Below is a description of the proposed closing process:</p> <p>The Housing Rehabilitation Program closing process includes the preparation of the mortgage, the deferred forgivable loan agreement and the promissory note. Once executed with the homeowner, the mortgage is filed with the Barnstable County Registry of Deeds. The contractor is present at the loan closing to sign the General Contractor agreement and also answer any questions the homeowner may have. This ensures all parties are in agreement with the construction process and the constructions schedule, materials and selections have been reviewed and approved.</p>
<p>5. <u>Oversight of Construction</u></p> <ul style="list-style-type: none"> a. Have Licensed Construction Supervisor/Rehab Specialist review each project previous to making progress payment to contractor. b. Secure copy of Building Permit and Certificate of Occupancy prior to final payment to contractor c. Secure all necessary sign-offs from homeowner and General Contractor previous to closing out project 	<p>The primary Rehab Specialist utilized for the Housing Rehab Program is a part-time staff member at the CDP. She holds a MA Construction Supervisor's License and MA Home Improvement Contractor License. She has over 15 years of construction experience on Cape Cod including oversight of CDBG funded rehab projects and affordable housing rental rehab projects. The accountant for the Housing Rehabilitation Program is a full time staff member at the CDP as well and has 20 years of experience in CDBG funded programs, state and federal housing programs and non-profit fund accounting procedures.</p> <p>Below is a detailed outline of the proposed construction oversight process</p> <p>Project Tracking and Team Collaboration - Progress for each project is tracked on a Schedule of Values stored in Dropbox, a secure, web-based document sharing program that is accessible, via controlled password, to the Program Staff, Rehab Specialist and Grant Administrator. The Schedule of Values is an integrated multi-sheet excel workbook that contains a Summary Page that tracks progress for the entire project, a Progress Payments Page that tracks each request for payment and work completed to date and a Change Order Page in the event that a change order is necessary. This integrated system also ensures that projects are progressing along the agreed upon timeline, that funds are being expended in a timely manner and that payment amounts are accurate and in line with contract requirements.</p>

<p>5. Cont'd</p>	<p>Construction Oversight - Construction oversight is performed by the Rehab Specialist who is on-site to inspect work while in progress and for final work completed, thus assuring that the work performed is in accordance with the specifications outlined in the detailed Work Write-Up and current code requirements. In addition, the Rehab Specialist ensures that the work is being performed in accordance with the timeline set forth in the Contract signed between the Contractor and Homeowner. Contractors are required to email photos of progress at various stages, such as the removal of an old roof. This allows the Rehab Specialist to track how the work is progressing when not on-site and provides additional and easily accessible documentation for the homeowner.</p> <p>Payment Requests - The request for payment begins when the contractor presents the program staff with an invoice. The invoice format follows the schedule of values format so that the staff can easily determine what work has been completed. The program staff then enters the information from the invoice onto the summary page on the schedule of values which automatically generates the payment request. This payment request is then sent, via email, to the Rehab Specialist who schedules an inspection of the work. Assuming all the work is completed according to the specifications articulated in the detailed Work Write-Up, the required signatures are obtained and the invoice is processed. The invoice is attached to a payment request cover sheet along with the signed payment request. Once the check is released, the entire package is scanned into Dropbox and saved in both the Program finance folder as well as the individual project folders.</p> <p>For most projects, contractors submit requests for payment four (4) times throughout project timeline. Final payments will not be made until all releases of liens and any required inspections are performed by the building inspector and the permits are signed.</p> <p>Project Closeout - At the project closeout, the results of any necessary water or environmental tests, septic or well tests and any product warranties are collected and provided to the homeowner. All progress payments and invoices are included as well. In addition, the homeowner is provided with a contractor evaluation and a general program evaluation. The evaluations ensure that there is a continuous feedback loop to assess overall program quality, contractor performance and client satisfaction.</p>
<p>6. <u>Assistance with Subsequent year's funding</u></p> <ol style="list-style-type: none"> a. Provide an updated wait list, pre-applications and necessary information to highlight need to continue program b. Provide letters of support to substantiate funding request c. Provide documentation 	<p>Members of the Housing Rehab Program team have a solid track record of program and funding advocacy which includes providing written and oral testimony at public hearings attended by elected officials and DHCD staff policy makers, hosting legislative tours and other public relations events to promote general support for the Housing Rehabilitation Program. The CDP's commitment to advocating for the Housing Rehab Program includes the following proposed activities to support subsequent funding applications:</p> <ul style="list-style-type: none"> • Conducting ongoing outreach and marketing for the program in order to provide an up to date wait list accompanied by completed pre-applications • Implementing a "fillable PDF form" available on the CDP's website, to allow for greater ease in submitting a pre-application. • Collecting and providing letters of support from a variety of community sources including elected officials, community based organizations, other funding agencies, clients and contractors

regarding marketing program	<ul style="list-style-type: none">• Providing copies of all marketing materials• Maintaining and providing a complete list of each information session, public speaking event, radio or TV show and advisory committee attended or hosted. <p><i>All documentation needed to assist with subsequent year's funding will be stored in an administrative folder in Dropbox so that the Grant Administrator will have immediate and real time access to progress made toward funding requirements. All documents needed for transfer of responsibilities from one agency to the next will be provided by the Grant Administrator.</i></p>
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Section 3-Truro

Minimum Evaluation Criteria and Technical Question

1. **Has the proposer conformed in all material respects to the submission requirements as set forth in the RFP?** **XX Yes** **__ No**

All of the documentation requested in the RFP has been included in this proposal including a complete and detailed Scope of Work, evidence to satisfy the Minimum Evaluation Criteria and Technical Questions, a detailed response to the Comparative Evaluation Criteria, a separate Price Proposal, a Certificate of Tax Compliance, and a Certificate of Non-Collusion.

2. **Does the proposer have a minimum of two years' experience with CDBG Housing rehabilitation grants?** **XX Yes** **__ No**

The CDP meets the minimum criteria of two years' experience having 18 years of direct organizational experience providing CDBG Housing Rehabilitation Program Grants involving 435 homes and over \$10.9 M in funds. All three members of the CDP's Housing Rehab team meet the minimum criteria of two years' experience with a collective total of over 31 years of CDBG Housing Rehabilitation Program grants. In addition, the CDP has relevant experience with DHCD funded Housing Development projects, municipally funded Housing Rehab Programs, Community Preservation Act Funds and CDBG funded Economic Development Programs. Below is a detailed breakdown of experience:

CDP's direct CDBG Funded Housing Rehab Experience

History	Units	Funds
FY 94 Eastham Regional Housing Rehab Program	22	\$231,772.00
FY 95 Eastham Regional Housing Rehab Program	5	\$63,295.00
FY 95 Provincetown Housing Rehab Program	21	\$215,016.00
FY 96 Eastham Regional Housing Rehab Program	16	\$194,305.00
FY 97 Eastham Regional Housing Rehab Program	15	\$198,682.00
FY 97 Provincetown Housing Rehab Program	12	\$173,183.00
FY 99 Eastham Regional Housing Rehab Program	13	\$234,819.00
FY 00 Eastham Regional Housing Rehab Program	12	\$184,717.00
FY 01 Eastham Regional Housing Rehab Program	18	\$226,881.00
FY 02 Eastham Regional Housing Rehab Program	22	\$441,041.00
FY 03 Eastham Regional Housing Rehab Program	26	\$685,960.00
FY 04 Eastham Regional Housing Rehab Program	36	\$953,456.00
FY 07 Wellfleet Regional Housing Rehab Program	28	\$729,586.00
FY 08 Wellfleet Regional Housing Rehab Program	19	\$551,250.00
FY 09 Wellfleet Regional Housing Rehab Program	20	\$540,209.00



FY 10 Wellfleet Regional Housing Rehab Program	16	\$507,060.00
FY 14 Truro Regional Housing Rehab Program	15	\$511,283.00
FY 14 Dennis Regional Housing Rehab Program	17	\$480,183.00
FY 15 Dennis Regional Housing Rehab Program	15	\$510,879.00
FY 15 Eastham Regional Housing Rehab Program	18	\$540,175.00
FY 15 Truro Regional Housing Rehab Program	22	\$658,361.00
FY 16 Dennis Regional Housing Rehab Program	15	\$493,372.00
FY 16 Truro Regional Housing Rehab Program	15	\$458,652.00
FY 17 Dennis Regional Housing Rehab Program	14	\$520,223.00
FY 17 Truro Regional Housing Rehab Program	17	\$605,811.00
Total Direct CDBG Funded Housing Rehab Experience	449	\$10,910,071.00

Other Relevant Housing Experience

FY12 CDBG funded Housing Development Project – Site Work Oversight (Gull Pond, Wellfleet)	5 homes
FY12 Town of Eastham Self-Funded Housing Rehab	3 homes
Development of Thankful Chases Pathways - A Platinum LEED new housing development project recognized in HUD National Door Knocker Award Competition	12 homes
FY11 Winner of TD Bank's Housing for All Competition the initial grant to launch the \$800,00 <i>Real Return Initiative</i> which utilizes philanthropic/municipal funds and Solar Renewable Energy Credits to finance a major rehab on over 30 of the CDP's rental units on the Lower Cape	30 homes
FY08 Gut Rehab of former commercial space and development of homeownership condos in Chatham	4 homes
FY13-Present: Construction Monitor for Home Modification Loan Program, administered by South Middlesex Opportunity Council, (SMOC). To date, overseen over \$1.2 million in accessibility upgrades for income qualified homeowners.	51 homes

Other Relevant Experience

FY09 Co-development of Cape Cod Fisheries Trust	Ongoing
FY95 CDBG funded micro-loan program	Ongoing
FY96 CDBG funded micro-loan program	Ongoing
Operation of the Provincetown Business Development Center	1995-2005
Operation of the Eastham Business Development Center	1995-2006

3. Does the proposer have a minimum of three references for confirmation of quality performance standards? XX Yes ___No



Reference Category	Name	Contact Information
Contractor	<i>Jack/Jeanne Lyons Cedar Crest Properties Owners</i>	72 Higgins Crowell Rd West Yarmouth, MA 02673 (508)775-4066 ccprop@comcast.net
Contractor	<i>Michael Ferullo Ferullo Remodeling Owner</i>	40 Gristmill Path Marston Mills, Ma 02648 (508)801-3532 ferulloremodeling@comcast.net
Community Stakeholder	<i>Katherine Black Board Member Highland Affordable Housing</i>	PO Box 1065 Truro, MA 02666 (508) 977-6781 katherineblack@gmail.com
Municipal Stakeholder	<i>Kevin Grunwald Chair Truro Housing Authority</i>	PO Box 259 Truro, MA 02666 (508) 349-7810 kevshawn@comcast.net
Community Stakeholder	<i>Hadley Luddy Executive Director</i>	Homeless Prevention Council 14 Old Tote Road Orleans MA 02653 (508)255-9667 hadley@hpccapecod.org
Community Partner	<i>Margaret Song Residential and Marketing Coordinator</i>	Cape Light Compact SCH. PO Box 427 3195 Main Street Barnstable, MA 02630 (508) 375-6843 msong@capelightcompact.org
State Funder	<i>Catherine Racer Associate Director</i>	Office of Housing & Community Development 100 Cambridge Street Boston, MA 02114 (617) 573-1300 catherine.racer@state.ma.us



Reference Category	Name	Contact Information
Elected Official	<i>Rep. Sarah K. Peake State Representative Fourth Barnstable district</i>	State Representative Fourth Barnstable District State House Room 163 Boston, MA. 02133 617-722-0554 sarah.peake@mahouse.gov
Elected Official	<i>Senator Julian Cyr State Senator Cape & Islands district</i>	Patrick Johnson Chief of Staff Senator Julian Cyr, Cape & Islands Room 218 State House, Boston MA 02133 (617)722-1570 Patrick.Johnson@masenate.gov





community development partnership

Section 4 - Truro

Comparative Evaluation Criteria

1. Evaluation of Scope of Services

The Scope of Services included in this proposal is comprehensive and provides clear and concise details on how the CDP team will address the administrative requirements of the town and effectively implement the specification for services. A step by step outline has been provided which easily demonstrates to the reader the major components of the program. Samples of program materials have been included which demonstrate the readiness of the proposal to commence immediately.

2. Experience of Firm and its Management

The CDP's direct organizational experience in CDBG Housing Rehab spans 18 years, involves over 400 homes and exceeds \$10.9 M in funds. The four member project personnel team included in this proposal is comprised of experienced professionals three of whom are full-time employees at the CDP; their combined experience spans over 31 years with CDBG grant program implementation for Housing Rehabilitation programs. All four project personnel possess more than five years of CDBG Housing Rehabilitation grant program implementation experience. In addition to meeting the minimum criteria for CDBG program management experience, team members are experts in all aspects of affordable housing, marketing, construction supervision & oversight and project management. Finally, team members are mission driven, have a track record of advocating for programs that improve the lives of low to moderate-income residents and developing positive community relations. The team is made of the following individuals:

***Ann C. Robinson/Chief Program Officer and Director of Housing Rehab Program
Full-Time Employee of the CDP***

ANN C. ROBINSON served for 22 years as Executive Director for Community Capital Fund, a community development financial institution located in Bridgeport, Connecticut. From 1989 to 1993, Ann was Assistant, and then Executive Director of Bridgeport Neighborhood Housing and Commercial Services. Prior to working in Bridgeport, Ann spent 8 years in Westport, CT as an attorney in private practice specializing in litigation. Ann has an A.B. from Dartmouth College and a J.D. from Boston University School of Law.

Ann has been a year round resident of South Chatham since 2017 and a part-time home owner for more than a decade. She has been vacationing in South Chatham since she was an infant, so the Cape has been her second home for a long time.

As the organization's Program Officer, Ann oversees the planning, implementation and evaluation of the CDP's small business development and housing programs. She supervises the Business & Credit Program initiatives,



First Time Home Buyers education and the Housing Rehabilitation Loan Programs. Ann has 5.5 years of experience with CDBG housing rehabilitation grant implementation. For four years, Ann ran CDBG Housing Rehabilitation programs during her time at Bridgeport Neighborhood Housing and Commercial Services. For the past 1.5 years, she has been responsible for overseeing and managing the CDP's Housing Rehab Program including marketing, community informational sessions, application intake and approval, and loan closings at the CDP. She compiles the bid results and works with the homeowner, rehab specialist and contractors to ensure all projects are within budget and DHCD program guidelines and oversees all phases of the project to assure on-time project completion. Ann provides quarterly reports to the Grant Administrator on the progress on fund expenditures. Ms. Robinson spends 90% of her time managing the CDP's Housing Rehab programs.

Holly Tarleton/Housing Rehab Specialist

Part-Time Contract Employee of the CDP

Holly has a total of four years of experience CDBG housing rehabilitation grant implementation. From November 2014 to June 2017, Holly served as a General Contractor on 15 housing rehabilitation projects. Holly has served as Housing Rehab Specialist for the CDBG funded Housing Rehabilitation Program at the CDP since June of 2017 and is the lead staff member on the construction aspects of all projects. Since she began working at the CDP, she has overseen over \$1,500,000 in construction related developments. These projects have been the rehabilitation of single and two family homes.

The tasks associated with this role include conducting the initial rehab intake, creation of the Work Write-Up and project estimate, the contractor walk-through and bid review. Once the job is awarded, Holly conducts ongoing inspections of the projects, and approves all payment and change order requests. She is available at all times, throughout each project, for consulting with both the homeowner and the General Contractor.

Holly has worked in the construction field for over 15 years, almost all of that time in the field. She is accomplished and knowledgeable in all phases of construction, including regulatory, code, permitting, energy efficiency measures and finances. She holds a current Massachusetts Construction Supervisor's License, a Massachusetts Home Improvement Contractor's License and has completed the final certification for De-leading Supervisor. Holly Tarleton is a contract employee and is paid on a per project basis.

Judith Valverde/ Chief Fiscal and Operations Officer

Full-Time Employee of the CDP

Judith Valverde has been working in non-profit accounting since 1994 and started with the Community Development Partnership in June of 1996. Originally serving as Fiscal Manager, she has served as the Fiscal and Operations Director for the past six years. In her role as Chief Fiscal and Operations Officer, Judith maintains the CDP's fiscal functions for a \$3.5 million budget, financial documentation and reporting, and administrative/personnel/fiscal policies.

While at the CDP, Judith has had fiscal oversight of over 30 DHCD funded grants, including 18 years of experience with CDBG housing rehabilitation grant implementation for Housing Rehab loans involving over 400 homes. In addition to Economic Development, Housing Development, and Community Investment Tax Credit funding, Judith has extensive experience in providing fiscal oversight for funding from both the federal, state and local government, as well as private foundations and donors. Judith spends 12% of her time managing the CDP's Housing Rehab programs.

Jay Coburn/ Chief Executive Officer

Full-Time Employee of the CDP



Over his six years at the CDP, Jay has lead the organization’s transformation into a vital community development agency addressing the key issues that threaten the sustainability of the Lower Cape as a vibrant year round community. Since 2012, the CDP’s annual budget has grown from \$1.8 M to \$3.4 M; support from individuals and businesses has grown from \$25K to \$350K; and the organization’s reserves have grown from \$225K to \$750K. The CDP has launched two new micro-loan funds, started the Orleans Winter Farmers Market, trained 125 municipal officials in housing production and overseen the management of nine CDBG Housing Rehabilitation grants totaling \$4.4M and serving over 135 families. He has a total of six years of experience with CDBG housing rehabilitation grant implementation, including four years of providing CDBG housing rehabilitation services and two years supervising a CDBG housing rehabilitation specialist

Jay is responsible for the overall management and strategic direction of the organization. He provides day to day supervision of the Chief Program Officer/Director of Housing Rehab Programs and the Chief Fiscal & Operations Officer. Jay spends 30% of his time overseeing the CDP’s Housing Rehab programs.

3. Availability to Meet with Town Representatives

As a community-based, mission-driven organization, the CDP views collaboration with municipal partners as an important and integral part of meeting our mission. Each member of the CDP team has developed positive working relationships with a variety of community stakeholders. We look forward to strengthening these valuable connections as we work toward our community goals of helping low and moderate income households stabilize and improve their housing situation. Moreover, the CDP is a multi-service agency with professional and administrative staff on-site every weekday from 8:00am to 5:00pm. All members of the team for the Housing Rehabilitation Program will be available for consultation with the Town's Grant Administrator and/or Town Administrator and Members of the Board of Selectmen or relevant Town Advisory Committees at any time during normal business hours of 8:00am to 5:00pm or, with reasonable notice, early morning, evenings or weekend meetings. The team is available to answer any questions about the program, review program documents and present program progress at Board of Selectmen meetings or Town Advisory Committee meetings.

4. CDP Housing Rehab Program Clients

The chart below contains a list of CDBG Housing Rehab Program Clients who attest to the quality of construction and program service provided in the past. These clients worked directly and solely with the CDP. In addition, several “Before and After” photographs are attached to illustrate the scope and breadth of the rehab completed for each home included.

Authorized Client Reference	Contact Information
<p><i>“Thank you for helping make our home healthier and better looking. In addition, Jack was an amazing contractor. The house looks like a well-maintained version of its older self. The home is now completely lead-free, which was a safety concern.”</i></p>	<p>Tracy Kachtick-Anders Phone: (646) 510-3098 Email: vincentsear.art@gmail.com FY 2016 Recipient</p>



Authorized Client Reference	Contact Information
<p><i>"I feel like I can stay in my own home and manage my independence, live happily ever after...Jean Stanley is an amazing asset to the CDP and helped so much with <u>everything</u>."</i></p>	<p>Lani Idman Phone: 508-760-5820 Email: N/A</p>
<p><i>"My house is 42 years old and starting to show its age. My income did not allow improvements and the house would have seriously deteriorated without the aid of this program. It is a huge weight off my shoulders and a Godsend. Thank you!"</i></p>	<p>Claire Wagner-Kimball Phone: 508-398-3675 Email: N/A FY 2016 Recipient</p>
<p><i>"Jean Innocent & his laborers did a <u>beautiful</u> job."</i></p>	<p>Mardelle Lima Phone: 508-394-2692 Email: N/A FY 2017 Recipient</p>
<p><i>"The project was a dream come true. Because of our health issues we were in need of this kind of help at our home. Otherwise we might not have been able to stay in our home comfortably. ...Thank you all so much."</i></p>	<p>Kathi E. Marissal and Paula Candage Phone: 508-487-0870 Email: katpaula@comcast.net FY 2017 Recipients</p>
<p><i>"This program and all of its participants have given me a new lease on life. The exterior and interior of my home now have a fresh beauty and are a striking enhancement to my neighborhood. Neighbors have been very complimentary and appear to have an added incentive to make positive changes to the appearance of their homes, ...Words don't adequately convey the happiness it has generated in my life."</i></p>	<p>Barbara Brown Phone: 508-432-5411 Email: brownstreet37@comcast.net FY 2017 Recipient</p>

Before photos of a home in East Harwich bought by a young couple with 3 children. It was the couple's first home. The house had been gutted and was uninhabitable. They came to the CDP before they bought it knowing that the roof was at the end of its useful life, the gutters were deteriorated, the trim was damaged, the windows were rotting, the shingles were deteriorating and the clapboards cracked.







After a new roof, windows, shingles, clapboard, trim and gutters.





The couple finished the inside with their own funds and sweat equity.





Ann C. Robinson

[REDACTED]
[REDACTED]
P: [REDACTED]
E: ann@capecdp.org

PROFESSIONAL EXPERIENCE

Chief Program Officer & Director of Housing Rehabilitation Programs, Community Development Partnership Eastham, MA 2017 to present

- Manage the day to day operations of two, Mass DHCD, CDBG funded Housing Rehabilitation programs.
- Oversee the planning, implementation and evaluation of the CDP's small business development and housing programs.
- Supervise the Business and Credit Program initiatives, First Time Home Buyers education, Cape Community Housing Partnership and the Housing Rehabilitation Loan Programs.
- Prepare applications for funding for business and housing programs.
- Prepare reports to funders regarding use of grants and accomplishments.
- Supervise four professional staff, serve on organization's senior leadership team and provide support to Board of Directors and Loan Committee in developing policy and strategy.

Executive Director, Community Capital Fund, Inc., f/k/a Bridgeport Neighborhood Fund Bridgeport, CT 1994 to 2016

- Oversaw the daily operations of a non-profit Community Development Financial Institution that financed affordable housing and small business opportunities benefitting low and moderate-income people.
- Negotiated agreements for loan capital with local and national banks, Fannie Mae, the State of Connecticut's Department of Economic and Community Development, Community Development Block Grant and the US Environmental Protection Agency.
- Grew Fund from \$9 million to \$19 million.
- Managed merger of two CDFIs to create Community Capital Fund.

Executive Director, Bridgeport Neighborhood Trust, Inc. Bridgeport, CT 1994 to 2009

- Oversaw the daily operations of a non-profit Community Housing Development Organization that developed affordable rental and ownership units, provided First Time Home Buyer education and counseling, created and managed the City of Bridgeport's Lead Free Families abatement program, and advocated for affordable housing.



- Oversaw reorganization resulting in organization becoming independent of Bridgeport Neighborhood Fund.

Bridgeport Neighborhood Housing and Commercial Services, Inc., Bridgeport, CT

Executive Director

1991 to 1993

- Managed daily operations of a community-based organization which provided loans to low and moderate income homeowners in targeted neighborhoods for small housing rehabilitation projects financed with Community Development Block Grants (CDBG). Over four years at organization as both Assistant and Executive Director responsible for management of over \$1 million in CDBG Housing Rehabilitation program grants.
 - Oversaw fiscal management of CDBG funds for loans for construction.
 - Supervised administrative assistant responsible for client intake.
 - Conducted income verification of borrowers.
 - Underwrote loans and presented them to loan committee.
 - Supervised rehabilitation specialist who managed the construction from inception to completion.
 - Approved all progress payments to contractors.
 - Attended final inspections of completed projects.

Assistant Director

1989 to 1991

- Created a program using volunteers for a one day blitz to repair multiple homes.
- Conducted initial meetings with clients to determine eligibility for CDBG Housing Rehabilitation program.
- Worked with clients to complete CDBG Housing Rehabilitation application paperwork.
- Reviewed CDBG income verification documents for completeness.
- Assisted Executive Director in fundraising and outreach.

Sherwood, Garlick, Cowell, Diviney & Atwood, P.C., Westport, CT

Principal

1987 to 1989

- Practiced law with a concentration in litigation and real estate.

Associate

1981 to 1987

EDUCATION

Boston University School of Law, Boston, MA

Juris Doctor, 1981

Dartmouth College, Hanover, NH

Bachelor of Arts, 1978



CIVIC ACTIVITIES

Mutual Housing of Southwestern Connecticut, Bridgeport, CT

Board member, member of the Loan Committee and Capital Committee

Connecticut CDFI Alliance, Hartford, CT

Vice-President, member of the Loan Committee

Bridgeport Neighborhood Trust, Bridgeport, CT

Member of the Development Advisory Board



Holly Tarleton

[REDACTED]
[REDACTED]
P: [REDACTED]
E: [REDACTED]

PROFESSIONAL EXPERIENCE

Housing Rehabilitation Specialist, Community Development Partnership Eastham, MA

June 2017 - present

Provide construction management and oversight for more than 30 Massachusetts Department of Housing and Community Development (DHCD) Community Development Block Grant Program (CDBG) Housing Rehabilitation Projects. Provide all necessary tasks and documents for construction related activities including: Detailed specifications prioritizing lead paint abatement, building code safety corrections, building envelope repair and energy efficiency upgrades with accompanied project budget. Provide consulting services to Housing Rehab Program Managers and homeowners, as well as job site visits throughout entire project timeline, payment and change order approvals as well as final project sign off.

Art of Construction, Orleans, MA

President (2003 - Present)

General contracting firm doing framing, window and door installation, extensive interior and exterior remodeling, roofing, decking and siding. From November 2014 to June 2017, served as General Contractor on fifteen (15) CDBG funded housing rehab projects.

PROFESSIONAL LICENSES, CERTIFICATIONS & TRAINING

General Contracting Licenses:

Construction Supervisor License (103566)

Home Improvement Contractor (168132)

Lead-Paint Training and Certifications:

Lead Safe Renovator-Supervisor (September 2015)

Moderate Risk Deleading (September 2015)

ORGANIZATIONAL MEMBERSHIPS

Business Networking International (since 2012)

PROFESSIONAL REFERENCES

John Vincent
Mid-Cape Home Centers
465 Route 134
S. Dennis, MA 02660
(508) 398-6071

Kim Bourgea
HECH
120 Route 128
W. Harwich, MA 02671
(508) 432-0015
kim@hech.org

EDUCATION

Nauset Regional High School



Judith Valverde



PROFESSIONAL EXPERIENCE

Chief Fiscal & Operations Officer, Community Development Partnership

Eastham, MA

May 1996 - present

- Responsible for all fiscal operations for non-profit regional community development corporation with a \$3.4 Million Annual Budget funded through government and private sector grants, individual donors and program income. Monitor fiscal compliance of all funding. Develop annual corporate budget and individual program budgets for funding applications. Prepare monthly and quarterly financial statements. Report to Chief Executive Officer and support Finance Committee and Board of Directors. Work with auditors on an annual basis.
- Over a span of 22 years, managed accounting and reporting for twenty-five (25) Massachusetts Department of Housing & Community Development (DHCD) Community Development Block Grant (CDBG) Housing Rehab grants totaling \$10.2 M.
- Accomplishments include: Developing Company on Peachtree Software. Customizing financial statements utilizing accounting software. Designed and developed CDP's accounting manual.

