

TOWN OF BURLINGTON
CERTIFICATE OF OCCUPANCY

Building Permit Number 22326

Certificate Issued --- Date 5/10/00

Date 3/7/00

Contractor EARLY DAY CONST. Address 85 FAIRVIEW AVE. NASHUA Phone 603 8828561

Applicant REMODE/AFTER Use OFFICES Number of Dwelling Units 1

At location 10 NEEP Zoning District 1ST & 2ND FL.
Name of Premise EXODUS FLOOR/LOCATION

Subdivision _____ Lot # _____ Assessors Plate # 52 Parcel # 15 Lot Size _____
Building is to be _____ wide by _____ ft. long by _____ ft. in height and shall conform in _____ sq. ft.
Construction to type 2C Use Group B Basement walls or foundation _____
Foundation walls damproofed _____ waterproofed _____ (Type)
Total floor area in square ft. _____ Basement or cellar _____ 1st story _____ 2nd story _____
Owner FRANK & CO. Signed by John J. Clancy, Insp. of Bldg.
Address 3 BULL. WOODS. FR. BURLINGMA.

NOTICE - BUILDING NOT TO BE OCCUPIED UNTIL THIS
CERTIFICATE IS SIGNED BY THE INSP. OF BLDGS.
Frank or
5/10/00
4/20/00 [See Reverse Side]

DEPARTMENTAL APPROVAL FOR CERTIFICATE OF OCCUPANCY AND COMPLIANCE

To be filled in by each division indicated hereon upon completion of its final inspection.

Board of Health	Approved By _____	Date / /	Remarks
Plumbing & Gas	Approved By _____	Date / /	Remarks None Done
Electrical	Approved By _____	Date 4/18/00	Remarks WCF
Assessors	Approved By _____	Date 5/10/00	Remarks
Planning Board	Approved By _____	Date / /	Remarks
Sanitarian	Approved By _____	Date / /	Remarks
Fire Dept. (Fire Alarm)	Approved By _____	Date 5/8/00	Remarks PR
Fire Dept. (Fire Alarm)	Approved By _____	Date 4/18/00	Remarks PR, PC, 4/18/00, Revising Fire Sprinkler Keys
Fire Dept. (Fire Alarm)	Approved By _____	Date 4/19/00	Remarks Fire Prevention
Fire Dept. (Fire Alarm)	Approved By _____	Date 4/19/00	Remarks Fire Dept. (Fire Alarm)
D.P.W.	Approved By _____	Date / /	Remarks
Conservation Comm.	Approved By _____	Date / /	Remarks
Building Dept.	Approved By _____	Date / /	Remarks 1) Above SIGU-ORF 2) Need Final OFFICIALS from General Contractor, 2) need Assessors sig. off 3) need Final OFFICIALS from engineers of record for completion 4) need to pay for construction fee

TOWN OF BURLINGTON CERTIFICATE OF OCCUPANCY

11/24/93 TEMP C.O. FOR
1st & 2nd FLOOR
40 DAY TEMP. ISSUED
AS OF 12/28/93 FROM
2/18/94

Building Permit Number 17225 Certificate Issued — Date / /

Date 9/28/93
Contractor FARBONE NEMT CORP Address 75 BURL MALL RD. BURL Phone 270-9880

Applicant FARBONE NEMT CORP Use RENTAL OFFICE Number of Dwelling units

Permit to REMOVE & ALTER (Type of Improvement) Use RENTAL OFFICE (Proposed Use) Dwelling units

At location 10 NEED (No.) (Street) Zoning District E4
Name of Premise THE DANIELS CORP. DETAIL PUSHERS

Subdivision (Name) Lot # Assessors Plate # 52 Parcel # 10 Lot Size Sq. Ft.

