

Martha's Vineyard Commission – Referral Form for Developments of Regional Impact

RETURN THIS FORM WITH DRI REFERRAL

STATEMENT FROM MUNICIPAL LAND USE REGULATORY AGENCY: This Board has determined that the proposed project, for which application for a development permit has been made, is one of regional impact using the following criteria:

(Please circle the appropriate number or numbers using the DRI Checklist Standards & Criteria)

RECEIVED

APR 23 2019

- | | |
|---|---|
| 1.1 a) Discretionary Referral – “In-Town” | 4.1 a) 10 or more Dwelling Units |
| 1.1 b) Discretionary Referral – “Between-Town” | 4.1 b) 10 or more Rooms for Rent |
| 1.1 c) Discretionary Referral – “Island-Wide” | 4.1 c) 10 or more Dwelling Units or Rooms |
| 1.2 Previous DRI’s – Modification | 5.1 a) Development in Harbors |
| 2.1 Division of Land – Commercial | 5.1 b) Development in 10+ Acre Body of Water |
| 2.2 a) Division of Land – 10 or more lots | 5.1 c) Development in the Ocean |
| 2.2 b) Division of Land – 6 or more lots (rural) | 5.2 Change in Intensity of Use of Comm. Pier |
| 2.3 a) Division of Land – 10-16 acres, 3+ lots | 5.3 a) New Comm. Facilities on Pier |
| 2.3 b) Division of Land – 16-22 acres, 4+ lots | 5.3 b) Expansion of Comm. Facilities on Pier |
| 2.3 c) Division of Land – 22-30 acres, 5+ lots | 5.3 c) Change in Intensity of Use of Pier |
| 2.3 d) Division of Land – 30+ acres, 6+ lots | 6.1 a) Private Place Assembly – 3,500+ s.f. |
| 2.4 a) Division of Farm Land – current | 6.1 b) Private Place Assembly – 50+ seats |
| 2.4 b) Division of Farm Land – Since 1974 | 6.2 a) Public Place Assembly – 3,500+ s.f. |
| 2.4 c) Division of Farm Land- Prime Ag. Soil | 6.2 b) Public Place Assembly – 50+ seats |
| 2.5 Division of Habitat | 7.1 a) Transportation Facility to or from M.V. |
| 2.6 ANR in Island Road or Coastal DCPC | 7.1 b) Transportation Facility – Internal System |
| 3.1 a) Dev. of Commercial – 3,500 s.f. | 8.1 a) Demolition/Ext. Alt. of Historic Structure |
| 3.1. b) Dev. of Comm – 2,500-3,000 s.f. | 8.1 b) Demolition/Ext. Alt Structure > 100 years |
| 3.1 c) Dev. of Comm – Aux. of 1,000 s.f. | 8.2 Archeology |
| 3.1 d) Dev. of Comm – Combination 2,500 s.f. | 8.3 Significant Habitat |
| 3.1 e) Dev. of Comm – 6,000 s.f. Outdoor Use | 8.4 a) Coastal DCPC – New access to coast |
| 3.1 f) Dev. of Comm – Change of Use | 8.4 b) Coastal DCPC – New hard surface |
| 3.1 g) Dev. of Comm – Increased Intensity | 8.4 c) Coastal DCPC – New parking for 5 vehicles |
| 3.1 h) Dev. of Comm – Parking 10+ vehicles | 8.4 d) Coastal DCPC – Development on Noman’s |
| 3.1 i) Dev. of Comm – High Traffic Generator | 8.5 a) Development on Current Farmland |
| 3.2 a) Mixed Use – 3,500 s.f. | 8.5 b) Development on Former Farmland |
| 3.2 b) Mixed Use – 4+ units | 8.5 c) Development on Prime Agricultural Soils |
| 3.3 a) Changed Threshold – B-I and B-II Districts with Area Development Plans | 8.6 Development designated in DCPC |
| 3.3 b) Changed Threshold – Special Permit | 9.1 a) Telecommunications Tower over 35 feet |
| 3.3 c) Changed Threshold – no other trigger | 9.1 b) Telecommunications Tower |
| 3.4 a) Vehicular Refueling | Reconstruction |
| 3.4 b) Storage of fuel | 9.2 a) Wind Energy Facilities over 150 ft |
| 3.4 c) Drive-thru window service | 9.2 b) Wind Energy Facilities in Ocean Zone |
| 3.4 d) Restaurant in B-I (50+ seats) | 9.2 c) Wind Energy Facilities in Land Zone |
| 3.4 e) Restaurant outside B-I | 9.2 d) Wind Energy Facilities near Town Bound |
| 3.4 f) Formula Retail | 9.2 e) Wind Energy Facilities other |
| 3.4 g) Container or Trailer used for Storage | 9.3 Solar Facilities greater than 50,000 s.f |

