



APPLICATION FOR BUILDING PERMIT

TOWN OF BURLINGTON

TOWN HALL ANNEX - 25 CENTER STREET
BURLINGTON, MASSACHUSETTS 01803

Telephone 781-270-1615 or 781-273-7674 Fax 781-238-4691 Web WWW.BURLINGTON.ORG

B

INSTRUCTIONS: Submit This Application With Three (3) Sets of Construction Drawings, Plot Plan & Title Page

COST OF CONSTRUCTION: \$ 3,441,333 BUILDING PERMIT FEE: \$ 34,413.33
PLAN REVIEW FEE Applies to All Structures EXCEPT 1 or 2-Family Residential: 3,820.67
TOTAL PERMIT FEE: \$ 38,234.00

RECEIVED
MAY 10 2007
BURLINGTON BUILDING DEPARTMENT

CONSTRUCTION PROJECT INFORMATION Use Group B Construction Type 2C SF of Construction _____ Zoning District 1H

OFFICIAL STREET ADDRESS 10 NEW ENGLAND EXECUTIVE PARK FLOOR/SPACE No. _____
PROPERTY OWNER TEN LLC TEL No. 781-273-1000
ADDRESS 27 CAMBRIDGE STREET #200, B. MA. CELL No. 339-927-5917
TENANT NAME U.S. ICE Check here if same as owner

DESCRIPTION OF WORK NEW BUILDING ADDITION ALTERATION FOUNDATION DEMOLITION

INTERIOR - GROSS DEMOLITION EXISTING TENANT WALLS, CEILING, CARPET,
MECHANICAL, ELECTRIC. NEW TENANT WALLS, CEILING, CARPET, MISC FLOORING,
MECHANICAL, PLUMBING, ELECTRICAL, EXTERIOR - TANK, GENERATOR, FENCE, POOR.
ROOF UNITS, FLAG POLES

BUILDING / ADDITION DIMENSIONS: LENGTH _____ DEPTH _____ HEIGHT _____ LOT AREA: _____ SQ FT
BUILDING SETBACKS FROM PROPERTY LINES: Front _____ Rear _____ Left _____ Right _____
If variance required provide recorded variance and Board of Appeals Case No. _____
NO. OF STORIES 2 HEIGHT TO HIGHEST PART OF ROOF _____ ROOF TYPE Gable Hip Shed Other _____
FOUNDATION Full Concrete 10" Crawl Block Steel Footings Explain _____
TYPE OF HEAT/FUEL Hot Water Warm Air Steam Oil Gas
TYPE OF SOURCE Electric Coal Other _____
ENERGY CODES SUBMITTED REScheck COMcheck

WILL THERE BE A CHANGE IN GRADE? Yes No Submit Board of Health Drainage Permit

GENERAL CONTRACTOR INFORMATION Homeowner Acting as GC (Complete Exemption Form)

COMPANY NAME: MURRA
ADDRESS: 27 CA
Construction
Supervisor's Name: EDWA
Home Improvement Contract
Name: _____
Address: _____



Chris Ball
Project Manager
CS 84189 EXP. 2-4-09
Somerset Court
281 Winter Street, Suite 340
Waltham, Massachusetts 02451
P. 781-895-3270 F. 781-895-3271
Cell phone 617-778-3083
cball@vb-inc.com

Address Rich @
Phone No. 781-273-1000
Cell No. 339-927-5917
625 EXP DATE: 5.30.08
David Perry
EXP DATE: _____

Workers Comp Ins Policy No.: WME 8002 77901 2006
ARCHITECT / ENGINEER: MAUGEL ARCHITECTS INC
ADDRESS: 200 AYER ROAD HARVARD, MA 01455

Complete Affidavit & Provide Certificate
554 EXP DATE: 2-14-2008
No. 978 456 2800
of my knowledge and belief, signed under the

I hereby declare that the statements and information on the form are true and correct to the best of my knowledge and belief, signed under the pains and penalties of perjury.
[Signature]
SIGNATURE OF OWNER / AGENT

5-10-07
Date

Mail Pickup

INSPECTIONS	OK / NG	DATE	INSPECTION NOTES
Excavation	<input type="radio"/> <input type="radio"/>		
Footings	<input type="radio"/> <input type="radio"/>		
Steel	<input type="radio"/> <input type="radio"/>		
Foundation	<input type="radio"/> <input type="radio"/>		
	<input type="radio"/> <input type="radio"/>		
	<input type="radio"/> <input type="radio"/>		
As-Built			
Required	<input type="radio"/> <input type="radio"/>		
As-Built			
Received	<input type="radio"/> <input type="radio"/>		
Frame	<input checked="" type="radio"/> <input type="radio"/>	8/7/07	2nd FL. 1) Need Plumbing SIGN-OFF 2) Need to Firestop Around Plumbing @ FLOOR 3) Deflection Test @ Top of KPLUS C ROOF needed (NG)
	<input type="radio"/> <input type="radio"/>		
	<input type="radio"/> <input type="radio"/>		
	<input checked="" type="radio"/> <input type="radio"/>	9/20/07	1st FL NIC HOLDING AREAS (NG) 2nd FL Holding Area still Pending Plumbing & Wiring Sign-off (NG)
	<input type="radio"/> <input type="radio"/>		
	<input type="radio"/> <input type="radio"/>		
Firestop	<input type="radio"/> <input type="radio"/>		
Structure	<input type="radio"/> <input type="radio"/>		
Insulation	<input type="radio"/> <input type="radio"/>		
	<input type="radio"/> <input type="radio"/>		
	<input type="radio"/> <input type="radio"/>		
Above Ceiling	<input checked="" type="radio"/> <input type="radio"/>	10/24/07	2nd FL GRID HOLD FROM BOTTOM CHECKED (NG)
	<input checked="" type="radio"/> <input type="radio"/>	10/29/07	(NG)
	<input checked="" type="radio"/> <input type="radio"/>	11-21/07	BT-FUR NOT READY
	<input type="radio"/> <input type="radio"/>		
Final Electric	<input type="radio"/> <input type="radio"/>		
Final Plmbg	<input type="radio"/> <input type="radio"/>		
Final Gas	<input type="radio"/> <input type="radio"/>		
Final / CO	<input checked="" type="radio"/> <input type="radio"/>	12/16/07	Temp OK OK for administrative offices only 1st & 2nd FL (NG)

Need Final Signoffs Need Final Affidavits

Frame ok 2/16/08 (NG)



1/31/08

RE: 10 New England Executive Office Park
Burlington, MA 01803
Project Name: U.S. ICE

Vantage Builders Inc. request for final use and occupancy complete per permitted design and is constructed in accordance with all applicable codes regarding life and safety and is ready for occupancy and use.

