PO Box 2030 Truro, MA 02666								
Tel (508) 349-7004 x131 Fax (508) 349-5508								
TION								
6								
Residential								
Zone – Specify:								
ht Side: Rear:								
ontage: 74								
bject to Policy 28: Curb Cut? YYN Yes, please attach a copy of the approval to is application.								
ES, PLEASE ATTACH A COPY OF THE APPROVAL.								
RSHIP								
, Garden City, NY 11530								
in@gmail.com								
te: 2/28/24								
IATION								
Change of DEMO - Subject to Chapter VI: e Historic Properties Bylaw?								
ROL CONSTRUCTION REGULATIONS (780 CMR 116). ABLE IN BUILDING DEPARTMENT.								
Commercial Building								
Mechanical								
her:								
36 sqft								
epair, replace or add Components								
lding code.								
kind, exterior siding, replace								
g fixtures, replace electrical fixt								
der existing Cottage								

Estimated Construction (	Cost: <mark>\$2</mark>	0,000.00	Debris Disposal: (Landfill or Comp	Daniels Recycling, <sup>Dany Name)</sup> Orleans, MA 02653							
Floor Area: (Proposed Wo	rk Only)	Basement:	V unfini		finished <u>N/A</u>						
1 <sup>st</sup> flr: 336 SF	2 <sup>nd</sup> flr: N	I/A		Porch/Deck: Other:							
#fireplaces:	#chimne	ys:	#bathrooms: exi	sting <u>1</u> proposed <u>1</u>							
#bedrooms: existing 1	pı	oposed <u>1</u>									
Type of Heating System:	Ducte	ed		Type of Cooling	System: Ducted mini split						
*HOMEOWNER'S AFFI	DAVIT REQ			FORMATION*	ORK (RESIDENTIAL PROJECTS ONLY)						
Contractor Name: Mark	P. Kinr	nane, Cap	e Assoc	iates, Inc.							
Address: PO Box 185		h Easthan	n, MA 02	2651							
Phone: 508-255-177	70			<sup>Email:</sup> mkinna	ne@capeassociates.com						
CSL#: CS-026665	5		ніс # <b>1</b> С	0110							
			OFFIC	USE							
HEALTH/CONSERVATIO	N AGENT	Review									
Signature:				Date:							
Other Comments:											
BUILDING COMMISSI	ONER Re	view & Appr	oval:								
Signature:				Issuance Date:							
Signature.											

### 9 Bay View Rd, Cottage B

# 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.



#### Town of Truro Building Department

24 Town Hall Rd. PO Box 2030 Truro, MA 02666 Tel (508) 349-7004 x131 Fax (508) 349-5508

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



### One and/or Two Family Home

Completed application form

 $\mathbf{X}$ 

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	V)
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- 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
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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	I)
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- 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.

Structure	s Other than 1 & 2 Family Home
Comp	leted Application form
Stamp	and signature of registered design professional
greate indicat and st buildir	.) copies building plans – One can be full size if greater than 11 x 17. One must be no er than 11 x 17 for filing. Electronic version is acceptable, in addition. Drawings must te all relevant information including but not limited to: Fully dimensioned foundation, floor ructural plans; fire separation assemblies; door, window and room finish schedules; ng elevations with critical dimensions; building/wall sections describing building construction hergy related details and showing critical vertical dimensions.
	check Envelope, Lighting and Mechanical Compliance Certificates and Plan Review ction Checklist for the purposes of demonstrating compliance with the energy code.
Const	ruction Control Document(s)
Tier 1	Fire Protection System document per section 902.2.1
	analysis indicating (but not limited to) all use groups, construction types, allowable areas, parations, egress paths and distances. This analysis can be part of drawing set.
Contra	actor credentials
Worke	er's Compensation Insurance Affidavit and copy of current certificate of insurance
Recor	ded copy of any local regulatory board approvals
If mod	ular 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 Alteration Foundation only Sustaining/Retaining wall \$0.65 per sq. ft.\$0.50 per sq. ft.\$50 fee plus \$0.25 per linear ft.\$50 fee plus \$0.25 per linear ft.