T: 508-693-3453 • F: 508-693-7894 • P.O. Box 1447 • 33 New York Avenue • Oak Bluffs, MA 02557

INFO@MVCOMMISSION.ORG • WWW.MVCOMMISSION.ORG

MARTHA’S VINEYARD COMMISSION • SERVING AQUINNAH, CHILMARK, EDGARTOWN, GOSNOLD, OAK BLUFFS, TISBURY & WEST TISBURY

Name of Applicant: Mr. Peter V. Rosbeck 11nd Contractor/ Lise Revers Trust(owner)

Address: #20 East Line Road, Edgartown, MA. 02539

Phone: 508-693-6300

Fax: _____

Email: megan@rosbeck.com

Permits Required: This project will require the following permits from the following local Boards:

Board of Selectmen: _____

Board of Health: _____

Conservation Commission: _____

Planning Board: _____

Zoning Board of Appeals: _____

Wastewater Commission: _____

Others: Historic District Commission

Referral Documents: The following application documents are being referred (plans, etc. with titles and dates): PLANS

FOR TOWN USE ONLY

Referring Board or Agent:

I have reviewed the development application and have determined that it meets one or more of the items contained in the Standards & Criteria, I am therefore sending, via certified mail, the development application to the Martha's Vineyard Commission for possible review as a Development of Regional Impact

Signature: _____

Print Name: Kenneth A. Barwick

Board: Building/Zoning Department

Town: Tisbury.



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

RECEIVED

APR 23 2018

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: 10782

Date Applied: 08-14-18

Building Official (Print Name)

Signature

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

29 Mill House Way (main house)

1.2 Assessors Map & Parcel Numbers

6-C

16

1.1a Is this an accepted street? yes ☒ no ☐

Map Number

Parcel Number

1.3 Zoning Information:

R2B
Zoning District

single family
Proposed Use

1.4 Property Dimensions:

60984

150'

Lot Area (sq ft)

Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
<u>50'</u>	<u>96.56</u>	<u>35'</u>	<u>390</u>	<u>50'</u>	<u>150</u>
1.6 Water Supply: (M.G.L.c. 40, §54)		1.7 Flood Zone Information:		1.8 Sewage Disposal System:	
Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>		Zone: <input checked="" type="checkbox"/> Outside Flood Zone? <input type="checkbox"/>		Municipal <input type="checkbox"/> On site disposal system <input checked="" type="checkbox"/>	
		Check if yes <input checked="" type="checkbox"/>			

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Lise Revers Trust

Name (Print)

Weston, MA 02493

City, State, ZIP

4 Deer Path Lane

No. and Street

617.413.7552

Telephone

liserivers@gmail.com

Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input checked="" type="checkbox"/>	Existing Building <input checked="" type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
Demolition <input checked="" type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units <u> </u>	Other <input type="checkbox"/> Specify: <u> </u>		

Brief Description of Proposed Work²:

interior demolition, new foundation + new addition

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ <u>2,000,000-</u>	1. Building Permit Fee: \$ <u>10830</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier <u> </u> x <u> </u>
2. Electrical	\$ <u>200,000</u>	
3. Plumbing	\$ <u>300,000</u>	2. Other Fees: \$ <u> </u>
4. Mechanical (HVAC)	\$ <u>200,000</u>	List: <u> </u>
5. Mechanical (Fire Suppression)	\$ <u>0</u>	Total All Fees: \$ <u> </u>
6. Total Project Cost:	\$ <u>2,700,000-</u>	Check No. <u>62</u> Check Amount: <u>10,830</u> Cash Amount: <u> </u> <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: <u> </u>

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder Peter V Rosbeck II

No. and Street 20 East Line Rd

City/Town, State, ZIP Edgartown, MA 02539

Telephone 508-693-6300 Email address megan.e.rosbeck.com

License Number CS-0641687

Expiration Date 3/15/19

List CSL Type (see below) V

Type	Description
<input checked="" type="checkbox"/> U	Unrestricted (Buildings up to 35,000 cu. ft.)
<input type="checkbox"/> R	Restricted 1&2 Family Dwelling
<input type="checkbox"/> M	Masonry
<input type="checkbox"/> RC	Roofing Covering
<input type="checkbox"/> WS	Window and Siding
<input type="checkbox"/> SF	Solid Fuel Burning Appliances
<input type="checkbox"/> I	Insulation
<input type="checkbox"/> D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name Rosbeck Builders Corp