Thank you,

A handwritten signature in blue ink, appearing to read "J Taylor".

Jim Taylor
Principal

A handwritten signature in blue ink, appearing to read "Paula L. Brooks". Below the signature, the text "Exp. Aug 1, 2008" is written in blue ink.





Final Affidavit

January 29, 2008

Project Location: **U.S. ICE (Immigration Custom Enforcement)
10 New England Executive Park
Burlington, MA**

In accordance with section 116.0 of the Massachusetts State Building Code, 780 CMR, I, Brent A. Maugel Registration No. 5554 being a registered professional architect hereby certify that I have directly supervised the preparation of all design plans, and construction administration for the above named project and that, to the best of my knowledge, information and belief, such plans, and the construction work meet the applicable provisions of the Massachusetts State Building Code. All acceptable architectural practices have been adhered to.

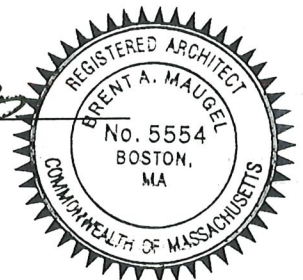
I further certify that Maugel Architects, Inc. has performed the necessary professional services on the construction site to observe that the work is in accordance with the documents submitted and approved for the building permit.

I therefore submit that U.S. ICE, 10 New England Executive Park, Burlington, MA is complete and ready for occupancy.


Brent A. Maugel A.I.A.

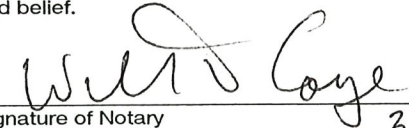
Jan 29 2008
Date

Maugel Architects, 200 Ayer Road, Harvard, MA 01451



Commonwealth of Massachusetts
County of Worcester

On this 29th day of January, 2008, before me, the undersigned Notary Public, personally appeared Brent A. Maugel A.I.A., proved to me through satisfactory evidence of identification, which was/were personal knowledge, to be the person(e) whose name(s) is/are signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.


Signature of Notary
My commission expires 3/9/2012





Electrical Affidavit

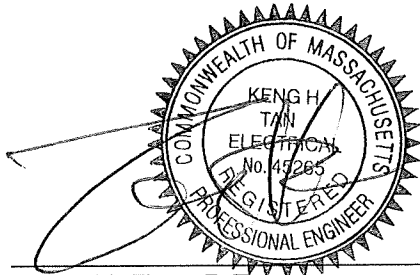
January 29, 2008

Project Location: **U.S. ICE (Immigration Custom Enforcement)
10 New England Executive Park
Burlington, MA**

In accordance with section 116.0 of the Massachusetts State Building Code, 780 CMR, I, Keng H. Tan, Registration No. 45265 being a registered professional engineer hereby certify that I have directly supervised the preparation of all design plans, and construction administration for the above named project and that, to the best of my knowledge, such plans, and the construction work meet the applicable provisions of the Massachusetts State Building Code.

I further certify that R.W. Sullivan Engineering, Inc., has performed the necessary professional services on the construction site to determine that the work is in accordance with the documents submitted and approved for the building permit, subjected to completion of final punch list.

I therefore submit that the areas at U.S. ICE, 10 New England Executive Park, Burlington, MA are complete and ready for occupancy.



January 29, 2008

Keng H. Tan, P.E.

Date

R.W. Sullivan Engineering, Inc., 529 Main Street, Boston, MA 02129

Commonwealth of Massachusetts
County of Suffolk

On this 29th day of JAN, 2008, before me, the undersigned Notary Public, personally appeared Keng H. Tan, P.E., proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person(s) whose name(s) is/are signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

A handwritten signature in black ink, appearing to read "Amal D. K.", written over a horizontal line.

Signature of Notary
My commission expires

10-24-2014



Mechanical Affidavit
(Plumbing and HVAC)

January 29, 2008

Project Location: **U.S. ICE (Immigration Custom Enforcement)**
10 New England Executive Park
Burlington, MA

In accordance with section 116.0 of the Massachusetts State Building Code, 780 CMR, I, Paul D. Sullivan, Registration No. 42798 being a registered professional engineer hereby certify that I have directly supervised the preparation of all design plans, and construction administration for the above named project and that, to the best of my knowledge, such plans, and the construction work meet the applicable provisions of the Massachusetts State Building Code.

I further certify that R.W. Sullivan Engineering, Inc., has performed the necessary professional services on the construction site to determine that the work is in accordance with the documents submitted and approved for the building permit, subjected to completion of final punch list.

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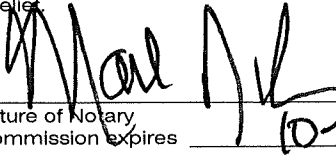


January 29, 2008
Date

Paul D. Sullivan, P.E.
R.W. Sullivan Engineering, Inc., 529 Main Street, Boston, MA 02129

Commonwealth of Massachusetts
County of Suffolk

On this 29th day of Jan 20 08, before me, the undersigned Notary Public, personally appeared Paul D. Sullivan, P.E., proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person(s) whose name(s) is/are signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.


Signature of Notary
My commission expires 10-24-2014



Fire Protection Affidavit

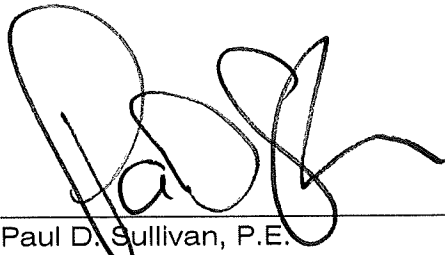
January 29, 2008

Project Location: **U.S. ICE (Immigration Custom Enforcement)
10 New England Executive Park
Burlington, MA**

In accordance with section 116.0 of the Massachusetts State Building Code, 780 CMR, I, Paul D. Sullivan, Registration No. 40402 being a registered professional engineer hereby certify that I have directly supervised the preparation of all design plans, and construction administration for the above named project and that, to the best of my knowledge, such plans, and the construction work meet the applicable provisions of the Massachusetts State Building Code.

I further certify that R.W. Sullivan Engineering, Inc., has performed the necessary professional services on the construction site to determine that the work is in accordance with the documents submitted and approved for the building permit, subjected to completion of final punch list.