Building is to be wide by ft. long by ft. in height and shall conform in

Construction to type 2C Use Group B Basement walls or foundation (Type)

Foundation walls damproofed waterproofed

Total floor area in square ft. 43800 Basement or cellar 1st story 2nd story

Owner THE DANIELS CORP. Signed by Francis R. Moran, Insp. of Bldg.

Address 10 NEED BURL

NOTICE — BUILDING NOT TO BE OCCUPIED UNTIL THIS
CERTIFICATE IS SIGNED BY THE INSP. OF BLDGS.
Francis R. Moran
Final OK 2/18/94
[See Reverse Side]

This copy to be retained in Building Dept.
S-T 4080

**DEPARTMENTAL APPROVAL FOR CERTIFICATE
OF OCCUPANCY AND COMPLIANCE**

To be filled in by each division indicated hereon upon completion of
its final inspection.

Board of Health Approved By _____ Date / /

Plumbing & Gas *W.M.* Approved By _____ Date / /

Electrical Approved By *J.C.K.* Date 11 2 190
off of Cassin

Assessors Approved By *J.H.* Date 2 13 190

Planning Board Approved By _____ Date / /

Sanitarian Approved By _____ Date / /

Fire Dept. (Fire Alarm) Approved By *J.H.* Date 11 13 190

Fire Dept. (Oil Equip.) Approved By *J.H.* Date 11 13 190

D.P.W. Approved By _____ Date / /

Conservation Comm. Approved By _____ Date / /

Building Dept. Approved By _____ Date / /

Remarks _____

Remarks _____

Remarks _____

TOWN OF BURLINGTON
CERTIFICATE OF OCCUPANCY

Building Permit Number 14374 Certificate Issued — Date 4/18/90

Date 3/2/89
Contractor SPAUDING INC. Address 6 HEEP Number of dwelling units _____
Applicant SPAUDING INC. Use RENTAL FURNITURE (Proposed Use) Phone 229-6300

At location 10 (No.) N. E. E. P. Zoning District _____
Name of Premise UTICA (Street) SECOND FLOOR

Subdivision _____ (Name) Lot # _____ Assessors Plate # _____ Parcel # _____ Lot Size _____ Sq. Ft.

Building is to be 20 wide by _____ ft. long by _____ ft. in height and shall conform in _____
Construction to type _____ Use Group _____ Basement walls or foundation _____ (Type)

Foundation walls damproofed _____ waterproofed _____
Total floor area in square ft. 24869 Basement or cellar _____ 1st story _____ 2nd story _____

Owner SPAUDING INC. Co. Signed by Francis R. Moran, Insp. of Bldg.
Address 6 HEEP.

NOTICE — BUILDING NOT TO BE OCCUPIED UNTIL THIS
CERTIFICATE IS SIGNED BY THE INSP. OF BLDGS.

This copy to be retained in Building Dept. [See Reverse Side]

MS2-16

**DEPARTMENTAL APPROVAL FOR CERTIFICATE
OF OCCUPANCY AND COMPLIANCE**

To be filled in by each division indicated hereon upon completion of its final inspection.

Board of Health Approved By _____ Date 1 1

Remarks _____

Plumbing & Gas Approved By _____ Date 1 1

Remarks _____

Electrical Approved By L. O'Brien Date 8/28/89

Remarks Inspected on 8/28/89. Permit card.

Assessors Approved By [Signature] Date 9/7/89

Remarks _____

Planning Board Approved By _____ Date 1 1

Remarks _____

Sanitarian Approved By _____ Date 1 1

Remarks _____

Fire Dept. (Fire Alarm) Approved By [Signature] Date 9/16/89

Remarks _____

Fire Dept. (Oil Equipt.) Approved By [Signature] Date 9/16/89

Remarks _____

D.P.W. Approved By _____ Date 1 1

Remarks _____

Conservation Comm. Approved By _____ Date 1 1

Remarks _____

Building Dept. Approved By _____ Date 1 1

Remarks Need emergency light

in light rear office. 2) make above correction &

cool for rainwater 9/17/89 JJC Temp C/O - OK

Occupancy hold - CONFERENCE ROOM - 25

CAPSTAR - 25

TOWN OF BURLINGTON

CERTIFICATE OF OCCUPANCY

Certificate Issued — Date / /

Building Permit Number 12733

Date 6/12/01

Contractor AC. Cortico

Applicant SPRINGFIELD INSUR CO.