No. and Street 20 East Line Rd

City/Town, State, ZIP Edgartown, MA 02539 Telephone 508-693-6300

HIC Registration Number 177310

Expiration Date 11/21/2019

Email address megan.e.rosbeck.com

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☒ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize Rosbeck Builders Corp to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) Lisa Rivers

Date 8/18/18

SECTION 7b: OWNER' OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) Peter Rosbeck II

Date 8/18/18

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.)	<u>9241</u>	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.)	<u>7272</u>	
Number of fireplaces	<u>3</u>	Habitable room count
Number of bathrooms	<u>7</u>	Number of bedrooms
Type of heating system	<u>gas</u>	Number of half baths
Type of cooling system	<u>ducted</u>	Number of decks/ porches
		Enclosed
		Open

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

APPLICATION FOR:

ATTACHED ☐ DETACHED ☒ TEMPORARY STRUCTURE ☐
NEW - DWELLING ☐ GARAGE ☐ SHED ☐ OTHER ☐
ADDITION TO - DWELLING ☒ GARAGE ☐ SHED ☐ OTHER ☐

BUILDING TYPE (SELECT ONE):

BUNGALOW ☐ CAMP ☐ CAPE/SALTBOX ☒ COLONIAL ☐ COMMERCIAL ☐ (see Page 4)
MODERN/CONTEMPORARY ☐ TWO-FAMILY ☐ RANCH ☐ RAISED RANCH ☐ SPLIT-LEVEL ☐
OTHER ☐

STRUCTURAL DATA (MUST BE COMPLETED FOR ALL BUILDINGS):

A. FOUNDATION TYPE

CELLAR ☒
CRAWL SPACE ☐
OTHER ☐

B. FOUNDATION

BLOCK ☐
POURED CONCRETE ☒
OTHER ☐

C. EXTERIOR WALLS (SELECT ONE, UNLESS THERE ARE EQUAL PROPORTIONS OF TWO)

COMPOSITION/WALL BOARD ☐ WOOD ON SHEATHING ☐
ASBESTOS SHINGLES ☐ STUCCO ☐
BOARD & BATTEN ☐ STONE ON MASONRY ☐
BRICK ON VENEER ☐ BRICK ON MASONRY ☐
STONE ON MASONRY ☐ CLAPBOARD ☐
VINYL SIDING ☐ ALUMINUM SIDING ☐
CEDAR OR REDWOOD SIDING ☒ WOOD SHINGLES ☐ GLASS/THERMOPANE ☐
PREFAB WOOD PANEL ☐
PRE-FINISHED METAL ☐ CONCRETE/CINDER ☐
LOGS ☐ OTHER ☐

D. ROOF TYPE (SELECT ONE. IF MORE THAN ONE, CHOOSE THE PREDOMINANT) FLAT ☐ SHED ☒
GABLE/HIP ☐ SALTBOX ☐ MANSARD ☐ GAMBREL ☐

E. ROOF COVER (SELECT ONE. IF MORE THAN ONE, CHOOSE THE GREATEST AREA)

ASPHALT ☐ WOOD SHINGLE ☒ CLAY OR TILE ☐ SLATE ☐
METAL OR TIN ☐ ROLLED COMPOSITION ☐ BUILT UP TAR/GRAVEL ☐
OTHER ☐

F. INTERIOR WALLS

MASONRY ☐ PANELING ☐ PLASTER ☒ WOOD PANEL CUSTOM ☒
DRYWALL ☐ OTHER ☐

G. INTERIOR FLOORS (DO NOT COUNT KITCHEN)

PLYWOOD ☐ PINE OR SOFTWOODS ☐ TILE ☐ HARDWOOD ☒
CARPETING ☐ PARQUET ☐ LINOLEUM ☐ VINYL ☐ OTHER ☐

H. HEATING FUEL

WOOD/COAL/KEROSENE ☐
OIL ☐
GAS ☒
ELECTRIC ☐
SOLAR ☐
STEAM ☐

I. HEATING TYPE

NONE ☐
CONVECTION ☐
FORCED AIR - DUCTED ☒
FORCED AIR - NON-DUCTED ☐
HOT WATER ☐
RADIANT ELECTRIC ☐

J. AIR CONDITIONING

NONE ☐ CENTRAL ☒ HEAT PUMP ☐

K. OTHER DATA

NUMBER OF STORIES: 2 NUMBER OF FIREPLACES/WOOD STOVES: 3
OTHER SIGNIFICANT FEATURES IF ANY: _____

Suggested Affidavit for Home Improvement Contractor Permit Application
TOWN OF TISBURY
AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