I therefore submit that the areas at U.S. ICE, 10 New England Executive Park, Burlington, MA are complete and ready for occupancy.

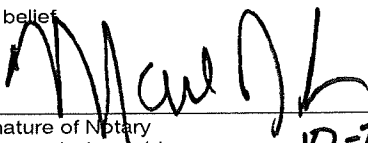


January 24, 2008
Date

Paul D. Sullivan, P.E.
R.W. Sullivan Engineering, Inc., 529 Main Street, Boston, MA 02129

Commonwealth of Massachusetts
County of Suffolk

On this 29th day of, Jan 2008, before me, the undersigned Notary Public, personally appeared Paul D. Sullivan, P.E., proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person(e) whose name(e) is/are signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief


Signature of Notary
My commission expires 10-24-2014





12/6/07

RE: 10 New England Executive Office Park
Burlington, MA 01803
Project Name: U.S. ICE

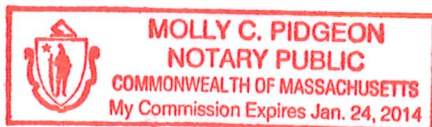
Vantage Builders Inc. request for temp use and occupancy complete per permitted design and is constructed in accordance with all applicable codes regarding life and safety and is ready for occupancy and use.

Administrative office dees only

Thank you,

A handwritten signature in black ink, appearing to read "J Taylor".

Jim Taylor
Principal



A handwritten signature in black ink, appearing to read "Molly C. Pidgeon".



Temporary Affidavit

December 4, 2007

Project Location: **U.S. ICE (Immigration Custom Enforcement)
10 New England Executive Park
Burlington, MA**

In accordance with section 116.0 of the Massachusetts State Building Code, 780 CMR, I, Brent A. Maugel Registration No. 5554 being a registered professional architect hereby certify that I have directly supervised the preparation of all design plans, and construction administration for the above named project and that, to the best of my knowledge, such plans, and the construction work meet the applicable provisions of the Massachusetts State Building Code. All acceptable architectural practices have been adhered to.

I further certify that Maugel Architects, Inc. has performed the necessary professional services on the construction site to determine that the work is in accordance with the documents submitted and approved for the building permit.

I therefore submit that the indicated areas at U.S. ICE, 10 New England Executive Park, Burlington, MA are complete and ready for occupancy (see attached).

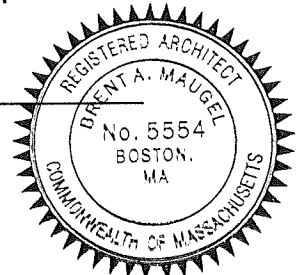
[Handwritten Signature]

12-04-2007

Brent A. Maugel A.I.A.

Date

Maugel Architects, 200 Ayer Road, Harvard, MA 01451

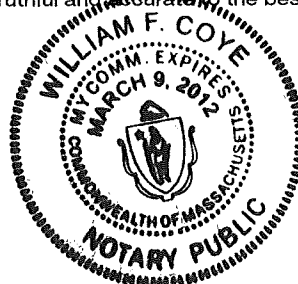


Commonwealth of Massachusetts
County of Worcester

On this 4th day of December 2007, before me, the undersigned Notary Public, personally appeared Brent A. Maugel A.I.A., proved to me through satisfactory evidence of identification, which was ~~were~~ personal knowledge, to be the person(s) whose name(s) is/are signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and ~~accurate~~ to the best of his/her knowledge and belief.

[Handwritten Signature]
3/9/2012

Signature of Notary
My commission expires





Mechanical Temporary Affidavit
(Plumbing and HVAC)

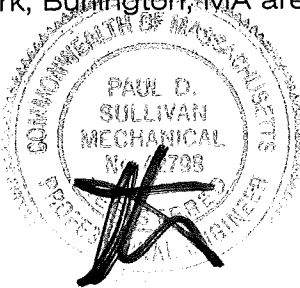
December 4, 2007

Project Location: **U.S. ICE (Immigration Custom Enforcement)**
10 New England Executive Park
Burlington, MA

In accordance with section 116.0 of the Massachusetts State Building Code, 780 CMR, I, Paul D. Sullivan, Registration No. 42798 being a registered professional engineer hereby certify that I have directly supervised the preparation of all design plans, and construction administration for the above named project and that, to the best of my knowledge, such plans, and the construction work meet the applicable provisions of the Massachusetts State Building Code.

I further certify that R.W. Sullivan Engineering, Inc., has performed the necessary professional services on the construction site to determine that the work is in accordance with the documents submitted and approved for the building permit, subjected to completion of final punch list.

I therefore submit that the indicated areas at U.S. ICE, 10 New England Executive Park, Burlington, MA are complete and ready for occupancy (see attached).



December 4, 2007


Paul D. Sullivan, P.E.
R.W. Sullivan Engineering, Inc., 529 Main Street, Boston, MA 02129

Date

Commonwealth of Massachusetts
County of Suffolk

On this 4th day of December, 2007, before me, the undersigned Notary Public, personally appeared Paul D. Sullivan, P.E., proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person(s) whose name(s) is/are signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/~~her~~ knowledge and belief.

Signature of Notary
My commission expires


10-24-2014



Fire Protection Temporary Affidavit

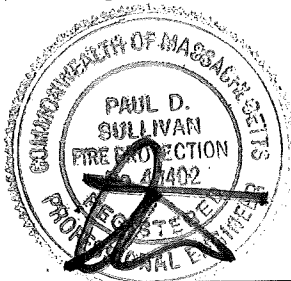
December 4, 2007

Project Location: **U.S. ICE (Immigration Custom Enforcement)
10 New England Executive Park
Burlington, MA**

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December 4, 2007

Paul D. Sullivan, P.E.
R.W. Sullivan Engineering, Inc., 529 Main Street, Boston, MA 02129

Date

Commonwealth of Massachusetts
County of Suffolk

On this 4th day of December, 2007, before me, the undersigned Notary Public, personally appeared Paul D. Sullivan, P.E., proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person(e) whose name(e) is/are signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/~~her~~ knowledge and belief.

