

# Building Permit Application

Massachusetts State Building Code, 780 CMR, 9<sup>th</sup> Edition



## TOWN OF TRURO

Building Department

24 Town Hall Rd.

PO Box 2030

Truro, MA 02666

Tel (508) 349-7004 x131 Fax (508) 349-5508

Permit #:

Fee:

### SITE INFORMATION

Project Site: **9 Bay View Rd, Truro MA 02666**

Assessors Map & Parcel: **39-21-0**

Zoning District: **Residential**

Outside Flood Zone

Inside Flood Zone – Specify:

Setbacks:

Front:

Left Side:

Right Side:

Rear:

Lot Area (sq. ft.) **13,939 SF**

Frontage: **74**

Water Supply:  Private  Public

Subject to Policy 28: Curb Cut?  Y  N

**If Yes, please attach a copy of the approval to this application.**

SUBJECT TO NHESP/MESA REVIEW?  Y  N

\* IF YES, PLEASE ATTACH A COPY OF THE APPROVAL.

### PROPERTY OWNERSHIP

Owner of Record: **Sam Lessin**

Mailing Address: **400 Garden City Plaza, Ste 510, Garden City, NY 11530**

Phone: **617.213.0123**

E-mail: **lessin@gmail.com**

### Property Owner Authorization

Signature: **See Attached**

Date: **2/28/2024**

### PROJECT INFORMATION

1 & 2 Family Home

Commercial / Other than  
1 & 2 Family Home\*

Change of  
Use

DEMO - Subject to Chapter VI:  
Historic Properties Bylaw?  Y  N

\* **BUILDINGS IN EXCESS OF 35,000 CU. FT. MUST MEET CONTROL CONSTRUCTION REGULATIONS (780 CMR 116).  
ADDENDUM TO PERMIT APPLICATION AVAILABLE IN BUILDING DEPARTMENT.**

New Dwelling: # of units **1**

Commercial Building

Addition

Alteration

Mechanical

Accessory Structure: (type) \_\_\_\_\_

Other: \_\_\_\_\_

Detailed Description of Proposed Work: **Cottage "A" 610 sqft**

**This project consists of a Gut remodel & Repair, replace or add components of the structure to comply with current building Codes.**

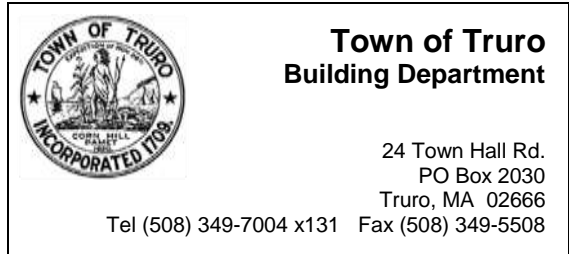
**Scope: Replace windows & doors in kind, exterior siding, replace interior wall surfaces, replace plumbing fixtures, replace electrical fixtures.**

**New Foundations will be installed under existing Cottage with a matching foot print.**

Estimated Construction Cost: <b>\$225,000.00</b>		Debris Disposal: <b>Daniels Recycling,</b> (Landfill or Company Name) <b>Orleans, MA 02653</b>	
Floor Area: (Proposed Work Only)		Basement: <input checked="" type="checkbox"/> unfinished <b>610</b> <input type="checkbox"/> finished <b>N/A</b>	
1 <sup>st</sup> flr: <b>610 SF</b>	2 <sup>nd</sup> flr: <b>N/A</b>	Porch/Deck: <b>134 sf</b>	Other:
#fireplaces: -----	#chimneys: -----	#bathrooms: existing <b>1</b> proposed <b>1</b>	
#bedrooms: existing <b>3</b> proposed <b>3</b>			
Type of Heating System: <b>Ducted</b>		Type of Cooling System: <b>Ducted mini split</b>	
CONTRACTOR INFORMATION*			
*HOMEOWNER'S AFFIDAVIT REQUIRED IF OWNERS ARE DOING THEIR OWN WORK (RESIDENTIAL PROJECTS ONLY)			
Contractor Name: <b>Mark P. Kinnane, Cape Associates, Inc.</b>			
Address: <b>PO Box 1858, North Eastham, MA 02651</b>			
Phone: <b>508-255-1770</b>		Email: <b>mkinnane@capeassociates.com</b>	
CSL#: <b>CS-026665</b>		HIC # <b>100110</b>	
<b>OFFICE USE</b>			
<b>HEALTH/CONSERVATION AGENT Review</b> _____			
_____			
_____			
_____			
Signature:		Date:	
<b>Other Comments:</b> _____			
_____			
_____			
<b>BUILDING COMMISSIONER Review &amp; Approval:</b> _____			
_____			
_____			
Signature:		Issuance Date:	

## BUILDING PERMIT APPLICATION DOCUMENT CHECKLIST

This checklist is part of the permit application and must be completed. If not completed the application may be considered incomplete and cause the permit to be denied.