Accounts Payable Accountant, November 1994 to May 1996

Housing Assistance Corporation

- Responsible for all aspects of accounts payable including weekly and monthly check runs. Prepared and entered all adjusting and recurring general journal entries. Maintained fixed asset register, tagged acquisitions and monitored locations. Monitored cash on a daily basis, transferred funds as necessary. Worked with auditors on a daily basis.
- Accomplishments include: recreating six-week gap in accounts payable module after hard drive crash. Creation of fixed asset register.

Fiscal Officer, (Interim/Acting 12/95 to 2/96 & 4/97-7/97)

Legal Services for Cape Cod and the Islands

Customer Service Supervisor, April 1994 to November 1994

Friendly's Restaurant

Accounts Receivable Cashier, September 1991 to August 1993

Highlander NCO Club, CAFB NM

Supervisory Office Clerk, Personnel and Payroll, February 1990 to August 1990

US Census, Portsmouth, NH



Independent Fee Appraiser, February 1987 to August 1990
PW Research Associates, Portsmouth, NH

Listor/Assessor, Revaluation, April 1988 to November 1989
Town of Eliot

US Air Force, 1978-1982
Honorably Discharged at rank of Sergeant December 17, 1982

EDUCATION & SKILLS:

- Working Knowledge of Peachtree, One Write Plus, MAS90, Construction Management, Great Plains Dynamics, Excel, Lotus and Word.
- Continuing College Education inclusive of Accounting I and Accounting II.



Jay H.S. Coburn

[REDACTED]
[REDACTED]
C: [REDACTED]
E: [REDACTED]

PROFESSIONAL EXPERIENCE

**Chief Executive Officer, Community Development Partnership
Eastham, MA**

December 2012 -

present

- Lead regional Community Development Corporation serving Lower Cape Cod. Oversee agency's programs to provide 72 units of affordable housing; preserve affordable housing through CDBG Housing Rehab Programs; and support sustainable economic development through micro-loans and business development services.
- Supervise Director of Housing Rehab in the management and program delivery of nine CDBG Housing Rehab Grants from November 2014 to the present. Supervised Housing Rehab Specialist from December 2012 to November 2014.
- Currently oversee a staff of twelve professionals and manage an annual budget of \$3.4 million funded through government and private sector grants, individual donors and program income. Increased individual/business support from \$37,000 to over \$300,000 in 4 years.

**State Senator Daniel Wolf
Cape Cod, MA**

May 2010 - present

Political Director

August 2011-present

- Developed & implemented fundraising initiatives including special events, direct mail & major donor cultivation and solicitation. Raised over \$140,000 from 400+ donors in 12-month period.
- Managed re-election campaign of State Senator Daniel Wolf. Recruited, trained and supervised 10 volunteers. Maintained campaign website and social media presence.
- Provided strategic political advice to Senator Wolf and maintained his relationships with political activists in his District and throughout the Commonwealth.

Director of Community Relations-Mass State Senate

Jan 2010-Aug 2011

- Developed, implemented and maintained constituent services program.
- Maintained Senator Wolf's relationships with elected officials and community leaders on the Outer & Lower Cape.
- Provided staff support to Senator Wolf's work on the following committees: Environment, Natural Resources & Agriculture; Tourism, Arts & Cultural Development, and Healthcare Financing.

Finance Co-Chair, Committee-Committee to Election Daniel

May – Dec. 2010

- Co-led Finance Committee for first-time State Senate candidate. Raised over \$200,000 from 1,200 donors in 8 months.



**Interim Executive Director, Southeastern Massachusetts Agricultural Partnership, Inc.
East Wareham, MA June 2009 – April 2010**

- Led regional nonprofit with mission to advocate for and support family farms in southeastern Massachusetts.
- Helped organization manage 40% reduction in annual funding and initiated a strategic planning and re-positioning process.
- Worked closely with 10-member Operating Board to expand their fund raising skills and recruit new Board Members.
- Raised over \$50K in 7 months through corporate & government grants and individual donors.
- Developed and maintained relationships with key Federal and State legislators and governmental officials.

Sabbatical

Truro, MA November 2006-July 2009

- Developed and operated private chef business.
- Ski Instructor/Children’s Program Manager, Stowe Mountain Resort, Stowe, VT, Winter Season ’07-’08, ’08-’09 & ’09-10.
- Board Member, Wellfleet Harbor Actors Theater – Chair of the 25th Anniversary Special Events Committee – raised \$100K through several special events.

Executive Chef & Co-Owner, CHESTER Restaurant

Provincetown, MA May 1998-October 2006

- Co-founded the Outer Cape’s most highly acclaimed restaurant, a 65-seat seasonal American fine dining establishment.
- Responsible for the day-to-day management of the restaurant’s “back-of-house” operations. Developed business plan and kept books for the business with \$700K in annual revenue and up to 20 employees.
- Developed and managed relationships with local farmers & fisherman to source local products.

Health Policy Consultant

Washington, DC & Provincetown, MA 1996 - 1998

- Worked with a variety of clients, including U.S. Public Health Service, AIDS Action Council, and Kaiser Family Foundation to evaluate HIV prevention and care programs, and to recommend policy and advocacy initiatives.

Senior Lobbyist, Project Director, AIDS Action Council & Other Non-Profits Agencies

Washington, DC 1986-1996

- Advocated and testified before the U.S. Congress and Federal Agencies on behalf of people living with AIDS. Lobbied for increased federal funding for AIDS prevention, treatment & research. Monitored annual federal budget process.



- Created and directed Pedro Zamora AIDS Public Policy Fellowship, a structured, experiential learning program for undergraduates. Responsible for the recruitment and selection of fellows. Supervised and evaluated fellows' work.
- Directed National HIV Prevention Training Program for community-based professionals working with runaway & homeless youth. Raised over one million dollars annually from government, corporate and foundation sources.

PUBLIC & COMMUNITY SERVICE

Select Board, Town of Truro	2012-2018
Served as Select Board Chair from 2013-2015 and led search process to hire a new Town Administrator. Serve as liaison to Truro's Housing Authority, Energy Committee, Cable & Internet Advisory Committee, Agricultural Commission, and Planning Board.	
Vice Chair, Massachusetts Rural Policy Advisory Commission	2016-present
Board Member, Philanthropy Partners of the Cape & Islands	2014-present
Member, Public Policy Committee, Massachusetts Association of Community Development Corporations	2013-present
Advisory Board Member, Mass Housing Partnership Rural Initiative	2014-2015
Member, Policy Board Cape & Islands Regional Network on Homelessness	2012-2018
Vice-Chair, Planning Board, Town of Provincetown	1998-2000
Board Member, Wellfleet Harbor Actors Theater, Cape Cod, MA	2008-2010
Board Member, AIDS Support of Group of Cape Cod, MA	1998-2000

EDUCATION

Cornell University, Ithaca, NY
1986
 B.S. Human Development and Family Studies





The law firm of Nutter McClennen & Fish LLP has a substantial commercial real estate and land use practice that extends into the most complex transactions and developments with long-standing reputation for business savvy and pragmatism. They serve as a go-to partner, helping clients manage a mix of challenges and achieve critical legal solutions. Partner involvement, availability and leadership are defining characteristics of Nutter.

In the specific areas of real estate and land use their clients include owners, operators, lenders, developers, managers, brokers, institutional investors, governmental authorities and quasi-governmental organizations, hospitals and other health care providers, educational institutions, and other not-for-profit entities. Their clients are represented before federal, regional, state, and local governmental authorities, boards and agencies (including the Cape Cod and Martha's Vineyard Commissions), local zoning boards and planning boards, the Massachusetts Department of Environmental Protection, Massachusetts Executive Office of Environmental Affairs, and the U.S. Environmental Protection Agency.

Nutter covers a wide spectrum of legal and financial matters for their clients. Particular to our proposal these include but are not limited to:

- Obtain zoning, wetlands, subdivision, and other governmental approvals
- Analyze the environmental risks associated with various properties
- Negotiate insurance policies and environmental agreements such as indemnities covenants not-to-sue, and activity and use limitations
- Structure and close construction, interim and permanent mortgage loan financings for lenders and borrowers



Eliza Cox is a partner in the Real Estate and Finance Department and a member of the Land Use practice group. Based out of both the firm's Hyannis and Boston offices, she concentrates her practice on land use and zoning law. Eliza represents individual homeowners, non-profit organizations, private corporations and national developers before local zoning and planning boards, conservation commissions, and other municipal boards and commissions and she has extensive experience before the Cape Cod Commission.

Eliza's representative work includes:

Hardship exemption from the Cape Cod Commission and a cluster subdivision special permit from a planning board for a 19-lot residential subdivision

Development of Regional Impact permit from the Cape Cod Change of Use Exemption permit from the Cape Cod Commission and local permits for the international headquarters of a not-for-profit organization

Eliza was instrumental in reviewing the Cape Cod Commission's 2009 Regional Policy Plan and supplying suggested language and testimony before the full Cape Cod Commission. In addition, Eliza co-authored "A Battlefield Over Growth" for a land use conference on growth management issues affecting Cape Cod and Massachusetts.

Eliza was named an Up & Coming Lawyer in 2010 by Massachusetts Lawyers Weekly and the Massachusetts Bar Association. She also received the 2009 Public Service Award from the Yarmouth Area Chamber of Commerce. Eliza is a member of the Massachusetts and Barnstable Bar Associations.

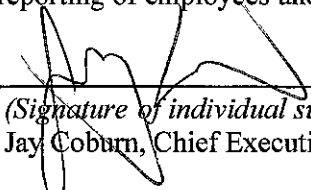
An active member of the Cape community, Eliza serves as Chairman of the Board for the Hyannis Area Chamber of Commerce, and serves on the board of trustees of the YMCA of Cape Cod and the Cape Cod Economic Development Council, Inc.

1471 Iyannough Road
P.O. Box 1630
Hyannis, MA 02601



TAX COMPLIANCE CERTIFICATE

Pursuant to M.G.L. c. 62C, ss 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.


(Signature of individual submitting proposal)
Jay Coburn, Chief Executive Officer

Lower Cape Cod Community Development Corporation
DBA: Community Development Partnership
(Name of Business)

COMMONWEALTH OF MASSACHUSETTS

County of Barnstable ss. Eastham

On this the 18th day of October, 2018 before me,

Martha J. Person the undersigned Notary
Public, Name of Notary Public

Personally appeared Jay Coburn
Name of Document Signer

proven to me through satisfactory evidence of identity, which was:

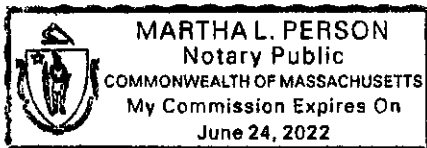
Known to me
Description of Evidence of Identity

to be the person(s) whose name (es)
was/were signed on the preceding or
attached document in my presence.

Martha J. Person
Signature Notary Public

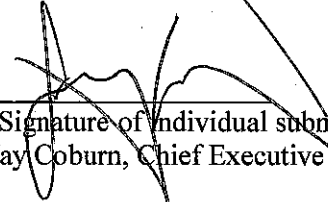
Martha L. Person
Printed Name of Notary

Place Notary Seal and/or any Stamp Above
My Commission Expires:



CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this quote has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.



(Signature of individual submitting proposal)
Jay Coburn, Chief Executive Officer

Lower Cape Cod Community Development Corporation
DBA: Community Development Partnership
(Name of Business)

COMMONWEALTH OF MASSACHUSETTS

County of Barnstable ss. Eastham

On this the 18th day of October, 2018 before me,

Martha J. Person the undersigned Notary Public,
Name of Notary Public

personally appeared Jay Coburn
Name of Document Signer

proven to me through satisfactory evidence of identity, which was:

Known to me
Description of Evidence of Identity

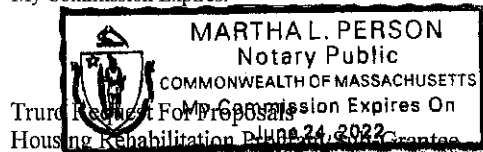
to be the person(s) whose name (s) was/were signed on the preceding or attached document in my presence.

Martha J. Person
Signature Notary Public

Martha L. Person
Printed Name of Notary

Place Notary Seal and/or any Stamp Above

My Commission Expires:





community development partnership

Creating opportunities for people to live, work, & thrive on the Lower Cape

Housing Rehabilitation Program

NEED REPAIRS TO YOUR HOME?

We Can Help!

The Community Development Partnership (CDP) has opportunities available through the Housing Rehabilitation Program in **Dennis, Harwich, Eastham, Truro and Provincetown.**

Funds up to \$40,000 are available to eligible residents to pay for critical home repairs, like:

- Roofing and Siding
- Electrical
- Heating and Plumbing Work
- Structural Repairs
- Lead Paint Abatement
- Energy Efficiency Upgrades such as windows and storm doors

The CDP staff works with the homeowners through every step of the process, from planning the work to completion. Program contractors are licensed and insured. Funding is limited and available on a first-come, first-served basis.

Our website has a host of information about the program - www.capecdp.org. We recommend starting there. The first step is to determine eligibility for the program. That is done by filling out the pre-application available on the website or on the back of this page.

Director of Housing Rehab Programs, Ann Robinson is also available to answer questions and provide guidance. You can reach her at (508) 240-7873 X14 or ann@capecdp.org.

3 Main Street Mercantile, Unit 7 Eastham, MA 02642

P 508.240.7873 F 508.240.5085 E ann@capecdp.org

www.capecdp.org

The Housing Rehabilitation Program is made possible by Community Development Block Grant funds provided by the MA Department of Housing and Community Development.



community development partnership

Creating opportunities for people to live, work, & thrive on the Lower Cape

Your Board of Selectmen is pleased to announce that the Town is able to bring you the Regional Housing Rehabilitation Program with funds provided by the **Massachusetts Department of Housing and Community Development (DHCD)**. The program is designed to improve the housing conditions of income qualified households by addressing code violations. Critical repairs include but are not limited to: roof and siding, electrical and plumbing, insulation and heating replacement and weatherization upgrades to name a few. If you are interested in participating in this program, please fill out this form and return it to the address listed below.

Name: _____ Phone: _____

Address: _____

E-mail Address: _____

On the table below please:

-Circle the number of people in your household **and then** circle your total household income in the last twelve (12) months - equal to or less than the amount indicated below.

Family Size	1	2	3	4	5	6	7	8
Very Low Income	30,200	34,500	38,800	43,100	46,550	50,000	53,450	56,900
Low Income	48,300	55,200	62,100	68,950	74,500	80,000	85,500	91,050

Are you a year round resident? Yes _____ No _____ Do you own your home? Yes ___ No ___

Is this address your primary residence? Yes ___ No ___ Or are you the landlord? Yes ___ No ___

Is anyone living in your household over the age of 65? Yes _____ No _____

What year was your house built? _____? Are you on fuel assistance? Yes ___ No ___

Do you have any problems with the following?

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Roof | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Doors & Windows | <input type="checkbox"/> Hot Water | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Foundation | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Structural Repairs | <input type="checkbox"/> Septic System | <input type="checkbox"/> Ceilings |

Comments:

RETURN TO: Community Development Partnership

3 Main Street Mercantile, Unit 7, Ph: 508-240-7873 ext.14

Ann Robinson, Director of Housing Rehab Programs; ann@capecdp.org



community development partnership

Housing Rehabilitation Program

**ATTENTION HOMEOWNERS
AND LANDLORDS**

**RECEIVE \$40,000
UP TO per unit**

If your home needs critical repairs, like:

Roofing & Siding	Windows & Doors
Heating & Plumbing	Minor Structural Repairs
Energy Efficiency Upgrades	Lead Paint abatement

THIS PROGRAM IS FOR YOU!

CDP staff works with the homeowners through every step of the process, from planning the work to completion. Funding is limited and available on a first come first serve basis. Don't wait!

APPLY NOW

Phone: 508.240.7873 ext. 13

Email: ann@capecdp.org

This program is funded through a regional grant submitted by the Truro Board of Selectmen to the MA Department of Housing and Community Development.

Program Eligibility

Homeowners

- ♦ Must own their own home; be a good year round resident; be in good standing with federal, state & local taxes; and carry homeowner's insurance.
- ♦ Must earn at or below 80% of the area median income (see chart below)
- ♦ One fifteenth (1/15) of the assistance you receive is forgiven each year that you continue to own and occupy your home.

Income Eligibility

Family Size*	Income
1	\$48,300
2	\$55,200
3	\$62,100
4	\$68,950

*Please inquire about income eligibility for families larger than four.



community development partnership

3 Main Street Mercantile, Unit 7, Eastham, MA 02642

P 508-240-7873 **F** 508-240-5085

E ann@capecdp.org

www.capecdp.org



Need repairs to your home?

The Community Development Partnership has funding **available now** for critical home repairs. Up to \$40,000 per eligible home.

"The transformation of my home has been a godsend. The program has alleviated a great deal of stress, worry, and downright danger."



community development partnership



Home Repairs Include:

(but not limited to)

- **Roofing & Siding**
- **Energy Efficient Windows & Doors**
- **Heating & Septic Systems**

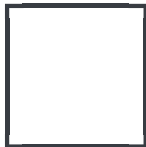
Our experienced staff work with homeowners through every step of the process. Funding is for income eligible year-round homeowners.

APPLY NOW

Contact Ann Robinson
508.240.7873 x13
ann@capecdp.org

WWW.CAPECDP.ORG

Community Development Partnership - 3 Main Street Mercantile, Unit 7 Eastham, MA 02642





community development partnership

Promoting a vibrant and diverse community on Lower Cape Cod

REGIONAL CDBG GRANTS

Serving year-round LMI (low-moderate income) residents of
Dennis, Harwich, Eastham, Truro and Provincetown

To be funded through a Community Development Block Grant (CDBG) from the
MA Department of Housing and Community Development (DHCD)

PRIORITIES OF THE PROGRAM ARE TO:

⚙️ **Correct and update health/safety issues, building envelope updates, energy efficiency upgrades, address lead paint hazards in residences owned and occupied year-round by LMI residents** ⚙️

⚙️ **Improve the supply of affordable-rent units for year-round LMI tenants** ⚙️

Up to \$40,000 per unit is available for properties in Dennis, Harwich, Eastham, Truro and Provincetown.

PROGRAM GUIDELINES

The CDP Housing Rehab Loan Program is funded through an annual Community Development Block Grant (CDBG) awarded by the MA Department of Housing and Community Development (DHCD) to help preserve existing housing stock for year-round residents of Dennis, Harwich, Eastham, Truro and Provincetown. The program addresses critical repairs on private homes, owner-occupied and investor-owned rental units - who income qualify according to LMI (low-moderate income) guidelines set by HUD (per income tables at the end of this document).

The Community Development Partnership (CDP) is a non-profit agency that over the past few decades has been involved in the delivery of several grant rounds of CDBG Funds. This responsibility includes all implementation, monitoring and reporting tasks according to DHCD guidelines on behalf of the Grantee. In the FY 2017 grants, the expected grantees are: the Town of Truro for the Harwich, Eastham, Truro and Provincetown Regional Grant and the Town of Dennis.

GRANT PRACTICES AND PRIORITIES:

It is part of the CDP's mandate to identify and solicit eligible applications from property owners in Dennis, Harwich, Eastham, Truro and Provincetown. We do this through a variety of outreach initiatives, which include working with the active support of community partners in the participating towns.

Applications for loans are processed on a first-come, first-served basis. Once qualified, a project may be assessed and ranked against other qualified applications in terms of code priorities; any emergency need takes priority (e.g., failed heating system in winter). On occasion, the CDP must reject applications despite the presence of eligible work. Reasons for this may include: lack of program funds; conditions requiring substantial rehab beyond scope of the program; costs exceeding program limits; title issues; ineligible tenants; and factors that suggest the borrower may be unable to comply with the terms of the program.

I. PROPERTY GUIDELINES

A. Owner-Occupied Single-Family Units (Primary Residence)

1. Declining loans structured as mortgages are made to owner-occupied single-family units to cover essential upgrades on a primary residence. The declining loan is secured by a property lien recorded at the Barnstable County Registry of Deeds. This lien is removed by a mortgage discharge after 15 years of compliance by the borrower has passed; the loan balance declines by 1/15th in each year of compliance until it reaches zero.
2. Borrowers must hold title to the property (LMI life tenants may apply as long as owner agrees and signs).
3. All those named on a deed must agree to the loan by signing all legal documents even if they do not occupy the premises.
4. The maximum loan amount of \$40,000 is available to rehab dwellings only.
5. All loans are developed within a “moderate” rehabilitation framework for code, health and safety upgrades.
6. Borrowers must meet LMI income guidelines set out in the chart below according to household size.
7. Borrowers whose property does not remain their primary residence throughout the loan term must either pay back the loan balance or rent the property to a LMI tenant year-round at a fair market rent set by HUD.
8. No penalties will be assigned as long as borrowers remain in compliance and notify the CDP of any changes of property status. (Participating Towns will document compliance annually, by letter, for the term.)
9. The borrower may sell the property during the 15-year term. Upon the sale or transfer of the property, the owner will repay the unforgiven portion of the loan. (Participating Towns allocate this income to community projects.)
10. Direct heirs may assume the loan and its obligations if title to the property transfers before term ends. They may live in the property, find eligible LMI year-round tenants for the property, or sell the property and pay back the remaining balance due.
11. On occasion, borrowers are permitted or may be required to provide a portion of total costs; such funds are the sole responsibility of the property owner and must be verified prior to loan approval.

B. Rental Units: Single, Multi--Family, or Accessory Units in a Single-Family Residence

1. Declining loans structured as mortgages are made to owners of units in existing buildings to be upgraded rental units that house LMI (low-moderate income) tenants year-round at fair market rents set by HUD.
2. The loan is secured by a property lien recorded at the Barnstable County Registry of Deeds. This lien is removed by a mortgage discharge after 15 years of compliance by the borrower has passed; the loan declines in each year of compliance by 1/15th until the balance reaches zero.

3. The 15-year deed restriction remains with the property for the full term of the loan. In the event of a sale, the buyer must assume the rental restriction on the property for the remainder of term of the loan.
4. Direct heirs may assume the loan and its obligations if title to the property transfers before term ends.
5. Properties with up to 7 rental unit(s) may be eligible for funding of up to \$40,000 per unit if they are not already deed-restricted as “affordable.” Decisions on rental units are based on the income of the owner and tenant(s) in the property, the degree of construction required, and availability of program funds.
6. Landlords who qualify within LMI guidelines are eligible to apply for loans which will cover 100% of the rehab costs.
7. Landlords who are determined to be “above income” may apply for loan covering up to 50% of the rehab costs; they must contribute the other 50%.
8. Landlords must have income-certified existing or prospective tenant(s) in order to qualify for a loan. The CDP provides forms for certification; tenant selection otherwise is the sole responsibility of the landlord.
9. Participating Towns perform an annual audit by letter, including verification of tenants and rents, throughout the 15-year term of the loan. (Non-compliance by owners risks default penalties.)
10. Acquisition of zoning variances and special permits are the sole responsibility of the property owner.

II. HOUSING REHABILITATION LOAN TERMS

- A. Up to \$40,000 per owner-occupied or rental unit is conveyed in a declining Deferred Forgivable Loan (DFL) at 0% interest for a 15-year term, secured by a property lien recorded at the Barnstable County Registry of Deeds.
- B. The 0% DFL is forgiven (declines) by 1/15th annually, as long as the borrower(s) remain in compliance. The entire loan is forgiven and the recorded mortgage is discharged at term end.
- C. Loan-related costs are included in the DFL and are reflected in closing documents, including but not limited to recording fee, credit check, and lead inspection fees. Closing costs generally range between \$200 and \$1,000.
- D. A key aspect of this program is the ability to “leverage” funds to supplement funding by the CDP Housing Rehabilitation Loan Program. Cape Cod Five Cents Savings Bank offers up to \$50,000 for loans at more competitive rates than otherwise offered. Other possible sources of leveraged funds include: property owner’s funds; Barnstable County Septic Loan Program; DOE’s Weatherization Program, “HEARTWAP” heating assistance program, Cape Light Compact, and Keyspan Energy programs all offered through Housing Assistance Corp; USDA Section 504 loan/grant program; and South Middlesex Opportunity Council’s Home Modification Program.

III. PROPERTY CODE, HEALTH AND SAFETY REPAIRS AND UPGRADES

The first priority of the program is to correct all code violations, structural and sanitary; this includes deleading if circumstances require it. Within DHCD guidelines, the program covers the repairing/upgrading of exterior items, including roofs, trim, gutters, entry doors, et al. Improving energy efficiency is also a key program goal. All repairs and upgrades must align with State, Federal and local building and safety codes and be approved according to State and local historic and environmental regulations. Some examples of typical rehabilitation work performed include: roof and siding replacement or repairs, window and door upgrades, well and septic replacements, weatherization and heating upgrades, electrical and plumbing upgrades, handicapped accessibility, and egress improvements.

Certain code deficiencies must be addressed regardless of client expectations if program funds are to be made available at all. These are determined in advance as part of an overall work plan agreed with the client. Typical small maintenance repairs, cosmetic upgrades and/or remodeling are not program-approved uses of CDBG funds.

IV. PROGRAM TECHNICAL ASSISTANCE ON PROJECT DEVELOPMENT AND IMPLEMENTATION

The CDP Housing Rehabilitation Loan Program develops and implements projects through the services of licensed and insured rehab specialists and general contractors who have registered their credentials, including excellent references, to the staff program manager. The housing rehab specialist inspects the property and prepares a work write-up based on code issues that are present, in consultation with the homeowner and within DHCD budget limits. The work write-up is submitted to the homeowner for review and agreement before being sent out to bid by general contractors registered with the program. Once a project is under contract and construction, the CDP rehab specialist and program manager, or their designee, inspect the ongoing work through to completion of the project.

V. REQUIRED INCOME DOCUMENTATION

In addition to providing information requested on the application form, complete, accurate and up-to-date documentation of income is required of all applicants according to your particular circumstances.

We recommend that you read through completely the notes charted on page 4 to understand what is required. Please call the Program Manager with questions so that she can help you avoid unnecessary delays.

- ❖ *Income documentation is required for all members of the household 18+ years old and must be submitted before the CDP can perform the initial review.*
- ❖ *Provide photocopies of all documents, not originals.*
- ❖ *Some documentation requires notarization. Notaries can be found at most local banks and Town offices.*

Please return a fully completed, signed and dated application form, including all information requested, along with the following valid documents:

Salaried income or Unemployment income - for all Household Members 18+ years old
<ol style="list-style-type: none"> 1. Pay stubs for most recent 8-week period for every member of your household working for an employer. 2. Pay stubs for most recent 8-week period weeks of Unemployment Benefits. 3. Full-time students or unemployed household members must provide a notarized statement affirming this status.
<u>Self-employment income - for all Household Members 18+ years old</u>
<ol style="list-style-type: none"> 1. Copies of your <u>entire</u> IRS Tax Return 1040 for <u>2015 and 2016</u>. NOTE: We do NOT need MA Tax Returns. 2. If the self-employed earner does not file taxes, a Notarized Statement reflecting earnings and expenses for 2015 & 2016, including dates, addresses of jobs, amounts paid, related expenses - to determine net profit.
<p>OTHER INCOME: Verification of other income as applicable to Household Members 18+ years old Benefit statements for Public Assistance, VA, Unemployment, SS, SSI, disability and a verification letter or periodic statement from each pension/investment income source stating the amount and frequency of benefits.</p>

Child Support, either 1) Child Support Order and Divorce Decree; or 2) Notarized Statement that you are not receiving child support.