**Express Permit** 

\$50 fee

**<u>Commercial</u>** (Anything other than 1-2 family, R-4 & R-5)

Apply residential fees and add 15%

### **Miscellaneous**

Signs, Zoning Permits Beach Stairs Mechanical/Sheet Metal \$50 fee\$50 fee1% 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

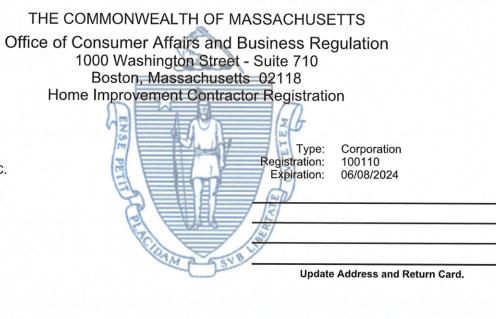
\*\*\*\* Fees are non-refundable once permit has been issued.



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

Mark Kinnans

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



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

THE COMMONWEALTH Office of Consumer Affair HOME IMPROVEME TYPE: Co	s & Business Regulation
<b>Registration</b>	Expiration
100110	06/08/2024
CAPE ASSOCIATES, INC.	
MATTHEW H. COLE 345 MASSASOIT RD EASTHAM, MA 02642	Edward a. Callert

Undersecretary

Not valid without signature

Registration valid for individual use only before the

Office of Consumer Affairs and Business Regulation

expiration date. If found return to:

1000 Washington Street - Suite 710

Boston, MA 02118

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...

Sam Lessin

8/17/22

The Commonwealth of Massachuset Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gov/dia Workers' Compensation Insurance Affidavit: Builders/Contracto TO BE FILED WITH THE PERMITTING AUTHO Applicant Information	rs/Electricians/Plumbers. )RITY. Please Print Legibly
Address:	
City/State/Zip: Phone #:	
Are you an employer? Check the appropriate box:         1. I am a employer withemployees (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. <sup>‡</sup> 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.]         *Any applicant that checks box #1 must also fill out the section below showing their workers' compensation <sup>†</sup> Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors 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 employ information.         I am an employer that is providing workers' compensation insurance for my employ information.	s must submit a new affidavit indicating such. and state whether or not those entities have
Policy # or Self-ins. Lic. #: Expin	ration Date:
Job Site Address: City/S Attach a copy of the workers' compensation policy declaration page (showing the Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORI day against the violator. A copy of this statement may be forwarded to the Office of In coverage verification.	e policy number and expiration date). n punishable by a fine up to \$1,500.00 K ORDER and a fine of up to \$250.00 a nvestigations of the DIA for insurance
I do hereby certify under the pains and penalties of perjury that the information pro Signature: Christine Bezio Date: Phone #:	2/28/24
Official use only. Do not write in this area, to be completed by city or town official	al.
City or Town: Permit/License # Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical 6. Other	
Contact Person: Phone #:	