Address 6 WEST BURLINGTON

Phone 889-6300

Use OFFICE SPACE (Proposed Use)

Permit to REMODEL (Type of Improvement)

At location Rt 10 USEP Zoning District RS
Name of Premise 2nd Floor (Street) 5th PROBATIONARY - ADD KIDS

Subdivision _____ (Name) Lot # _____ Assessors Plate # 53 Parcel # 16 Lot Size _____ Sq. Ft.
Building is to be 24 wide by 47 ft. long by _____ ft. in height and shall conform in

Construction to type 212 Use Group B Basement walls of foundation _____ (Type)
Foundation walls damproofed _____ waterproofed _____

Total floor area in square ft. 1124 Basement or cellar _____ 1st story _____ 2nd story _____
Owner TOWN OF BURLINGTON Signed by Francis R. Moran, Insp. of Bldg.
Address 6 WEST BURLINGTON

*APPLIED FOR THIS
CERTIFICATE BY THE INSP. OF BLDG.
3/29/04
P. Moran*

NOTICE — BUILDING NOT TO BE OCCUPIED UNTIL THIS CERTIFICATE IS SIGNED BY THE INSP. OF BLDG.

This copy to be retained in Building

[See Reverse Side]

**DEPARTMENTAL APPROVAL FOR CERTIFICATE
OF OCCUPANCY AND COMPLIANCE**

To be filled in by each division indicated hereon upon completion of
its final inspection.

Board of Health Approved By _____ Date / /

Plumbing & Gas Approved By _____ Date / /

Electrical Approved By _____ Date / /

Assessors Approved By _____ Date / /

Planning Board Approved By _____ Date / /

Sanitarian Approved By _____ Date / /

Fire Dept. (Fire Alarm) Approved By _____ Date / /

Fire Dept. (Oil Equipt.) Approved By _____ Date / /

D.P.W. Approved By _____ Date / /

Conservation Comm. Approved By _____ Date / /

Building Dept. Approved By _____ Date / /

Remarks _____

TOWN OF BURLINGTON
CERTIFICATE OF OCCUPANCY

Building Permit Number _____ Certificate Issued — Date 1/23/85

Date 1/23/84
Contractor Sharns Langford Address 15 Maple Phone 875-7618
Applicant Althe Use office (Proposed Use) Number of dwelling units _____
Permit to _____ (Type of Improvement)

At location 10 Maple (No.) _____ Street _____ Zoning District TR
Name of Premise _____

Subdivision _____ (Name) Lot # _____ Assessors Plate # 528 Parcel # 16 Lot Size _____ Sq. Ft.
Building is to be _____ wide by _____ ft. long by _____ ft. in height and shall conform in
Construction to type _____ Use Group _____ Basement walls or foundation _____ (Type)
Foundation walls damproofed _____ waterproofed _____
Total floor area in square feet 27000 Basement or cellar _____ 1st story _____ 2nd story _____
Owner Frosters of 10 Maple Trust Signed by Francis R. Moran, Insp. of Bldg.
Address _____ Francis R. Moran conf

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CERTIFICATE IS SIGNED BY THE INSP. OF BLDGS.

This copy to be retained in Building Dept. [See Reverse Side]

**DEPARTMENTAL APPROVAL FOR CERTIFICATE
OF OCCUPANCY AND COMPLIANCE**

To be filled in by each division indicated hereon upon completion of
its final inspection.