Signature of Notary
My commission expires

10-24-2014



Electrical Temporary Affidavit

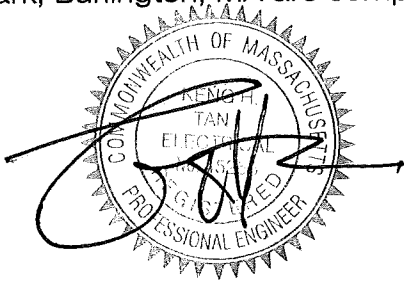
December 4, 2007

Project Location: **U.S. ICE (Immigration Custom Enforcement)
10 New England Executive Park
Burlington, MA**

In accordance with section 116.0 of the Massachusetts State Building Code, 780 CMR, I, Keng H. Tan, Registration No. 45265 being a registered professional engineer hereby certify that I have directly supervised the preparation of all design plans, and construction administration for the above named project and that, to the best of my knowledge, such plans, and the construction work meet the applicable provisions of the Massachusetts State Building Code.

I further certify that R.W. Sullivan Engineering, Inc., has performed the necessary professional services on the construction site to determine that the work is in accordance with the documents submitted and approved for the building permit, subjected to completion of final punch list.

I therefore submit that the indicated areas at U.S. ICE, 10 New England Executive Park, Burlington, MA are complete and ready for occupancy (see attached).



December 4, 2007

Keng H. Tan, P.E.

Date

R.W. Sullivan Engineering, Inc., 529 Main Street, Boston, MA 02129

Commonwealth of Massachusetts
County of Suffolk

On this 4th day of December, 2007, before me, the undersigned Notary Public, personally appeared Keng H. Tan, P.E., proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person(s) whose name(s) is/are signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary
My commission expires 10-24-2014



10 NEEP, US ICE

EP-2007-0828

GIS #:	7168
Map:	52
Block:	16
Lot:	0
Permit:	Electrical
Category:	Commercial Alteration
Permit #	EP-2007-0828
Project #	JS-2007-000441
Est. Cost:	\$7,500.00
Fee Charged:	\$75.00
Balance Due:	\$.00
# of Fixtures:	
Pole #	
Service:	
Amps:	
Volts:	
# of Meters:	
SRE #	

COMMONWEALTH OF MASSACHUSETTS TOWN OF BURLINGTON



ELECTRICAL PERMIT

PERMISSION IS HEREBY GRANTED TO:

Contractor:	License:	Expires:
S. Donnelly Electric Inc	Master Electrician - 12649A	
Owner: TEN LLC, C/O ROBERT MURRAY MNGER		
Applicant: S. Donnelly Electric Inc		
AT: 10 NEEP, US ICE		

ISSUED ON: 12-Nov-2007

AMENDED ON:

EXPIRES ON:

TO PERFORM THE FOLLOWING WORK:

Refeed common areas, power for phone, temp humidifier feed and feeds for security doors to New office tenant fit up

THIS PERMIT MAY BE REVOKED BY THE TOWN OF BURLINGTON UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Call Jim McDonough, Wiring Inspector at 781-270-1753 to schedule all required inspections

Rough OK _____ Final OK 1/30/08 JMC Star Notified _____

CEIL O.K. 11/26/07 JMC Partial Final 1/29/08 JMC Signature: _____

Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:
ELEC08	REC-2007-002592	12-Nov-07	8302	\$75.00



Commonwealth of Massachusetts
Department of Fire Services
 BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
 PAID
 CHECK # 8302
 (Rev 1/07)
 NOV 9 7 2007
 BURLINGTON BUILDING DEPARTMENT
 Phone 781-270-1753 Fax 781-238-4691

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

TOWN OF BURLINGTON- 25 Center St., Burlington MA 01803 Phone 781-270-1753 Fax 781-238-4691

FEE SCHEDULE BASED ON ESTIMATED VALUE OF WORK \$10 PER \$1000. NEW CONSTRUCTION \$25 MINIMUM INCLUDES NEW TENANT SPACE, LOW VOLTAGE, REINSPECTION. EXISTING BUILDINGS \$20 MINIMUM INCLUDES ELECTRICAL BOXES, SERVICE CHANGE, APPLIANCE REPLACEMENTS, SIGNS, and POOLS.

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 10 NE Executive Office Park Floor/Space No. _____

Owner or Tenant US ICE Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes No **NSTAR Phone No. 888-633-3797**

Purpose of Building Commercial Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Refeed common areas, power for phone eq. temp humidifier feed to feeds to security doors

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets <u>11</u>	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number _____ Tons _____ KW _____	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or Equivalent
No. Hydromassage Bathtubs	No. of Motors	Total HP	Telecommunications Wiring: No. of Devices or Equivalent
OTHER:			

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify: _____) Exp. _____

ESTIMATED VALUE OF ELECTRICAL WORK: 7500 (MUST BE FILLED IN)

INSPECTIONS TO BE REQUESTED IN ACCORDANCE WITH MEC RULE 10, AND UPON COMPLETION.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: S Donnelly Electric LIC. NO.: A12649

Licensee: Steve Donnelly Signature _____ LIC. NO.: E23980

ADDRESS: 31 Bedford St Lakeville Ma 02347 Bus. Tel. No.: 508 947 0743

Cell Tel. No.: _____

*Security System Contractor License required for this work; if applicable, enter the license number here
OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____ Telephone No. _____ **PERMIT FEE: \$**

10 NEEP, US ICE

EP-2007-0846

GIS #:	7168
Map:	52
Block:	16
Lot:	0
Permit:	Electrical
Category:	Commercial Alteration
Permit #	EP-2007-0846
Project #	JS-2007-000441
Est. Cost:	\$5,000.00
Fee Charged:	\$50.00
Balance Due:	\$.00
# of Fixtures:	
Pole #	
Service:	
Amps:	
Volts:	
# of Meters:	
SRE #	

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF BURLINGTON**



ELECTRICAL PERMIT

PERMISSION IS HEREBY GRANTED TO:

Contractor:	License:	Expires:
Bagni Electric LLC	Master Electrician - A16024	
Owner: TEN LLC, C/O ROBERT MURRAY MNGER		
Applicant: TEN LLC, C/O ROBERT MURRAY MNGER		
AT: 10 NEEP, US ICE		

ISSUED ON: 12-Nov-2007

AMENDED ON:

EXPIRES ON:

TO PERFORM THE FOLLOWING WORK:

Wire parking lot lights

THIS PERMIT MAY BE REVOKED BY THE TOWN OF BURLINGTON UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Call Jim McDonough, Wiring Inspector at 781-270-1753 to schedule all required inspections.