Please note that marked-up archival drawings do not constitute acceptable documents for permitting purposes.

### **One and/or Two Family Home**

Completed application form

1 copy original site plan showing building setbacks and grades.

2 (min.) copies building plans – One can be full size if greater than 11 x 17. One must be no greater than 11 x 17 for department filing. Electronic version is acceptable, in addition.

Drawings indicating all relevant information including but not limited to:

- Fully dimensioned foundation, floor and structural plans;
  - Building elevations showing finish materials and critical dimensions;
  - Building/wall sections describing building construction, energy related details and showing critical vertical dimensions.
- Smoke, CO and heat detectors must be shown.
  - Door and window information demonstrating conformance with minimum room and dwelling egress and emergency escape.
  - Exterior window and door information demonstrating conformance with light, ventilation and energy requirements.
  - Location and design of any required fire separation assemblies.

All structural conditions noted on plans – braced wall lines indicated and analysis shown and/or engineered solution with registered design professional's certification and/or other prescriptive solution allowed by Code.

1 copy Energy Code compliance documents (check only one below)

- HERS/performance rating document – new construction
- ResCheck (2015 MA) – additions/alterations- per 2015 IECC R502 & 503
- Prescriptive – values shown on plans – see 2015 IECC table R402.1.2 and other req's.

Photocopy of CSL and HIC (if applicable) shown on application form

Worker's Compensation Insurance Affidavit and copy of current certificate of insurance

Homeowner's License Exemption (if qualified and there is no CSL)

Copy of recorded approvals from local regulatory boards

If street access is required and property is on a Town road, copy of Curb Cut approval from the Board of Selectmen

**For applications for Modular and other than 1&2 Family Structures see Checklist on next page.**

**Modular Home** (Homeowner license exemption not allowed)

- 2 copies of foundation plan
- Approved plans by MA Board of Building Regulations & Standards with evidence of 3<sup>rd</sup> party inspection
- Manufacturer's certification of installer/set crew.

**Structures Other than 1 & 2 Family Home**

- Completed Application form
- Stamp and signature of registered design professional

2 (min.) copies building plans – One can be full size if greater than 11 x 17. One must be no greater than 11 x 17 for filing. Electronic version is acceptable, in addition. Drawings must

- indicate all relevant information including but not limited to: Fully dimensioned foundation, floor and structural plans; fire separation assemblies; door, window and room finish schedules; building elevations with critical dimensions; building/wall sections describing building construction and energy related details and showing critical vertical dimensions.

- COMcheck Envelope, Lighting and Mechanical Compliance Certificates and Plan Review Inspection Checklist for the purposes of demonstrating compliance with the energy code.

- Construction Control Document(s)

- Tier 1 Fire Protection System document per section 902.2.1

- Code analysis indicating (but not limited to) all use groups, construction types, allowable areas, fire separations, egress paths and distances. This analysis can be part of drawing set.

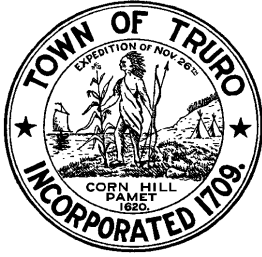
- Contractor credentials

- Worker's Compensation Insurance Affidavit and copy of current certificate of insurance

- Recorded copy of any local regulatory board approvals

- If modular construction see items above

**Notes:**



**Town of Truro**  
**Building Department**  
**P.O. Box 2030**  
**Truro, Massachusetts 02666**  
**Phone:(508)349-7004 Ext. 31; Fax:(508)349-5508**

At a duly held public hearing conducted by the Truro Board of Selectmen on Tuesday 22, February 2011, the board unanimously approved the following building permit application fee schedule. The fee schedule will take effect on February 23, 2011.