Board of Health	Approved By _____	Date / /	Remarks _____
Plumbing & Gas	Approved By _____	Date / /	Remarks _____
Electrical	Approved By <u>W. E. T. (cmj)</u>	Date <u>11/7/85</u>	Remarks _____
Assessors	Approved By <u>Mr. [Signature]</u>	Date <u>1/25/85</u>	Remarks _____
Planning Board	Approved By _____	Date / /	Remarks _____
Sanitarian	Approved By _____	Date / /	Remarks _____
Fire Dept. (Fire Alarm)	Approved By _____	Date / /	Remarks _____
Fire Dept. (Oil Equipt.)	Approved By _____	Date / /	Remarks _____
D.P.W.	Approved By _____	Date / /	Remarks _____
Conservation Comm.	Remarks _____	Date / /	Remarks _____
Building Dept. (Floor)	Remarks _____		

TOWN OF BURLINGTON
CERTIFICATE OF OCCUPANCY

Building Permit Number 8963

Certificate Issued — Date 5/1/81

Date 4/3/81

Contractor Senkun Construction Corp Address 41 Hudson St Phone 254-1333

Applicant Senkun Construction Corp Address 41 Hudson St Phone 254-1333

Permit to Remodel (Type of Improvement) Story 0 stories (Proposed Use) Number of dwelling units N/A

At location 2nd Fl Bldg 10 (No.) (Street) Zoning District F-5

Between _____ and _____ (Cross Street) (Cross Street)

Subdivision _____ (Name) Lot # _____ Assessors Plate # _____ Parcel # _____ Lot Size _____ sq. ft.

Building is to be _____ wide by _____ ft. long by _____ ft. in height and shall conform in construction to type _____ Use Group _____ Basement walls or foundation _____ (Type)

Foundation walls dampproofed _____ waterproofed _____

Total floor area in square ft. 1000 Basement or cellar _____ 1st story _____ 2nd story _____

Owner Spaulding & Slye Fire A.D. Little Inc. Signed by Francis R. Moran, Insp. of Bldg.

Address N#E-13 Address _____

NOTICE — BUILDING NOT TO BE OCCUPIED UNTIL THIS
CERTIFICATE IS SIGNED BY THE INSP. OF BLDGS.

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**DEPARTMENTAL APPROVAL FOR CERTIFICATE
OF OCCUPANCY AND COMPLIANCE**

To be filled in by each division indicated hereon upon completion of its final inspection.

Board of Health	Approved By _____	Date / /	Remarks _____
Plumbing & Gas	Approved By _____	Date / /	Remarks _____
Electrical	Approved By <i>cert</i>	Date 4/27/81	Remarks _____
Assessors	Approved By <i>Mr. Brown</i>	Date 4/27/81	Remarks _____
Planning Board	Approved By _____	Date / /	Remarks _____
Sanitarian	Approved By _____	Date / /	Remarks _____
Fire Dept. (Fire Alarm)	Approved By <i>[Signature]</i>	Date 4/27/81	Remarks _____
Fire Dept. (Oil Equipt.)	Approved By _____	Date / /	Remarks _____
D.P.W.	Approved By _____	Date / /	Remarks _____
Conservation Comm.	Remarks _____	Date / /	Remarks _____
Building Dept.	Remarks _____		Remarks _____

TOWN OF BURLINGTON

Town of Burlington Certificate of Occupancy

Building Permit No. 28995

Date Permit Issued 5/29/2007 0:00:00

Certificate Issue Date 2/1/08

Issuing Inspectors Signature

Erin de-oh 2/1/08

**10 NEEP, US ICE
LOCATION**

PERMIT TO:

Interior Alterations for New Office Tenant Fit Up

*Temp OK for
Administrative Offices only
on 1st & 2nd Floors
12/6/07*

Type of Improvement
Commercial Alteration

Assessors Map **52 - 16 - 0**

Use Group **B**
Type of Construction **2C**

Zoning District **IH**

Occupancy Load

Property Owner :
TEN LLC, C/O ROBERT MURRAY MNGER
27 CAMBRIDGE ST
BURLINGTON, MA 01803

Contractor /Applicant:
Vantage Builders Inc
281 Winter St, Suite 340
Waltham, MA 02451
(781) 895-3270 ()