Rough OK _____ Final OK 12/5/07 gmo Star Notified _____

U.C. 11/8/07 gmo. [Signature]

Signature: _____

Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:
ELEC08	REC-2007-002610	12-Nov-07	1022	\$50.00



Commonwealth of Massachusetts
Department of Fire Services
BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
 CHECK # 1022
 (Rev 1/07) **NOV 07 2007**
 DEPARTMENT

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

TOWN OF BURLINGTON- 25 Center St., Burlington MA 01803 Phone 781-270-1753 Fax 781-238-4691

FEE SCHEDULE BASED ON ESTIMATED VALUE OF WORK \$10 PER \$1000. NEW CONSTRUCTION \$25 MINIMUM INCLUDES NEW TENANT SPACE, LOW VOLTAGE, REINSPECTION. EXISTING BUILDINGS \$20 MINIMUM INCLUDES ELECTRICAL BOXES, SERVICE CHANGE, APPLIANCE REPLACEMENTS, SIGNS, and POOLS.

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 10 New England executive Park Dr Floor/Space No. _____

Owner or Tenant Murray Hillz Telephone No. 273-1000

Owner's Address 26 Cambridge St

Is this permit in conjunction with a building permit? Yes No NSTAR Phone No. 888-633-3797

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Parking lot lights

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures <u>11</u>	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number _____ Tons _____ KW _____	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems:*	No. of Devices or Equivalent
No. of Water Heaters KW	No. of Signs	Data Wiring:	No. of Devices or Equivalent
No. of Hydromassage Bathtubs	No. of Motors	Telecommunications Wiring:	No. of Devices or Equivalent
OTHER:			

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify) liability-comp Exp. 11-08

ESTIMATED VALUE OF ELECTRICAL WORK: 5000 (MUST BE FILLED IN)

INSPECTIONS TO BE REQUESTED IN ACCORDANCE WITH MEC RULE 10, AND UPON COMPLETION.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: Bagni Electric LLC LIC. NO.: A16024

Licensee: Rich Bagni Signature [Signature] LIC. NO.: E32303

ADDRESS: 6 Bennett Circle Billerica Bus. Tel. No.: 781-272-1961

Cell Tel. No.: 978-608-8992

*Security System Contractor License required for this work; if applicable, enter the license number here _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____ Telephone No. _____ **PERMIT FEE: \$ 50**

10 NEEP, US ICE

EP-2007-0808

GIS #:	7168
Map:	52
Block:	16
Lot:	0
Permit:	Electrical
Category:	Commercial Alteration
Permit #	EP-2007-0808
Project #	JS-2007-000441
Est. Cost:	\$15,000.00
Fee Charged:	\$150.00
Balance Due:	\$.00
# of Fixtures:	
Pole #	
Service:	
Amps:	
Volts:	
# of Meters:	
SRE #	

COMMONWEALTH OF MASSACHUSETTS TOWN OF BURLINGTON



ELECTRICAL PERMIT

PERMISSION IS HEREBY GRANTED TO:

Contractor:	License:	Expires:
S. Donnelly Electric Inc	Master Electrician - 12649A	
Owner: TEN LLC, C/O ROBERT MURRAY MNGER		
Applicant: S. Donnelly Electric Inc		
AT: 10 NEEP, US ICE		

ISSUED ON: 03-Nov-2007

AMENDED ON:

EXPIRES ON:

TO PERFORM THE FOLLOWING WORK:

Install FA for New office tenant fit up

THIS PERMIT MAY BE REVOKED BY THE TOWN OF BURLINGTON UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Call Jim McDonough, Wiring Inspector at 781-270-1753 to schedule all required inspections

Rough OK _____ Final OK 11/30/08 JMC Star Notified _____

CEIL P.K. 11/26/07 JMC? Part. Fin. 1/29/08 JMC Signature: _____

Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:
ELEC08	REC-2007-002481	03-Nov-07	8278	\$150.00



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. _____
Occupancy and Fee Checked _____
[Rev. 11/99] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 10/25/07

City or Town of: Burlington

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 10 NE Executive Office Park

Owner or Tenant US ICE

Telephone No. PAID

Owner's Address _____

CHECK # 8278

Is this permit in conjunction with a building permit? Yes No

(Check Appropriate Box)

NOV 25 2007

Purpose of Building _____

Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts

Overhead

Undgrd

No. of Meters _____

New Service _____ Amps _____ / _____ Volts

Overhead

Undgrd

No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	40
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	Data Wiring: No. of Devices or Equivalent	
No. of Hydromassage Bathtubs	No. of Motors	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Attach additional detail if desired, or as required by the Inspector of Wires.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify:)

(Expiration Date)

Estimated Value of Electrical Work: \$15000 (When required by municipal policy.)

Work to Start: 10/25/07 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: S. Donnelly Electric, Inc.

LIC. NO.: 12649A

Licensee: Steven Donnelly

Signature: [Signature]

LIC. NO.: 23980E

(If applicable, enter "exempt" in the license number line.)

Address: 31 Bedford Street, Lakeville, MA 02347

Bus. Tel. No.: 508-947-0743

Alt. Tel. No.: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____

Telephone No. _____

PERMIT FEE: \$ 150

10 NEEP, US ICE

EP-2007-0619

GIS #:	7168
Map:	52
Block:	16
Lot:	0
Permit:	Electrical
Category:	Commercial Alteration
Permit #	EP-2007-0619
Project #	JS-2007-000441
Est. Cost:	\$35,000.00
Fee Charged:	\$350.00
Balance Due:	\$.00
# of Fixtures:	
Pole #	
Service:	
Amps:	
Volts:	
# of Meters:	
SRE #	

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF BURLINGTON**



ELECTRICAL PERMIT

PERMISSION IS HEREBY GRANTED TO:

Contractor:	License:	Expires:
Integra Network Services		
Owner: TEN LLC, C/O ROBERT MURRAY MNGER		
Applicant: Integra Network Services		
AT: 10 NEEP, US ICE		

ISSUED ON: 28-Aug-2007

AMENDED ON:

EXPIRES ON:

TO PERFORM THE FOLLOWING WORK:

Install voice/data cabling for New office tenant fit up

THIS PERMIT MAY BE REVOKED BY THE TOWN OF BURLINGTON UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Call Jim McDonough, Wiring Inspector at 781-270-1753 to schedule all required inspections.