MGLc.142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwellings units...or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

TYPE OF WORK: Renovation / Construction EST. COST: \$ 2,700,000-
ADDRESS OF WORK: 29 Mill House Way
OWNER NAME: Lise Rivers Trust
DATE OF PERMIT APPLICATION: 8/13/18

I hereby certify that:

REGISTRATION IS NOT REQUIRED FOR THE FOLLOWING REASON (S):

- ☐ WORK EXCLUDED BY LAW
☐ JOB UNDER \$1,000
☐ BUILDING NOT OWNER-OCCUPIED
☐ OWNER PULLING OWN PERMIT
☐ OTHER (SPECIFY) _____

NOTICE IS HEREBY GIVEN THAT:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A

Signed under the penalties of perjury.

I hereby apply for a permit as the agent of the owner:

8/13/18 Peter V Rosbeck
DATE CONTRACTOR NAME
Peter Rosbeck II

177310
REGISTRATION NO.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

DATE OWNER NAME

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
600 WASHINGTON STREET
BOSTON, MASSACHUSETTS 02111

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I, Peter Rosbeck
(Licensee/permittee)

With a principal place of business/residence at: Rosbeck Builders Corp
(City/State/Zip)

do hereby certify, under the pains and penalties of perjury, that:

☒ I am an employer providing the following workers' compensation coverage for my employees working on this job.

See attached
Insurance Company

Policy Number

- ☐ I am a homeowner performing all the work myself.
☐ I am a sole proprietor and have no one working for me.
☐ I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation insurance policies:

Name of Contractor

Insurance Company/Policy Number

Name of Contractor

Insurance Company/Policy Number

Name of Contractor

Insurance Company/Policy Number

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act {GL.c. 152, sect. 1(5)}, application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of fine of up to \$1500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Signed this 13th day of August, 20 18

Peter Rosbeck II
Licensee/Permittee

Liscensor/Permittor



Massachusetts Department of Public Safety
Board of Building Regulations and Standards

License: CS-064687
Construction Supervisor

PETER V ROSBECK
POBX 609 114 HINES PT RD
VINEYARD HAVEN MA 02568



Matthew Moran
Commissioner

Expiration:
03/15/2019

The Commonwealth of Massachusetts

Office of Consumer Affairs & Business Regulation
HOME IMPROVEMENT CONTRACTOR

TYPE: Corporation

Registration

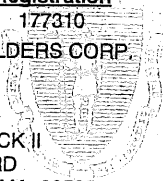
177310

Expiration

11/21/2019

ROSBECK BUILDERS CORP.

PETER ROSBECK II
20 EAST LINE RD
EDGARTOWN, MA 02539



[Signature]

Undersecretary

Registration valid for individual use only
before the expiration date. If found return to:
Office of Consumer Affairs and Business Regulation
10 Park Plaza - Suite 5170
Boston, MA 02116

Peter Rosbeck II

Not valid without signature



CERTIFICATE OF LIABILITY INSURANCE

ROSBE-1

OP ID: AE

DATE (MM/DD/YYYY)

03/30/2018

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 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 Eastern States Insurance Agency, Inc. 50 Prospect Street Waltham, MA 02453	CONTACT NAME:
	PHONE (A/C, No, Ext): 781-642-9000 FAX (A/C, No): 781-647-3670
	E-MAIL ADDRESS: certificaterequest@esia.com
	INSURER(S) AFFORDING COVERAGE
INSURED Rosbeck Builders Corp. 20 East Line Road Edgartown, MA 02539-0013	INSURER A: Arbella Insurance Group
	INSURER B: Associated Employers 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 SUBR INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		8500063882	03/10/2018	03/10/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS HIRED AUTOS <input type="checkbox"/>		1020040024	03/10/2018	03/10/2019	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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4600067071	03/10/2018	03/10/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	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 <input type="checkbox"/> N/A	WCC-500-5014405-2018A	03/10/2018	03/10/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater		8500063882 DEDUCTIBLE: \$1,000	03/10/2018	03/10/2019	Scheduled 204,938 Leas/Rent 25,000