## **BUILDING PERMITS**

***(WE HAVE A MINIMUM BUILDING PERMIT FEE OF \$50.00)***

### **Residential**

New Construction	\$0.65 per sq. ft.
Alteration	\$0.50 per sq. ft.
Foundation only	\$50 fee plus \$0.25 per linear ft.
Sustaining/Retaining wall	\$50 fee plus \$0.25 per linear ft.
Express Permit	\$50 fee

### **Commercial** (Anything other than 1-2 family, R-4 & R-5)

Apply residential fees and add 15%

### **Miscellaneous**

Signs, Zoning Permits	\$50 fee
Beach Stairs	\$50 fee
Mechanical/Sheet Metal	1% of construction cost

### **Re-inspection and/or Extra Inspection Fees**

\$40 fee Residential  
\$60 fee Commercial

\*\* For any work with out a permit, the fees will be tripled.

\*\*\*Any work not covered by the above fee schedule will be assessed a fee of 1% of construction cost

\*\*\*\* Fees are non-refundable once permit has been issued.



Commonwealth of Massachusetts  
Division of Occupational Licensure  
Board of Building Regulations and Standards

Construction Supervisor

CS-026665

Expires: 01/21/2026

MARK P KINNANE  
PO BOX 1318  
NORTH EASTHAM MA 02651



Commissioner

*Sarah R. Wilkinson*

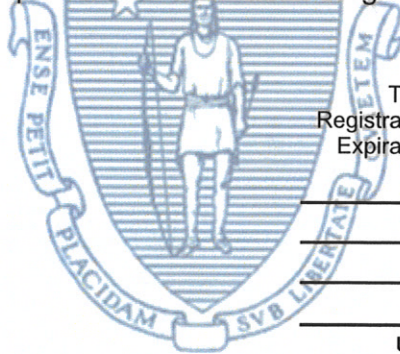
Construction Supervisor  
Unrestricted - Buildings of any use group which contain less than  
35,000 cubic feet (991 cubic meters) of enclosed space.

*Mark Kinnane*

Failure to possess a current edition of the Massachusetts State  
Building Code is cause for revocation of this license.  
Contact OPSI: (617) 727-3200 or visit [www.mass.gov/dpl/opsi](http://www.mass.gov/dpl/opsi)

THE COMMONWEALTH OF MASSACHUSETTS  
Office of Consumer Affairs and Business Regulation  
1000 Washington Street - Suite 710  
Boston, Massachusetts 02118  
Home Improvement Contractor Registration

CAPE ASSOCIATES, INC.  
PO BOX 1858  
N. EASTHAM, MA 02651



Type: Corporation  
Registration: 100110  
Expiration: 06/08/2024

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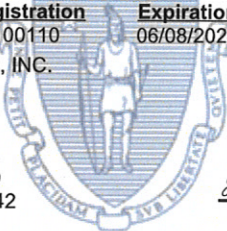
Update Address and Return Card.

THE COMMONWEALTH OF MASSACHUSETTS  
Office of Consumer Affairs & Business Regulation  
HOME IMPROVEMENT CONTRACTOR  
TYPE: Corporation

Registration: 100110  
Expiration: 06/08/2024

CAPE ASSOCIATES, INC.

MATTHEW H. COLE  
345 MASSASOIT RD  
EASTHAM, MA 02642



*Edward A. Paderick*  
Undersecretary

Registration valid for individual use only before the expiration date. If found return to:  
Office of Consumer Affairs and Business Regulation  
1000 Washington Street - Suite 710  
Boston, MA 02118

Not valid without signature



9 Bay View Rd Truro, MA.

8/17/22

Dear Sir,

I Sam Lessin hereby authorize Mark P. Kinnane (Cape Associates Inc.) to act on my behalf and to make changes in specifications or the plans contained in this application and in any other applications or board approvals in order to comply with Building department regulations, and act on my behalf to obtain a building permit

DocuSigned by:  
*Samuel W. Lessin*  
B497A1D252A243E...

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Sam Lessin

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8/17/22





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: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4.  I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5.  I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
- 6.  We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

- 7.  New construction
- 8.  Remodeling
- 9.  Demolition
- 10.  Building addition
- 11.  Electrical repairs or additions
- 12.  Plumbing repairs or additions
- 13.  Roof repairs
- 14.  Other \_\_\_\_\_

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

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: Christine Bezio Date: 2/28/24

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. Electrical Inspector 5. Plumbing Inspector
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Key: 1156