ALL applicants and household members 18+ years old must submit:

1. **Complete financial statements:** spanning the past 2 months for any/all checking, savings, investment and retirement accounts.
2. **Copies of signed 1040 Tax Returns** for tax years 2015 & 2016. Please include Schedule C if you are self-employed and/or Schedule E if you receive rental income.
3. **IRS Verification: “Tax Return Transcripts” for every adult for tax years 2015 & 2016:** You are responsible for obtaining your IRS Tax Return Transcripts for tax years 2015 & 2016. Please refer to the **3 Easy Options Guide** included in this packet. When ordering your Tax Return Transcript, please use the same information used when filing your 1040 return. **If you do not file taxes** because your taxable income is not sufficient to meet the minimum filing requirements, you must select the **request a Verification of Non-Filing option**. Your Tax Return Transcript will be sent to you directly. Please forward this information onto the CDP in order to complete your qualification. Eligibility cannot be determined without this information.

INCOME GUIDELINES

LMI (low-moderate income) limits for Barnstable County

Below are the total allowable LMI (low-moderate income) limits per size of household for qualifying for the CDP Housing Rehab Loan Program. LMI limits are set by HUD at 80% average median income for Barnstable County. Total income means income from all Adults 18 years old or over living in the household. Household size means *and children living in a household regardless of their relationship*.

Landlords or potential landlords who are above LMI Income are eligible to provide and receive matching funds up to \$40,000 per unit to rehab or create a unit for year-round rental to house LMI tenants per HUD guidelines.

FY2018 HUD AREA MEDIAN INCOMES

	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
80% AMI	48,300	55,200	62,100	68,950	74,500	80,000	85,500	91,050



community development partnership

HOUSING REHAB LOAN PROGRAM HOMEOWNER DOCUMENTATION CHECK LIST

REQUIRED INCOME DOCUMENTATION

- | | |
|---|------------------------------|
| _____ Completed application | _____ Interest |
| _____ 8 Weeks of Pay stubs or letter | _____ Alimony |
| _____ Unemployment-Monetary Determination/Weekly deposits | _____ Foster Care |
| _____ Veteran's Benefits/Current Year Letter | _____ Worker's Comp. |
| _____ Social Security/Current Year Benefit Letter | _____ Non-Income |
| _____ Pension (2Mo.s Statements or 1099 if no statements) | _____ Other Income (Explain) |
| _____ Child Support (Divorce Decree) | |
| _____ Bank Statements – Checking & Savings (2Mo.s Recent Statements, all pages) | |
| _____ Investment Account Statements (2Mo.s Recent Statements, all pages) | |
| _____ IRAs & 401Ks Account Statements (2Mo.s Recent Statements, all pages) | |

REQUIRED SUPPORTING DOCUMENTATION

- _____ Copy of the property Deed
- _____ 2 most recent years 1040 IRS TAX RETURNS signed & filed.
- _____ 2 most recent years SELF-EMPLOYED – **Schedule C** _____ 2 most recent years INCOME FROM RENTAL – **Schedule E**
- _____ 2 most recent years IRS **TAX RETURN** TRANSCRIPTS. Forward to CDP upon receipt (see instructions)
- _____ Copy of First two pages of Mortgage
- _____ Copy of First two pages of Home Equity
- _____ Copy of Entire Reverse Mortgage Doc.
- _____ Copy of most recent Loan Statement of a Reverse Mortgage
- _____ PROOF OF PAID PROPERTY & FLOOD INSURANCE (**PROOF FROM INS. CO.**)
- _____ PROOF OF PAID REAL ESTATE TAXES (**PRINT OUT FROM THE TOWN REQUIRED**)
- _____ Complete copy of Trust Documents – if applicable
- _____ Complete copy of Condo Documents – if applicable

******PLEASE NOTE W-2'S, 1099'S, YEARLY SUMMARIES UPON REQUEST ONLY******

**COMMUNITY DEVELOPMENT PARTNERSHIP
HOUSING REHAB LOAN PROGRAM APPLICATION**

Applicant Information

Last Name		First Name		Middle Name	
Present Address					Own
Street:					Rent
City/Town:					Number
State:		Zip Code:			of Years
Mailing Address					Married _____
Street: SAME					Widowed _____
City/Town:					Separated _____
State:		Zip Code:			Divorced _____
Email Address:			Number Dependents living at home:		
Home Phone Number:			Ages Dependents living at home:		
Cell Phone Number:					
Work Phone Number:					

Employment Information			Self Employed? Yes ___ No ___		
Employer Name:			Unemployed? Yes ___ No ___		
Address:			How Long?		
Type of Business:			Years with company		
Business Tel.No:		Position/Title:			
If at current company less than 2 years					
Previous Employer					
Address:					
Business Tel.No.		Position/Title		Years with company	

Co-Applicant Information - Name is also on the Deed or you are a Spouse

Last Name		First Name		Middle Name	
Present Address					
Street:					
City/Town:					
State:		Zip Code:			
Mailing Address					Married _____
Street:					Unmarried _____
City/Town:					Separated _____
State:		Zip Code:			Divorced _____
Email Address:			Home Phone Number:		
Cell Phone Number:			Work Phone Number:		
Employment Information			Self Employed? Yes ___ No ___		
Employer Name:			Unemployed? Yes ___ No ___		
Address:			How Long?		
Type of Business:			Years with company		
Business Tel.No:		Position/Title:			
If at current company less than 2 years					
Previous Employer					
Address:					
Business Tel.No.		Position/Title		Years with company	

ANNUAL INCOME - Please fill in ALL applicable income

Source	Applicant	Other Household Members 18 +		Total
Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Self Employed				
Interest and/or Dividends				
Net Rental Income				
Income Received Periodically				
Social Security Benefits				
Pension Benefits				
IRA Redemptions				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Other(describe)				
TOTALS	\$0	\$0	\$	\$0

ASSETS - Please include ALL Financial Accounts

Type	Cash Value	Annual Income from Assets	Bank /Financial Institution Name and last 4 digits of Acct number	
Checking Account(s)				
Savings Accounts(s)				
Credit Union Account(s)				
Investment Account(s)				
Stocks, bonds etc.				
IRA Account(s)				
Life Insurance				
Other-Inheritance				
Home				
Estimated Value				
Mortgage Balance				
Other Real Estate				
Estimated Value				
Mortgage Balance				
TOTALS	\$	\$	\$	\$

List all outstanding financial obligations(your debts) including auto loans, credit cards, credit union loans, real estate loans, and all other loans.

LIABILITIES

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date
Monthly Alimony		\$		
Monthly Child Support		\$		
Monthly Child Day Care		\$		
TOTAL		\$	\$	

If a "Yes" answer is given to any question below, please explain on a separate sheet

1. Do you have any outstanding unpaid judgments? Yes ___ No ___ Amount \$ _____
2. In the past 7 years, have you declared bankruptcy? Yes ___ No ___
3. Are you a party in a law suit? Yes ___ No ___

MONTHLY HOUSING EXPENCES

Item	Monthly Payments	Unpaid Principal	Balloon Pymt.	Balloon Amt.
a. First Mortgage		\$	Yes _____	\$
b. 2nd Mortgage		\$	No _____	
c. Home Equity Loan		\$		
d. Other Financing Secured by Property		Describe any special circumstance relative to your housing or its financing on an separate sheet		
e. Homeowner's Insurance Yes No		Name of Insurance Agent:		
f. Flood Insurance Yes No	\$	Address:		
Is your insurance included in your mortgage?		Yes	No	
g. Real Estate Taxes Are your real estate taxes included in your mortgage?		Total Town Assessed Value: Yes No		
h. Back Taxes Due		Which year(s): _____ If necessary, supply further details on an attached sheet:		
TOTAL				

HOUSEHOLD COMPOSITION - List the head of the household and all members who live in your home
Give relationships of each family member to the head

Member No.	Full Name	Relationship	Date of Birth	Ages
1. Applicant				
2. Co-Applicant				
3. Dependent				
4. Dependent				
5				
6				
7				
Does anyone live with you now who is not listed above?			Yes	No
Does anyone plan to live with you in the future who is not listed above?			Yes	No
If either is "yes", please explain.				

PROPERTY INFORMATION

LOCATION

Street: _____
Town: _____ Plan # _____
State: _____ Lot # _____
Year the home was built: _____

Is your property listed as a Historical Property? Yes No

To your knowledge, is there any lead-base paint in your home?
Interior Yes No
Exterior Yes No

Are there any Children under six residing in your home? Yes No

Is your home connected to the town's Water System? Yes No
Sewer System? Yes No

Is your property located in a Wetlands Conservation Area? Yes No

Is your property located in a flood hazard area? Yes No

Has your property been sited for any code violations within the past 12 months? Yes No

Do you need Energy Upgrades? Yes No

Briefly describe repairs needed:

**Community Development Partnership
Housing Rehab Loan Program**

Commonwealth of Massachusetts Income Limits

Income Eligibility Chart

<u>Household Size</u>	<u>Income Limits</u> 80% of Median Income <u>Barnstable County</u>	2018
1	\$48,300	
2	\$55,200	
3	\$62,100	
4	\$68,950	
5	\$74,500	
6	\$80,000	
7	\$85,500	
8	\$91,050	

Please check as appropriate.

1) **INCOME ELIGIBLE CATEGORY – Available for income eligible homeowners – or income eligible property owners with rental units.** If your present gross income falls within the HUD Income Limit Guidelines (see the income eligibility chart above), you may qualify as an INCOME ELIGIBLE property owner, and receive rehabilitation funds. Additional income information must accompany this application. Please check the box below and refer to the INCOME VERIFICATION REQUIREMENTS FOR ELIGIBLE PROPERTY OWNERS, and continue with the Employment Income Information.

INCOME ELIGIBLE

2) **ABOVE INCOME CATEGORY – Available for property owners with rental units only.** If your gross income exceeds the HUD Income Limits for income eligible property owners (see the income eligibility chart above), you may declare yourself ABOVE INCOME. You may qualify for a loan to cover a match of the total rehabilitation costs. If the majority of the rental units are occupied by households that DO meet the income limits, then additional household/income documentation will be requested from the tenants. If you wish to declare yourself ABOVE INCOME, please check the box below.

ABOVE INCOME

Community Development Partnership Housing Rehab Loan Program

APPLICANT RELEASE FORM

I/We, the undersigned certify that the information provided in the application is true and complete to the best of my/our knowledge. I/We authorize you to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquires pertaining to my qualifications for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original. I also understand that if my application is not acted upon within six (6) months of the application's anniversary the application will become null and the information must be resubmitted or updated.

Privacy Act Notice:

This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgager under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected

Borrower's Signature

Borrower's Social Security Number

Borrower's Date of Birth

Date

Co-Borrower's Signature

Co-Borrower's Social Security Number

Co-Borrower's Date of Birth

Date

Community Development Partnership (CDP) Principal Borrower and Co-Borrower(s) Acceptance of the CDBG Housing Rehabilitation Loan Program Terms

Please initial on all lines

- I/We, the applicant(s), understand the information provided on this application will be utilized by CDP Housing Rehabilitation Loan Program to determine income eligibility for a housing rehabilitation.

- I/We understand that loan funds are limited, and will be distributed to those projects that reflect the grant guidelines and goals.

- I/We understand that additional information including, but not limited to, verification of employment, income, tax statements and credit information are required by Federal and State regulations, and I/We will provide such information required.

- In reference to multi-family dwelling unit, I/We understand that rental units rehabilitated under this program must be rendered to income eligible tenants for a period of fifteen (15) years at rental rates determined in accordance with the lower of HUD Fair Market Rent Guidelines or High Home Rent guidelines.

- If the property is transferred (whether by gift, law, sale or any other type or transfer), or if I/ We fail to abide by the Program Agreement, the full amount of the loan will become due and payable immediately. Property that is inherited by a direct heir is not subject to this clause.

The following MUST accompany your signed and dated application:

- 8 current consecutive weeks of pay stubs, from all household members
- A copy of homeowner's insurance policy
- Copy of current property deed
- Signed copy of your most recent two years Federal tax returns (1040 Submitted to the IRS)
- Copy of your most recent paid property tax invoice
- A copy of the first page of any outstanding mortgage of home equity loan
- Bank statements of the past two consecutive months for all checking & savings accounts and Financial Statements
- IRS Verification for the two most recent years can be obtained by requesting your tax transcripts (instructions attached)

The applicant certifies that all information furnished in support of this application given for the purpose of obtaining financial assistance under the CDP Housing Rehabilitation Loan Program is true and complete to the best of the applicant's knowledge and belief. Verification may be obtained from any sources identified herein. Willful misrepresentation of the information provided herein may be grounds for the denial of participation in the CDP Housing Rehabilitation Loan Program. If a Deferred Payment Loan has already been awarded and a misstatement is discovered, the amount of the Deferred Payment Loan shall be due and payable immediately to the CDP.

Furthermore, the applicant understands that by applying for a Deferred Payment Loan under the CDP Housing Rehabilitation Loan Program, that he or she is agreeing to have the property inspected by a representative of the CDP Housing Rehabilitation Loan Program including a Lead Paint test and may be required to carry out and pay for lead testing and removal, if required. He or she also understands that such inspection may disclose code violations, requirements for lead paint (inspection and/or removal) and /or other requirements, which may result in additional costs or expenses beyond those, which may be included in the CDP Housing Rehabilitation Loan Program.

Principal Borrower

Date

Co-Borrower (If Applicable)

Date

Please return completed application to:

**Jean Stanley, Director of Housing Rehab Programs, Housing Rehab Loan Program Community
Development Partnership, 3 Main Street Mercantile, Unit 7, Eastham MA 02642 Email:
jean@capecdp.org**

**Community Development Partnership (CDP)
Housing Rehab Program**

GRIEVANCE POLICY & PROCEDURE

- A. The CDP Program Manager will be responsible for handling any initial grievance with a goal of resolving any issues.
- B. The Grant Administrator will be responsible for overseeing the investigation of any grievance or serious complaint lodged against the grant employees or programs, or not resolved at the program level.
- C. Grievances should be submitted to the Grant Administrator in writing. Individuals interested in filing a grievance may contact the Grant Administrator for assistance in doing so.
- D. The Grant Administrator has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Grant Administrator will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The DHCD CDBG Program Representative will be notified of any grievance.
- E. The Grant Administrator will initiate a file that includes the original grievance, a report of findings, and a copy of the Grant Administrator's determination and notification. The outcome of the grievance will also be documented.
- F. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Town Administrator will conduct his/her own investigation and report their findings to the filer of the grievance within ten (10) business days.
- G. If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Board of Selectmen will conduct their own investigation and report their findings to the filer of the grievance within ten (10) business days. The findings of the Board of Selectmen are final.

Assistance is provided, if necessary, to facilitate any individual in participating in this grievance process.

CDP Director of Housing Rehab Programs

Grant Administrator contact information

Alice Boyd
Bailey Boyd Associates
9 Hillside Road
Scituate MA 02066

Tel: 508 430 4499 ext 1
Email: aboyd@baileyboyd.com

I/We have read and understand the grievance procedure.

Signed: _____ Date _____

Signed: _____ Date _____

**Community Development Block Grant (CDBG) Program
AFFIDAVIT REGARDING CONFLICT OF INTEREST**

I (we) the undersigned, being duly sworn, do certify that, to the best of my (our) knowledge:

I (we) have not granted any gratuitous funds of financially benefitted any related party of the Town of _____ CDBG Program or an organization under contract to manage a CDBG grant and are not related to any employee or officer of an organization under contract to manage a CDBG program or the Commonwealth of Massachusetts or of the U.S. Department of Housing and Urban Development (HUD) who has a decision making or monitoring relationship with CDBG program.

I (we) understand the following citation from 24 CFR Part 570.611 (b) and to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 570.611 (b) Conflicts prohibit. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with CDBG funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

24 CFR Part 570.611 (c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official to the recipient, or of any designated public agencies, or of subrecipients that are receiving CDBG funds.

All covered person in paragraph (c) who do not violate paragraph (b) must first obtain a waiver from the U.S. Department of HUD before receiving CDBG assistance.

APPLICANT SIGNATURE(S):

VOLUNTARY INFORMATION REQUESTED

The information regarding race, natural origin, sex designation, marital status, disability status and veteran status on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for **each** member of your household.

ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Pacific Islander _____	Other American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____

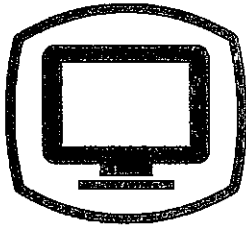
ETHNIC CATEGORY:	Hispanic _____	Non-Hispanic _____
RACE:	White _____ Asian _____	Black/African American _____ Asian and White _____
American Indian / Alaskan Native _____	Native Hawaiian / Pacific Islander _____	Other American Indian / Alaskan Native and White _____
Black / African American and White _____	American Indian / Native Alaskan and Black / African American _____	Other (Multi-Racial) _____
SEX:	Male _____	Female _____
OTHER, CHECK IF APPLICABLE:	U.S. Veteran _____ Elderly (Over 60) _____	Female Head of Household _____ Disabled _____



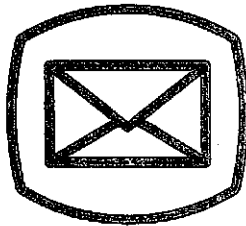
Taxpayer Assistance Center

Need a Tax Return Transcript?

We offer 3 Easy Options



1 : Online — Go to [IRS.gov/transcript](https://www.irs.gov/transcript) to download a copy of your tax return transcript immediately.



2 : Mail — You can use the Get Transcript by Mail online at [IRS.gov/transcript](https://www.irs.gov/transcript) or complete Form 4506-T to request your tax account transcript or Form 4506T-EZ to get your tax return transcript and mail it to the IRS. Form 4506-T is available at [IRS.gov/form4506t](https://www.irs.gov/form4506t). Form 4506T-EZ is available at [IRS.gov/form4506tez](https://www.irs.gov/form4506tez).



3 : Call — 800-908-9946 and follow the voice prompts.

Transcripts sent to your home address will be mailed free of charge. Please allow 5 - 10 calendar days from the time the IRS receives the request for delivery.

You can order an exact copy of a previously filed and processed tax return, including attachments and Form W-2, by completing Form 4506, Request for Copy of Tax Return. Mail the completed form with \$50 for each tax year requested to the address in the instructions. Form 4506 is available at [IRS.gov/form4506](https://www.irs.gov/form4506). Generally copies are available for the current year and the past six years. Either spouse can submit and sign Form 4506 to request copies of jointly filed tax returns. Allow 75 calendar days to receive your copies.

Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.
 ▶ Request may be rejected if the form is incomplete or illegible.
 ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 / 15	12 / 31 / 16	12 / 31 / 17	/ / /
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

		Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

855-587-9604

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAIVS Team
Stop 37106
Fresno, CA 93888

855-800-8105

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999

855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

855-298-1145

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



CAUTION You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.;** **Preparing the form, 12 min.;** and **Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



community development partnership

HOUSING REHABILITATION PROJECT WORK WRITE – UP

Prepared by Holly A Tarleton

Housing Rehab Specialist

CSL: #103566

Contact:

Holly A Tarleton

PH: [REDACTED]

EM: [REDACTED]

PROJECT ID	THR17-04 BRO
HOMEOWNER	
STREET ADDRESS	
TOWN, STATE, ZIP	Harwich, MA 02645
PHONE	
CELL	
EMAIL	
YEAR BUILT	1975
DATE	2/21/2018

FINAL

Accepted by: Date: _____

NOTICE TO ALL PARTIES: All CHANGES TO THE SCOPE OF WORK OR TIME FRAME REQUIRE A WRITTEN APPROVED CHANGE ORDER.

Note: Please feel free to call: [REDACTED] or Email: [REDACTED] with bid-related questions prior to submission. **Allow a minimum of 2 business days to ensure contact with me is made and questions can be answered correctly.**

Contractors are responsible for verification of field conditions, measurements and quantities. Permits and Permit Fees and Inspection fees are to be included in all bids. The costs of providing all labor and all materials

shall be included in all bids. All completed work shall meet the *2009 International Residential Code for One and Two Family Dwellings*, including Appendix J; and/or Massachusetts State Building Code, 8th Edition and all applicable sections of *the State Sanitary Code* and all requirements of the Local Building Departments.

The work shall also comply with the requirements of the State and Local Historical Commissions, if applicable.

If home is pre-1978, painted materials may contain lead paint hazards above acceptable levels, these hazards will be identified in a *Lead Inspection/Risk Assessment Report prepared specifically for this property; any rehab, renovation or painting activity completed after this report must be done by a Moderate or High Risk De-leader and done in accordance with Federal and State laws. A copy of the De-leaders License must be given to the Program Manager before the start of the work.* Proper notifications are to be given per applicable Lead Paint laws to Homeowner and the state. Additionally, if Homeowner relocation is required per the applicable laws; *the cost of relocation is not part of this contract.*

If home is pre-1978 and a Lead Inspection/Risk Assessment has not been performed, contractor is to follow the Renovate, Repair, and Paint (RRP) Rules. In this case, it is the contractor's responsibility to identify the existence of lead paint and/or presume its presence, and follow all local, state and federal requirements. (See Housing Rehab Program Process and Policy for Projects Requiring Deleading)

The order of the items (paragraphs & sub-paragraphs) within the Work Write-Up will establish the priority in which the work will progress. It is suggested that all costs related the work stipulated in the initial paragraphs be accurately identified. This should take place prior to ordering materials necessary to address lower priority items within the Work Write-Up. *This is particularly important for projects where costly unforeseen conditions are possible.* If necessary, funds from other work items, starting from the last paragraph in the Work Write-Up will be utilized to fund the work in earlier paragraphs.

GENERAL:

Furnish all labor, material, equipment, services, inspections and permits necessary to conduct the following Scope of Work, according to all specifications, manufacturers' instructions and specifications, applicable and specified codes and regulations and in accordance with industry standards, including that work which can be reasonably inferred as necessary from the scope of work outlines herein, and taking all precautions described or known to you to protect the safety of the workers and protect the property. Products and materials of equal quality and grade may be substituted if request is submitted in writing and approved by Rehab Specialist.

All proposed modifications to the Work Write-Up that the bidder believes are necessary in order to meet code, other regulations, or to ensure the safety and/or minimum standards of quality of his or her work, should be noted in Work Write-Up Edit Form in the form of specific edit(s) or substitutions to the document.

If the CDP receives a bid with no proposed modifications on the Work Write-Up Edit Form, it is assumed that the bidder finds the Work Write-Up complete and understood. If no entries are noted please note and sign.

All bids shall include the installation of necessary miscellaneous materials, including metals, as may be reasonably inferred from this document or used in common construction methods. Materials shall be as specified and shall comply with the following:

- All applicable state and local building codes/standards.
- All applicable state and local historic commission/committee codes/standards.
- All applicable state and local sanitary codes/standards.
- All manufacturers' installation manuals and warranty requirements.
- All exterior metal items shall be either galvanized steel, stainless or approved non-ferrous metals.

DEMOLITION NOTES:

- All materials are to be placed in an onsite dumpster at end of each day and disposed of in accordance with state and local laws and guidelines.
- Any materials which can be accepted and recycled at local transfer station are to be separated and handled in a separate container(s).
- All landscaping within 10' of building is to be protected from debris and/or damage.
- Prior to any work beginning, 72 hour notice is to be given to CDP.
- Access to all unit egress points are not to be blocked, burdened or hindered at any time during construction period.
- Contractor is responsible for the proper removal and replacement of any electrical lines, communications lines and boxes, and gas meters attached to the home.

It is hereby understood that the Work Write-Up is to be utilized as an outline for the work and as a guide for pricing the various work items. IF YOU HAVE ANY QUESTIONS, PLEASE SUBMIT THEM IN WRITING via EMAIL: HollyCDP@gmail.com

The order of the items (paragraphs & sub-paragraphs) within the Work Write-Up will establish the priority in which the work will progress. It is suggested that all costs related the work stipulated in the initial paragraphs be accurately identified. This should take place prior to ordering materials necessary to address lower priority items within the Work Write-Up. *This is particularly important for projects where costly unforeseen conditions are possible.* If necessary, funds from other work items, starting from the last paragraph in the Work Write-Up will be utilized to fund the work in earlier paragraphs.

PARAGRAPH 1: ELECTRICAL

A. HARDWIRED/WIRELESS SMOKE/COs: The current smoke/CO system is over 10 years old and in need of replacement and upgrade, as well as expansion to new locations. Contractor is to remove all old hardwired or battery-operated smoke/COs and install new units to meet existing code as if new construction. Contractor may use wireless units to replace/upgrade battery operated units and/or use wireless units to expand wired system to new locations. Systems shall be approved and in accordance with local wiring and fire inspectors. Units shall

be manufactured by Kidde, First Alert, or BRK or equal noted on Work Write Up Edit Form. Minimum specifications shall include, battery backup, voice alarm with programmable location, silence features

PARAGRAPH 2: ROOF/GUTTERS

A. ROOFING: Area includes entire roof of home; the roof is nearing the end of its life expectancy. Contractor is to remove, provide and replace entire roof section, including all flashing materials, drip edge, felt paper, etc. At cheek areas remove and replace any siding or trim in order to replace any flashing materials; at least five courses up. Replace trim work is to be P-5, replaced shingles are to be RR, Blue Label, replaced clapboard is to be pre-primed, (or clear if applicable) solid red cedar; no finger jointed material is to be used on exterior applications. Replaced shingles need not be painted or stained. Any replaced trim or clapboard that is painted or stained is to maintain the finish coat of existing material. Any nail holes are to be filled, all painting to have two coats. All replaced material is to match in style and dimension of material removed.

Contractor is to provide photographs of stripped roof as well as papered roof with ice and water in place. Email to CDP Program Manager and rehab specialist at time of invoice: Jean@capecdp.org, Hollycdp@gmail.com NO INVOICES WILL BE PAID WITHOUT DETAILED PHOTOS OF ALL AREAS OF ROOF WORK.

Demolition: Strip all Asphalt and Membrane roofing, the drip edge etc. and felt to expose wood. Provide photograph or inspection prior to covering.

Disposal: Legally dispose of all roofing debris. Demolished materials must be removed from the site within 24 hours unless stored in a covered dumpster that has been legally permitted by the Town. Thoroughly clean all roofing debris and nails from the building perimeter.

Ventilation: The current amount of ventilation may be less than required per the 2009 International Residential Code/8th Edition of the Massachusetts State Building Code. If applicable, the Contractor shall upgrade the venting to the Code. As required, the sheathing at the ridge is to be cut to provide the proper air movement under the new ridge vent being installed under this scope of work. Additionally, if required, Soffit vents and proper vents are to be installed. If applicable to this project, Gable vents are to be removed, framed in, and sheathed and sided. Eve style vents will not be allowed unless approved by the Rehab Specialist. It is the contractor's responsibility to determine the venting for roof to maintain warranty and meet code requirements.

Roof Deck Sheathing Repairs: Re-nail any loose plywood to rafters.

Drip Edge: Install drip edge at all perimeters, including gable ends and eaves. Color to complement existing home and trim color

Ice and Water protection: Install adhesive EPDM or an equal Ice and water shield, three (3) feet in width, at all valleys, roof/sidewalls, intersections at dormers, rakes and eaves; adhere membrane directly to the roof deck. Once complete, send photo to CDP for files.

15LB Felt Underlayment: Required for all roofing. Lap 4" and staple to deck for rake-to-rake, ridges to eaves; leaving no roof decking exposed. Lap 4" over ice and water shield at all rakes and eaves locations. Provide photograph or inspection prior to covering.

Flashing: Replace all flashing at the Chimneys, Vent penetrations, Cheek walls etc. with the appropriate product for the area being flashed; lead to be utilized at Chimneys. If a lower roof abuts a vertical wall, remove five (5) courses of the Siding materials at the abutting wall, then at the intersection, remove old flashing and re-flash and counter-flash as required. After the roof shingling operation, re-install the Siding, then prime and paint as required to complete the work. If skylights are present, all flashing shall be removed and replaced with new flashing kit, which is compatible with existing skylight units.

