



The Commonwealth of Massachusetts



Town of Westford  
Building Department  
55 Main Street  
Westford, MA 01886  
Phone: (978)692-5527  
Fax: (978) 399-2732



Application Number: 14-09295	Date Issued: 9/3/14	Permit Number: TA-14-00057	Payments: \$ 100.-	Check#: 4750	Date Paid: 9/3/14
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**Application for a Temporary Tent Permit**

Owner's Name(s): Cynosure

Owner's Address: 5 Carlisle Road

Owner's Phone #: (978)513-4627

Location of Property: 5 CARLISLE RD  
(Address & Map/Parcel)

Company/Applicant Name: Eugene R Lapierre

Company/Applicant Address: 25 Bodwell St  
Avon MA 02322

Company/Applicant Phone: (508)-586-0900

Tent Size: 50' x 90'

Approximate Location of Tent: see attached site map

Date(s) Requested: 09/13/2014 to 09/15/2014

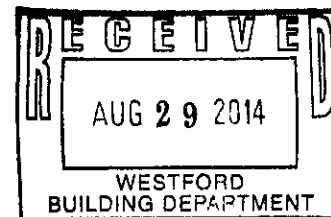
**\*\*MUST PROVIDE A "CERTIFICATE OF FLAME RESISTANCE" FOR THE TENT\*\***

EUGENE LAPIERRE      *E. Lapierre*      8-26-14  
Name of Applicant (Please Print)      Signature of Applicant      Date

**Departmental Approvals**

Building: *M. S. [Signature]*      9-3-14

Fire: *Lt. [Signature]*      9-3-14





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

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** Please Print Legibly

Name (Business/Organization/Individual): BL TENT & AWNING CO, INC.  
 Address: 25 BOWELL ST.  
 City/State/Zip: AVON, MA 02322 Phone #: 508-586-0900

<b>Are you an employer? Check the appropriate box:</b>		<b>Type of project (required):</b>
1. <input checked="" type="checkbox"/> I am an employer with <u>254-</u> employees (full and/or part-time).* 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.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]*	4. <input type="checkbox"/> 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.† 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(+), and we have no employees. [No workers' comp. insurance required.]	6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input checked="" type="checkbox"/> Other <u>TEMPORARY TENT</u>

\* 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: WESCO INSURANCE CO.  
 Policy # or Self-ins. Lic. #: WNC 3077169 Expiration Date: 01-01-2015  
 Job Site Address: 5 CALLISLE ROAD City/State/Zip: WESTFORD

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 DLA 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: 9-26-14  
 Phone #: 508-586-0900

*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 #: \_\_\_\_\_

OVER →

14-09295

# IMPORTANT DOCUMENT

# Certificate of Flame Resistance

5.0

REGISTRATION  
APPLICATION  
NUMBER

FL40.1



ISSUED BY



EVANSVILLE, INDIANA 47725  
MANUFACTURERS OF THE FINISHED  
TENT PRODUCTS DESCRIBED HEREIN

Date of Shipment	4/9/2007
Tent Identification	0444317

This is to certify that the materials described have been flame-retardant treated (or are inherently nonflammable) and were supplied to:

190610  
PARTY SERVICES INC  
25 BODWELL ST

AVON MA 02322

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code. All fabric has been tested and passes NFPA 701-99, CPAI 84, ULC 109.

Serial #	8048200 (2)
Description of item certified:	NAVITRAC MIDDLE 50W X 15 SNYDER WHITE VINYL

**Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric**

SNYDER MEG NEW PHILADELPHIA, OH  
Name of Applicator of Flame Resistant Finish

Signed: *A. A. Clark*  
ANCHOR INDUSTRIES INC.

14-08285

# IMPORTANT DOCUMENT

# Certificate of Flame Resistance

34

REGISTRATION  
APPLICATION  
NUMBER

F140.1



ISSUED BY  
**ANCHOR**  
INDUSTRIES INC.  
EVANSVILLE, INDIANA 47725  
MANUFACTURERS OF THE FINISHED  
TENT PRODUCTS DESCRIBED HEREIN

Date of Shipment	4-9-2007
Tent Identification	0444317

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PARTY SERVICES INC  
25 BODWELL ST

AVON MA 02322

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Serial #	8048200 (2)
Description of item certified:	NAVITRAC MIDDLE 50WX15 SNYDER WHITE VINYL

**Flame Retardant Process Used Will Not Be Removed By  
Washing And Is Effective For The Life Of The Fabric**

SNYDER MFG NEW PHILADELPHIA, OH  
Name of Applicator of Flame Resistant Finish

Signed: *A. A. Clark*  
ANCHOR INDUSTRIES INC.

14-09295

# IMPORTANT DOCUMENT Certificate of Flame Resistance

1,2

REGISTRATION  
APPLICATION  
NUMBER

FI401

ISSUED BY



EVANSVILLE, INDIANA 47725  
MANUFACTURERS OF THE FINISHED  
TENT PRODUCTS DESCRIBED HEREIN

Date of Shipment	4/9/2007
Tent Identification	0444317

This is to certify that the materials described have been flame-retardant treated (or are inherently nonflammable) and were supplied to:

190610  
PARTY SERVICES INC  
25 BODWELL ST

AVON MA 02322

Certification is hereby made that:  
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code. All fabric has been tested and passes NFPA 701-99, CPAI 84, ULC 109.

Serial #	8048200 (2)
Description of item certified:	NAVITRAC MIDDLE 50WX15 SNYDER WHITE VINYL

### Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

SNYDER MFG. NEW PHILADELPHIA OH  
Name of Applicator of Flame Resistant Finish

Signed: *A. A. Clark*  
ANCHOR INDUSTRIES INC.

14-09295

# IMPORTANT DOCUMENT

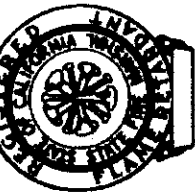
# Certificate of Flame Resistance

8.9

REGISTRATION  
APPLICATION  
NUMBER

F140.1

ISSUED BY



EVANSVILLE, INDIANA 47725  
MANUFACTURERS OF THE FINISHED  
TENT PRODUCTS DESCRIBED HEREIN

Date of Shipment	4-9-2007
Tent Identification	0444317

This is to certify that the materials described have been flame-retardant treated  
(as are inherently nonflammable) and were supplied to:

190610  
PARTY SERVICES INC  
25 BODWELL ST

AVON MA 02322

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code. All fabric has been tested and passes NFPA 701-99, CPAI 84, ULC 109.

Serial #	8048010 (2)
Description of item certified:	NAVITRAC GABLE END 50W SNYDER WHITE VINYL

### Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

SNYDER MEG NEW PHILADELPHIA, OH  
Name of Applicator of Flame Resistant Finish

Signed: *A. A. Clark*  
ANCHOR INDUSTRIES INC.