Rough OK

Final OK 1/30/08/MS

Signature: _____

Part R64 9/19/07 gmo
Part R64 8/28/07 gmo

Partial Final 1/25/07 gmo Partial Final 1/3/08 gmo
Partial Final 1/29/08 gmo

Ceil 2nd Fl 10/26/07 gmo
Ceil 2nd Fl 10/29/07 gmo

Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:
ELEC08	REC-2007-001919	28-Aug-07	13867	\$350.00

R64 1st Fl 10/30/07 gmo
Ceil 2nd Fl 10/30/07 gmo
Ceil 1st Fl 11/27/07 gmo



**Commonwealth of Massachusetts
Department of Fire Services
BOARD OF FIRE PREVENTION REGULATIONS**

PAID 13867
CHECK #
Official Use Only
AUG 28 2007
(Rev 1/07)
BURLINGTON BUILDING DEPT

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

TOWN OF BURLINGTON- 25 Center St., Burlington MA 01803 Phone 781-270-1753 Fax 781-238-4691

FEE SCHEDULE BASED ON ESTIMATED VALUE OF WORK \$10 PER \$1000. NEW CONSTRUCTION \$25 MINIMUM INCLUDES NEW TENANT SPACE, LOW VOLTAGE, REINSPECTION. EXISTING BUILDINGS \$20 MINIMUM INCLUDES ELECTRICAL BOXES, SERVICE CHANGE, APPLIANCE REPLACEMENTS, SIGNS, and POOLS.

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 10 NEW ENGLAND EXECUTIVE Floor/Space No. _____

Owner or Tenant ICE Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes No NSTAR Phone No. 888-633-3797

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps / _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps / _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number _____ Tons _____ KW _____	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or Equivalent
No. of Hydromassage Bathtubs	No. of Motors	Total HP	Telecommunications Wiring: No. of Devices or Equivalent
OTHER: <u>TEL/DATA CABLING</u>			

ESTIMATED VALUE OF ELECTRICAL WORK: 35,000 (MUST BE FILLED IN)

INSPECTIONS TO BE REQUESTED IN ACCORDANCE WITH MEC RULE 10, AND UPON COMPLETION

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify: _____) Exp. _____

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: INTEGRA NETWORK SERVICES LIC. NO.: _____

Licensee: _____ Signature [Signature] LIC. NO.: _____

ADDRESS: 25 BIRCH STREET MILFORD MA 01757 Bus. Tel. No.: 508-485-5510
Cell Tel. No.: 781-587-0150

*Per MGL c147, s57-61, security work requires Department of Public Safety "S" License: LIC. No.: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature [Signature] Telephone No. 781-587-0150 **PERMIT FEE: \$ 350**

10 NEEP, US ICE

EP-2007-0489

GIS #:	7168
Map:	52
Block:	16
Lot:	0
Permit:	Electrical
Category:	Commercial Alteration
Permit #	EP-2007-0489
Project #	JS-2007-000441
Est. Cost:	\$400,000.00
Fee Charged:	\$4,000.00
Balance Due:	\$.00
# of Fixtures:	
Pole #	
Service:	
Amps:	
Volts:	
# of Meters:	
SRE #	

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF BURLINGTON**



ELECTRICAL PERMIT

PERMISSION IS HEREBY GRANTED TO:

Contractor:	License:	Expires:
Florence Electric LLC	Master Electrician - 17500A	
Owner: TEN LLC, C/O ROBERT MURRAY MNGER		
Applicant: Florence Electric LLC		
AT: 10 NEEP, US ICE		

ISSUED ON: 12-Jul-2007

AMENDED ON:

EXPIRES ON:

TO PERFORM THE FOLLOWING WORK:

Wire New office tenant fit up

THIS PERMIT MAY BE REVOKED BY THE TOWN OF BURLINGTON UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Call Jim McDonough, Wiring Inspector, at 781-270-1753 to schedule all required inspections.

Rough OK _____ Final OK 1/30/08 Star Notified _____

RG 8/6/07 gms Partial Final 1/29/08 gms Signature: _____

Partial Final 12/5/07 JMD Partial Final 11/3/08 gms

Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:
ELEC08	REC-2007-001521	12-Jul-07	5451	\$4,000.00

*Progress visit 7/30/07 gms
U.G. outside 8/28/07 gms
U.G. outside 9/13/07 gms
Ground rods on lite poles 9/21/07 gms
Ceil 2nd Fl 10/29/07 gms
Ceil 1st Fl 11/27/07 gms*



**Commonwealth of Massachusetts
Department of Fire Services
BOARD OF FIRE PREVENTION REGULATIONS**

Official Use Only
PAID
CHECK # 5451
(Rev 1/07) - 9 2007
BUILDING DEPARTMENT

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR, 12.00.

TOWN OF BURLINGTON- 25 Center St., Burlington MA 01803 Phone 781-270-1753 Fax 781-238-4691

FEE SCHEDULE BASED ON ESTIMATED VALUE OF WORK \$10 PER \$1000. NEW CONSTRUCTION \$25 MINIMUM INCLUDES NEW TENANT SPACE, LOW VOLTAGE, REINSPECTION. EXISTING BUILDINGS \$20 MINIMUM INCLUDES ELECTRICAL BOXES, SERVICE CHANGE, APPLIANCE REPLACEMENTS, SIGNS, and POOLS.

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 10 NEW ENGLAND EXECUTIVE PK Floor/Space No. 2

Owner or Tenant BLACKSTONE/EQUITY PROPERTIES-ICE Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes No NSTAR Phone No. 888-633-3797

Purpose of Building OFFICE Utility Authorization No. NA

Existing Service ✓ 200 Amps 277 / 480 Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: 1ST + 2ND FLOOR NEW FIRE ALARM, LIGHTING, GEORAZOR AND PANELBOARDS, NEW BRANCH WIRING.