Shingles: New Roof shingles to be 30-year Architectural grade, manufactured by Tamko, GAF, or Certain Teed. Shingles from other Manufacturers that meet or exceed the quality of those specified are acceptable. Shingles to carry National Underwriter's Class C or A label. *The Contractor is responsible for measuring the exact size of the area.* Utilize nailing pattern and quantity as specified by the manufacturer. The Shingle color selection as required by the Historic Commission and/or the Homeowner.

NOTE: ALL WORK IN THIS SECTION TO MEET:

IRC 2009: CHAPTER 8: ROOF/CEILING CONSTRUCTION-RAFTER AND CEILING JOIST SPANS, FINISHES, VENTILATION
IRC 2009: CHAPTER 9: ROOF ASSEMBLIES-DECK, VAPOR RETARDER, SUBSTRATE, INSULATION, VAPOR RET., COVERING
IRC 2009: APENDIX J
MA 780CMR: CORRESPONDING AMMENDMENTS
STATE SANITARY CODE 105 CMR 410.501-WEATHER TIGHT ELEMENTS

B. GUTTERS: The gutters are deteriorated and not allowing water shed away from structure. Contractor is to remove and replace all gutters at the property. Contractor is to remove and re-use existing gutter helmet system. Furnish all labor, materials, equipment and services necessary for the completion of all seamless gutters and downspouts. This work includes but is not limited to removal and disposal of all old gutters. Provide for installation of new gutters, downspouts, end caps, etc.

PARAGRAPH 3: WINDOWS

WINDOWS: WINDOWS: DEMOLITION: Contractor is remove rotting, leaking and/or inefficient window (s) identified at Walk-Though, including interior and exterior trim, old flashing, all window components, including felt paper, and dispose of according to local and state regulations.

PROVIDE AND INSTALL: All installations noted below are to be in accordance with manufacturer's specifications. Windows are to fit in existing openings, provide all materials and labor for complete window install including sills, extension jambs, etc. Any and all areas disturbed and scared during window replacement, both exterior and interior shall be repaired and painted to original condition. All windows shall meet Energy Star Criteria for Barnstable County or if town is a Green Community windows must meet Energy Star North Criteria. If all siding is not being replaced, contractor is to remove old siding 12" from all sides of window to be replaced. Replace

all flashing materials, Grace Vycor (or equal) installed per manufacturer's specifications (photos of every window is to be supplied to CDP prior to payment for line item being paid). Contractor is to then weave in new siding to old matching the material and finish. Paint and Stain is to match as closely as possible, given limitations of aged materials. Coursing of new siding is to match existing. No face nailing except under window. Fill and sand all nail holes; two field coats of paint or stain applied over filled nail holes.

A. DOUBLE HUNG

LOCATION (S)	A, B, C & D
NUMBER	13
NEW CONSTRUCTION OR REPLACEMENT	NEW CONSTRUCTION
BRAND	HARVEY, PELLA, ANDERSEN, JELD-WEN, MARVIN
WOOD CLAD or VINYL	VINYL
STYLE	DOUBLE HUNG

GRILL WORK – GRILLS BETWEEN THE GLASS	6/6
SCREENS	YES-FULL
HARDWARE	STANDARD-MATCH

EXTERIOR CLADDING COLOR	WHITE
EXTERIOR TRIM STOCK	P-5
EXTERIOR TRIM DIMENSIONS	1"X4" WITH SILL
EXTERIOR TRIM FINISH-LOW VOC	PAINT
EXTERIOR TRIM COLOR	WHITE
EXTERIOR GRILL WORK-COLOR	WHITE

INTERIOR COLOR	WHITE
INTERIOR STOCK	MATCH EXISTING
INTERIOR DIMENSIONS	MATCH EXISTING
INTERIOR FINISH-LOW VOC	PAINT
INTERIOR TRIM COLOR	MATCH EXISTING
INTERIOR GRILL WORK-COLOR	WHITE

NOTE: ALL WORK IN THIS SECTION MUST MEET:

IRC 2009 CHAPTER 3-SECTION R308; R311/CHAPTER 6-WALL CONSTRUCTION-SECTION R612-EXTERIOR WINDOWS AND DOORS
IRC 2009-APPENDIX J
IRC 2009-CHAPTER 11
MA 780 CMR-CORRESPONDING AMMENDMENTS
STATE SANITARY CODE 105 CMR 410.501, 410.480

B. CASEMENT

LOCATION (S)	B
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NUMBER	1
NEW CONSTRUCTION OR REPLACEMENT	NEW CONSTRUCTION
BRAND	HARVEY, PELLA, ANDERSEN, JELD-WEN, MARVIN
WOOD CLAD or VINYL	VINYL
STYLE	CASEMENT

GRILL WORK -	NONE
SCREENS	YES-FULL
HARDWARE	STANDARD-MATCH

EXTERIOR CLADDING COLOR	WHITE
EXTERIOR TRIM STOCK	P-5
EXTERIOR TRIM DIMENSIONS	1"X4" WITH SILL
EXTERIOR TRIM FINISH-LOW VOC	PAINT
EXTERIOR TRIM COLOR	WHITE
EXTERIOR GRILL WORK-COLOR	NONE

INTERIOR COLOR	WHITE
INTERIOR STOCK	MATCH EXISTING
INTERIOR DIMENSIONS	MATCH EXISTING
INTERIOR FINISH-LOW VOC	PAINT
INTERIOR TRIM COLOR	MATCH EXISTING
INTERIOR GRILL WORK-COLOR	NONE

NOTE: ALL WORK IN THIS SECTION MUST MEET:

IRC 2009 CHAPTER 3-SECTION R308; R311/CHAPTER 6-WALL CONSTRUCTION-SECTION R612-EXTERIOR WINDOWS AND DOORS
IRC 2009-APPENDIX J
IRC 2009-CHAPTER 11
MA 780 CMR-CORRESPONDING AMMENDMENTS
STATE SANITARY CODE 105 CMR 410.501, 410.480

C. PICTURE/DH

LOCATION (S)	B
NUMBER	1
NEW CONSTRUCTION OR REPLACEMENT	NEW CONSTRUCTION
BRAND	HARVEY, PELLA, ANDERSEN, JELD-WEN, MARVIN
WOOD CLAD or VINYL	VINYL
STYLE	PICTURE/DOUBLE HUNG

GRILL WORK	MATCH EXISTING
SCREENS	FULL SCREEN

HARDWARE	STANDARD-MATCH
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EXTERIOR CLADDING COLOR	WHITE
EXTERIOR TRIM STOCK	P-5
EXTERIOR TRIM DIMENSIONS	1X4 W/SILL
EXTERIOR TRIM FINISH-LOW VOC	PAINT
EXTERIOR TRIM COLOR	WHITE
EXTERIOR GRILL WORK-COLOR	WHITE

INTERIOR COLOR	WHITE
INTERIOR STOCK	MATCH EXISTING
INTERIOR DIMENSIONS	MATCH EXISTING
INTERIOR TRIM FINISH-LOW VOC	PAINT
INTERIOR TRIM COLOR	MATCH EXISTING
INTERIOR GRILL WORK-COLOR	WHITE

NOTE: ALL WORK IN THIS SECTION MUST MEET:

IRC 2009 CHAPTER 3-SECTION R308; R311/CHAPTER 6-WALL CONSTRUCTION-SECTION R612-EXTERIOR WINDOWS AND DOORS
IRC 2009-APPENDIX J
IRC 2009-CHAPTER 11
MA 780 CMR-CORRESPONDING AMMENDMENTS
STATE SANITARY CODE 105 CMR 410.501, 410.480

D. SMALL STATIONARY

LOCATION (S)	A
NUMBER	2
NEW CONSTRUCTION OR REPLACEMENT	NEW CONSTRUCTION
BRAND	HARVEY, PELLA, ANDERSEN, JELD-WEN, MARVIN
WOOD CLAD or VINYL	VINYL
STYLE	PICTURE/DOUBLE HUNG

GRILL WORK	MATCH EXISTING
SCREENS	FULL SCREEN
HARDWARE	STANDARD-MATCH

EXTERIOR CLADDING COLOR	WHITE
EXTERIOR TRIM STOCK	P-5
EXTERIOR TRIM DIMENSIONS	1X4 W/SILL
EXTERIOR TRIM FINISH-LOW VOC	PAINT
EXTERIOR TRIM COLOR	WHITE
EXTERIOR GRILL WORK-COLOR	WHITE

INTERIOR COLOR	WHITE
INTERIOR STOCK	MATCH EXISTING
INTERIOR DIMENSIONS	MATCH EXISTING
INTERIOR TRIM FINISH-LOW VOC	PAINT
INTERIOR TRIM COLOR	MATCH EXISTING
INTERIOR GRILL WORK-COLOR	WHITE

NOTE: ALL WORK IN THIS SECTION MUST MEET:

IRC 2009 CHAPTER 3-SECTION R308; R311/CHAPTER 6-WALL CONSTRUCTION-SECTION R612-EXTERIOR WINDOWS AND DOORS
IRC 2009-APPENDIX J
IRC 2009-CHAPTER 11
MA 780 CMR-CORRESPONDING AMMENDMENTS
STATE SANITARY CODE 105 CMR 410.501, 410.480

WINDOW NOTES:

- A. If applicable, the exterior and interior trim shall match the remainder of the trim on the home. The exterior and interior walls disturbed during the conduct of the work are to be patched, then primed and painted (2 Coats) or stained and finished with the paint or the stain selected by the Owner and containing less than 50 grams per liter of Volatile Organic Material. All materials and treatment of area shall match existing.
- B. If applicable, de-lead as per Lead Paint Inspection, the MA State law and the Federal requirements.
- C. If applicable, because of the age/type of the existing windows, the Contractor shall, once the exterior casing is removed and the weight pocket is exposed, install a double 2"x4" Jack placed against the original window frame at each side the window, then nailed and fastened in place with hurricane clips; the remainder of the weight cavity shall be filled with fiberglass insulation; re-sheath/build-out this area to match the plane of the existing exterior sheathing.
- D. The existing windows are not to be removed until the new windows are on-site. Delivered in original packaging and protect from weather. Store window units in an upright position in a clean and dry storage area above ground and protect from weather.
- E. Where applicable at the exterior, the Contractor shall re-shingle/re-side to the casings; then prime and paint or seal and stain (2 coats) all new work at the exterior and interior of the windows and all other areas disturbed during the window change out with paint/stain contain less that 50 grams/liter of Volatile Organic Material (VOC).

- F. The work in this section shall meet the 2009 International Residential Code and corresponding amendments of State Building Code 8th Edition, and the requirements necessary for any *Federal Tax Credit*, or rebates available at time of installation.
- G. Windows shall be warranted by manufacturer to be free from defects in manufacturing, materials, and workmanship for a period of ten (10) years from purchase date.
- H. Insulating glass shall be warranted by manufacturer against visible obstruction through the glass caused by a failure of the insulating glass air seal for a period of twenty (20) years from the date of original purchase.
- I. Verification of Conditions: Before Installation, verify openings are plumb, square, and of proper dimension. Report frame defects or unsuitable conditions to the CDP Rehab Specialist before proceeding.
- J. Housewrap to be installed prior to window installment, bottom piece of *Grace Vycor Butyl Self Adhered Flashing, Dupont Flex Wrap, or Dupont Straightflash*, followed by two side pieces, then the head piece. Head piece to be placed underneath housewrap.
- K. Assemble and install window unit according to manufacturer's instructions, insuring plumb, level and square.
- L. Install sealant and related backing materials at perimeter of unit or assembly.
- M. Insulate and air seal all window voids prior to trimming, if applicable.
- N. Install accessory items as required. Remove visible labels and adhesive residue from glass according to manufacturer's instructions. Leave windows and glass in a clean condition. Place adhesive labels on piece of paper for homeowner's verification and records.
- O. The windows shall conform to any and all requirements of the Local and State Historic Commission, if applicable.

PARAGRAPH 4: SIDING

A. WHITE CEDAR SHINGLE SIDING: the existing siding on the home is starting to crack, warp, and split on three sides of the home, the front and both gable ends. The contractor is to remove all siding on indicated sides of the home and replace siding with white cedar shingles. The Contractor is responsible for measuring the exact amount. Once the existing siding and old felt paper is removed, photos of all areas of the substrate shall be taken; copies of the photos shall be immediately emailed to the CDP's Rehab Specialist. Next the contractor shall check the sub-strait for rot and vermin infestation if none is found, prep the sidewalls to receive the new cedar shingles first nailing any loose sheathing to framing members, wrap area with Tyvec or Typar Underlayment, then membrane splines at the windows and the doors. All new corner boards will be installed

where there currently are none. Corner boards are to be P5. Maintain or place felt paper splines behind all outside/inside corners, frieze, and rake.

If rot is found the Contractor shall notify the CDP and Rehab Specialist immediately and then prepare a Change Order per the Contract documents. Payment will not be made to the Contractor for changes in the work that have not been approved per the established protocol. The Contractor shall ensure that the coursing (no more than 5 inches in height) is correctly applied, maintaining correct margins and heights at all trim (no corner weaving or lacing of the sidewall shingles will be allowed on grant-funded projects).

Replace all head flashing with new at the windows and doors within the area of work (no copper flashing will be utilized on grant-funded projects). The white cedar shingle grade is to be Extra Grade A, R & R's, (blue label); only nails approved by the Shingle Manufacturer shall be utilized. Where applicable exterior Light fixture blocks and Outlet blocks shall be placed and then properly flashed, primed on all sides and edges finish painted and installed. Replace all head flashing with new at the windows and doors within the area of work (no copper flashing will be utilized on grant-funded projects). The white cedar shingle grade is to be Extra Grade A, R & R's, (blue label); only nails approved by the Shingle Manufacturer shall be utilized. Where applicable exterior Light fixture blocks and Outlet blocks shall be placed and then properly flashed, primed on all sides and edges finish painted and installed. If ridge/soffit vent system exists and/or is to be installed as part of this WWU, contractor is to remove any existing gable end vents. Frame and sheath area, paper and include in siding in this paragraph

All shingling is to be done to exact manufacturer's specifications to ensure warranty period remains intact.

NOTE: ALL WORK IN THIS SECTION MUST MEET:

IRC 2009 CHAPTER 7-SECTION R703 EXTERIOR WALL COVERING-R703.1-R703.1.1
IRC 2009-APPENDIX J
STATE SANITARY CO-DE105 CMR 410.501 Weather Tight Elements
MA 780 CMR-CORRESPONDING AMMENDMENTS

PARAGRAPH 5: DECK STAIRS:

A. STEPS/RAILING: Contractor is to install riser boards to all steps and a graspable handrail on one side of the stairway, per code. All materials are to be pressure treated lumber with weather resistant fasteners. Once installed, all the new risers shall be primed and finished (2 coats) with paint containing less than 50 grams per liter of V.O.C.; fill and sand all nail holes, prior to painting.

NOTE: WORK IN THIS SECTION TO MEET:

IRC 2009-R311.7-MEANS OF EGRESS-STAIRWAYS
IRC 2009-APPENDIX J
MA 780 CMR-CORRESPONDING AMMENDMENTS

IRC 2009 CHAPTER 202, CHAPTER 37-SECTION E3703.2-CHAPTER 39-SECTION 3901-RECEPTACLE OUTLETS
STATE SANITARY CODE 105 CMR 410.450, 410. 451,410.501,410.503, 410.552

ADDITIONS/ALTERNATES/DELETIONS:

ADD/ALT/DELETE		
PARA 3D	STATIONARY - 1 UNITS	
PARA 5A	STEP/STAIRS	
PARA 4A	1 SQUARE WHITE CEDAR SHINGLES	
PARA 3A	DOUBLE HUNG - 1 UNIT	

The purpose of this paragraph is to provide the Homeowners, in conjunction with the CDP, with the option to lower the project costs, should all responsible bids submitted be higher than the maximum amount allowed under the Rehab program. **The Add/Alt/Delete** will be determined prior to contract execution.

General Notes:

- A.** Application for all required permits shall be made within five (5) working days after the Contract signing; copies of said permits shall accompany the Contractor’s 1st requisition. Additionally, Contractors are required to provide the Homeowner with a brochure, “**Renovate Right**”, and get a receipt from the Homeowner for the brochure. A copy of this receipt shall also accompany the Contractor’s 1st requisition submitted to the CDP. *Payment will not be made to the Contractor until these requirements are met.*
- B.** The Contractor is responsible to maintain a Safe Working Environment and Safe Construction Site at all time; this includes both during the daily Construction Operations and during the time when the site is shut down; i.e., such as after work hours or when construction is halted due to unforeseen or unanticipated conditions. All Federal and State safety requirements and regulations pertaining to this particular type of Construction shall be strictly adhered to.
- C.** The Workmanship/Craftsmanship shall be of the customary high standard, established in the Housing Industry for work of this nature.
- D.** The Construction Debris will be removed from the work site on a daily basis.
- E.** The Homeowner is responsible for removing items from the Contractor’s work area.
- F.** In all cases where a substitute but equal product is to be utilized, the Contractor shall present the specifications and an illustration of the product match with the bid and at that time the product will be considered. Additionally, substituting products, though equal, does not justify a delay in the start or completion of the work. Failure to make this submittal with the bid will be an indication to CDP and the Rehabilitation Specialist that all products specified in the Work Write-Up will be utilized during the conduct of the work for this project.

G. All materials shall be new, warrantable and installed per the Manufacturer's specifications. Mechanicals shall be installed by those certified to do so, ensuring product warranty. Copy of certification is required prior to final payment.

H. The Contractor shall supply Portable Toilet facilities at the Job site. This will be cleaned and emptied on a weekly basis; the unit will be removed within **5** days of the completion of the work.

I. Lead paint may exist on areas of the Building. All materials containing lead paint that require removal and disposal must be accomplished by a Licensed De-leader and per Massachusetts Lead Paint Laws and applicable Federal Regulations. A copy of the Lead Paint report, if applicable will be sent to each Contractor bidding on the project.

J. All new construction or replacement Windows shall meet the **Energy Efficiency Requirements of Chapter 11** of the 2009 Residential International Code, and/or Massachusetts State Building Code 8th Edition-780 CMR 51:00 and the requirements necessary for the **Federal Tax credits or rebates**.

K. All current and applicable State Building, Electrical, Energy, Plumbing & Gas and Sanitary Codes are to be adhered to during the conduct of this work.

L. The Contractor shall inform the Rehab Specialist by email two (**2**) days prior to opening the Roof, removing the Exterior Doors or removing the Windows as the Rehab Specialist at his option will either view the work at the site during those critical openings of request that the Contractor provide photos of conditions encountered and methods and materials utilized during the installation of the new work. *Failure to provide this lead time for inspection and/or photos if required will trigger a request to open and inspect the completed work as requested by the Rehab Specialist. The cost to open and close the work shall be borne by the Contractor.*

M. Once the Contract has been awarded, the Contractor shall prepare a schedule illustrating the construction services to be provided. The schedule will be designed on a week-by-week basis (monthly calendar style), beginning at the start date (Notice to Proceed) and ending at the Contractor's projected completion date. The schedule will illustrate by trade, the tasks to be completed, including the key material delivery dates necessary to accomplish the work within the proposed time frame. Illustrated in the schedule will be the proposed dates for Inspections by the applicable Code Enforcement Departments. **Note:** The schedule will be completed and presented to CDP and the Rehab Specialist within five (**5**) business day of the Notice to Proceed.

N. As applicable, the Contractor shall include with the final requisition (payment request) all documentation necessary for the Homeowner to apply for rebates, tax credits, and other incentives or programs available to the Homeowner. Additionally, all product information, warranties and or guaranties applicable to the project shall be submitted with the last requisition. *Payment will not be made to the Contractor until these requirements are met.*

O. The Contractor is responsible for protecting all landscaping within 10 ft. of the perimeter of the property requiring exterior renovations. The Contractor shall take photos of the condition of all landscaping within the indicated area prior to protecting (covering) and then take another set of photos illustrating the area once protected. A copy of these photos shall be sent to CDP and the Rehab Specialist.

P. Due to Insurance Liability mandates and O.S.H.A. regulations, Homeowners are not allowed on ladders, scaffolds, roofs, etc. or within the work areas deemed hazardous by the Contractor. Failure to adhere to paragraph **P. of the General Notes** by either the Contractor or the Homeowner shall be grounds to terminate the Contract.

Q. There shall be no smoking on or within the property. No alcoholic beverages will be consumed on or within the property.

R. Contractor is required to apply for and obtain all necessary and applicable permits. Copies of permits, with sign offs, will be required for release of retainage.

S. Contractor is responsible for measurements of all components to be installed prior to submitting bid, including, but not limited to, doors, windows, siding, roofing, etc. Cost to complete each paragraph shall be carried in each line item, including any custom or special-order items.

NOTICE TO ALL PARTIES: All CHANGES TO THE SCOPE OF WORK OR TIME FRAME REQUIRE A WRITTEN APPROVED CHANGE ORDER.

Note: Please feel free to call: 508-254-9932 or Email: HollyCDP@gmail.com with bid-related questions prior to submission to CDP. Allow a minimum of 2 business days to ensure contact with me is made and questions can be answered correctly.

FINAL

WORK WRITE-UP EDIT FORM

CHECK ALL PERMITS/LICENSES REQUIRED:

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas
	<input type="checkbox"/> Septic
<input type="checkbox"/> Renovate, Repair, Paint (Must check if pre-1978)	
<input type="checkbox"/> Moderate Risk Deleader (Must check if home has obtained a "Lead Inspection/Risk Assessment Report")	
<input type="checkbox"/> High Risk Deleader (Must check if home has obtained a "Lead Inspection/Risk Assessment Report")	

Boiler/Furnace: (note when applicable)

Brand: _____ Model#: _____

DHW Tank: (note when applicable)

Brand: _____ Model#: _____

Windows to be used: (note when applicable)

Brand: _____ Line: _____

Doors to be used: (note when applicable)

Brand: _____ Line: _____

Substitutions:

CHECK ONE:

NO SUBSTITUTIONS

SUBSTITUTIONS: _____

SHINGLE amount: _____ square **CLAPBOARD amount:** _____ square

Signature of Contractor (at bid submittal)

Date

Signature of Homeowner (at contract signing)


Date

FUNERAL



community development partnership

FILL IN THE BLUE BOXES ONLY

PROJECT ID	THR17-04 BRO	CONTRACTOR:	
HOMEOWNER		CONTACT:	
STREET ADDRESS		ADDRESS:	
TOWN, STATE, ZIP	Harwich, MA 02645	TOWN:	
PHONE		STATE:	
CELL		ZIP:	
EMAIL		PHONE:	
YEAR BUILT	1975	CELL:	
DATE	2/5/2018	EMAIL:	
TYPE OF WORK	Moderate Rehab		
REHAB SPECIALIST	COMMUNITY DEV. PART.		
CONTACT:	Holly A Tarleton		
PHONE:	508-254-9932		
EMAIL:	Hollycdp@gmail.com		

WWU #	ESTIMATE	PRICE
1	HARDWIRED/WIRELESS SMOKES/CO'S	
A	SMOKES/CO'S	\$ 1,400.00
		\$ 1,400.00
2	ROOF/GUTTERS	
A	ROOF	\$ 10,800.00
B	GUTTERS	\$ 1,400.00
		\$ 12,200.00
3	WINDOWS	
A	DOUBLE HUNG - 13 UNITS	\$ 14,300.00
B	CASEMENT - 1 UNIT	\$ 1,200.00
C	PICTURE/DH - 1 UNIT	\$ 3,500.00
D	STATIONARY - 2 UNITS	\$ 1,000.00
		\$ 20,000.00
4	SIDING	
A	WHITE CEDAR SHINGLES	\$ 7,500.00
		\$ 7,500.00
5	DECK STAIRS	

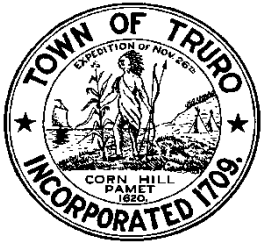
A	STEPS/RAILING	\$	400.00
		\$	400.00
JOB TOTAL		\$	41,500.00
ADD/ALT/DELETE			
PARA 3D	STATIONARY - 1 UNITS	\$	500.00
PARA 5A	STEP/STAIRS	\$	400.00
PARA 4A	1 SQUARE WHITE CEDAR SHINGLES	\$	750.00
PARA 3A	DOUBLE HUNG - 1 UNIT	\$	1,100.00

FY18 Truro HR Sub-Grantee
Bid Comparison Sheet

	TRI	CDP
Minimum Evaluation Criteria		
Has the proposer conformed in all material respects to the submission requirements as set forth in the RFP?	YES	YES
Does the proposer have a minimum of two years' experience with CDBG housing rehabilitation grants?	YES	YES
Does the proposer have a minimum of three references for confirmation of quality performance standards?	YES	YES
Comparative Evaluation Criteria	Rating	Rating
Evaluation of Scope of Services	Highly Advantageous	Highly Advantageous
Experience of Firm and Management	Advantageous*	Advantageous*
Availability to meet with Town Representatives	Highly Advantageous	Highly Advantageous
CDBG Housing Rehab Program Clients	Highly Advantageous	Highly Advantageous
*Scoring of HR Staff Resumes		
CDP has the minimum 2 years experience as an agency. Scoring of Staff in Bid: Assuming Operations Director is Program Manager >5yrs experience: 3pts; - Rehab Specialist <2yrs experience:0 pts; Total Points 3 divided by 2 staff = 1.5 AVG		Staff Avg/ Score: 1.5 pts. Assuming Operations Director is HR Manager. Rounded up to "Advantageous"
TRI has the minimum of 2 years experience as an agency. Scoring of Staff in Bid: - 2 Program Managers>5 yrs experience ea: 2 x 3pts = 6pts - Program Assistant A >2 yrs 1pt; - Program Assistant B < 2yrs 0 pts; - Rehab Specialist A >5 yrs 3 pts; - Rehab Specialist B <2 yrs 0 pts. Total Points 10 divided by 6 staff = 1.666AVG	Staff Avg. Score: 1.666 Rounded up to "Advantageous"	

Highly Advantageous: 3 pts
Advantageous: 2 pts

Not Advantageous: 1pt
Unacceptable: 0 pts



TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Licensing Department

REQUESTOR: Nicole Tudor, Executive Assistant on behalf of Farm Maid Foods, Top Mast Café, Salty Market and Truro Vineyards of Cape Cod

REQUESTED MEETING DATE: December 11, 2018

ITEM: Approval of Renewal of 2019 Business Licenses:

Common Victualler License-Farm Maid Foods, Top Mast Café, and Salty Market
Lodging House License-Truro Vineyards of Cape Cod

EXPLANATION: The Lodging House and Common Victualler Licenses are under the authority of the Board of Selectmen as Local Licensing Authorities.

If you approve these license for renewal, the license will be issued only upon compliance with all regulations, receipt of the necessary fees, proof of taxes paid in full for the current fiscal year and prior approval of the Food Service License by the Health Agent or Board of Health. The Food Service Licenses for Farm Maid Foods, Top Mast Café, Salty Market, and Truro Vineyards of Cape Cod were issued by the Health Agent. There were no reported issues with these establishments in 2018.

Mass General Law	Licenses & Permits Issued by Board of Selectmen	Names of Businesses
Chapter 140 § 2	Common Victualler (Cooking, Preparing and Serving food)	Farm Maid Foods Top Mast Café Salty Market
Chapter 140 § 23	Lodging House License	Truro Vineyards of Cape Cod

IMPACT IF NOT APPROVED: The applicants will not be issued their Licenses to operate.