Key:	11	CURREN	NT OWNER				. ID			L	OCATION		CLASS C	LASS%	BN ID	BN	CARI				
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MODEL STYLE QUALI FRAME YEAR NET A \$NLA(I) STORI ROOM BEDRO BATHF FIXTU	L TY E BLT REA RCN) CAPACI IES(FAR) IS OOMS ROOMS ROOMS RES	1 1 100 A 1.00 A 1 1.00 V 1900 SI 888 DE \$224 O	RESIDENTIA CAPE [100% VERAGE [1 VOOD FRAN ZE ADJ ZE ADJ ETAIL ADJ VERALL UNITS 1 5	L 1 00%] /E [100%] 1.050 1.000 1.000 1.00 1.00 1.00 1.00 \$2,100	FOUNDA EXT. CC ROOF S ROOF S FLOOR INT. FIN HEATIN FUEL S	T 11. /IEW 5 ELEMENT ATION DVER SHAPE COVER COVER ISH IG/COOLING	/24/2009 5/25/2011	FC FC MR D DESC 1 WOOD SH 1 GABLE 1 ASPHALT 5 VINYL 4 WALL BO 13 NO HEAT	CRIPTIO HINGLES I SHINGI DARD	N	1.00 1.00 1.00 1.00 1.00 1.00 0.93	+ BAS A USU + WDK + ASH F USF MST	L BAS AREA N UPPER STOR N ATT WOOD DE N ATT SHED L UP-STRY FIN O MASONRY ST/	Y UNF ECK ACK	UNITS 672 120 258 70 216	5 3 3 1900	ADJ PRICE 204.74 89.66 36.40 28.23 161.95 2,027.80	N")=CLOSEST TO S RCN 137,58 10,75 9,39 1,97 34,98	EFF.YR/ COND FUNC	(E) WDK 12 CN ITION E 31 31 0	1983 /
MODEL STYLE QUALI FRAME YEAR NET A \$NLA(I) STORI ROOM BEDRO BATHF FIXTU	L TY E BLT REA RCN) CAPACI IES(FAR) IS OOMS ROOMS ROOMS RES	1 1 100 A 1.00 A 1 1.00 V 1900 SI 888 DE \$224 O	RESIDENTIA CAPE [100% VERAGE [1 VOOD FRAN ZE ADJ ZE ADJ ETAIL ADJ VERALL UNITS 1 5	L 1 00%] /E [100%] 1.050 1.000 1.000 1.00 1.00 1.00 1.00 \$2,100	FOUNDA EXT. CC ROOF S ROOF S FLOOR INT. FIN HEATIN FUEL S	T 11. /IEW 5 ELEMENT ATION DVER SHAPE COVER COVER ISH IG/COOLING	/24/2009 5/25/2011	FC FC MR D DESC 1 WOOD SH 1 GABLE 1 ASPHALT 5 VINYL 4 WALL BO 13 NO HEAT	CRIPTIO HINGLES I SHINGI DARD	N	1.00 1.00 1.00 1.00 1.00 1.00 0.93	+ BAS A USU + WDK + ASH F USF MST	L BAS AREA N UPPER STOR N ATT WOOD DE N ATT SHED L UP-STRY FIN O MASONRY ST/	Y UNF ECK ACK	UNITS 672 120 258 70 216	5 3 3 1900	ADJ PRICE 204.74 89.66 36.40 28.23 161.95 2,027.80	N")=CLOSEST TO S RCN 137,58 10,75 9,39 1,97 34,98	EFF.YR/ COND FUNC ECON	(E) WDK 12 CN ITION E 31 31 0 0	LEM 1983 / 1 %
MODE STYLE QUALI FRAME YEAR NET A \$NLA(I) STORI ROOM BEDRO BATHF FIXTU	L TY E BLT REA RCN) CAPACI IES(FAR) IS OOMS ROOMS ROOMS RES	1 1 100 A 1.00 A 1 1.00 V 1900 SI 888 DE \$224 O	RESIDENTIA CAPE [100% VERAGE [1 VOOD FRAN ZE ADJ ZE ADJ ETAIL ADJ VERALL UNITS 1 5	L 1 00%] /E [100%] 1.050 1.000 1.000 1.00 1.00 1.00 1.00 \$2,100	FOUNDA EXT. CC ROOF S ROOF S FLOOR INT. FIN HEATIN FUEL S	T 11. /IEW 5 ELEMENT ATION DVER SHAPE COVER COVER ISH IG/COOLING	/24/2009 5/25/2011	FC FC MR D DESC 1 WOOD SH 1 GABLE 1 ASPHALT 5 VINYL 4 WALL BO 13 NO HEAT	CRIPTIO HINGLES I SHINGI DARD	N	1.00 1.00 1.00 1.00 1.00 1.00 0.93	+ BAS A USU + WDK + ASH F USF MST	L BAS AREA N UPPER STOR N ATT WOOD DE N ATT SHED L UP-STRY FIN O MASONRY ST/	Y UNF ECK ACK	UNITS 672 120 258 70 216	5 3 3 1900	ADJ PRICE 204.74 89.66 36.40 28.23 161.95 2,027.80	N")=CLOSEST TO S RCN 137,58 10,75 9,39 1,97 34,98	EFF.YR/ COND FUNC	(E) WDK 12 CN ITION E 31 31 0	LEM 1983 / 1 %