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or Equivalent
No. Hydromassage Bathtubs	No. of Motors	Total HP	Telecommunications Wiring: No. of Devices or Equivalent

OTHER: _____

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify: _____) Exp. _____

ESTIMATED VALUE OF ELECTRICAL WORK: \$400,000 (MUST BE FILLED IN)

INSPECTIONS TO BE REQUESTED IN ACCORDANCE WITH MEC RULE 10, AND UPON COMPLETION.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: FLORENCE ELECTRIC LLC LIC. NO.: _____

Licensee: ELI B FLORENCE Signature _____ LIC. NO.: #17500A

ADDRESS: 125 JOHN HANCOCK RD TAVERTON MA Bus. Tel. No.: 508-823-5550

*Security System Contractor License required for this work; if applicable, enter the license number here _____ Cell Tel. No.: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____ Telephone No. _____

PERMIT FEE: \$ 4000.⁰⁰

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)



BURLINGTON, Mass. Date 9/24 2007 Permit # _____

Building Location 10 NEW ENGLAND EXECUTIVE PK Owner's Name VANTAGE BUILDERS

Owner Tel# 781 895 3200 Type of Occupancy COMMERCIAL

New Renovation Replacement Plan Submitted: Yes No

FIXTURES

G

	RANGES	HEATER RANGES	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VENTED ROOM HEATERS	DIRECT VENT HTRS	POOL HEATERS	TESTS	OTHER	FUEL LINES	
\$45.00																				
SUB-BSMT																				
BASEMENT																				
1 ST FLOOR										1										
2 ND FLOOR																				
3 RD FLOOR																				
4 TH FLOOR																				
5 TH FLOOR																				
6 TH FLOOR																				
7 TH FLOOR																				
8 TH FLOOR																				

RECEIVED
#13541
SEP - 5 2007
BURLINGTON BUILDING DEPARTMENT

Installing Company Name Eastern Propane & Oil, Inc

Address 131 Water Street
Danvers, MA 01923

Business Telephone # 800-322-6628

Name of Licensed Plumber or Gas Fitter Scott Cohen

Check one: Certificate
Corporation
Partnership
Firm/Co.

INSURANCE COVERAGE:
I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.
Yes No
If you have checked yes, please indicate the type coverage by checking the appropriate box.
A liability insurance policy Other type of indemnity Bond
OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.
Check one: Owner Agent
Signature of Owner or Owner's Agent _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

By _____
Title _____
City/Town _____
APPROVED (OFFICE USE ONLY)

Type of License:
• Plumber
• Gas fitter
• Master
• Journeyman

Signature of Licensed Plumber or Gas Fitter Scott Cohen
License Number 4195

10 NEEP, US ICE

GP-2007-0241

COMMONWEALTH OF MASSACHUSETTS
TOWN OF BURLINGTON

GIS #:	7168
Map:	52
Block:	16
Lot:	0
Permit:	Gas
Category:	Commercial Alteration
Permit #	GP-2007-0241
Project #	JS-2007-000441
Est. Cost:	
Fee Charged:	\$45.00
Balance Due:	\$0.00
# of Fixtures:	



GAS PERMIT

PERMISSION IS HEREBY GRANTED TO:

Contractor: Eastern Propane & Oil Inc **License:** Journeyman Plumber - 4199 **Expires:**

Owner: TEN LLC, C/O ROBERT MURRAY MNGER

Applicant: Eastern Propane & Oil Inc

AT: 10 NEEP, US ICE

ISSUED ON: 13-Sep-2007

AMENDED ON:

EXPIRES ON:

TO PERFORM THE FOLLOWING WORK:

Install gas generator for New office tenant fit up

THIS PERMIT MAY BE REVOKED BY THE TOWN OF BURLINGTON UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Call 781-270-1618 or 781-273-7674 for all required inspections. Rough inspections require the plumber on site w/current edition of 248 CMR The MA Fuel Gas & Plumbing Code.

Underground OK _____ Rough OK _____ Final OK _____

Signature: _____

Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:
GAS08	REC-2007-002076	13-Sep-07	13541	\$45.00

10 NEEP, US ICE

PP-2007-0273

COMMONWEALTH OF MASSACHUSETTS
TOWN OF BURLINGTON



PLUMBING PERMIT

GIS #:	7168
Map:	52
Block:	16
Lot:	0
Permit:	Plumbing
Category:	Commercial Alteration
Permit #	PP-2007-0273
Project #	JS-2007-000441
Est. Cost:	
Fee Charged:	\$645.00
Balance Due:	\$.00
# of Fixtures:	43

PERMISSION IS HEREBY GRANTED TO:

Contractor:	License:	Expires:
Dickinson's H&P	Master Plumber - 15020	

Owner: TEN LLC, C/O ROBERT MURRAY MNGER

Applicant: Dickinson's H&P

AT: 10 NEEP, US ICE

ISSUED ON: 25-Jul-2007

AMENDED ON:

EXPIRES ON:

TO PERFORM THE FOLLOWING WORK:

Install plumbing for New office tenant fit up

THIS PERMIT MAY BE REVOKED BY THE TOWN OF BURLINGTON UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Call 781-270-1618 or 781-273-7674 for all required inspections. All rough inspections require the plumber on site w/current edition of 248 CMR the MA Fuel Gas & Plumbing Code.

Underground OK _____ Rough OK _____ Final OK _____

Signature: _____

Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:
PLUM08	REC-2007-001615	25-Jul-07	1111	\$645.00

Town of Burlington * Glenn Paparo, Inspector * 781.270.1618 * Fax 781.238.4691
MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING



BURLINGTON

Mass Date 7-24-07

Building Location 10 NEEP
US ICE

Owners Name VANTAGE BOX
 Type of Occupancy _____

New Renovation Replacement Plans Submitted: Yes No

P

FEE SCHEDULE
 \$45 Minimum for
 1st three (3)
 fixtures plus \$15
 for each add'l
 fixture/appliance
 /device
 Reinspection Fee: \$45

Total No. of Fixtures	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISH WASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREVENTOR	OTHER FIXTURES	2 nd Water Meter	
<u>43</u>																							
Total Fee <u>\$645</u>																							
SUB-BSMT																							
BASEMENT																							
1ST FLOOR		<u>16</u>	<u>2</u>		<u>5</u>					<u>2</u>		<u>1</u>	<u>0</u>	<u>1</u>	<u>2</u>			<u>1</u>					
2ND FLOOR		<u>2</u>																<u>1</u>	<u>E</u>				
3RD FLOOR																							
4TH FLOOR																							
5TH FLOOR																							
6TH FLOOR																							
7TH FLOOR																							
8TH FLOOR																							

PAID
 CHECK # 1111
JUL 24 2007
 BURLINGTON BUILDING DEPARTMENT

Installing Company Name Dickinson's HD P
 Address: 184 South Washington St
WATON
 Business Telephone 888-822-0707 Cell 774-309-1884
 Name of Licensed Plumber or Gas Fitter Albert Dickinson 306-1884

Check One: Certificate
 Corporation 2725
 Partnership
 Firm/Co.

INSURANCE COVERAGE
 I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch 142.
 Yes No
 If you have checked yes, please indicate the type coverage by checking the appropriate box.
 A liability insurance policy Other type of indemnity Bond
OWNERS INSURANCE WAIVE I am aware that the licensee does not have the insurance coverage required by chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.
 Check one:
 Owner Agent
 Signature of Owner or Owner's Agent _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the general laws.