SUGGESTED ACTION: *MOTION TO approve the 2019 annual Common Victualler License for Farm Maid Foods, Top Mast Café, and Salty Market and the annual Lodging House License for Truro Vineyards of Cape Cod upon compliance with all regulations and receipt of the necessary fees.*

ATTACHMENTS:

1. Renewal Application for 2019: Farm Maid Foods
2. Renewal Application for 2019: Top Mast Café
3. Renewal Application for 2019: Salty Market
4. Renewal Application for 2019: Truro Vineyards of Cape Cod

Number: 2019-009A

Fee \$75.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Permit To Operate A Food Establishment

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

Katherine Reed, mgr., d/b/a Farm Maid Foods Inc./Chequesett Chocolate

Whose place of business is **8 Highland Rd**

Type of business and any restrictions **Chocolate Manufacturing/Retail Sales**

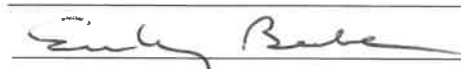
To operate a food establishment in **Truro**

Permit Expires: **December 31, 2019**

Date Issued:

11/5/18

Seating: 12



Truro Board of Health Agent

Number: 2019-009B

Fee \$50.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Permit To Operate As A Food Caterer

In accordance with provisions of Chapter 111, Section 127A of the Massachusetts General Laws, Regulations established by the Massachusetts Department of Public Health (105 CMR 590.00) and the provisions of Chapter 111, Section 31 of the Massachusetts General Laws, Regulations established by the Truro Board of Health (Section X) a permit is hereby issued to:

Katherine Reed, mgr., d/b/a Farm Maid Foods, Inc./Chequesett Chocolate

Whose place of business is: **8 Highland Rd**

Type of business and any restrictions **Food Caterer**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2019**

Date Issued:
11/8/18



Truro Board of Health Agent

FS #2019-009A
CAT # 2019-009B

PAID
3425

HEALTH DEPARTMENT
TOWN OF TRURO

*Smoke Expires: 8.23.19
*Hood Expires: 10.24.19



**Town of Truro
Board of Health**

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508
Email: ebeebe@truro-ma.gov or adavis@truro-ma.gov

OCT 18 2018

RECEIVED BY:

APPLICATION FOR FOOD SERVICE – COMMON VICTUALER

New Renewal

Section 1 – License Type

Type of License: Food Service Common Victualer

Type of Food Service Establishment:

- Food Service (restaurant or take out)
- Retail Food (commercially prepared foods)
- Residential Kitchen
- Bed & Breakfast w/Continental Breakfast
- Catering
- Manufacturer of Ice Cream/Frozen Dessert
- Bakery

Section 2 – Business/Owner/Manger Information

Federal Employers Identification Number (FEIN/SS) [REDACTED]

Business Name: FarmMaid Foods Inc. dba Chequessett Chocolate

Owner Name: Katherine Reed Email Address: farmmaidfoods@gmail.com

Mailing Address: P.O. Box 250, N Truro, MA 02652

Phone No: [REDACTED]

Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)

Name: Katherine Reed Email Address: " "

Mailing Address: " "

Phone No: [REDACTED] 24 Hour Emergency: " "

Section 3 – Business Operation Details

Number of Seats: Inside: 12 Outside: Number of Employees: 4

Length of Permit: Annual Seasonal Operation

Hours of Operation: 8:00 To 6:00

Days Closed Excluding Holidays: N/A

If Seasonal: Approximate Dates of Operation: / / To / /

Certified Food Manager(s) (attach copy): (at least 1 full-time equivalent PER SHIFT required)

Katherine Reed

Allergen Awareness Certification (attach copy):

Katherine Reed

Has your menu changed from last year? Yes No

If yes please attach copy of menu or provide description of food to be prepared and sold:

Section 4 - Attestation

Attestation

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant: Katherine Reed **Date:** 10/8/18

Application Checklist:

- Food Service Permit Application**
- Smoke Detector/Fire Protection Certification**
- Workers Compensation Affidavit/Certificate of Insurance**
- Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report**
- Copy of Service report of mechanical washing equipment (Dishwasher)**
- Copy of ServSafe Certification and Allergy Awareness**
- Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)**

FOR HEALTH DEPARTMENT USE ONLY	
Comments: _____	
Review by _____	Date _____

DO NOT REMOVE PER ORDER OF THE STATE FIRE MARSHAL
DO NOT REMOVE PER ORDER OF THE STATE FIRE MARSHAL

DATE OF
LAST SERVICE

JAN
 FEB
 MAR

APR
 MAY
 JUN

JUL
 AUG
 SEP

OCT
 NOV
 DEC

INTEGRITY

Total Service, LLC

219 Cotuit Road
Sandwich, MA 02563
(508) 309-9180

This system has been Inspected Cleaned to comply with NFPA Code #96 and local fire codes. For additional information refer to applicable system service report.

SERVICED BY S. Manwaring
BFD or C OF C # 792

NEXT SERVICE
DUE IN

30 DAYS
60 DAYS
90 DAYS
120 DAYS
180 DAYS
365 DAYS
___ DAYS



2017
2018
2019
2020
2021
2022

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	31
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

HEALTH DEPARTMENT
TOWN OF TRURO
NOV 02 2018
RECEIVED BY



TRURO FIRE RESCUE
Truro Public Safety Facility
344 Route 6 Truro, MA 02666

HEALTH DEPARTMENT
TOWN OF TRURO

OCT 19 2018
RECEIVED BY:

FIRE PROTECTION SYSTEMS
ANNUAL TEST REPORT

BUSINESS NAME: FARMMMAID FOOD, INC/ RESIDENTIAL UNITS

OWNER/MANAGER: KATE REED/ JOY MCNULTY

ADDRESS: 8 HIGHLAND ROAD N. TRURO, MA 02652

PHONE #: [REDACTED] -JOY NUMBER OF UNITS: ONE (1) COMMERCIAL
KATE FOUR (4) RESIDENTIAL

CONTACT PERSON: KATE REED/JOY MCNULTY

ADDRESS: KATE REED JOY MCNULTY
P.O.BOX P.O.BOX 136/2 TINY
N. TRURO, MA 02652 PROVINCETOWN 02657

TESTING COMPANY: CARLOS SILVA ELECTRICIAN

TESTING ELECTRICIAN/TECHNICIAN: CARLOS A. SILVA

COMPANY PHONE #: 508-487-6218 HOME PHONE #: [REDACTED]

LICENSE #: [REDACTED]

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, (CERTIFIED) the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: _____

DATE OF CERTIFICATION: 8/23/18 BY: [Signature]
Signature of Licensed Electrician

THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF, OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.

CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: KATHERINE REED

Certificate Number: 2616524

Date of Completion: 10/12/2016

Date of Expiration: 10/12/2021



*The above-named person is hereby issued this certificate
for completing an allergen awareness training program
recognized by the Massachusetts Department of Public Health
in accordance with 105 CMR 590.009(G)(3)(a).*

This certificate will be valid for five (5) years from date of completion.

Issued By:



Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.marestaurantassoc.org

NATIONAL
RESTAURANT
ASSOCIATION
800.765.2122
www.restaurant.org

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

KATHERINE REED

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

13475116

CERTIFICATE NUMBER

5128

EXAM FORM NUMBER

4/6/2016

DATE OF EXAMINATION

4/6/2021

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0855

A handwritten signature in cursive script that reads "Sherman Brown".

Sherman Brown
SNP, National Restaurant Association Solutions



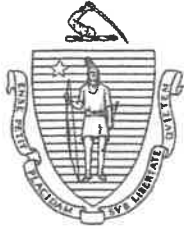
In accordance with Maritime Labour Convention 2006, Regulation A1.2, Standard A1.2.1

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Contact us with questions at 175 W Jackson Blvd. Ste 1500, Chicago, IL 60604 or ServSafe@restaurant.org.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: FarmMaid Foods, Inc. c/o Chequessett
 Address: 8 Highland Rd Chokolade
 City/State/Zip: North Turo, MA 02252 Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

1. I am an employer with 6 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. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: The Hartford Fire Insurance Company
 Insurer's Address: One Park Place, 300 South State St, 7th Floor
 City/State/Zip: Syracuse, NY, 13202

Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 06/07/18

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: Katherine Reed Date: 10/17/18

Phone #: [REDACTED]

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. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/03/2018

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 SUBROGATIONIS 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).

PRODUCER BENSON YOUNG & DOWNS INS AGCY INC 08082722 PO BOX 559 PROVINCETOWN MA02657	CONTACT NAME: PHONE (866) 467-8730 FAX (888) 443-6112 (A/C, No, Ext): (A/C, No):																					
	E-MAIL ADDRESS:																					
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC#</th> </tr> <tr> <td colspan="2">INSURER A : The Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td colspan="2">INSURER B :</td> <td></td> </tr> <tr> <td colspan="2">INSURER C :</td> <td></td> </tr> <tr> <td colspan="2">INSURER D :</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC#	INSURER A : The Hartford Fire Insurance Company		19682	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER B :																						
INSURER C :																						
INSURER D :																						
INSURER E :																						
INSURER F :																						

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)																
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				06/04/2018	06/04/2019	<table border="1"> <tr> <td>PER STATUTE</td> <td>X</td> <td>OT-HER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE -EA EMPLOYEE</td> <td></td> <td></td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td>\$500,000</td> </tr> </table>	PER STATUTE	X	OT-HER		E.L. EACH ACCIDENT			\$500,000	E.L. DISEASE -EA EMPLOYEE			\$500,000	E.L. DISEASE - POLICY LIMIT			\$500,000
PER STATUTE	X	OT-HER																					
E.L. EACH ACCIDENT			\$500,000																				
E.L. DISEASE -EA EMPLOYEE			\$500,000																				
E.L. DISEASE - POLICY LIMIT			\$500,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER KATHERINE REED PO BOX 250 NORTH TRURO MA 02652-0250	CANCELLATION 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 <i>Suwan L. Castaneda</i>
--	---



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

TAX STATUS REQUEST FOR LICENSING

Date November 8, 2018

Request is coming from the Selectmen's Office

Owner's Name Katherine Reed

Business Name Farm Maid Foods, dba Chequesett
Chocolate

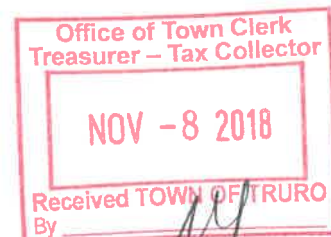
Business Address 8 Highland

Map and Parcel 36-89

Please verify whether the Real Estate and Personal Property taxes to this property are up to date for the current fiscal year. *Paid through FY18.*

Molly Stevens
Tax Collector's Signature

11/9/18
Date



Number: 2019-018

Fee \$75.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Permit To Operate A Food Establishment

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

Albert Silva, mgr., d/b/a Top Mast Cafe

Whose place of business is **209 Shore Rd**

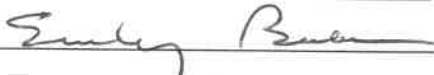
Type of business and any restrictions **Restaurant**

To operate a food establishment in **Truro**
(City or Town)

Permit Expires: **December 31, 2019**

Date Issued:
11/8/18

Seating: **72**


Truro Board of Health Agent

SMOKE EXPIRES: 10.14.19

#2019-018

HEALTH DEPARTMENT
TOWN OF TRURO

OCT 26 2018

RECEIVED BY:



**Town of Truro
Board of Health**

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508
Email: abeebe@truro-ma.gov or adavis@truro-ma.gov

APPLICATION FOR FOOD SERVICE – COMMON VICTUALER

New Renewal

Section 1 – License Type

Type of License: Food Service Common Victualer

Type of Food Service Establishment:

- Food Service (restaurant or take out) Catering
- Retail Food (commercially prepared foods) Manufacturer of Ice Cream/Frozen Dessert
- Residential Kitchen Bakery
- Bed & Breakfast w/Continental Breakfast

Section 2 – Business/Owner/Manger Information

Federal Employers Identification Number (FEIN/SS) [REDACTED]

Business Name: Top Mast Resort - dba "Top Mast Cafe"

Owner Name: Albert Silva Email Address: vacation@topmastresort.com

Mailing Address: P.O. Box 44, N. Truro, MA 02652

Phone No: 508-487-1189

Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)

Name: Jason Silva Email Address: [REDACTED]

Mailing Address: P.O. Box 84, N. Truro, MA 02652

Phone No: [REDACTED] 24 Hour Emergency: [REDACTED]

Section 3 – Business Operation Details

Number of Seats: Inside: 50 Outside: 22 Number of Employees: 8

Length of Permit: Annual Seasonal Operation

Hours of Operation: 7am To 11pm

Days Closed Excluding Holidays: none

If Seasonal: Approximate Dates of Operation: 04 /01 /19 To 10 /31 /19

Certified Food Manager(s) (attach copy): (at least 1 full-time equivalent PER SHIFT required)

Jason Silva

Allergen Awareness Certification (attach copy):

Jason Silva

Has your menu changed from last year? Yes No

If yes please attach copy of menu or provide description of food to be prepared and sold:

Section 4 - Attestation

Attestation

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant:

Jason Silva

Date:

10-26-18

Application Checklist:

- Food Service Permit Application
- Smoke Detector/Fire Protection Certification
- Workers Compensation Affidavit/Certificate of Insurance
- Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report
- Copy of Service report of mechanical washing equipment (Dishwasher)
- Copy of ServSafe Certification and Allergy Awareness
- Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)

FOR HEALTH DEPARTMENT USE ONLY

Comments: _____

Review by _____

Date _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Top Mast Resort dba "Top Mast Cafe"

Address: 209 Shore Rd.

City/State/Zip: N.Truro, MA 02652

Phone #: 508-487-1189

Are you an employer? Check the appropriate box:

1. I am a employer with 18 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. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: Associated Employers Insurance Co.

Insurer's Address: 54 Third Avenue

City/State/Zip: Burlington, MA 01803

Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 09/30/19

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: Jason Silva

Date: 10-26-18

Phone #: 508-487-1189

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. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____



TRURO FIRE RESCUE
Truro Public Safety Facility
344 Route 6 Truro, MA 02666

FIRE PROTECTION SYSTEMS
ANNUAL TEST REPORT

BUSINESS NAME: Top Mast Cafe

OWNER/MANAGER: Albert Silva

ADDRESS: 209 Shore Rd

PHONE #: 508-487-1189 NUMBER OF UNITS: n/a-dining

CONTACT PERSON: Jason Silva

ADDRESS: 209 Shore Rd. N. Truro, MA 02652

TESTING COMPANY: Ralph J Perry

TESTING ELECTRICIAN/TECHNICIAN: Mike Holubesko

COMPANY PHONE #: 508-775-3473 HOME PHONE #: _____

LICENSE #: 5342

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, (CERTIFIED) the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: Fire Extinguishers & Hood System OK

DATE OF CERTIFICATION: 10/23/18 BY: *mm*
Signature of Licensed Electrician

THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF,
OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.



TRURO FIRE RESCUE
Truro Public Safety Facility
344 Route 6 Truro, MA 02666

**FIRE PROTECTION SYSTEMS
ANNUAL TEST REPORT**

BUSINESS NAME: Top Mast Cafe

OWNER/MANAGER: Albert Silva

ADDRESS: 209 Shore Rd

PHONE #: 508-487-1189 NUMBER OF UNITS: N/A-dining

CONTACT PERSON: Jason Silva

ADDRESS: 209 Shore Rd. N. Truro, MA 02652

TESTING COMPANY: George Felton-Master Electrician

TESTING ELECTRICIAN/TECHNICIAN: Jamie White

COMPANY PHONE #: 508-487-3428 HOME PHONE #: 508-413-0124

LICENSE #: 11223-B

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, (CERTIFIED) the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: Smoke/Co2/Alarm Panels tested OK

DATE OF CERTIFICATION: 10/16/18 BY: Jamie White

Signature of Licensed Electrician

**THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF,
OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.**



TOPMRES-01

LHOLLANDE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2018

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER
Kaplanisky Insurance
154 Shore Rd PO Box 267
North Truro, MA 02862

CONTACT NAME:
PHONE (A/C, No, Ext): (508) 487-6060 **FAX (A/C, No):** (508) 487-2040
E-MAIL ADDRESS: info@kaplanisky.com

INSURED
Topmast Resort, Inc.
P.O. Box 44
North Truro, MA 02862

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Associated Industries of MA
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	09/30/2018	09/30/2019	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate issued as proof of WC coverage.

CERTIFICATE HOLDER

Topmast Resort, Inc.
P.O. Box 44
North Truro, MA 02862

CANCELLATION

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

ACORD 25 (2018/03)

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

JASON SILVA

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

13396346

CERTIFICATE NUMBER

5127

EXAM FORM NUMBER

3/16/2016

DATE OF EXAMINATION

3/16/2021

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

Sherman Brown
SVP, National Restaurant Association Solutions



In accordance with Maritime Labour Convention 2006, Resolution ADM N 069-2013 (Regulation 3.2, Standard A3.2)
©2015 National Restaurant Association Educational Foundation (NRAEF). All rights reserved. ServSafe® and the ServSafe logo are trademarks of the NRAEF
National Restaurant Association® and the arc design are trademarks of the National Restaurant Association.

This document cannot be reproduced or altered.

v.1401

Contact us with questions at 175 W Jackson Blvd, Ste 1500, Chicago, IL 60604 or ServSafe@restaurant.org.

CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: JASON SILVA

Certificate Number: 2238419

Date of Completion: 3/2/2016

Date of Expiration: 3/2/2021



*The above-named person is hereby issued this certificate
for completing an allergen awareness training program
recognized by the Massachusetts Department of Public Health
in accordance with 105 CMR 590.009(G)(3)(a).*

This certificate will be valid for five (5) years from date of completion.

Issued By:



Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.marestaurantassoc.org

NATIONAL
RESTAURANT
ASSOCIATION

800.765.2122
www.restaurant.org

medical
reserve
corps



JASON SILVA attended a one hour training in "Anti-Choking Procedures for Food Establishments" as required by the Massachusetts Department of Public Health 105 CMK590.009. This training was conducted by the Cape Cod Medical Reserve Corps American Heart Association certified trained instructors. This certificate is good for two years from the date of issuance.

Diana R. Gaumont BSN, MPH

A handwritten signature in cursive script that reads "Diana Gaumont".

Director Cape Cod Medical Reserve Corps

Date: 6/11/18

DO NOT REMOVE PER ORDER OF THE STATE FIRE MARSHAL

**DATE OF
LAST SERVICE**

JAN
 FEB
 MAR

APR
 MAY
 JUN

JUL
 AUG
 SEP

OCT
 NOV
 DEC

INTEGRITY

Total Service, LLC

219 Cotuit Road
Sandwich, MA 02563
(508) 309-9180

This system has been Inspected Cleaned to comply with NFPA Code #96 and local fire codes. For additional information refer to applicable system service report.

SERVICED BY

S. Manuvaring

BFD or C OF C #

792

**NEXT SERVICE
DUE IN**

30 DAYS
60 DAYS
90 DAYS
120 DAYS
180 DAYS
365 DAYS
___ DAYS



2017
2018
2019
2020
2021
2022

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	31
16	17	18	19	20	21	22	23	<input checked="" type="checkbox"/>	25	26	27	28	29	30	



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

TAX STATUS REQUEST FOR LICENSING

Date 10/30/2018

Request is coming from the Selectmen's Office _____ Health Office X

Owner's Name Albert Silva

Business Name TopMast Resort

Residential Address 209 Shore Road

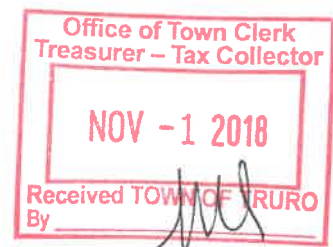
Map and Parcel 17-7

Please verify whether the Real Estate and Personal Property taxes to this property are up to date for the current fiscal year.

All paid through FY 2018

Molly Stevens
Tax Collector's Signature

11/1/2018
Date



Number: 2019-024A

Fee \$75.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Permit To Operate A Food Establishment

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

Ellery Althaus & Claire Adams, mgrs., Salty Market LLC

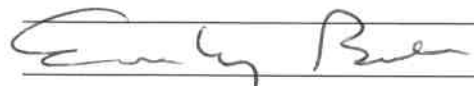
Whose place of business is **2 Highland Rd**

Type of business and any restrictions **Retail Food/Convenience Store**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2019**

Date Issued: *November 20, 2018*



Truro Board of Health Agent

Number: 2019-024B

Fee \$50.00

**Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666**

Permit To Operate As A Food Caterer

In accordance with provisions of Chapter 111, Section 127A of the Massachusetts General Laws, Regulations established by the Massachusetts Department of Public Health (105 CMR 590.00) and the provisions of Chapter 111, Section 31 of the Massachusetts General Laws, Regulations established by the Truro Board of Health (Section X) a permit is hereby issued to:

Ellery Althaus & Claire Adams, mgrs., d/b/a Salty Market LLC

Whose place of business is : **2 Highland Rd**

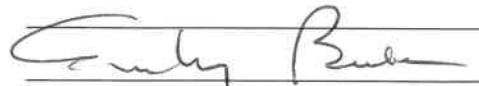
Type of business and any restrictions **Food Caterer**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2019**

Date Issued:

November 26, 2018



Truro Board of Health Agent

Number: 2019-024C

Fee \$10.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666

Bakery License

This is to Certify that **Ellery Althaus & Claire Adams, mgrs., d/b/a Salty Market LLC**
2 Highland Rd

IS HEREBY GRANTED A LICENSE

For **a bakery**

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires
December 31, 2019 unless sooner suspended or revoked.

Date *November 26, 2018*



Truro Board of Health Agent

Number: 2019-024D

Fee \$50.00

**Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Tobacco/Tobacco Products License**

This is to Certify that **Ellery Althaus & Claire Adams, mgrs., d/b/a Salty Market LLC**

Address **2 Highland Rd**

IS HEREBY GRANTED A LICENSE

For sales and distribution of **tobacco and tobacco products**

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires
December 31, 2019 unless sooner suspended or revoked.

Date *November 26, 2018*



Truro Board of Health Agent

2019-024 A

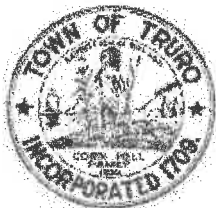
2019.024 B

2019.024 C

HEALTH DEPARTMENT
TOWN OF TRURO

NOV 05 2018

RECEIVED BY:



Town of Truro

Board of Health

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508

Email: ebeebe@truro-ma.gov or adavis@truro-ma.gov

APPLICATION FOR FOOD SERVICE -- COMMON VICTUALER

New Renewal

Section 1 - License Type

Type of License: Food Service Common Victualer

Type of Food Service Establishment:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Food Service (restaurant or take out) | <input checked="" type="checkbox"/> Catering |
| <input checked="" type="checkbox"/> Retail Food (commercially prepared foods) | <input type="checkbox"/> Manufacturer of Ice Cream/Frozen Dessert |
| <input type="checkbox"/> Residential Kitchen | <input checked="" type="checkbox"/> Bakery |
| <input type="checkbox"/> Bed & Breakfast w/Continental Breakfast | |

Section 2 - Business/Owner/Manager Information

Federal Employers Identification Number (FEIN/SS) [REDACTED]

Business Name: Salty Market LLC

Owner Name: Ellery Athans Email Address: [REDACTED]

Mailing Address: P.O. Box 992

Phone No: [REDACTED]

Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)

Name: Ellery Athans Email Address: [REDACTED]

Mailing Address: P.O. Box 992

Phone No: [REDACTED] 24 Hour Emergency: Same

Section 3 - Business Operation Details

Number of Seats: Inside: _____ Outside: _____ Number of Employees: 7

Length of Permit: Annual Seasonal Operation

Hours of Operation: 8am To 7pm

Days Closed Excluding Holidays: _____

If Seasonal: Approximate Dates of Operation: ____/____/____ To ____/____/____

Certified Food Manager(s) (attach copy): (at least 1 full-time equivalent PER SHIFT required)

Elley Adams Kestie Silva Aurora Shaw

Allergen Awareness Certification (attach copy):

Elley Adams Claire Adams

Has your menu changed from last year? Yes No

If yes please attach copy of menu or provide description of food to be prepared and sold:

Section 4 - Attestation

Attestation

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant: [Signature] Date: 10/25/18

Application Checklist:

- Food Service Permit Application
- Smoke Detector/Fire Protection Certification
- Workers Compensation Affidavit/Certificate of Insurance
- Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report
- Copy of Service report of mechanical washing equipment (Dishwasher)
- Copy of ServSafe Certification and Allergy Awareness
- Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)

FOR HEALTH DEPARTMENT USE ONLY	
Comments: _____	
Review by _____	Date _____

NOV 09 2018

RECEIVED BY:



TRURO FIRE RESCUE
Truro Public Safety Facility
344 Route 6 Truro, MA 02666

FIRE PROTECTION SYSTEMS
ANNUAL TEST REPORT

BUSINESS NAME: Salty Market
OWNER/MANAGER: Elley Althaus
ADDRESS: 2 Highland Rd
PHONE #: 5086815969 NUMBER OF UNITS: _____
CONTACT PERSON: Elley Althaus
ADDRESS: 1 North Union Field Rd N. Truro MA
02652
TESTING COMPANY: Mass Fire Protection Systems
TESTING ELECTRICIAN/TECHNICIAN: TERENCE O'SHEA
COMPANY PHONE #: 5087904406 HOME PHONE #: _____
LICENSE #: MA SC 004421

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, (CERTIFIED) the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: _____

DATE OF CERTIFICATION: 11/9/18 BY: _____
Signature of Licensed Electrician

THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF,
OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Sally Market LLC
 Address: 2 Highland Rd
 City/State/Zip: N. Tanco, MA 02652 Phone #: 508 681 5969

Are you an employer? Check the appropriate box:

- 1. I am an employer with 8 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. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: The Hartford
 Insurer's Address: 690 Asylum Ave
 City/State/Zip: Hartford, CT 06155
 Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 03/25/18

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: 10/25/18
 Phone #: _____

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

City or Town: _____ Permits/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

**STATEMENT OF PREMIUM ADJUSTMENT - FINAL AUDIT
WORKERS COMPENSATION AND EMPLOYERS LIABILITY**



INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST (G)

POLICY NUMBER:
[REDACTED]

POLICY PERIOD:
03/25/17 To 03/25/18

AUDIT PERIOD:
03/25/17 To 03/25/18
DIRECT BILL [REDACTED]

HOUSING CODE: SB
Named Insured and Mailing Address:
SALTY MARKET LLC

Producer's Name:
KAPLANSKY INSURANCE AGENCY INC

PO BOX 992

NORTH TRURO, MA 02652

Producer's Code: 088753

Insured/State/Location Description	Class Code	Basis of Premium	Rate	Earned Premium
---------------------------------------	---------------	---------------------	------	----------------

INSURED: 01 SALTY MARKET LLC
STATE: 20 MA
LOCATION: 01 2 HIGHLAND AVE
N TRURO MA 02652

STORE: RETAIL NOC 8017S [REDACTED]

MA RATE DEVIATION PREMIUM CREDIT (.15) (9037)
MASSACHUSETTS DIA ASSESSMENT CHARGE 5.600 PERCENT
EXPENSE CONSTANT
TERRORISM (9740) [REDACTED]
STATE TOTAL EARNED PREMIUM - MA [REDACTED]

STATEMENT NO RESPONSE UPLOAD

Total Earned Premium:

**Deposit and/or
Reported Premiums:**

ADDITIONAL

Net Premium Adjustment:

DEPOSIT/EXPOSURES INADEQUATE

CR

Premiums calculated hereon are subject to revision and approval by the Home Office and assumes that the deposit and/or reported premium, shown above, has been paid.