Key:	1156		_					TOWN					Year 2022					10:15 am		2#: 1,	
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C/O NKSF 400 GARD					IK#	INSPER	HISTORY		DOS T				DR-PG (Cell)			11	DESC	AMOUNT	1113P		151
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MODEL STYLE QUALITY FRAME	A 1.00	RESIDENT COTTAGE/ AVERAGE WOOD FRA	BUNG [100%] [100%] AME [100%]		T 11 VIEW 11	/14/2013 /24/2009 /15/2010	3 FC 9 FC 0 MR	BLDG COMM							101176	17		'O SISTERS'')=MIDD			
YEAR BLT		SIZE ADJ DETAIL ADJ	1.000				CD DE	ESCRIPTION			S BAT A BAS	1	DESCRII BAS AREA	PTION	UNITS 340	YB 1900	ADJ PRICE 157.13	RCN 53,424			FLEM
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	Key:	1156					Town of TRURO - Fiscal Year 2022											9/15/2021						SEQ	#: 1,136	6
ſ		CURR	ENT OWNE	R			PAR	CEL ID					OCAT				CLASS C	CLASS%			DESCRIPTION	1	BN ID	BN	CARD	
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G			LTON		I		TRANSFE	R HIST	ORY	D	OS	TS	SALE P	PRICE	-	BK-PG (Cert)	PMT NO	PMT	DT	TY	DESC	AMOUNT	INSP	BY	1st	%
A	C/O NKSFE 400 GARDE	B LLC EN CITY PLAZA	STE 510																							
L		CITY, NY 11530																								
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	BUILDING	G CD ADJ		DESC	ME	ASURE	1/14/20	)13 F	-c	DEDO COMIN					_						26					
	MODEL	1	RESIDENT																		UNIT 9B ("BEI	R-DEE")=CLOSES	TTOBAY			
	STYLE		COTTAGE/	BUNG [100%]	LIS	51	11/24/20	109 1	=C																	
	QUALITY FRAME			AME [100%]	RE	VIEW	11/15/20	D10 N	/IR																	
I				1.060		ELEMEN	, IT	CD		ESCRIPTION		ADJ	SF	BAT	т	DESCRIF		UNIT	\$	YB	ADJ PRICE	RCN	TOTAL F		111	1 201
L D	YEAR BLT NET AREA		SIZE ADJ DETAIL ADJ		-							1.00	AB			BAS AREA				1900	166.56	95,93				1,201 CD
	\$NLA(RCN		OVERALL	0.830	EXT. C			1	wooi	D SHINGLES		1.00	BO			OPEN PORCH			80	1000	49.17	3,93				
N I						SHAPE			GABL		_	1.00	+ W	VDK   I	N /	ATT WOOD DEC			256		29.61	7,58	1			
G			UNITS	ADJ	91	COVER R COVER				IALT SHINGLE WOOD	=	1.00 1.00	M	IST 0	ין ס	MASONRY STA	CK		1		1,649.60	1,65	0			
	STORIES(F ROOMS	FAK)	4	1.00 1.00	INT. FI	NISH		4	WALL	BOARD		1.00														
	BEDROOM		2	1.00	HEATIN	NG/COOL	ING	13	NO HE	EAT		0.93														
	BATHROOI		1	1.00	FUEL S	SOURCE		8	NONE			1.00														
	FIXTURES UNITS	5	3	\$2,100 1.00																			EFF.YF	R/AGE	1983 / 37	/
				1.00																			COND	31 3	1 %	
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																							DEPR	31	% GD	69
																							RCNLD		\$76	5,700



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

								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).																		
FRODUCER				CONTACT NAME:														
RogersGray, A Baldwin Risk Partner 410 University Ave				PHONE (A/C, No, Ext): 800-553-1801 FAX (A/C, No): 877-816-2156														
Westwood MA 02090			E-MAIL ADDRESS: mail@rogersgray.com															
				INSURER(S) AFFORDING COVERAGE NAIO														
License#: PC-514062								41360										
INSURED CAPEASS-02				INSURER B : New Hampshire Employers Insura														
CAPE ASSOCIATES INC P. O. Box 1858 North Eastham MA 02651			INSURER C :															
			INSURER D :															
				INSURER E :														
				INSURER F :														
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 IN	DDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A X COMMERCIAL GENERAL LIABILITY		8500066794		1/1/2024	1/1/2025		\$ 1,000,	,000										
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	00										
						MED EXP (Any one person)	\$ 5,000											
					PERSONAL & ADV INJURY	\$ 1,000,	,000											
GEN'L AGGREGATE LIMIT APPLIES PER:	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,	,000										
POLICY X PRO- JECT LOC	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,	,000										
OTHER:						\$												
A AUTOMOBILE LIABILITY	AUTOMOBILE LIABILITY 1020060911			1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	,000										
ANY AUTO							\$											
OWNED X SCHEDULED AUTOS						· · · /	. ,											
X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$											
							\$											
A X UMBRELLA LIAB X OCCUR		4620089160		1/1/2024	1/1/2025	EACH OCCURRENCE	\$7,000,	,000										
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$7,000,	,000										
DED X RETENTION \$ 10,000							\$											
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		ECC-600-4000918-2024A		1/1/2024	1/1/2025	X PER OTH- STATUTE ER												
	N/A																	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	PLOYEE \$500,000											
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,00	00										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD	101, Additional Remarks Schedul	ile, may be	attached if mor	e space is requir	ed)												
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														
				AUTHORIZED REPRESENTATIVE														
											$\leq$	and locum						
										© 1988-2015 ACORD CORPORATION. All rights reserved								

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