

APPLICATION FOR A CERTIFICATE OF APPROPRIATENESS

APPLICATION NUMBER: 20-03

EXHIBIT 1

HISTORIC DISTRICT COMMISSION - TOWN OF SIMSBURY
933 HOPMEADOW STREET SIMSBURY, CONNECTICUT 06070 - Telephone 860-6:

Application is hereby made for the issuance of a Certificate of Appropriateness under the Historic District enacted pursuant to the enabling authority contained in Chapter 97, Section 7-147d, as amended, of the General Statutes of Connecticut, for proposed work as described below (and, where applicable, as shown on plans, drawings, or other supplementary material accompanying this application):

HOME OWNER INFORMATION (required) PLEASE PRINT:

Owner of Record: Aryn Rosenstein / Michael Kelly
Address of Proposed Work: 105 E Weatogue Street, Simsbury CT 06070
Owner's Telephone Number: 860-256-5427 Email Address: arosenste@hartford.edu
Owner's Mailing Address (if different from proposed work location):
Architect's Name (when applicable):

APPLICANT INFORMATION (if not owner) PLEASE PRINT:

Applicant's Name:
Applicant's Address:
Applicant's Telephone Number: Email Address:

PLEASE CHECK LINE WHERE PROPOSED WORK IS IN CONNECTION WITH:

Dwelling
Accessory Building
Other
If other, please describe: 6 Ft Vinyl Fencing on side and back of house

Please briefly describe (print or type) the proposed work (you can also attach a summary). Be as specific as possible, including all pertinent design elements. Include all design data to scale. Site plans and elevations are required. Photographs will be helpful and may be required. Use attachments.

I have attached a site plan for where the fence will be drawn by the contractor.

Estimated start date: 4/30/2020 Estimated completion date: 5/02/2020

Site Plan Elevations Photographs (check off if attached)

THE SUPPORTING DOCUMENTS ARE TO BE SUBMITTED TO TOWN STAFF NO LATER THAN TWO WEEKS PRIOR TO THE HISTORIC DISTRICT COMMISSION MEETING.

Signature of Owner (signature required)

Date 4/13/2020

FOR COMMISSION USE ONLY:

Date of Hearing: Date of Determination by Commission: (VALID FOR ONE YEAR)

Application as Above Made: GRANTED: DENIED:

OR GRANTED WITH STIPULATIONS AS NOTED:

Signature of Commission Officer Date

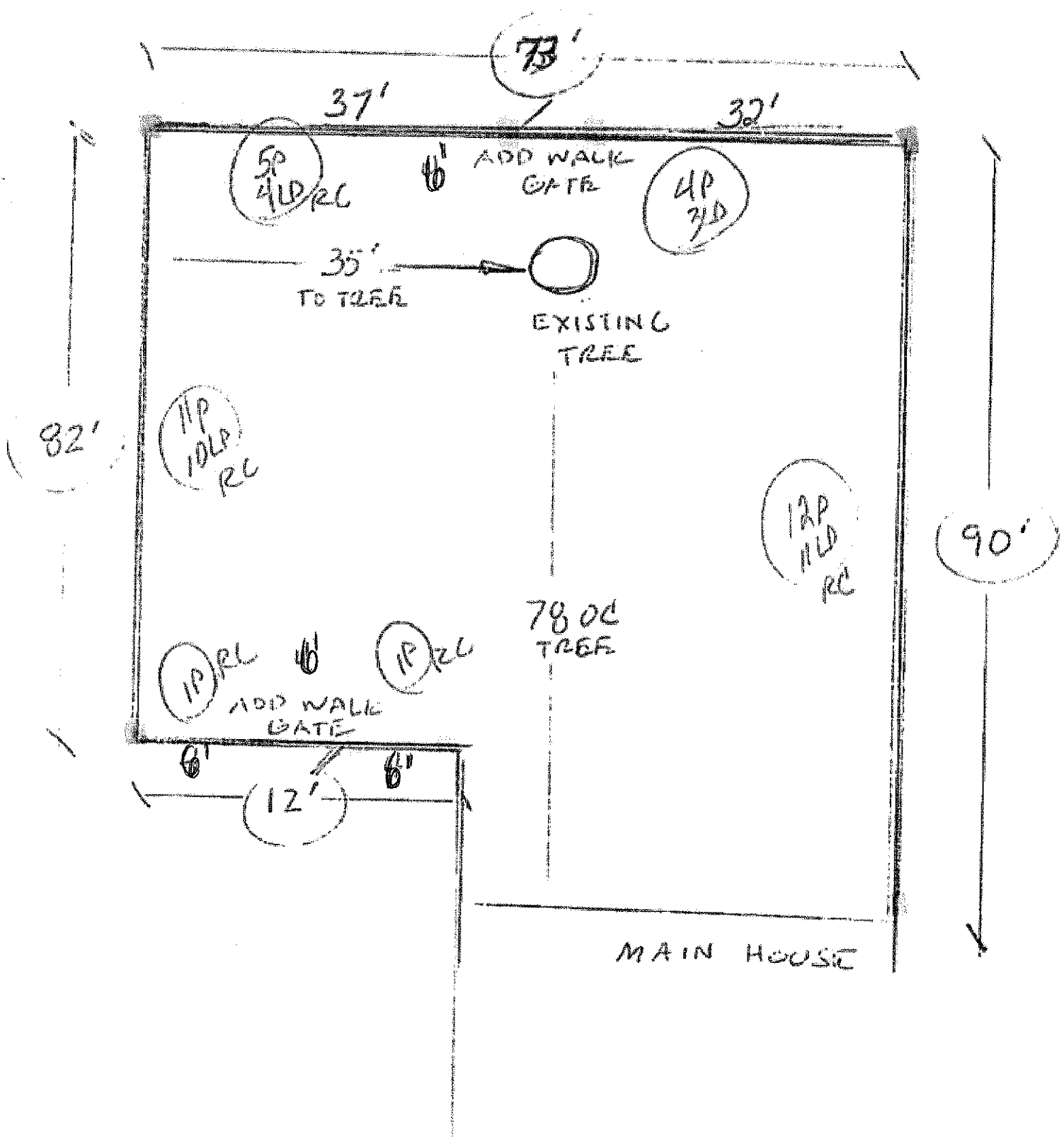
PSE: Neil
M) 860 480-1067
neil.betts@store.lowes

EXHIBIT 2

Material Options: Chain link Fence

Vinyl Fence
V-200

6 FT
~~Chain Link Fence~~
~~Chain Link Fence~~



STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

HANDY MAN SERVICES PLUS LLC

249 STODDARD RD

WATERBURY, CT 06708-1848

has satisfied the qualifications required by law and is hereby registered as a

HOME IMPROVEMENT CONTRACTOR

Registration # HIC.0655381

Effective: 05/28/2019

Expiration: 11/30/2019



Michelle Seagull, Commissioner

EXHIBIT 3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/11/2019

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).

PRODUCER biBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C No. Ext): (844) 472-0967 FAX (A/C No.): (203) 654-3613 E-MAIL ADDRESS: salessupport@biberk.com
	INSURER(S) AFFORDING COVERAGE INSURER A: National Liability & Fire Insurance Company NAIC # 20052 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

INSURED
Handy Man Services Plus LLC

249 Stoddard Road
Waterbury, CT 06708

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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	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	N9WC094306	05/21/2019	05/21/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
	Professional Liability (Errors & Omissions): Claims-Made					Per Occurrence/Aggregate

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

Exclusions:
Michael Gannon;

CERTIFICATE HOLDER Lowe's Companies, Inc and Lowe's Home Centers, Mail Code: A3ESS 1000 Lowe's Blvd Mooresville, NC 28117	CANCELLATION 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: <i>Kateh Gmb</i>
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ACORD 25 (2016/03)

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