#2019-024D

HEALTH DEPARTMENT
TOWN OF TRURO

TOWN OF TRURO
BOARD OF HEALTH

PO Box 2030, Truro MA 02666
P: 508-349-7004 x 131 F: 508-349-5508

NOV 05 2018

RECEIVED BY:

APPLICATION FOR PERMIT TO SELL TOBACCO AND TOBACCO PRODUCTS

Fees due upon approval: **\$50.00 total**

Renewal New

In accordance with MGL c.111, Section 31, and Section XI, of the Truro Board of Health Tobacco Control Regulations, the undersigned makes application to the Board of Health or approving authority for permission to sell tobacco and tobacco products.

Applicant Information:

Establishment Name Sally's Market LLC Date 10/25/18
Establishment Address 2 Highland Rd Phone 508 4870711
Establishment Mailing Address (if different) P.O. Box 992 North Truro

MA Department of Revenue Retailer's License Number: 732612608 (Required)

Applicant's Name Ellery Adhams Title Owner

Applicant's Address 1 North Unionfield Rd. North Truro

Certification

I certify that the information I have provided is true and accurate. I fully understand that granting of the annual Tobacco Sales Permit is contingent upon my adherence to all applicable State laws and local regulations governing the sale and distribution of tobacco products. Failure to comply may result in the suspension or revocation of my annual permit, to operate and any other legal action deemed appropriate by the Town of Truro.

[Signature]
Signature of Applicant

10/25/18
Date

BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED BEFORE A PERMIT WILL BE ISSUED.

**TOWN OF TRURO
TOBACCO SALES
EMPLOYEE SIGNATURE FORM**

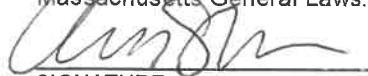
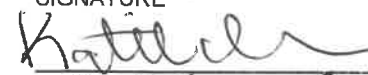


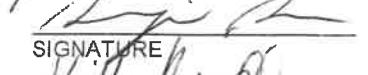
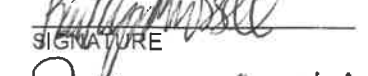

This form is for official use to indicate that the employee(s) of this establishment received and understood Section XI, Article 5 and 6 of the Truro Board of Health Sale and Distribution of Tobacco Products Regulation (below) and the enclosed copy of Chapter 270, Section 6 of the Massachusetts General Laws which describes the penalties for selling and/or giving tobacco products to any person under the age of eighteen (18).

SECTION 8 – SALE AND DISTRIBUTION OF TOBACCO PRODUCTS

B. Sales to Minors: In conformance with Massachusetts General Laws, Chapter 270, Section 6, no person, firm, corporation, establishment, or agency, shall sell tobacco products to a minor. Each employee working in an establishment licensed to sell tobacco products shall be required to read the Board of Health regulations and State Laws regarding the sale of tobacco and top sign a form indicating that such regulations/laws have been read and understood, a copy of which must be placed in the office of the employer and retained. Such signed forms must be made available for inspection, during the license holder's normal business hours upon request of an agent of the Board of Health.

C. Distribution of Tobacco Products: All distributors/retailers of tobacco products or tobacco merchandise must require that, if a customer appears possibly to be under 27 years of age, the customer must present a valid State issued picture identification card or driver's license with appropriate photograph to confirm that the customer is of a legal age to purchase the tobacco product.

The following employee(s) received and understood Section XI, Article 5 and 6 of the Truro Board of Health Sale and Distribution of Tobacco Products Regulation and Chapter 270, Section 6 of the Massachusetts General Laws:

 SIGNATURE	Aurora Shaw PRINT NAME	11/1/18 DATE
 SIGNATURE	Katie Silva PRINT NAME	11/1/18 DATE
 SIGNATURE	Elena Alhams PRINT NAME	11/1/18 11/7/18 DATE
 SIGNATURE	ANDREEA FREEMAN PRINT NAME	11/01/18 DATE
 SIGNATURE	Dominique Pelee PRINT NAME	11/01/18 DATE
 SIGNATURE	Kaitlyn Russell PRINT NAME	11/2/18 DATE
 SIGNATURE	Rebecca Gonzalez Phillips PRINT NAME	11/2/18 DATE



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

TAX STATUS REQUEST FOR LICENSING

Date November 8, 2018

Request is coming from the Selectmen's Office

Owner's Name Ellery Althaus

Business Name Salty Market, LLC

Business Address 2 Highland Road

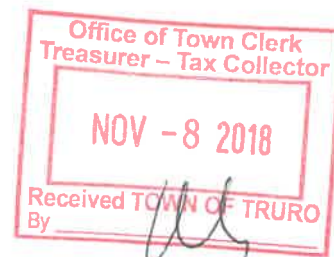
Map and Parcel 36-190

Please verify whether the Real Estate and Personal Property taxes to this property are up to date for the current fiscal year.

PAID through FY18.

Molly Stevens
Tax Collector's Signature

11/9/18
Date



Number: 2019-013

Fee \$15.00

Town of Truro Board of Health
24 Town Hall Road, Truro, MA 02666
Permit To Operate A Food Establishment

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

Kristen Roberts, mgr., d/b/a Truro Vineyards of Cape Cod

Whose place of business is **11 Shore Rd**

Type of business and any restrictions **Prepackaged Commercial Goods**

To operate a food establishment in **Truro, MA**

Permit Expires: **December 31, 2019**

Date Issued:
10/29/18



Truro Board of Health Agent

SMOKE EXPIRES: 11-16-18

#2019-013



**Town of Truro
Board of Health**

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508
Email: ebeebe@truro-ma.gov or adavis@truro-ma.gov

BUILDING DEPARTMENT
TOWN OF TRURO

OCT 25 2018

RECEIVED BY:

APPLICATION FOR FOOD SERVICE - COMMON VICTUALER

New Renewal

Section 1 - License Type

Type of License: Food Service Common Victualer

Type of Food Service Establishment:

- | | |
|---|---|
| <input type="checkbox"/> Food Service (restaurant or take out) | <input type="checkbox"/> Catering |
| <input checked="" type="checkbox"/> Retail Food (commercially prepared foods) | <input type="checkbox"/> Manufacturer of Ice Cream/Frozen Dessert |
| <input type="checkbox"/> Residential Kitchen | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Bed & Breakfast w/Continental Breakfast | |

Section 2 - Business/Owner/Manger Information

Federal Employers Identification Number (FEIN/SS) [REDACTED]

Business Name: Truro Vineyards of Cape Cod

Owner Name: Kristen Roberts Email Address: [REDACTED]

Mailing Address: PO BOX 834 North TRURO, MA 02652

Phone No: 508-487-6200

Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)

Name: Kristen Roberts Email Address: [REDACTED]

Mailing Address: PO BOX 834 NORTH TRURO, MA 02652

Phone No: 508 487 6200 24 Hour Emergency: [REDACTED]

Section 3 - Business Operation Details

Number of Seats: Inside: _____ Outside: _____ Number of Employees: _____

Length of Permit: Annual Seasonal Operation

Hours of Operation: 11 To 5

Days Closed Excluding Holidays: _____

If Seasonal: Approximate Dates of Operation: _____ To _____

Certified Food Manager(s) (attach copy): (at least 1 full-time equivalent PER SHIFT required)

Allergen Awareness Certification (attach copy):

Has your menu changed from last year? Yes No

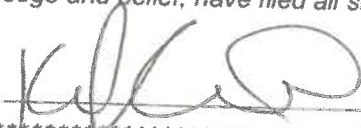
If yes please attach copy of menu or provide description of food to be prepared and sold:

Section 4 - Attestation

Attestation

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant:



Date: 10/25/18

Application Checklist:

- Food Service Permit Application
- Smoke Detector/Fire Protection Certification
- Workers Compensation Affidavit/Certificate of Insurance
- Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report
- Copy of Service report of mechanical washing equipment (Dishwasher)
- Copy of ServSafe Certification and Allergy Awareness
- Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)

FOR HEALTH DEPARTMENT USE ONLY

Comments: _____

Review by _____ Date _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Truro Vineyards of Cape Cod

Address: 11 Shore Road

City/State/Zip: North Truro, MA 02652 Phone #: 508-487-6200

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>25</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"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input checked="" type="checkbox"/> Other _____</p>
--	---

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1

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

Insurance Company Name: MARK Sylvia Insurance Agency

Insurer's Address: 404 main st.

City/State/Zip: Centerville, MA 02632

Policy # or Self-ins. Lic. #: [REDACTED] Expiration Date: 6/5/19

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: 10/25/18

Phone #: _____

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. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____

TRURO FIRE DEPARTMENT

344 ROUTE 6
POST OFFICE BOX 2013
TRURO, MASSACHUSETTS 02666

TIMOTHY COLLINS
CHIEF

PHONE: (508) 487-7548
FAX (508) 487-6808

October 26, 2018

FIRE ALARM TEST REPORT

OCCUPANCY: TRURO VINEYARDS
OWNER/MANAGER: DAVE ROBERTS
ADDRESS: 11 SHORE ROAD
PHONE #: 508-487-6200
NUMBER OF UNITS: GIFT SHOP – BARN- BARREL ROOM-DISTILLERY
CONTACT PERSON: AMY ROBERTS
ADDRESS: SAME
PHONE #: SAME

ALARM TESTING COMPANY: LONG POINT ELECTRIC, INC.
TESTING ELECTRICIAN/TECHNICIAN: _____
LICENSE #: 17239A
PHONE #: (508) 487-2056

THE FIRE ALARM SYSTEM AT THE ABOVE-MENTIONED BUSINESS ADDRESS WAS TESTED, AND ALL PARTS OF THE SYSTEM WERE FOUND TO BE, OR CORRECTED TO BE, FULLY OPERATIONAL.

COMMENTS: _____

DATE OF TEST: 10/26/18 BY: Igor Bondarenko

THIS REPORT MUST BE FILLED OUT PRIOR TO THE ISSUANCE OF, OR RENEWAL OF, A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/25/2018

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 have ADDITIONAL INSURED provisions or 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).


PRODUCER Mark Sylvia Insurance Agency, LLC 404 Main Street Centerville, MA 02632	CONTACT NAME: Donna Ostrowski
	PHONE (A/C No. Ext): (508)957-2125 FAX (A/C No.): (508)957-2781 E-MAIL ADDRESS: mark@marksylviainsurance.com
INSURED Truro Vineyards of Cape Cod, LLC 11 Shore Road PO Box 834 North Truro, MA 02652	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Farm Family Casualty Insurance
	INSURER B: Scottsdale Ins Co
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			[REDACTED]	11/15/2017 11/15/2018	11/15/2018 11/15/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	11/15/2017 11/15/2018	11/15/2018 11/15/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			[REDACTED]	11/15/2017	11/15/2018	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		[REDACTED]	6/5/2018	6/5/2019	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-XER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	LIQUOR LIABILITY			[REDACTED]	10/1/2018	10/1/2019	\$1,000,000 PER PERSON \$1,000,000 PER OCCURRENCE \$2,000,000 AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
WINERY
Insurance coverage is limited to the terms, conditions, exclusions, other limitations and endorsements. Nothing contained in the certificate of insurance shall be deemed to have altered, waived or extended the coverage provided by the policy provisions.

CERTIFICATE HOLDER (508)349-7004 (508)349-5505 Town of Truro 24 Town Hall Road PO Box 2030 Truro, MA 02666	CANCELLATION 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 
---	---

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TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

TAX STATUS REQUEST FOR LICENSING

Date October 29, 2018

Request is coming from the Selectmen's Office

Owner's Name David Roberts

Business Name Truro Vineyards

Business Address 11 Shore Road

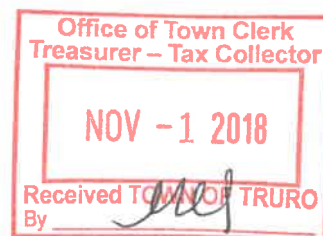
Map and Parcel 39-137

Please verify whether the Real Estate and Personal Property taxes to this property are up to date for the current fiscal year.

OK through FY18

Molly Stevens
Tax Collector's Signature

11/6/18
Date





TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Shellfish Department

REQUESTOR: Nicole Tudor, Executive Assistant on Behalf Of Dan Smith, Aquaculture Grant Holder

REQUESTED MEETING DATE: December 11, 2018

ITEM: Dan Smith's Tidal Grant Coordinate Change at Beach Point

EXPLANATION: Dan Smith's Tidal Grant License at Beach Point was approved for renewal by the Board of Selectmen on October 9, 2018. The coordinates on his license are representative of the coordinates displayed on his initial application dated August 25, 2015. The Conservation Commission required a survey of the Grants in 2015. Slade Associates was hired and adjusted the locations of the acres to create two perfect square acres. These coordinates were approved by the Conservation Commission and the US Army Corps of Engineers. The coordinates are expressed in Degrees-Minutes & Seconds.

Dan Smith is requesting that the coordinates on his Tidal Grant License be amended to reflect the exact coordinates as documented on the Slade Plan and recorded with the Conservation Commission. Tony Jackett, Harbor Master and Shellfish Constable has reviewed the change.

The change of coordinates will be as follows:

NW 42° 2' 664" N / 70° 6'.673" W;
NE 42° 2'.665" N / 70 °6'.618" W;
SE 42° 2'.592" N / 70° 6'.674" W;
SW 42° 2'.621" N / 70° 6'.737" W
CURRENT

<u>North Latitude</u>	<u>West Longitude</u>
42°02' 39.311"	70°06'40.434"
42°02'37.422"	70°06' 37.527"
42°02'35.215"	70°06'40.102"
42°02'37.093"	70°06'43.022"
AMENDED	

The license would be amended to read those coordinates for consist location of the two Grants.

FINANCIAL SOURCE (IF APPLICABLE): N/A

IMPACT IF NOT APPROVED: The current license would remain with coordinates that do not reflect the Conservation Commission and the Army Corps of Engineers.

SUGGESTED ACTION: Motion to amend the coordinates to read (N 42°02' 39.311 N /70°06'40.434 W; NE 42°02'37.422 N/ 70°06' 37.527 W; SE 42°02'35.215 N/ 70°06'40.102W; SW 42°02'37.093 N/ 70°06'.43.022 W) for Dan Smith's two-acre tidal grant license, located off Beach Point Landing.

ATTACHMENTS:

1. Dan Smith Memorandum–October 30, 2018
2. Exhibit A-Aquaculture License Application–August 25, 2015
3. Exhibit B-Plan of Land Slade Associates (Proposed Aquaculture)–July 6, 2016
4. Exhibit C-WPA Form 5-Order of Conditions (Town of Truro Order of Conditions Page a, # 18; DEP File # SE-75-0966)–August 26, 2016
5. Exhibit D-Department of the Army-File Number NAE-2016-1803–September 8, 2016
6. Exhibit E-GPS Map of Area with current Coordinates and Slade Associate Coordinates
7. Conservation Agent's Review

Memorandum

RCVD 2018OCT30 PM9:40
ADMINISTRATIVE OFFICE
TOWN OF TRURO

To: Rae Ann Palmer
Truro Town Administrator

From: Dan Smith

Date: October 30, 2018

RE: Beach Point Landing Aquaculture Grant (2018 – TIDAL01)

The purpose of this communicate is to share an observation that I made following the recent renewal of my Beach Point Landing Aquaculture grant. The finding is that the coordinates on the Aquaculture License reference the initial coordinates that I provided on my application dated August 25, 2015. (Attached – Exhibit A)

The issue is that during the course of obtaining the initial approval, the Truro Conservation Commission required me to contract with a surveyor and have a formal plan drawn for the records. I contracted with Slade Associates to complete the work.

In the course of drawing up the plan, they adjusted the boundaries slightly to make the grant a perfect square of +/- 2 acres, just as proposed in my application. (Attached – Exhibit B) The coordinates on the Slade plan are the coordinates that the Conservation Commission approved as well as the US Army Corps of Engineers (Attached - Exhibit C & D).

While I do not purport to be an expert on the different type of coordinates, it is my understanding that there are several ways to express the same point. IE: Degree – Decimals or Degree – Minutes & Seconds. On my application original application, dated August 25, 2015, the coordinates were expressed in Degree – Decimals. The Conservation Commission requested that the surveyor express them in Degree – Minutes & Seconds as this format is a more typical format. The Slade plan, dated July 6, 2016 is expressed in the requested format.

The result is that the Board of Selectmen have approved a license that has coordinates that are “close” but not exact. I am personally ok leaving everything as is, but wanted to bring this minor technicality to your attention. I have attached a screen print of the GPS coordinates for both sets of coordinates for you to review. As you will see, with the exception of one corner, the points are very close. (Attached – Exhibit E) The NE corner coordinates should have ended with .635 not .665. I apparently made a mistake when I wrote down the original number.

My suggestion is that the recently approved Aquaculture License be amended to reflect the exact coordinates as documented on the Slade Plan and recorded by the Truro Conservation Commission and others.

I apologize for not catching this sooner but did not want to let it go without bringing it to your attention so that all parties have equal information and no one gets a surprise some day.

Please do not hesitate to contact me if you have additional questions and/or require additional information. Once you have reviewed and discussed how to you want to proceed, please let me know.

PD \$25.00 app fee ✓ #928

RECEIVED
SELECTMENS OFFIC
AUG 2 5 2015
TOWN OF TRURO
MASSACHUSETTS



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

AQUACULTURE LICENSE APPLICATION

NAME OF APPLICANT: Daniel Smith

MAILING ADDRESS: PO Box 907 Truro, MA 02666

TELEPHONE: [REDACTED] E-MAIL ADDRESS: [REDACTED]

PROPOSED LOCATION OF THE LICENSE SITE: Describe below the specific measurements in feet of the desired area using land boundaries, when possible. Attach a sketch of a locus map indicating said boundaries and total square feet.

should have been .635

Description: Two (2) Acre grant located off of Beach Point

Landing in North Truro NW 42° 02.664 N 70° 06.673 W

NE 42° 02.665 N 70° 06.618 W

PREVIOUS AQUACULTURE EXPERIENCE: SE 42° 02.592 N 70° 06.674 W

- ADA EXPERIENCE just starting SW 42° 02.621 N 70° 06.737 W

- Working/Learning from a local shellfisherman

PROPOSED DEVELOPMENT PLAN: Describe in detail, your plans for development of Aquaculture and/or licensed site over a one, two and three-year term. Include the number of rafts/racks/floats, size, construction material, and square feet working area needed in the aquaculture area. Plans shall include shellfish by species, amount and sizes intended to be introduced to the waters and/or substratum. This plan is to be submitted as part of your application.

TYPES OF SHELLFISH TO BE RAISED: Oysters & Possibly Little Neck

METHOD OF PROPAGATION: Seed / Floating & Bottom Cages

MEANS OF ACCESS: Beach and/or Boat

Exhibit A

Town of Truro
Aquaculture license application
Page 2

EQUIPMENT TO BE USED: Oysterize Floating Cages
And/or Bottom Cages

Dale Smith
Signature of Applicant

07/18/15
Date

Tom Jackett
Signature of Shellfish Warden

August 25, 2015
Date

The following information must be included in this application in accordance with the Aquaculture Regulations:

1. Detailed site plan including latitude and longitude of corners (metes and bounds)
2. Geophysical characteristics
3. Benthic habitat conditions
4. Proposed species, quantities and densities
5. Proposed physical structures
6. Proposed method and details of access to the site

The following documents must be submitted with this application in accordance with the Aquaculture Regulations:

1. Copy of Notice of Intent submitted to the Conservation Commission, or Municipal Wetlands Permit or determination of non-applicability
2. Copy of application to the Corps of Engineers, Section 404 permit or Programmatic General Permit

* To be obtained & submitted pending
initial review & approval

Town of Truro
Aquaculture license application
Page 2

EQUIPMENT TO BE USED: Oysterize Floating Cages
And/or Bottom Cages

Dale Burt
Signature of Applicant

07/18/15
Date

Tom Jackett
Signature of Shellfish Warden

August 25, 2015
Date

The following information must be included in this application in accordance with the Aquaculture Regulations:

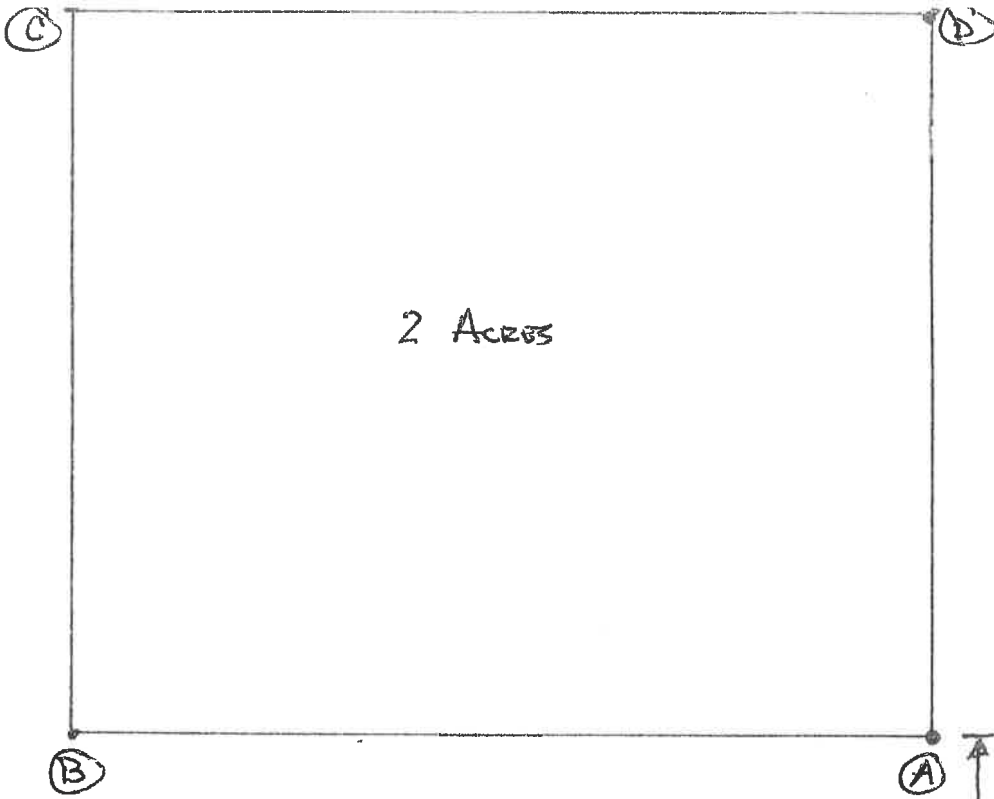
1. Detailed site plan including latitude and longitude of corners (metes and bounds)
2. Geophysical characteristics
3. Benthic habitat conditions
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The following documents must be submitted with this application in accordance with the Aquaculture Regulations:

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2. Copy of application to the Corps of Engineers, Section 404 permit or Programmatic General Permit

* To be obtained & submitted pending
initial review & approval

- (A) $42^{\circ} 02.664' N / 70^{\circ} 06.64' N$
- (B) $42^{\circ} 02.625' N / 70^{\circ} 06.618' W$
- (C) $42^{\circ} 02.592' N / 70^{\circ} 06.674' W$
- (D) $42^{\circ} 02.621' N / 70^{\circ} 06.737' W$



↑
Mooring
for
skiffs

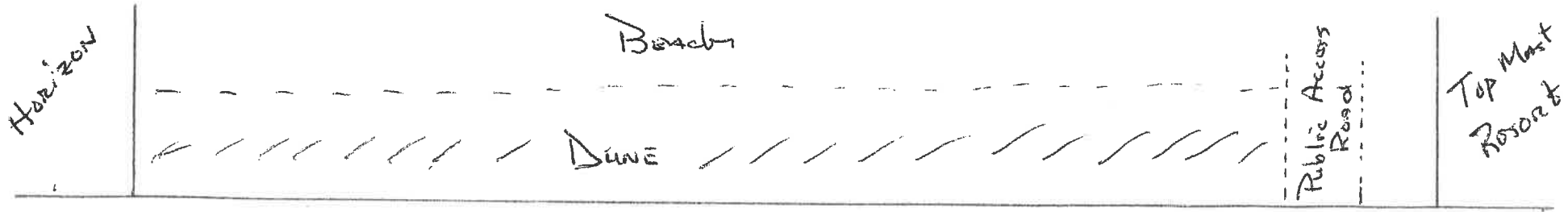
(Proposed Smith Giant Site)

Not to scale

225'



Mean Low Tide Line



Rte 6A

DATUM:
VERTICAL: 1929 NGVD
HORIZONTAL: NAD83

17-28

SEE PLAN
BK. 598, PG. 83

17-7

18-17

18-16

18-2

17-18
SILVA FAMILY
HERITAGE TRUST

SEE PLAN
BK. 573, PG. 89

17-9

21-1

TOWN OF TRURO

21-14



SHORE ROAD

21-15

20-2

4.5

-4.6

4.5

-4.6

TOWN OF TRURO

20-3

M.H.W.

TOP EDGE OF

BOTTOM ED

21-2

21-3
HORIZON BEACH
CONDOMINIUM

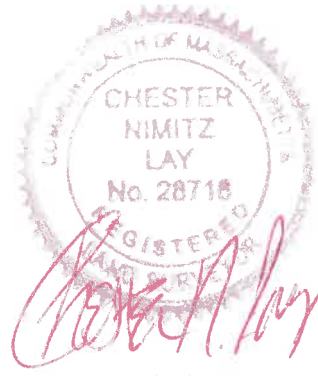
LAT: 42°02'39.311"
LONG: -70°06'40.434"

CONCRETE
BLOCKS FND.
(TYP.)

A=
86,348 SQ. FT.
=1.98 AC.±

LAT: 42°02'37.093"
LONG: -70°06'43.022"

LAT: 42°02'37.422"
LONG: -70°06'37.527"



CAPE
COD

BAY

7616

SKETCH OF LAND IN TRURO

SHOWING A PROPOSED AQUACULTURE GRANT

MADE FOR

DANIEL SMITH

■ DENOTES DRILL HOLE IN RECORD CONCRETE MONUMENT UNLESS OTHERWISE INDICATED.