Town of Burlington Departmental Approval and Compliance
The required approvals are checked off and must be signed off prior to issuance of Certificate of Occupancy

<input checked="" type="checkbox"/> Assessors	Approved By <u>MMN</u>	Date <u>12/4/07</u>
<input type="checkbox"/> Board of Health/Sanitarian	Approved By _____	Date _____
<input type="checkbox"/> Conservation	Approved By _____	Date _____
<input type="checkbox"/> DPW	Approved By _____	Date _____
<input checked="" type="checkbox"/> Electrical	Approved By <u>gmc</u>	Date <u>1/31/08</u>
<input checked="" type="checkbox"/> Fire Dept - Fire Alarm	Approved By <u>MJS</u>	Date <u>1/31/08</u>
<input checked="" type="checkbox"/> Fire Prevention Officer	Approved By <u>MJS</u>	Date <u>1/31/08</u>
<input checked="" type="checkbox"/> Planning	Approved By <u>DAF</u>	Date <u>1/31/08</u>
<input checked="" type="checkbox"/> Plumbing & Gas	Approved By <u>SEP</u>	Date <u>1/26/08</u>
<input checked="" type="checkbox"/> Building Department	Approved By _____	Date _____

REMARKS and/or Temporary Sign offs

781-270-1650	
781-270-1955	
781-270-1655	
781-270-1670	
781-270-1753	<i>Partial Final 12/5/07 gmc, Temp OK for office space only 12-6-07</i>
781-270-1924	
781-270-1645	<i>Temp OK 12/6/07 - Landscaping, Livestock</i>
781-270-1618	<i>DAF 12/3/07 Temp. only SEP.</i>
781-273-7674	

Need Kirk Dept. Sign off 12/6/07.

- Q1) need signoffs from Elect, F.D & Planning
- Q2) need Final AFE from Vantage Builders

PERMIT FOR OCCUPANCY

Date MAY 21, 1974
Name TRUSTEES NEW ENGLAND
EXECUTIVE PARK
Address 10 N.E.E.P.
ARTHUR D. KITTE
2ND FLOOR.
Type of Occupancy OFFICE

OK O-R-M
5/30/74

PERMIT FOR OCCUPANCY

Date 9/6/74
Name TRUSTEES OF N.E.E.P.
Address 10 NEW ENGLAND
EXECUTIVE PARK
Type of Occupancy OFFICE

OK 9/19/74

PERMIT FOR OCCUPANCY

Date FEB 15, 1974
Name TRUSTEES NEW ENGLAND
EXECUTIVE PARK
Address 10 NEW ENGLAND
EXECUTIVE PARK
Type of Occupancy OFFICE

Sahana Woods
OK O-R-M. 3/8/74

PERMIT FOR OCCUPANCY

Date 2/8/74
Name CORP/INL Const. Co.
N.E.E.P. trustees.
Address 10 NEW ENGLAND
EXECUTIVE PARK

Type of Occupancy OFFICE
TRAVELERS INC
OK O-R-M 3/15/74

PERMIT FOR OCCUPANCY

Date FEB 15, 1974
Name TRUSTEES NEW ENGLAND
EXECUTIVE PARK
Address 10 NEW ENGLAND
EXECUTIVE PARK
Type of Occupancy OFFICE

New England Leasing
1st Floor OK O-R-M
3/8/74

PERMIT FOR OCCUPANCY

Date March 28, 1974
Name TRUSTEES OF N.E. EXECUTIVE
PARK
Address 10 NEW ENGLAND
EXECUTIVE PARK
Type of Occupancy OFFICE

Tenant 3-M. Co.