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

CERTIFICATE HOLDER**CANCELLATION****EVIDENC**

Evidence of insurance

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

Rosbeck Builders Corp.
Contractors & Subcontractors

Electrician: Jeffers Electric P.O. Box 2207 Oak Bluffs, MA 02557 (508) 693-3715	Excavators: John Keene Excavation, Inc. P.O. Box 563 West Tisbury, MA 02575
Plumber: Walter Smith Plumbing & Heating 3 Weeks Lane RFD #684 Edgartown, MA 02539 (508) 627-5661	Framers: Rosbeck Builders Corp. 20 East Line Rd. MVBP Box #13 508-693-6300
Mason: Premier Land & Stone LLC PO Box 3476 Edgartown, MA 02539 (774) 327-1075	Heating System Installer: Alexander Air LLC P.O. Box 1264 Edgartown, MA 02539 (508) 627-3300
Insulators: D&G Insulation PO Box 2193 East Falmouth, MA 02536 508-566-6003	Gas Installer: Walter Smith Plumbing & Heating 3 Weeks Lane RFD #684 Edgartown, MA 02539 (508) 627-5661
Sheetrocker: Offshore Precision Plastering PO Box 730 Vineyard Haven, MA 02568 (508) 687-9584	

Contractors and Subcontractors:

Electrician: Otis P. Jeffers, III Licensed Electrician

Insurance Company: Mone Lawrence

Policy Number: UB 4987P398-13

Plumber: Walter Smith Plumbing & Heating

Insurance Company: Mone Lawrence

Policy Number: 0044640513

Mason: Premier Land & Stone

Insurance Company: Tashmoo Insurance

Policy Number: NN597952

Insulators: D&G Insulation

Insurance Company: Murray and MacDonald

Policy Number: 6S62UB-9F76282-0-16

Excavators: John Keene Excavation, Inc.

Insurance Company: Eastern States Insurance

Policy Number: 9118650811

Heating System Installer: Alexander Air LLC

Insurance Company: NorGuard Insurance Company

Policy Number: ALWC466100

Gas Installer: Walter Smith Plumbing & Heating

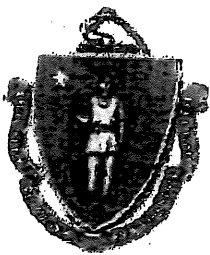
Insurance Company: Mone Lawrence

Policy Number: 44640513

Sheetrocker: Offshore Precision Plastering

Insurance Company: Mone Insurance

Policy Number: WC531S367882023



Commonwealth of Massachusetts
Department of Public Safety

Uniform Fire Protection Construction
Document Transmittal Form

Date: 10-9-18

To: John Schilling

From: Ken Burwick

Re: 29 Mill House way

Map

Parcel

6-C-16

I am forwarding a set of fire protection documents to you for your review pursuant to 780 CMR the Massachusetts State Building Code, Sections 107.1.2 and/or R106.3.3.4, as applicable. The following documents are enclosed:

Plans

Plans

Plans

Other:

Please review these construction documents for compliance with 780 CMR 9.00 and/or 780 CMR 4.00, 780 CMR 34.00, 780 CMR 51.00 Ch. 3 and Appendix J as applicable. For the purpose of your review, it has been determined that the proposed construction type is and the proposed use(s) is/are:

A Assembly	A-1 <input type="checkbox"/> , A-2 <input type="checkbox"/> , A-3 <input type="checkbox"/> , A-4 <input type="checkbox"/> , A-5 <input type="checkbox"/>	M Mercantile	M <input type="checkbox"/>
B Business	B <input type="checkbox"/>	S Storage	S-1 <input type="checkbox"/> , S-2 <input type="checkbox"/>
E Educational	E <input type="checkbox"/>	U Utility	S <input type="checkbox"/>
F Factory	F-1 <input type="checkbox"/> , F-2 <input type="checkbox"/>		
H High Hazard	H-1 <input type="checkbox"/> , H-2 <input type="checkbox"/> , H-3 <input type="checkbox"/> , H-4 <input type="checkbox"/> , H-5 <input type="checkbox"/>		
I Institutional	I-1 <input type="checkbox"/> , I-2 <input type="checkbox"/> , I-3 <input type="checkbox"/> , I-4 <input type="checkbox"/>		
R Residential	R-1 <input type="checkbox"/> , R-2 <input type="checkbox"/> , R-3 <input type="checkbox"/> , R-4 <input type="checkbox"/> , 1 and 2 Family Dwelling <input checked="" type="checkbox"/> , Townhouses <input type="checkbox"/>		
Special Use	Special Use <input type="checkbox"/> , Specify:		
Mixed Use	Yes <input type="checkbox"/> , No <input type="checkbox"/> ; Non Separated <input type="checkbox"/> , Separated <input type="checkbox"/> , Combination Non Sep./Sep. <input type="checkbox"/>		