GRAPHIC SCALE



(IN FEET)

SCALE: 1"=100'

SLADE ASSOCIATES, INC., REGISTERED LAND SURVEYORS
10 PINE POINT RD., WELLFLEET, MA 02667

JULY 6, 2016

508-349-3110

PLAN #2016-76

Exhibit B

Exhibit C



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands
WPA Form 5 – Order of Conditions
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:
SE# 075-0966
MassDEP File #
eDEP Transaction #
Truro
City/Town

A. General Information

Please note: this form has been modified with added space to accommodate the Registry of Deeds Requirements

1. From: Truro
Conservation Commission

2. This issuance is for (check one):
a. Order of Conditions b. Amended Order of Conditions

3. To: Applicant:
Daniel Smith
a. First Name b. Last Name

c. Organization
PO Box 907

d. Mailing Address
Truro MA 02666
e. City/Town f. State g. Zip Code

4. Property Owner (if different from applicant):
Town of Truro
a. First Name b. Last Name

c. Organization
24 Town Hall Rd
d. Mailing Address
Truro MA 02666
e. City/Town f. State g. Zip Code

5. Project Location:
214-216 Shore Rd Truro
a. Street Address b. City/Town
20 2,3
c. Assessors Map/Plat Number d. Parcel/Lot Number

Latitude and Longitude, if known: d m s d m s
d. Latitude e. Longitude

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands
WPA Form 5 – Order of Conditions
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:
 SE# 075-0966
 MassDEP File #

eDEP Transaction #
 Truro
 City/Town

A. General Information (cont.)

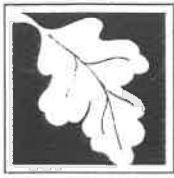
6. Property recorded at the Registry of Deeds for (attach additional information if more than one parcel):
Barnstable
 a. County Barnstable b. Certificate Number (if registered land) _____
4637-187 and 471-387
 c. Book _____ d. Page _____
7. Dates: September 29, 2015 July 19, 2016 Aug 2, 2016
 a. Date Notice of Intent Filed b. Date Public Hearing Closed c. Date of Issuance
8. Final Approved Plans and Other Documents (attach additional plan or document references as needed):
Please see listed documents on Page 10-A
 a. Plan Title _____
 b. Prepared By _____ c. Signed and Stamped by _____
 d. Final Revision Date _____ e. Scale _____
 f. Additional Plan or Document Title _____ g. Date _____

B. Findings

1. Findings pursuant to the Massachusetts Wetlands Protection Act:
 Following the review of the above-referenced Notice of Intent and based on the information provided in this application and presented at the public hearing, this Commission finds that the areas in which work is proposed is significant to the following interests of the Wetlands Protection Act (the Act). Check all that apply:
- a. Public Water Supply b. Land Containing Shellfish c. Prevention of Pollution
 d. Private Water Supply e. Fisheries f. Protection of Wildlife Habitat
 g. Groundwater Supply h. Storm Damage Prevention i. Flood Control
2. This Commission hereby finds the project, as proposed, is: (check one of the following boxes)

Approved subject to:

- a. the following conditions which are necessary in accordance with the performance standards set forth in the wetlands regulations. This Commission orders that all work shall be performed in accordance with the Notice of Intent referenced above, the following General Conditions, and any other special conditions attached to this Order. To the extent that the following conditions modify or differ from the plans, specifications, or other proposals submitted with the Notice of Intent, these conditions shall control.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Wetlands
WPA Form 5 – Order of Conditions
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:
 SE# 075-0966
 MassDEP File # _____
 eDEP Transaction # _____
 Truro
 City/Town _____

B. Findings (cont.)

Denied because:

- b. the proposed work cannot be conditioned to meet the performance standards set forth in the wetland regulations. Therefore, work on this project may not go forward unless and until a new Notice of Intent is submitted which provides measures which are adequate to protect the interests of the Act, and a final Order of Conditions is issued. **A description of the performance standards which the proposed work cannot meet is attached to this Order.**
- c. the information submitted by the applicant is not sufficient to describe the site, the work, or the effect of the work on the interests identified in the Wetlands Protection Act. Therefore, work on this project may not go forward unless and until a revised Notice of Intent is submitted which provides sufficient information and includes measures which are adequate to protect the Act's interests, and a final Order of Conditions is issued. **A description of the specific information which is lacking and why it is necessary is attached to this Order as per 310 CMR 10.05(6)(c).**
- 3. Buffer Zone Impacts: Shortest distance between limit of project disturbance and the wetland resource area specified in 310 CMR 10.02(1)(a) _____ a. linear feet

Inland Resource Area Impacts: Check all that apply below. (For Approvals Only)

Resource Area	Proposed Alteration	Permitted Alteration	Proposed Replacement	Permitted Replacement
4. <input type="checkbox"/> Bank	_____ a. linear feet	_____ b. linear feet	_____ c. linear feet	_____ d. linear feet
5. <input type="checkbox"/> Bordering Vegetated Wetland	_____ a. square feet	_____ b. square feet	_____ c. square feet	_____ d. square feet
6. <input type="checkbox"/> Land Under Waterbodies and Waterways	_____ a. square feet	_____ b. square feet	_____ c. square feet	_____ d. square feet
	_____ e. c/y dredged	_____ f. c/y dredged		
7. <input type="checkbox"/> Bordering Land Subject to Flooding	_____ a. square feet	_____ b. square feet	_____ c. square feet	_____ d. square feet
Cubic Feet Flood Storage	_____ e. cubic feet	_____ f. cubic feet	_____ g. cubic feet	_____ h. cubic feet
8. <input type="checkbox"/> Isolated Land Subject to Flooding	_____ a. square feet	_____ b. square feet		
Cubic Feet Flood Storage	_____ c. cubic feet	_____ d. cubic feet	_____ e. cubic feet	_____ f. cubic feet
9. <input type="checkbox"/> Riverfront Area	_____ a. total sq. feet	_____ b. total sq. feet		
Sq ft within 100 ft	_____ c. square feet	_____ d. square feet	_____ e. square feet	_____ f. square feet
Sq ft between 100-200 ft	_____ g. square feet	_____ h. square feet	_____ i. square feet	_____ j. square feet



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands
WPA Form 5 – Order of Conditions
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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B. Findings (cont.)

Coastal Resource Area Impacts: Check all that apply below. (For Approvals Only)

	Proposed Alteration	Permitted Alteration	Proposed Replacement	Permitted Replacement
10. <input type="checkbox"/> Designated Port Areas	Indicate size under Land Under the Ocean, below			
11. <input checked="" type="checkbox"/> Land Under the Ocean	~80,000 a. square feet	~80,000 b. square feet		
	c. c/y dredged	d. c/y dredged		
12. <input type="checkbox"/> Barrier Beaches	Indicate size under Coastal Beaches and/or Coastal Dunes below			
13. <input checked="" type="checkbox"/> Coastal Beaches	~1200 +/- a. square feet	~1200 +/- b. square feet	cu yd c. nourishment	cu yd d. nourishment
14. <input checked="" type="checkbox"/> Coastal Dunes	~600 +/- a. square feet	~600 +/- b. square feet	cu yd c. nourishment	cu yd d. nourishment
15. <input type="checkbox"/> Coastal Banks	a. linear feet	b. linear feet		
16. <input type="checkbox"/> Rocky Intertidal Shores	a. square feet	b. square feet		
17. <input type="checkbox"/> Salt Marshes	a. square feet	b. square feet	c. square feet	d. square feet
18. <input type="checkbox"/> Land Under Salt Ponds	a. square feet	b. square feet		
	c. c/y dredged	d. c/y dredged		
19. <input type="checkbox"/> Land Containing Shellfish	a. square feet	b. square feet	c. square feet	d. square feet
20. <input type="checkbox"/> Fish Runs	Indicate size under Coastal Banks, Inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above			
	a. c/y dredged	b. c/y dredged		
21. <input type="checkbox"/> Land Subject to Coastal Storm Flowage	a. square feet	b. square feet		



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands
WPA Form 5 – Order of Conditions
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:
 SE# 075-0966
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 Truro
 City/Town

B. Findings (cont.)

* #22. If the project is for the purpose of restoring or enhancing a wetland resource area in addition to the square footage that has been entered in Section B.5.c (BVW) or B.17.c (Salt Marsh) above, please enter the additional amount here.

22. Restoration/Enhancement *:

a. square feet of BVW

b. square feet of salt marsh

23. Stream Crossing(s):

a. number of new stream crossings

b. number of replacement stream crossings

C. General Conditions Under Massachusetts Wetlands Protection Act

The following conditions are only applicable to Approved projects.

1. Failure to comply with all conditions stated herein, and with all related statutes and other regulatory measures, shall be deemed cause to revoke or modify this Order.
2. The Order does not grant any property rights or any exclusive privileges; it does not authorize any injury to private property or invasion of private rights.
3. This Order does not relieve the permittee or any other person of the necessity of complying with all other applicable federal, state, or local statutes, ordinances, bylaws, or regulations.
4. The work authorized hereunder shall be completed within three years from the date of this Order unless either of the following apply:
 - a. The work is a maintenance dredging project as provided for in the Act; or
 - b. The time for completion has been extended to a specified date more than three years, but less than five years, from the date of issuance. If this Order is intended to be valid for more than three years, the extension date and the special circumstances warranting the extended time period are set forth as a special condition in this Order.
 - c. If the work is for a Test Project, this Order of Conditions shall be valid for no more than one year.
5. This Order may be extended by the issuing authority for one or more periods of up to three years each upon application to the issuing authority at least 30 days prior to the expiration date of the Order. An Order of Conditions for a Test Project may be extended for one additional year only upon written application by the applicant, subject to the provisions of 310 CMR 10.05(11)(f).
6. If this Order constitutes an Amended Order of Conditions, this Amended Order of Conditions does not extend the issuance date of the original Final Order of Conditions and the Order will expire on _____ unless extended in writing by the Department.
7. Any fill used in connection with this project shall be clean fill. Any fill shall contain no trash, refuse, rubbish, or debris, including but not limited to lumber, bricks, plaster, wire, lath, paper, cardboard, pipe, tires, ashes, refrigerators, motor vehicles, or parts of any of the foregoing.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 5 – Order of Conditions

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:

SE# 075-0966

MassDEP File #

eDEP Transaction #

Truro

City/Town

C. General Conditions Under Massachusetts Wetlands Protection Act (cont.)

17. Prior to the start of work, and if the project involves work adjacent to a Bordering Vegetated Wetland, the boundary of the wetland in the vicinity of the proposed work area shall be marked by wooden stakes or flagging. Once in place, the wetland boundary markers shall be maintained until a Certificate of Compliance has been issued by the Conservation Commission.
18. All sedimentation barriers shall be maintained in good repair until all disturbed areas have been fully stabilized with vegetation or other means. At no time shall sediments be deposited in a wetland or water body. During construction, the applicant or his/her designee shall inspect the erosion controls on a daily basis and shall remove accumulated sediments as needed. The applicant shall immediately control any erosion problems that occur at the site and shall also immediately notify the Conservation Commission, which reserves the right to require additional erosion and/or damage prevention controls it may deem necessary. Sedimentation barriers shall serve as the limit of work unless another limit of work line has been approved by this Order.
19. The work associated with this Order (the "Project")
- (1) is subject to the Massachusetts Stormwater Standards
- (2) is NOT subject to the Massachusetts Stormwater Standards

If the work is subject to the Stormwater Standards, then the project is subject to the following conditions:

- a) All work, including site preparation, land disturbance, construction and redevelopment, shall be implemented in accordance with the construction period pollution prevention and erosion and sedimentation control plan and, if applicable, the Stormwater Pollution Prevention Plan required by the National Pollution Discharge Elimination System Construction General Permit as required by Stormwater Condition 8. Construction period erosion, sedimentation and pollution control measures and best management practices (BMPs) shall remain in place until the site is fully stabilized.
- b) No stormwater runoff may be discharged to the post-construction stormwater BMPs unless and until a Registered Professional Engineer provides a Certification that:
- i.* all construction period BMPs have been removed or will be removed by a date certain specified in the Certification. For any construction period BMPs intended to be converted to post construction operation for stormwater attenuation, recharge, and/or treatment, the conversion is allowed by the MassDEP Stormwater Handbook BMP specifications and that the BMP has been properly cleaned or prepared for post construction operation, including removal of all construction period sediment trapped in inlet and outlet control structures;
 - ii.* as-built final construction BMP plans are included, signed and stamped by a Registered Professional Engineer, certifying the site is fully stabilized;
 - iii.* any illicit discharges to the stormwater management system have been removed, as per the requirements of Stormwater Standard 10;



**Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands**

WPA Form 5 – Order of Conditions

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:
SE# 075-0966
MassDEP File #

eDEP Transaction #
Truro
City/Town

C. General Conditions Under Massachusetts Wetlands Protection Act (cont.)

iv. all post-construction stormwater BMPs are installed in accordance with the plans (including all planting plans) approved by the issuing authority, and have been inspected to ensure that they are not damaged and that they are in proper working condition;

v. any vegetation associated with post-construction BMPs is suitably established to withstand erosion.

c) The landowner is responsible for BMP maintenance until the issuing authority is notified that another party has legally assumed responsibility for BMP maintenance. Prior to requesting a Certificate of Compliance, or Partial Certificate of Compliance, the responsible party (defined in General Condition 18(e)) shall execute and submit to the issuing authority an Operation and Maintenance Compliance Statement ("O&M Statement") for the Stormwater BMPs identifying the party responsible for implementing the stormwater BMP Operation and Maintenance Plan ("O&M Plan") and certifying the following:

i.) the O&M Plan is complete and will be implemented upon receipt of the Certificate of Compliance, and

ii.) the future responsible parties shall be notified in writing of their ongoing legal responsibility to operate and maintain the stormwater management BMPs and implement the Stormwater Pollution Prevention Plan.

d) Post-construction pollution prevention and source control shall be implemented in accordance with the long-term pollution prevention plan section of the approved Stormwater Report and, if applicable, the Stormwater Pollution Prevention Plan required by the National Pollution Discharge Elimination System Multi-Sector General Permit.

e) Unless and until another party accepts responsibility, the landowner, or owner of any drainage easement, assumes responsibility for maintaining each BMP. To overcome this presumption, the landowner of the property must submit to the issuing authority a legally binding agreement of record, acceptable to the issuing authority, evidencing that another entity has accepted responsibility for maintaining the BMP, and that the proposed responsible party shall be treated as a permittee for purposes of implementing the requirements of Conditions 18(f) through 18(k) with respect to that BMP. Any failure of the proposed responsible party to implement the requirements of Conditions 18(f) through 18(k) with respect to that BMP shall be a violation of the Order of Conditions or Certificate of Compliance. In the case of stormwater BMPs that are serving more than one lot, the legally binding agreement shall also identify the lots that will be serviced by the stormwater BMPs. A plan and easement deed that grants the responsible party access to perform the required operation and maintenance must be submitted along with the legally binding agreement.

f) The responsible party shall operate and maintain all stormwater BMPs in accordance with the design plans, the O&M Plan, and the requirements of the Massachusetts Stormwater Handbook.



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C. General Conditions Under Massachusetts Wetlands Protection Act (cont.)

- g) The responsible party shall:
 - 1. Maintain an operation and maintenance log for the last three (3) consecutive calendar years of inspections, repairs, maintenance and/or replacement of the stormwater management system or any part thereof, and disposal (for disposal the log shall indicate the type of material and the disposal location);
 - 2. Make the maintenance log available to MassDEP and the Conservation Commission ("Commission") upon request; and
 - 3. Allow members and agents of the MassDEP and the Commission to enter and inspect the site to evaluate and ensure that the responsible party is in compliance with the requirements for each BMP established in the O&M Plan approved by the issuing authority.
- h) All sediment or other contaminants removed from stormwater BMPs shall be disposed of in accordance with all applicable federal, state, and local laws and regulations.
- i) Illicit discharges to the stormwater management system as defined in 310 CMR 10.04 are prohibited.
- j) The stormwater management system approved in the Order of Conditions shall not be changed without the prior written approval of the issuing authority.
- k) Areas designated as qualifying pervious areas for the purpose of the Low Impact Site Design Credit (as defined in the MassDEP Stormwater Handbook, Volume 3, Chapter 1, Low Impact Development Site Design Credits) shall not be altered without the prior written approval of the issuing authority.
- l) Access for maintenance, repair, and/or replacement of BMPs shall not be withheld. Any fencing constructed around stormwater BMPs shall include access gates and shall be at least six inches above grade to allow for wildlife passage.

Special Conditions (if you need more space for additional conditions, please attach a text document):

- 20. For Test Projects subject to 310 CMR 10.05(11), the applicant shall also implement the monitoring plan and the restoration plan submitted with the Notice of Intent. If the conservation commission or Department determines that the Test Project threatens the public health, safety or the environment, the applicant shall implement the removal plan submitted with the Notice of Intent or modify the project as directed by the conservation commission or the Department.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

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D. Findings Under Municipal Wetlands Bylaw or Ordinance

- 1. Is a municipal wetlands bylaw or ordinance applicable? Yes No
- 2. The Truro Conservation Commission hereby finds (check one that applies):

- a. that the proposed work cannot be conditioned to meet the standards set forth in a municipal ordinance or bylaw, specifically:

1. Municipal Ordinance or Bylaw

2. Citation

Therefore, work on this project may not go forward unless and until a revised Notice of Intent is submitted which provides measures which are adequate to meet these standards, and a final Order of Conditions is issued.

- b. that the following additional conditions are necessary to comply with a municipal ordinance or bylaw:

Truro Conservation Bylaw

Chapter 8

1. Municipal Ordinance or Bylaw

2. Citation

- 3. The Commission orders that all work shall be performed in accordance with the following conditions and with the Notice of Intent referenced above. To the extent that the following conditions modify or differ from the plans, specifications, or other proposals submitted with the Notice of Intent, the conditions shall control.

The special conditions relating to municipal ordinance or bylaw are as follows (if you need more space for additional conditions, attach a text document):

See pages 10-A through 10-D

TOWN OF TRURO—ORDER OF CONDITIONS
214 & 216 SHORE ROAD; Map 20, parcels 2,3
DEP file # SE 75-0966
DANIEL SMITH, APPLICANT

A. DOCUMENTS

1. Notice of Intent application; locus maps; aquaculture license application; wetland fee transmittal form; abutters list
2. Sketch Plan of proposed grant site, dated 9-25-15; revised sketch plan date stamped June 12, 2016; sketch by Dan Smith
3. DEP notice of file number
4. Letters from Kopelman and Paige, P.C. dated 9-10-15; and June 14, 2016
5. "Agreement to waive participation requirements" signed by Daniel Smith, 4-19-16
6. Conservation Commission minutes from November 2, 2015; February 1, 2015; April 19, 2016; May 2, 2016; June 22, 2016; July 11, 2016; July 22, 2016
7. Helix anchor info-sheet from DMF
8. Email from Jim Rodericks Horizons beach resort dated 11-2-15
9. letter from Scott Lindell dated 10-29-15
10. MASS DEP mapped eelgrass; Map of priority habitat.
11. Letter from Division of Marine Fisheries dated 3-16-16, date stamped received 4-28-16.
12. Copy of MGL ch 40, s 8C
13. Copy of Pazolt versus Division of Marine Fisheries, 417 Mass.565 (1994 OPINION by Abrams,J.)
14. Letter from Dunes Realty Property management Horizons Beach Resort dated April 27, 2016
15. Letter to Rae Ann Palmer dated May 4, 2016 from the Truro Conservation Commission
16. Note from Deborah McCutcheon to file dated 6-3-16
17. Email requests for meeting continuance
18. Site plan titled "Sketch of Land", dated 7-6-16, prepared by Slade Associates, Inc.

B. PROJECT DESCRIPTION

1. The proposal includes establishing a 2 acre aquaculture grant on State tidelands. The street address associated with the grant site is 214-216 Shore Road. Both parcels of land were purchased by the town and placed in the custody of the Conservation Commission, under MGL ch 40, s 8C The proposed grant site is located off of Beach Point, approximately 225' seaward of mean low water (MLW); typical water depths at low tide in this area have been stated to be 12-18" deep.
2. The grant would be located within the Nearshore Area of Land under the Ocean as defined in 310 CMR 10.25(2); other Resource Areas proximate to this property include Barrier Beach; Coastal Beach; Coastal Dune; Land Subject to Coastal Storm Flowage.
3. In August 2015 the applicant submitted an aquaculture license application to the Board of Selectmen; the license was granted with the condition that the applicant receive all other necessary approvals from regulatory bodies and State agencies.
4. The applicant filed the Notice of Intent for the project in October 2015 and made an initial presentation at the November 2, 2015 Conservation meeting. The matter was continued generally to allow for completion of the public process with the Board of Selectmen for the aquaculture license, and for information on the habitat from MA Division of Marine Fisheries (DMF). Hearing by the Commission resumed on April 19, 2016.
5. On March 14, 2016 biologists from DMF and the Truro Shellfish Constable conducted a biological survey; no shellfish or subaquatic vegetation (eelgrass) was found within the area proposed for this 2 acre grant.

TOWN OF TRURO—ORDER OF CONDITIONS
214 & 216 SHORE ROAD; Map 20, parcels 2,3
DEP file # SE 75-0966
DANIEL SMITH, APPLICANT

6. In May the Commission received a letter from an abutter that questioned the proposed use of Conservation land for private commercial enterprise. The Commission sought an opinion by Town Counsel.
7. The opinion by Town Counsel relied upon the applicants sketch showing that the project will not be sited on the Towns Conservation land, and would be sited on State tidelands, below the MLW. The sketch plan for the project demonstrates that the grant would be 225' seaward of the MLW mark.
8. The project scope of work includes utilizing "helix anchors" to anchor 10-12(mainlines) mooring lines for "Oystergro" floating cages and bottom cages; these mooring lines are intended to ensure that the gear does not migrate to other locations. Shellfish seed stock would be introduced in the "Oystergro" cages and rotated between floating and bottom arrangements based on the age and growing needs of the animals. Other tasks include maintaining the cages, and culling and grading the shellfish until they are ready to be harvested.
9. Maintenance of the gear (major anti-fouling; repairs of cages) will be undertaken off site. Minor maintenance and minor cleaning of gear will be "within the boundaries of the grant".
10. Access to the grant area will be by boat, or by foot.

C. FINDINGS

1. Results of the habitat survey revealed no shellfish or eel grass, therefore the Commission finds that the bottom area where this grant appears to be proposed is not presently land containing shellfish; however, the bottom area is significant to protection of marine fisheries.
2. The Commission finds that the Coastal beach at this location is of major significance to storm damage prevention and flood control, and for the protection of marine fisheries and wildlife habitat as well as to the other interests of the Act and the Truro Conservation Bylaw.
3. The Commission finds that the Nearshore areas of Land Under the Ocean at this site are also significant to storm damage prevention, flood control and protection of wildlife habitat.
4. The use of Helix anchors for this project is intended to ensure that the bottom topography will not be altered, and that the gear will not cause adverse effects which could increase storm damage or erosion of the Coastal beach or Coastal dunes.
5. Experience with this type of project in this general area is expanding but still limited; cumulative effects of gear, animals and anthropomorphic intervention are unknown. Therefore the Commission finds that requiring proactive monitoring is necessary to ensure that significant direct or cumulative adverse effects upon resource area values as noted above do not occur or go undetected.
6. The Commission finds that both map 20 parcel 2 and map 20 parcel 3 are implicated in the interests of Storm Damage prevention and protection of habitat for marine animals including various species of turtles and whales.
7. The Commission finds that both map 20 parcel 2 and map 20 parcel 3 are affected by the project and find that the impacts on map 20 parcel 3 are of such significance that the parcel cannot be removed from the project scope and that the Order and findings must reflect this.

Insofar as the "sketch of Land in Truro" dated July 6, 2016 or any other document conflicts with the special order of conditions this order shall control.

TOWN OF TRURO—ORDER OF CONDITIONS
214 & 216 SHORE ROAD; Map 20, parcels 2,3
DEP file # SE 75-0966
DANIEL SMITH, APPLICANT

SPECIAL CONDITIONS

1. There shall be no material substitutions or modifications for materials or activities described and conditioned by this order. Questions or interpretations of this Order shall be presented directly to the Conservation Commission in writing.
2. Mooring line anchors shall be “helix” anchors, without substitutions unless otherwise approved in writing prior to installation.
3. The conditions outlined in the March 16, 2016 letter from Michael Hickey, Assistant Director of the Division of Marine Fisheries are incorporated into this Order, specifically:
 - From February 1- April 30 all floating gear must be sunk or removed. Remaining vertical lines attached to bottom gear shall, be reduced in number to the extent possible, be kept under tension, and shall be attached with a 600 pound breakaway link or ropes of same breaking strength;
 - Lines deployed during the period May 1- January 31 shall be kept under tension or sheathed to avoid turtle entanglement
 - Any entanglement of protected species including whales and turtles must be immediately reported to Provincetown Center for Coastal Studies at 800-900-3622. Any entanglements shall be documented in a log, reported to the Commission, and included in the annual report.
4. Access to the grant shall be by foot or by boat. Access made by vehicle shall be limited to map 20 parcel 2 and must be full compliance with Truro ORV regulations.
5. No foreign material associated with the aquaculture activities shall be deposited, dumped, stored or abandoned within the grant area.
6. Any gear, Oyster/clam cages, anchors, lines, buoys, boats and associated equipment shall be tagged, branded or otherwise permanently identified by the DEP file number (75-0966) ; All such gear adrift or washed up shall be removed from the beach by the applicant as soon as practicable but in no event later than 24 hours.
7. No maintenance of equipment or gear shall be done on the public beach or parking areas
8. There shall be no storage of gear or equipment on the public beach, parking areas, public lands or waters
9. Proponent shall submit an annual report to the commission by **May 1st of each year**, including all observations of anthropogenic impacts of the project or effects from the project, a copy of the annual shellfish activity report (required by DMF, et al) and specific complaints, if any, of deleterious individual or cumulative effects. A hearing to review and, if necessary, ameliorate such effects may be scheduled by the Commission on at least ten (10) day’s notice to the proponent, abutters and to any other interested persons who have requested such notice from

TOWN OF TRURO—ORDER OF CONDITIONS
214 & 216 SHORE ROAD; Map 20, parcels 2,3
DEP file # SE 75-0966
DANIEL SMITH, APPLICANT

the Commission. Notice of said hearing shall be placed in newspaper of general circulation no less than five days prior to such hearing.

10. "Best management practices" for aquaculture shall be employed in all situations where not contrary to this Order; in such situations the Order shall control.

General Conditions

1. After the expiration of the 10-day appeal period , if no request for appeal has been filed with the Department of Environmental Protection, and prior to the commencement of work the form provided at the end of this Order (part G. "Recording Information") shall be completed and stamped at the Registry of Deeds
2. This document shall be included in all contracts, subcontracts, and specifications dealing with the work proposed and shall supersede any conflicting contract requirements. It is the responsibility of the Applicant, and/or successor(s) to ensure that all Conditions of this Order of Conditions are complied with. A copy of this Order shall be available at the work site, during normal work hours, or posted, until the work is complete.
3. Work shall be halted on the site if the Commission, Conservation Agent or DEP determines that any of the work is not in compliance with this Order of Conditions. Work shall not resume until the Commission is satisfied that the work will comply, and has so notified the applicant in writing.
4. **Any changes** in the work described in the Notice of Intent or in the plans and specifications shall be submitted to the Commission in writing for a determination of whether the change is significant enough to the interests of the Act to require a new Notice of Intent. **No changes shall be made or implemented in the field** prior to the Commission's determination. Should issuance of additional permits result in a change in the project, the applicant shall promptly submit such changes to the Commission for evaluation under this provision.
5. This Order shall apply to any successor in control or successor in interest of the property described in the Notice of Intent and accompanying plans. These obligations shall be expressed in covenants in all deeds to succeeding owners of portions of the property.
6. Upon completion of this project the applicant may submit a request to the Conservation Commission to receive a Certificate of Compliance. The Applicant or Owner shall certify in writing that the work was completed as shown on the plans and documents referenced above. It is anticipated that this project shall continue operations beyond the usual permit term. Any certificate of compliance shall therefore contain continuing conditions to protect the interests of the Act and the Truro Conservation Bylaw. Verification of proposed activities may be requested by the Commission, and may include review of compliance, an as-built survey of the grant; and the Commission's agent may conduct a site visit to verify conditions.
7. This Order of Conditions is valid for 3 years from the date of issuance, and shall be reviewed annually by the Commission.



**Massachusetts Department of Environmental Protection
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Truro
City/Town

E. Signatures

This Order is valid for three years, unless otherwise specified as a special condition pursuant to General Conditions #4, from the date of issuance.

Please indicate the number of members who will sign this form.

This Order must be signed by a majority of the Conservation Commission.

The Order must be mailed by certified mail (return receipt requested) or hand delivered to the applicant. A copy also must be mailed or hand delivered at the same time to the appropriate Department of Environmental Protection Regional Office, if not filing electronically, and the property owner, if different from applicant.