Town of TRURO - Fiscal Year 2022

9/15/2021 10:15 am SEQ #: 1.134

LEGAL

LAND

DETACHED

BUILDING

CURRENT OWNER				PARCEL ID				LOCATION				
SEA SIBLINGS THREE LLC MGR: CHRISTOPHER H MILTON C/O NKSFB LLC 400 GARDEN CITY PLAZA, STE 510 GARDEN CITY, NY 11530				39-21-0				9 BAY VIEW RD				
TRANSFER HISTORY				DOS	T	SALE PRICE	BK-PG (Cert)					
SEA SIBLINGS THREE LLC				01/02/2020	U	1,000,000	32595-147					
CORKIN STEVEN				10/28/2009	QS	800,000	24123-315					
FRANK DOUGLAS G & ELAINE				10/08/2003	J	100,000	17767-336+					
CD	T	AC/SF/UN	Nbhd	Inf1	Inf2	ADJ BASE	SAF	Inf3	Lpi	VC	CREDIT AMT	ADJ VALUE
100	A	0.320	11	1.00	1	863,680	1.85	1	1.00	V15	3.20	510,410

TOTAL	13,939 SF	ZONING	RES	FRNT	74	ASSESSED	CURRENT	PREVIOUS
Nbhd	NORTH TRURO	N O T E	SHED IS BETWEEN BLDGS 2 & 3.			LAND	510,400	510,400
Inf1	NO ADJ		BUILDING	137,200	118,800			
Inf2	NO ADJ		DETACHED	800	800			
			OTHER	115,000	89,100			
			TOTAL	763,400	719,100			

TY	QUAL	COND	DIM/NOTE	YB	UNITS	ADJ PRICE	RCNLD
SHF	A	1.00	A 0.75 6*12	2002	72	14.91	800



BLDG COMMENTS

BUILDING	CD	ADJ	DESC	MEASURE	1/14/2013	FC
MODEL	1		RESIDENTIAL	LIST	11/24/2009	FC
STYLE	4	1.10	CAPE [100%]	REVIEW	5/25/2011	MR
QUALITY	A	1.00	AVERAGE [100%]			
FRAME	1	1.00	WOOD FRAME [100%]			

YEAR BLT	1900	SIZE ADJ	1.050
NET AREA	888	DETAIL ADJ	1.000
\$NLA(RCN)	\$224	OVERALL	1.030
CAPACITY		UNITS	ADJ
STORIES(FAR)		1	1.00
ROOMS		5	1.00
BEDROOMS		3	1.00
BATHROOMS		1	1.00
FIXTURES		3	\$2,100
UNITS		0	1.00

ELEMENT	CD	DESCRIPTION	ADJ
FOUNDATION			1.00
EXT. COVER	1	WOOD SHINGLES	1.00
ROOF SHAPE	1	GABLE	1.00
ROOF COVER	1	ASPHALT SHINGLE	1.00
FLOOR COVER	5	VINYL	1.00
INT. FINISH	4	WALL BOARD	1.00
HEATING/COOLING	13	NO HEAT	0.93
FUEL SOURCE	8	NONE	1.00

S	BAT	T	DESCRIPTION	UNITS	YB	ADJ PRICE	RCN
+	BAS	L	BAS AREA	672	1900	204.74	137,586
+	USU	N	UPPER STORY UNF	120		89.66	10,759
+	WDK	N	ATT WOOD DECK	258		36.40	9,392
+	ASH	N	ATT SHED	70		28.23	1,976
F	USF	L	UP-STRY FIN	216	1900	161.95	34,981
	MST	O	MASONRY STACK	1		2,027.80	2,028
	ODS	O	OUT DOOR SHOWER			0.00	

TOTAL RCN	198,822
CONDITION ELEM	CD
EFF.YR/AGE	1983 / 37
COND	31 31 %
FUNC	0
ECON	0
DEPR	31 % GD 69
RCNLD	\$137,200

PER 11/03 LIST: USF=BR+LOFT

UNIT 3 ("EL-LIN")=CLOSEST TO STREET

Key: 1156

Town of TRURO - Fiscal Year 2022

9/15/2021 10:15 am SEQ #: 1.135

LEGALS

CURRENT OWNER		PARCEL ID	LOCATION		
SEA SIBLINGS THREE LLC MGR: CHRISTOPHER H MILTON C/O NKSFB LLC 400 GARDEN CITY PLAZA, STE 510 GARDEN CITY, NY 11530		39-21-0	9 BAY VIEW RD		
TRANSFER HISTORY		DOS	T	SALE PRICE	BK-PG (Cert)