Please forward your written comments, or a request for an extension of time, to this office within 10 days. If you believe the fire protection construction documents are noncompliant with the requirements of 780 CMR or the applicable reference standards, provide your written comments citing the relevant sections of noncompliance (refer to M.G.L. c. 148 §28A). If your written comments or request for an extension of time is not received within the allowed time frame, the documents, after review, may be deemed to be in compliance with 780 CMR. Please note, one or more extensions of time for review may be granted, provided that cumulative time does not exceed 30 days. Should you have any questions, please contact this office.

Please sign, date and return one copy of this document to the building department.

Fire Chief or Designee

Print Name

Date

For Building Department Use:

Received By:

Date:

Permit #:

DEPARTMENT OF BUILDINGS INSPECTOR

DATE NOVEMBER 14, 2018 PER IT 10 11,830.00 PARCEL 6-C-16

NAME LISA REVERS TRUST / REVERECK B ERS FOR

PROPERTY ADDRESS 29 MT HOUSE VI RD HA , MA 02568

BUILDING PLUMBING WIRING FIRE CHIEF GAS INSPEC

SITE TEST ROUGH FINAL TEST ROUGH FINAL

FOUNDATION ROUGH FINAL ROUGH FINAL

FRAME FINAL ROUGH FINAL

INSULATION WATER WORKS RM ITEM

FINAL FINAL FINAL

INSURANCE



provided that the applicant has provided the application with the application of the Zoning Ordinance. This permit is granted in every case of the Building Code. The applicant must conform to the term of the Building Code.

BUILDING INSPECTOR

COMMONWEALTH OF MASSACHUSETTS

TOWN OF TISBURY

Fee.....\$10,830.00.....

NOVEMBER 14 20 18.....

PERMIT TO BUILD OR ALTER

This May Certify that LISA REVERS TRUST /ROSBECK BUILDERS CORPORATION
has permission to build or alter a SINGLE FAMILY building on 29 MILL HOUSE WAY
DWELLING 6-C-16
to be occupied for RESIDENTIAL

provided that the person accepting this permit shall in every respect conform to the terms of the application on file in this office, and to the provisions of the statutes and ordinances relating to the Construction, Maintenance and Inspection of Buildings in the TOWN of TISBURY and shall begin work on said building within 180 days from the date hereof, and prosecute the work thereon to a speedy completion.


The owner or contractor must notify the Inspector when the house is ready for his inspection, before the house is lathed. Any person who shall violate any of the provisions of the Act relating to the Construction, Maintenance and Inspection of Buildings in the TOWN of TISBURY is liable to a fine not exceeding \$100.

Conditions: SUBJECT TO 780 CMR MA. BUILDING CODE AMENDMENTS AND TISBURY ZONING BYLAWS
SUBJECT TO 2015 IBC RESIDENTIAL BUILDING CODE

TO CONSTRUCT RENOVATIONS TO EXISTING

SINGLE FAMILY DWELLING TO INCLUDE TO
DEMOLISH PORTIONS OF DWELLING INTERIOR
AND EXTERIOR PER PLANS AND DESCRIPTION

ONLY.
DAROSA-1201


Inspector of Buildings

Licensee Details

Demographic Information

Full Name:	PETER V ROSBECK
Owner Name:	

License Address Information

City:	VINEYARD HAVEN
State:	MA
Zipcode:	02568
Country:	United States

License Information

License No:	CS-064687	License Type:	Construction Supervisor
Profession:	Building Licenses	Date of Last Renewal:	3/5/2019
Issue Date:	3/15/2011	Expiration Date:	3/15/2021
License Status:	Active	Today's Date:	4/19/2019
Secondary License Type:			
Doing Business As:			
Status Change Reason:			

Prerequisite Information

No Prerequisite Information
No Available Documents