8/2/2016
1. Date of Issuance

5
2. Number of Signers

Signatures:

James A. Bisceglia
Juliane Messinger
Jack Monahan
Henry W. Sam

by hand delivery on
8/2/2016
Date

by certified mail, return receipt requested, on
Date

F. Appeals

The applicant, the owner, any person aggrieved by this Order, any owner of land abutting the land subject to this Order, or any ten residents of the city or town in which such land is located, are hereby notified of their right to request the appropriate MassDEP Regional Office to issue a Superseding Order of Conditions. The request must be made by certified mail or hand delivery to the Department, with the appropriate filing fee and a completed Request for Departmental Action Fee Transmittal Form, as provided in 310 CMR 10.03(7) within ten business days from the date of issuance of this Order. A copy of the request shall at the same time be sent by certified mail or hand delivery to the Conservation Commission and to the applicant, if he/she is not the appellant.

Any appellants seeking to appeal the Department's Superseding Order associated with this appeal will be required to demonstrate prior participation in the review of this project. Previous participation in the permit proceeding means the submission of written information to the Conservation Commission prior to the close of the public hearing, requesting a Superseding Order, or providing written information to the Department prior to issuance of a Superseding Order.

The request shall state clearly and concisely the objections to the Order which is being appealed and how the Order does not contribute to the protection of the interests identified in the Massachusetts Wetlands Protection Act (M.G.L. c. 131, § 40), and is inconsistent with the wetlands regulations (310 CMR 10.00). To the extent that the Order is based on a municipal ordinance or bylaw, and not on the Massachusetts Wetlands Protection Act or regulations, the Department has no appellate jurisdiction.



DEPARTMENT OF THE ARMY
 US ARMY CORPS OF ENGINEERS
 NEW ENGLAND DISTRICT
 696 VIRGINIA ROAD
 CONCORD MA 01742-2751

Exhibit D

Consent Agenda Item: 6C5

September 8, 2016

Regulatory Division
 File Number: NAE-2016-1803

Daniel W. Smith
 P.O. Box 907
 32 Tom's Hill Road
 Truro, Massachusetts 02666

Dear Mr. Smith:

We have reviewed your application to perform culturing and harvesting of bivalve mollusks in the intertidal habitat of a 2-acre area. A combination of floating gear and bottom cages will be used. The floating gear will be anchored to the seafloor using helix anchors. Each end of a mainline will be attached to the anchors. The floating cages will be attached to the mainline every 15 feet. The bottom cages will have feet to hold them above the seafloor and will be various sizes. This project is located in Cape Cod Bay at 214 & 216 Shore Road, North Truro, Massachusetts. The following geographic coordinates describe the corner boundaries of the project:

NORTH LATITUDE			WEST LONGITUDE		
<i>Deg.</i>	<i>Min.</i>	<i>Sec.</i>	<i>Deg.</i>	<i>Min.</i>	<i>Sec.</i>
42	02	39.31	70	06	40.34
42	02	37.42	70	06	37.53
42	02	35.22	70	06	40.10
42	02	37.09	70	06	43.02

Authorized activities include the deployment and maintenance of marking buoys, trays, netting, lines and other equipment associated with the activity; discharge of minor quantities of mineral growth medium; and work, including seed placement, transplanting, and harvesting. The work is shown on the attached plans entitled, "Daniel Smith – Beach Point Aquaculture Grant," on two sheets.

Based on the information you have provided, we have determined that the proposed activity, which includes work and/or a discharge of dredged or fill material into waters of the United States, including wetlands, will have only minimal individual or cumulative environmental impacts. Therefore, this work is authorized under the enclosed February 2015 General Permits for Massachusetts (GPs for MA), specifically GP 21, under the pre-construction notification process. This work must be performed in accordance with the terms and conditions of the GPs and also in compliance with the following special conditions:

1. Floating gear shall not cover more than 10% of the grant area at any time.
2. From February 1 to April 30, all floating gear shall be sunk or removed. Remaining vertical lines attached to bottom gear shall be reduced in number to the greatest extent practicable, be kept under tension, and shall be attached with a 600 pound breakaway link or ropes of appropriate breaking strength.
3. Lines deployed from May 1 to January 31 shall be kept under tension or sheathed to avoid turtle entanglement.
4. If any listed species of whale, turtle, or sturgeon is observed to be entangled or otherwise interacting with the facility structure, the permittee shall immediately contact the NOAA Stranding Hotline at 866-755-NOAA (6622) and the Provincetown Center for Coastal Studies at (800) 900-3622. The permittee should then contact NOAA Protected Resources Division, Gloucester, MA at (978) 281-9328 and notify the Corps of Engineers of the entanglement at kevin.r.kotelly@usace.army.mil or 978-318-8703.

Resuscitation may be attempted on sea turtles that are comatose or inactive after entanglement (but not dead) by:

- a. Placing the animal on its back (carapace) and pumping its breastplate (plastron) with hand or foot, or:
- b. Placing the animal on its breastplate (plastron) and elevating its hindquarters several inches for a period from 1 to 24 hours. The amount of the elevation depends on the size of the animal; greater elevations being needed for larger turtles. Sea turtles being resuscitated shall be shaded and kept wet or moist. Those that revive and become active shall be immediately released in areas where they are unlikely to be recaptured or injured by aquaculture structures.

You are responsible for complying with all of the GP requirements. Please review the enclosed GPs for MA document carefully, in particular the general conditions beginning on Page 23, to familiarize yourself with its contents. You should ensure that whoever does the work fully understands the requirements and that a copy of the permit document and this authorization letter are at the project site throughout the time the work is underway.

This permit does not obviate the need to obtain other Federal, state, or local authorizations required by law, as listed on Page 57 of the GP document. Performing work not specifically authorized by this determination or failing to comply with all the terms and conditions of the GP may subject you to the enforcement provisions of our regulations.

Your project is located within, or may affect resources within the coastal zone. The Massachusetts Office of Coastal Zone Management (CZM) has already determined that no further Federal Consistency Review is required.

This authorization presumes that the work as described above and as shown on your plans noted above is in waters of the U.S. You may submit a request for an approved jurisdictional determination to this office in writing if you desire.

This authorization expires on February 4, 2020. You must commence or have under contract to commence the work authorized herein by February 4, 2020 and complete the work by February 4, 2021. If you do not, you must contact this office to determine the need for further authorization before beginning or continuing the activity. We recommend you contact us *before* this permit expires to discuss a time extension or permit reissuance.

You must contact us immediately to discuss modification of this authorization if you change the plans or construction methods for work within our jurisdiction. This office must approve any changes before you undertake them.

We continually strive to improve our customer service. In order for us to better serve you, we would appreciate your completing our Customer Service Survey located at http://corpsmapu.usace.army.mil/cm_apex/f?p=regulatory_survey.

Please contact Kevin Kotelly of my staff at (978) 318-8703 if you have any questions.

Sincerely,



Barbara Newman
Chief, Permits & Enforcement Branch
Regulatory Division

Enclosures

Copy Furnished

Ed Reiner, U.S. EPA, Region 1, Boston, Massachusetts, reiner.ed@epa.gov

Mike Johnson, NOAA; mike.r.johnson@noaa.gov

Zach Jylkka, NOAA; zachary.jylkka@noaa.gov

Christopher Schillaci, Massachusetts Division of Marine Fisheries, 1213 Purchase Street, 3rd Floor, New Bedford, Massachusetts 02740, christopher.schillaci@state.ma.us

Robert Boeri, Coastal Zone Management, Boston, Massachusetts, Robert.Boeri@state.ma.us

Patricia Pajaron, Conservation Agent, 24 Town Hall Road, P.O. Box 2030, Truro, MA 02666

Daniel Smith – Beach Point Aquaculture Grant

Description of Equipment & Techniques:

I am proposing to use a combination of floating gear (OysterGro) and Bottom Cages.

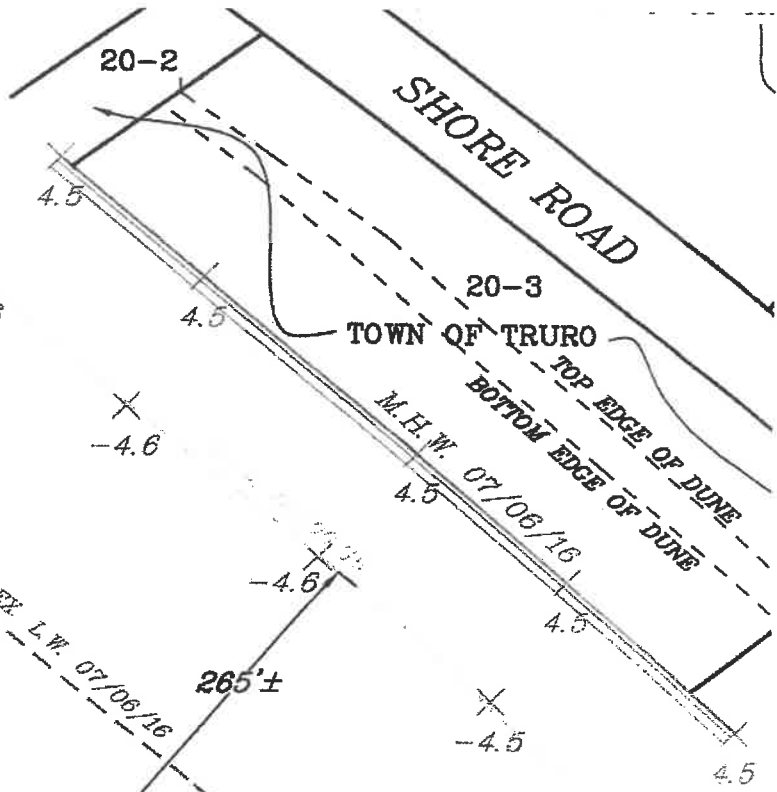
The floating gear will be anchored to the seafloor using helix anchors. Each end of a mainline will be attached to the anchors. The OysterGro cages will be attached to the mainline approximately every 15 feet. At no time will the floating cages cover more than 10% of the water surface area.

The bottom cages will be typical bottom cages which have “feet” to hold them above the seafloor. They will be of various sizes depending upon the specific use and time of year. Examples may include but not be limited to a single bay tray, 2x3 and/or 3x3 cages.

The grant will be managed using Best Management Practices. Access to the grant will be either by foot or boat.



(Grant highlighted in green)



LAT: 42°02'39.31"
LONG: -70°08'40.434"

CONCRETE
BLOCKS FND.
(TYP.)

A=
86,348 SQ. FT.
=1.98 AC.±

LAT: 42°02'37.093"
LONG: -70°08'43.022"

LAT: 42°02'37.422"
LONG: -70°08'37.527"

CAPE
COD
BAY

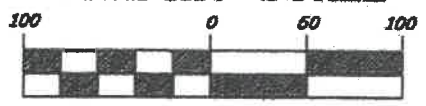
LAT: 42°02'35.215"
LONG: -70°08'40.102"

SKETCH OF 1 IN TRURO

SHOWING A PROPOSED AQUACU
MADE FOR
DANIEL SMITH

■ DENOTES DRILL HOLE IN RECORD CONCRETE MONUMENT UNLESS OTHERWISE INDICATED.

GRAPHIC SCALE



(IN FEET)

SCALE: 1"=100'
SLADE ASSOCIATES, INC., REGISTERED
10 PINE POINT RD., WELLS
508-349-3110



Red Pins = Slide Coordinates
Yellow Pins = Original Aquaculture Licenses Application

Top Mast Reset →

665 location



Legal

Exhibit E



Red Pins = Slabs Coordinator

Yellow Pins = Original Aquaculture License Application

Magenta Pins = The original location of the corrected location @ .635 vs .665



Legal

Nicole Tudor

Sent: Monday, December 03, 2018 11:05 AM
To: Nicole Tudor
Subject: Dan Smith Aquaculture grant- coordinates

Hi Nicole,

I reviewed Dan's letter and agree with what he described. The Commission required him to present a plan showing the grant boundaries with some verifiable monuments. The coordinates were agreed upon and can be verified in the field. His memo is intended to correct the public record that pre-dated some of his process with the Conservation Commission.

Thanks very much,
Emily

Emily Beebe, RS
Health & Conservation Agent
508-349-7004, ext 119



TOWN OF TRURO

Board of Selectmen Agenda Item

DEPARTMENT: Administration

REQUESTOR: Nicole Tudor, Executive Assistant on behalf of Nick Norman, Chair Open Space Committee

REQUESTED MEETING DATE: December 11, 2018

ITEM: Approval of Tom Bow applying to serve on the Open Space Committee

EXPLANATION: Tom Bow applied to serve on the Open Space Committee as the representative of the Truro Conservation Trust. The paperwork is complete and an endorsement of the applicant from the Chair is included on the Application to Serve. There currently is a vacancy on the Open Space Committee.

FINANCIAL SOURCE (IF APPLICABLE): n/a

IMPACT IF NOT APPROVED: The applicant will be unable to serve on the Open Space Committee as the Trust Representative.

SUGGESTED ACTION: *Motion to approve Tom Bow to serve on the Open Space Committee for a three-year term which will expire June 30, 2021.*

ATTACHMENTS:

1. Application to Serve-Tom Bow

RECEIVED
RCUD 2018 NOV 30 PM 2:34
TOWN OF TRURO

TOWN OF TRURO



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Tom Bow HOME TELEPHONE: [REDACTED]
 ADDRESS: 34 Great Harlow Rd Truro WORK PHONE: [REDACTED]
 MAILING ADDRESS: 105 Timberwood E-MAIL: [REDACTED]
 FAX: _____ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: Open Space

SPECIAL QUALIFICATIONS OR INTEREST: Currently a member of the Truro Conservation Trust, Beach Commission, on the Board of TTRA, and former member of the Golf Commission, and the EDC.

COMMENTS: would like to join the Open Space Committee to make a contribution of my experience on the Conservation Trust, and other Boards.

SIGNATURE: [Signature] DATE: 11/30/18

COMMENT/RECOMENDATION OF CHAIRPERSON OF MULTI-MEMBER BODY (OPTIONAL)

Historically the Open Space Committee has had a member of the TCT on its board and we would like to continue this practice.

SIGNATURE: [Signature] DATE: 11/30/18

INTERVIEW DATE: _____ APPOINTMENT DATE (IF APPLICABLE): _____

DRAFT

**Truro Select Board Meeting
Tuesday, October 16, 2018
Truro Public Safety Facility**

Select Board Members Present: Chair Robert Weinstein; Maureen Burgess, Kristen Reed, Paul Wisotzky, Janet Worthington

Present: Town Manager Rae Ann Palmer; Assistant Town Manager Kelly Clark; Town Counsel Katie Loughman (by phone); Interim Planner Jessica Bardi

Chair Robert Weinstein called the meeting to order at 2:10 p.m. He announced that a regular meeting would follow the work session. During the work session, there is no public commentary. Tim McCarthy said he was filming for LIP TV.

WORK SESSION

Discussion of Bylaw Articles for Annual Town Meeting Warrant

Residential House Size Bylaw

Selectmen had several questions regarding provisions in the proposed Residential House Size bylaw. Selectmen discussed the size allowances and categories by lot size. Board of Selectmen members agreed that minimum lot size, i.e., .775 of an a three-quarter acre lot category should be added to the chart/table. Interim Planner Jess Bardi explained how the calculations work for minimum three-quarter lot size s by right and by Special Permit. Chair Weinstein questioned the allowances offered in the proposed bylaw and asked for baseline information on average sizes of houses in Truro. Maureen Burgess gave statistics on large houses that have been built. Town Manager Rae Ann Palmer said there are also people who believe that the size allowances are not big enough. Town Counsel Katie Loughman said significant size limitation changes could be inconsistent with Planning Board's proposed bylaw. She recommended making any changes on Town Meeting floor. If the Board of Selectmen disagree with the numbers in the bylaw, Ms. Loughman said, they could vote to not recommend. Paul Wisotzky expressed his concern over the intent of the bylaw, which he sees as making house size more restrictive. Chair Weinstein said that voters at Town Meeting will make the decision on size. The bylaw will be revisited at the meeting next week, Ms. Palmer said.

Marijuana Bylaw

Town Counsel Katie Loughman summarized the Planning Board bylaw for the Regulation of Marijuana. She said the general purpose section, definitions, and the use table had been developed with input from the local Craft Co-operative. The categories set by the state are included in the bylaw. She noted the footnotes included for the Residential District. The Use Chart included limitations for the number of establishments. There were specific regulations for cultivation in the Residential District. The Permit Granting Authority is to be a spilt authority between Planning Board and the Zoning Board Appeals. Site Plan Review, which requires abutter notification, is one of the criteria set by ZBA, Attorney Loughman said.

Town Counsel Loughman dealt with most of the issues raised by the Selectmen concerning the bylaw. ~~There is 25% lot coverage for structures on cultivator 2-acre lots. Footnotes cover additional information on coverage allowances of up to 50% and acreage allowed. Greenhouses are excluded from the calculation.~~ Town Counsel said the state requirements cover lighting, fencing, and security systems. In a clarification of definitions for *transportation* and *delivery*, Ms. Loughman explained that retailers are not allowed to deliver marijuana products to consumers. ~~There is a cap on the marijuana canopy, the total production for cultivators; otherwise a business would need two separate licenses. Micro-business is a state licensed category, so a marijuana micro-business, according to Town Counsel, does not have a cap.~~ Ms. Loughman was silent on a point made by Chair Weinstein that the bylaws did not address cultivation on private property within the boundaries of the National Seashore, federal land. State buffer zone regulations do not include Pre-School or playgrounds. Truro could add provisions for the Wellhead Protection Zone in the Marijuana bylaw. The other boards, especially the Board of Health and Conservation Commission, could make any concerns known to Planning Board. Town Counsel said both Planning Board and ZBA could condition noise restriction or traffic study as the permit granting authorities. The state's stand-alone structure requirement was left in the bylaw from a security viewpoint. Most towns are not allowing marijuana cultivation as home occupation business. Product manufacturing might take place in a residential dwelling, Attorney Loughman said. She noted that the Truro cooperative was somewhat unique because there are only a few other cooperatives in Massachusetts. She said the provisions in the proposed bylaw were generous and would allow people to get into the marijuana industry.

Janet Worthington did not want to abandon the idea of an Overlay District, which she had favored. She said she is not happy with the Residential Zone allowance because she doesn't think everyone should be allowed to have a business in their backyard. Robert Weinstein reminded everyone that without a bylaw in place, the Town would have no regulations of its own. The state regulations would govern cultivation. Paul Wisotzky asked about using the Host Community Agreement as a control should the zoning bylaw fail. He remarked upon the Selectmen's charge to consider the best interest of Truro as a whole.

Town Counsel Loughman and Interim Planner Jess Bardi will clarify the language on lot size and building coverage. Ms. Loughman said that they will also clear up inconsistencies in the cultivation provisions in residential and non-residential districts.

Maureen Burgess moved to close the Work Session. Kristen Reed seconded, and the motion carried 5-0.

REGULAR MEETING

Chair Weinstein opened the regular meeting at 4:00 p.m.

Petitioned Bylaw Votes

Paul Wisotzky moved to refer to Special Town Meeting Petitioned Article Section 100 Regulation of Marijuana bylaw and Petitioned Article 110 Right to Farm bylaw. Maureen Burgess seconded, and the motion carried 5-0.

Legal Representation for Herring River Restoration Project

Board members discussed the strengths of the two attorneys under consideration to represent Truro's interests in the Herring River Restoration Project. David Lurie of Lurie Friedman LLC and Barry Fogel of Keegan Werlin LLC had come before the Board for interviews at the meeting held on October 9, 2018. Board members considered the rate ranges quoted and the current needs for Truro's involvement in the Herring River Restoration Project. After a careful comparison of what the attorneys could offer, the Selectmen and Town Manager decided that Barry Fogel of Keegan Werlin would provide the best representation for the Town.

Paul Wisotzky moved to authorize Town Manager Rae Ann Palmer to initiate negotiations and prepare an accompanying contract to secure the service of Keegan Werlin LLC. Kristen Reed seconded, and the motion carried 5-0.

Rae Ann Palmer said that Wellfleet had requested that the Friends of the Herring River brief the new attorneys from Wellfleet and Truro at the same time. Robert Weinstein said the attorneys could do the briefing on their own. He desired an independent review of the project without the influence of an advocate. Janet Worthington suggested that the attorney could decide what approach was best. Rae Ann Palmer said a briefing by the chief scientist would be another option, but the attorney could decide.

Next Meeting

Rae Ann Palmer and the Board agreed upon a work session at 4:00 p.m. before the regular meeting at 5:00 p.m. on October 23, 2018. The School boiler transfer Capital project will not be on the Special Town Meeting Warrant, Ms. Palmer said. Rae Ann Palmer will check with the Finance Committee about holding a joint meeting with them, but the Board felt that it could wait for Annual Town Meeting. The Budget process for Fiscal Year 2020 will begin soon.

Adjournment

Paul Wisotzky moved to adjourn. Maureen Burgess seconded, and the motion carried 5-0. The meeting was adjourned at 4:50 p.m.

Respectfully submitted,

Mary Rogers, Secretary

Robert Weinstein, Chair

Maureen Burgess, Vice-chair

Kristen Reed

Paul Wisotzky

Janet Worthington, Clerk

Public Records Material of 10/16/18

1. Bylaws for House Size and Regulation of Marijuana
2. Petitioned Bylaws 100 on Marijuana and 110 Right to Farm

DRAFT

**Truro Select Board Meeting
Wednesday, November 7, 2018
Truro Town Hall Selectmen's Chambers**

Select Board Members Present: Chair Robert Weinstein; Maureen Burgess, Kristen Reed, Paul Wisotzky, Janet Worthington

Present: Town Manager Rae Ann Palmer; Assistant Town Manager Kelly Clark

Chair Robert Weinstein called meeting to order at 5:00 p.m.

BOARD OF SELECTMEN ACTION

Budget Message

Town Manager Rae Ann Palmer said, and the Selectmen concurred, that last year's message was still relevant and could serve this year with revised dates. Chair Weinstein said the Budget Task Force meetings will be televised again this year. Budget Task Force meetings are expected to start on December 7th. Ms. Palmer said there will be some changes in how the Budget is prepared because the Town will be using a new software program.

Paul Wisotzky moved to approve the FY2020 Budget Message. Kristen Reed seconded, and the motion carried 5-0.

Special Town Meeting Preparations

Selectmen indicated which motions they will be making at Special Town Meeting. Ms. Palmer explained some of the financial Warrant Articles. Planning Board will present the zoning bylaw Articles, she said. The petitioned Articles failed to meet all procedural requirements and will not be presented at Special Town Meeting. Maureen Burgess asked about time limits on comments on Articles. Rae Ann Palmer said that control of time limits is up to the Town Moderator. Ms. Palmer said the prepared explanations of each Article could help clarify issues and reduce the number of questions people ask. Robert Weinstein said that amendment process should be clarified in advance, so people, including Selectmen, could make any changes on the zoning bylaw Articles.

Filming Agreement for Optomen Productions

Rae Ann Palmer requested guidance from the Selectmen on the request of Optomen Productions LLC for use of Town property at Longnook Beach to a film "When Sharks Attack." Members of the Board discussed the fee, shared their reservations about the title, and expressed concerns over the film's possible negative impact. Ms. Palmer offered to contact the filmmakers to get more information on their plan.

Paul Wisotzky moved to advise the Town Manager to approve, for a fee of \$500 a day, an application to film "When Sharks Attack" at Longnook Beach. Maureen Burgess seconded, and the motion carried 4-1.

CONSENT AGENDA

- A. Review/Approve and Authorize Signature: Curb Cut Application for Whitmanville Rd.
- B. Review and Approve Business Licenses: Common Victualer License – Montano’s Restaurant
- C. Review and Approve the 2019 Annual Alcohol Licenses and ABCC Applications – Montano’s Restaurant, Truro Vineyards of Cape Cod (Winery and distillery), Salty Market, and Pamet Valley Package
- D. Review and Approve the Alcohol Beverages Control Commission 2019 Renewal Certification
- E. Review and Approve Board of Selectmen Minutes: October 16, 2018 and October 23, 2018

Chair Robert Weinstein reviewed the first item in the consent Agenda, a curb cut for Whitmanville Rd. He addressed the obligation of the home owner to make the appropriate address change from Rte. 6 to Whitmanville Rd. Brian Schmidt, the home owner, explained what he is doing with his driveway.

Maureen Burgess offered amendments to the minutes of October 16, 2018, which were taken out of the Consent Agenda for further correction.

Paul Wisotzky moved to approve the Consent Agenda with the minutes of October 16, 2018 removed. Kristen Reed seconded, and the motion carried 5-0.

SELECTMEN REPORTS AND TOWN MANAGER’S REPORT

Janet Worthington asked about procedure for forming a Friends of the Harbor organization, and Rae Ann Palmer explained what they need to do.

Paul Wisotzky commended Truro voters for their 76% turn-out. He thanked Montano’s for hosting the Friend of the Library event. He will be participating in planning Truro Connection events in 2019, he said. He had attended an Open Space meeting and reported that they are looking forward to the retirement of the Poor’s Hill debt in Fiscal Year 2020. Open Space has an opening for a new member, Mr. Wisotzky said. He enjoyed the opening day for shellfishing at the Pamet Harbor.

Town Manager Rae Ann Palmer said that there are two Research Community meetings on sharks planned. She was waiting to hear from the Superintendent of the Cape Cod National Seashore for more information. She announced a presentation on seals, scheduled for the first meeting in January. The Town is accepting bids for East Harbor, she said. Truro has met with Mark Borelli from the Center for Coastal Studies, Tim Smith of the National Seashore, and Army Corps of Engineers regarding the Pamet River. She is looking forward to presenting the report when it is ready. The final meeting with Provincetown on shared services will be held November 27, 2018. Lastly, she had met with the Police to discuss union negotiations.

SELECTMEN COMMENTS

Kristen Reed thanked the citizens who voted, those who served at the polls and the candidates who were on the ballot. She made an announcement for the Special Town Meeting date because she had heard from several people that they were unaware that it was taking place.

Maureen Burgess offered some global, environmental, good news, reported on NPR, that the hole in the ozone layer is healing. Chair Weinstein added that there had been photos of this in the New York *Times*.

Robert Weinstein thanked participants in the November 6th Election. He praised everyone who made the shellfishing sustainable in the Pamet Harbor. He congratulated the DPW for their proactive tree trimming in advance of winter storms. He said the replacement roof at the Library is underway.

Janet Worthington acknowledged the volunteers at the Food Bank. Paul Wisotzky added that there are over 200 clients that use the Food Bank. Ms. Worthington suggested that Selectmen help with the turkey hand-out day or a similar effort for Christmas. Rae Ann Palmer said delivering holiday dinners was a possibility.

NEXT MEETING

Town Manager Rae Ann Palmer discussed agenda items for Tuesday, December 11, 2018 meeting: a public hearing for New Singular Wireless cellular box; the lodging license of Truro Vineyards; a change in the tidal grant for Dan Smith; and minutes. Janet Worthington suggested adding an item to organize a Selectmen's Christmas effort.

ADJOURNMENT

Paul Wisotzky moved to adjourn. Maureen Burgess seconded, and the motion carried 5-0. The meeting was adjourned at 6:06 p.m.

Respectfully submitted,

Mary Rogers, Secretary

Robert Weinstein, Chair

Maureen Burgess, Vice-chair

Kristen Reed

Paul Wisotzky

Janet Worthington, Clerk

Public Records Material of 11/7/18

1. Draft Budget Message
2. Filming Application and Agreement for Optomen Productions LLC
3. Curb Cut Application for Whitmanville Rd.
4. Common Victualer License – Montano’s Restaurant
5. 2019 Annual Alcohol Licenses and ABCC Applications – Montano’s Restaurant, Truro Vineyards of Cape Cod (Winery and distillery), Salty Market, and Pamet Valley Package
6. Alcohol Beverages Control Commission 2019 Renewal Certification