CLASS	CLASS%	DESCRIPTION			BN ID	BN	CARD
1090	100	MULTIPLE HSES				2	2 of 3
PMT NO	PMT DT	TY	DESC	AMOUNT	INSP	BY	1st %

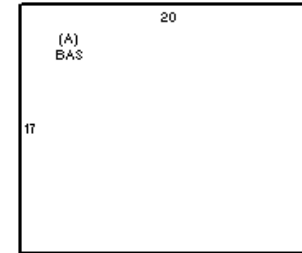
LAND

CD	T	AC/SF/UN	Nbhd	Infl1	Infl2	ADJ BASE	SAF	Infl3	Lpi	VC	CREDIT AMT	ADJ VALUE

TOTAL	ZONING	FRNT	ASSESSED	CURRENT	PREVIOUS
Nbhd	NOTE		LAND	38,300	
Infl1		BUILDING			
Infl2		DETACHED			
			OTHER		
			TOTAL		

DETACHED

TY	QUAL	COND	DIM/NOTE	YB	UNITS	ADJ PRICE	RCNLD



UNIT 3A ("TWO SISTERS")=MIDDLE COTTAGE

BUILDING

BUILDING	CD	ADJ	DESC	MEASURE	1/14/2013	FC
MODEL	1		RESIDENTIAL	LIST	11/24/2009	FC
STYLE	6	0.90	COTTAGE/BUNG [100%]	REVIEW	11/15/2010	MR
QUALITY	A	1.00	AVERAGE [100%]			
FRAME	1	1.00	WOOD FRAME [100%]			

BLDG COMMENTS

G

YEAR BLT	1900	SIZE ADJ	1.000	ELEMENT	CD	DESCRIPTION	ADJ	S	BAT	T	DESCRIPTION	UNITS	YB	ADJ PRICE	RCN	TOTAL RCN	55,524
NET AREA	340	DETAIL ADJ	1.000	FOUNDATION			1.00	A	BAS	L	BAS AREA	340	1900	157.13	53,424	CONDITION ELEM	CD
\$NLA(RCN)	\$163	OVERALL	0.830	EXT. COVER	1	WOOD SHINGLES	1.00										
CAPACITY		UNITS	ADJ	ROOF SHAPE	1	GABLE	1.00										
STORIES(FAR)	1	1.00		ROOF COVER	1	ASPHALT SHINGLE	1.00										
ROOMS	3	1.00		FLOOR COVER	5	VINYL	1.00										
BEDROOMS	1	1.00		INT. FINISH	4	WALL BOARD	1.00										
BATHROOMS	1	1.00		HEATING/COOLING	13	NO HEAT	0.93										
FIXTURES	3	\$2,100		FUEL SOURCE	8	NONE	1.00										
UNITS	0	1.00															
																EFF.YR/AGE	1983 / 37
																COND	31 31 %
																FUNC	0
																ECON	0
																DEPR	31 % GD 69
																RCNLD	\$38,300

Key: 1156

Town of TRURO - Fiscal Year 2022

9/15/2021 10:15 am SEQ #: 1.136

LEGAL

CURRENT OWNER		PARCEL ID	LOCATION			
SEA SIBLINGS THREE LLC MGR: CHRISTOPHER H MILTON C/O NKSFB LLC 400 GARDEN CITY PLAZA, STE 510 GARDEN CITY, NY 11530		39-21-0	9 BAY VIEW RD			
TRANSFER HISTORY		DOS	T	SALE PRICE	BK-PG (Cert)	

