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INSPECTOR OF BUILDINGS
TOWN OF MONTAGUE
One Avenue A
Turners Falls, MA 01376
APPLICATION FOR DEMOLITION PERMIT

DP22-000003

To the Inspector of Buildings:

The undersigned hereby applies for a permit to remove a building, structure or portion thereof according to the following specifications.

Location
of

Building No 340 Street Montague City Rd Map _____ Lot _____

Owner address 315 South Manning Blvd Albany, NY 12208

Present use of the structure Vacant

- 1. Builder AOW- 30 Essex St Albany, NY LIC.# 001487599
- 2. Engineer Campana Design REG.# _____
- 3. Distance to lot lines (from the plot plan) _____
Street line _____ Right _____ Left _____ Rear _____
- 7. Size of building; front- _____ ft. by _____ ft. deep; and/or
Number of stories _____ and/or building height _____
Size of _____ or affected area; _____ ft. by _____ ft.
- 9. Nearest building is _____ feet in a _____ direction
- 11. Principal structural material(s)
Foundation Concrete
exterior walls Concrete Block
floors Concrete
roof _____ roof covering Rubber Membrane/Metal
- 13. The roof is; flat pitched mansard hip gambrel _____
- 14. Type(s) of HVAC system(s): Steam Boiler Radiators Fuel(s) Oil/Diesel
- 15. Type of chimneys or vents Brick
- 16. Will a sewage disposal systems be disconnected? _____
- 18. The water supply for the building is; _____
- 19. The debris resulting from this work shall be disposed of in: _____ which is a properly licensed solid waste disposal facility as required by MGL.
- 20. Will demolition require other permits or approvals? _____ (see p2)
- 21. Estimated cost (must be filled out) 5,000,000

Additional Remarks

Signature of Applicant

Date 10/17/22



ADDITIONAL REMARKS SCHEDULE

AGENCY NFP Property & Casualty Services, Inc.		NAMED INSURED AOW Construction LLC 30 Essex Street Albany, NY 12206	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

General Liability Includes

- Primary And Noncontributory –Other Insurance Condition CG20010413
- Additional Insured - Engineers, Architects or Surveyors Not Engaged by the Named Insured CG20320413
- Additional Insured - Lessor of Leased Equipment - Automatic Status When Required In Lease Agreement CG20340413
- Additional Insured - Owners, Lessees or Contractors - Completed Operations CG20370413
- Additional Insured - Owners, Lessees or Contractors - Automatic Status for Other Parties When Required In Written Construction Agreement CG20380413
- Commercial General Liability Enhancement Endorsement CGC01010619

Automobile Includes

- COMMERCIAL AUTO ENHANCEMENT ENDORSEMENT**
- Primary Non Contributory When Required by Written Contract
- Designated (Additional) Insured Coverage Automatic When Required by Written Contract
- Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver Of Subrogation) Automatic When Required by Written Contract

Umbrella Includes

- Additional insured when required with contract
- Primary Non Contributory When Required by Written Contract
- Waiver of Transfer of Rights of Recovery Against Others to Us CU 2403 0900

Workers Compensation Includes Waiver of subrogation when required by written contract



**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE
COVERAGE**

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>AOW Construction LLC 30 Essex Street Albany, NY 12206</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>(518) 482-3400</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>83-2875089</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of Montague 1 Avenue A Turners Falls, MA 01376</p>	<p>3a. Name of Insurance Carrier</p> <p>Security Mutual Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>SWC1391594</p> <p>3c. Policy effective period</p> <p><u>5/15/2022</u> to <u>5/15/2023</u></p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input checked="" type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved By: Jerrene Haines, CIC – NFP Property & Casualty Services
(Print name of authorized representative or licensed agent of insurance carrier)

Approved By: *Jerrene Haines* 10/12/2022
(Signature) (Date)

Title: Senior Account Executive

Telephone Number of authorized representative or licensed agent of insurance carrier:

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.