CLASS	CLASS%	DESCRIPTION			BN ID	BN	CARD
1090	100	MULTIPLE HSES				3	3 of 3
PMT NO	PMT DT	TY	DESC	AMOUNT	INSP	BY	1st %

LAND

CD	T	AC/SF/UN	Nbhd	Inf1	Inf2	ADJ BASE	SAF	Inf3	Lpi	VC	CREDIT AMT	ADJ VALUE

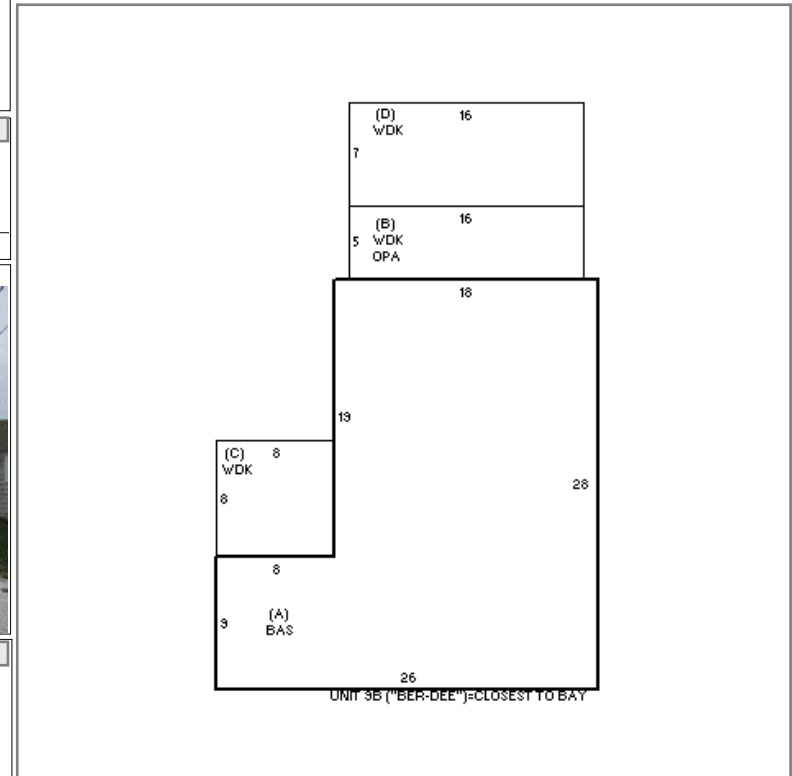
TOTAL	ZONING	FRNT	ASSESSED	CURRENT	PREVIOUS
			LAND BUILDING DETACHED OTHER	76,700	
Nbhd	NOTE		TOTAL		
Inf1					
Inf2					

DETACHED

TY	QUAL	COND	DIM/NOTE	YB	UNITS	ADJ PRICE	RCNLD



BLDG COMMENTS



BUILDING

BUILDING	CD	ADJ	DESC	MEASURE	1/14/2013	FC
MODEL	1		RESIDENTIAL	LIST	11/24/2009	FC
STYLE	6	0.90	COTTAGE/BUNG [100%]	REVIEW	11/15/2010	MR
QUALITY	A	1.00	AVERAGE [100%]			
FRAME	1	1.00	WOOD FRAME [100%]			

YEAR BLT	1900	SIZE ADJ	1.060	ELEMENT	CD	DESCRIPTION	ADJ
NET AREA	576	DETAIL ADJ	1.000	FOUNDATION			1.00
\$NLA(RCN)	\$193	OVERALL	0.830	EXT. COVER	1	WOOD SHINGLES	1.00
CAPACITY		UNITS	ADJ	ROOF SHAPE	1	GABLE	1.00
STORIES(FAR)	1	1.00		ROOF COVER	1	ASPHALT SHINGLE	1.00
ROOMS	4	1.00		FLOOR COVER	2	SOFTWOOD	1.00
BEDROOMS	2	1.00		INT. FINISH	4	WALL BOARD	1.00
BATHROOMS	1	1.00		HEATING/COOLING	13	NO HEAT	0.93
FIXTURES	3	\$2,100		FUEL SOURCE	8	NONE	1.00
UNITS	0	1.00					

S	BAT	T	DESCRIPTION	UNITS	YB	ADJ PRICE	RCN
A	BAS	L	BAS AREA	576	1900	166.56	95,937
B	OPA	N	OPEN PORCH	80		49.17	3,934
+	WDK	N	ATT WOOD DECK	256		29.61	7,581
	MST	O	MASONRY STACK	1		1,649.60	1,650

TOTAL RCN	111,201
CONDITION ELEM	CD
EFF.YR/AGE	1983 / 37
COND	31 31 %
FUNC	0
ECON	0
DEPR	31 % GD 69
RCNLD	\$76,700



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2023

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).

<b>PRODUCER</b> RogersGray, A Baldwin Risk Partner 410 University Ave Westwood MA 02090  License#: PC-514062 CAPEASS-02	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 800-553-1801 <b>E-MAIL ADDRESS:</b> mail@rogersgray.com	<b>FAX (A/C, No):</b> 877-816-2156	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> CAPE ASSOCIATES INC P. O. Box 1858 North Eastham MA 02651	<b>INSURER A :</b> Arbella Protection Insurance C		41360
	<b>INSURER B :</b> New Hampshire Employers Insura		13083
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			


**COVERAGES** **CERTIFICATE NUMBER:** 107210370 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			8500066794	1/1/2024	1/1/2025	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"/> <b>AUTOMOBILE LIABILITY</b> <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			1020060911	1/1/2024	1/1/2025	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4620089160	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	ECC-600-4000918-2024A	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 HOLDER** **CANCELLATION**

Town of Truro Main Office 24 Town Hall Road Truro MA 02666	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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