Mail to: Plumbing & Gas Inspector
 Burlington Building Department
 25 Center Street
 Burlington, MA 01803

Type of License
 Plumber
 Gas Fitter
 Master
 Journeyman

[Signature]
 Signature of Licensed Plumber or Gas Fitter
 License Number 15020



**ATTENTION: MUST PREMARK AREA IN WHITE
AND GIVE THE WATER/SEWER DEPARTMENT A 72
HOUR NOTICE FOR MARKOUT / 781-270-1670**

**MUST HAVE SKETCH SHOWING PROPOSED WORK
FOR STREET OPENING PERMIT**

Permit # 2666
Date: 9/17/2007
Fee: \$50.00
Sketch:

Town of Burlington
Department of Public Work

**MUST GIVE THE ENGINEERING DIVISION A 24
HOUR NOTICE FOR INSPECTION / 781-270-1640**

Street Opening Permit

Temp. Patch Inspection

Final Patch Inspection

Driveway Permit

Sewer Permit

Sewer Allocation

Board of Health

Ball Tested

Line/Grade Inspection

Water Permit

Bedding Inspection

Approved for billing

New England Executive Pa 10

Street Name and #

Approximate Length and Width

Diaz Construction Co. Inc.

Contractor/Company

Liam Rogers

774-259-1326

508-427-0540

Emergency Contact Name

Emergency Phone Number

Office Phone Number

20073711206

Digsafe Number

Purpose of Project:

change sewer line 4" to 6" into manhole same inv.

Conditions of Project:



I hereby agree to adhere by the rules, regulations, and specifications of the Burlington Department of Public Works governing the work within municipal streets, and to such special conditions and restrictions as may be imposed by the Director of Public Works.

Contractor

Approved

Denied

Signature

Date

Signature

Title

Distribution: Applicant - Original

Water Division

Highway

Building Dept. - Sewer Only

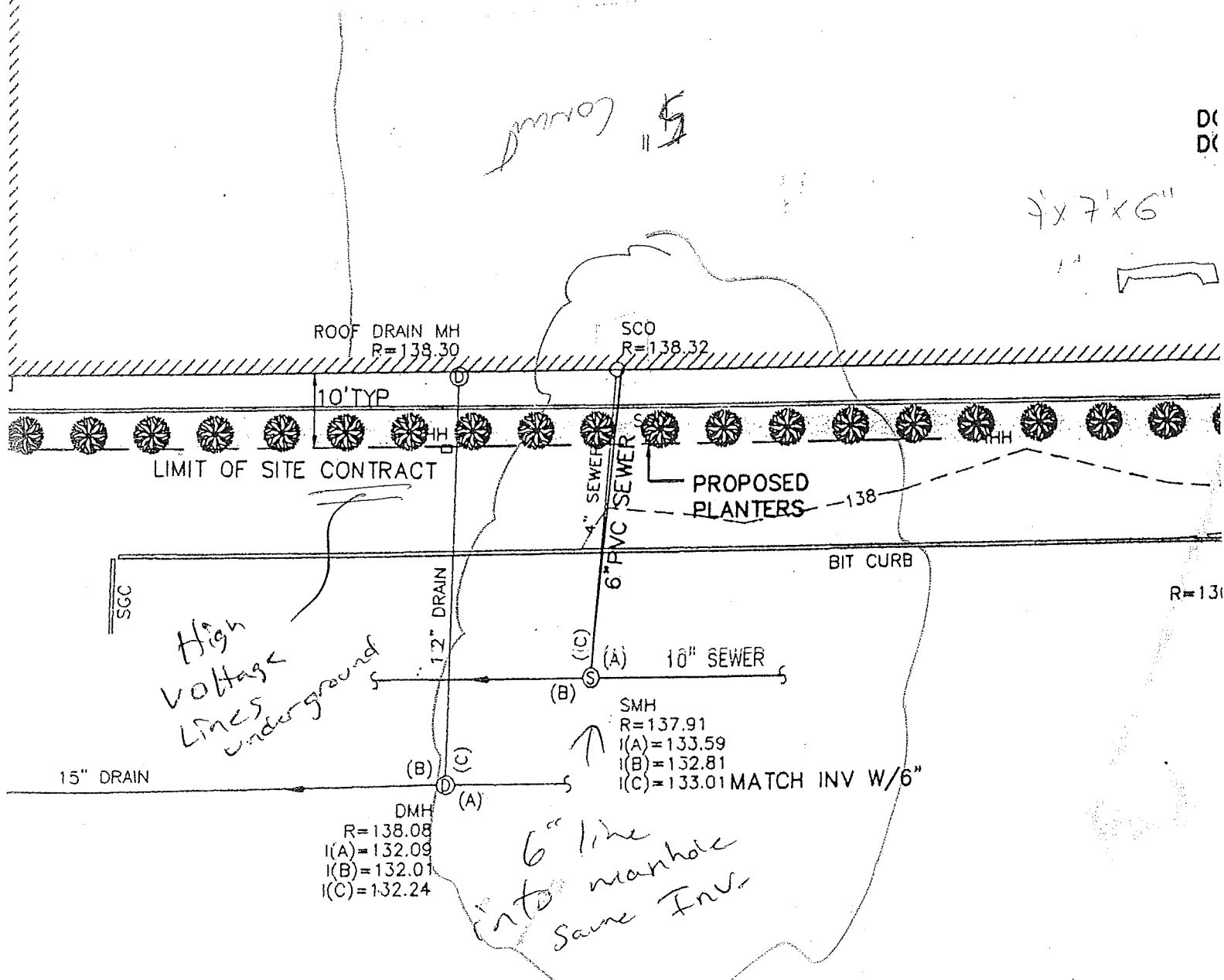
Engineering Division

7-11-2014
2014 11 11

10 NEW ENGLAND EXECUTIVE DRIVE

EXISTING BUILDING

FF=139.81



UTILITY NOTES:

- UTILITY LOCATIONS SHOWN ARE BASED ON A FIELD SURVEY, CONTRACTORS NOTES AND RECORD UTILITY PLANS. THE LOCATIONS OF UNDERGROUND PIPES AND CONDUITS HAVE BEEN DETERMINED FROM THE AFOREMENTIONED ITEMS AND ARE APPROXIMATE ONLY. BEFORE PLANNING FUTURE CONNECTIONS CALL "DIG SAFE - 1-800-322-4844" IN ADDITION THE CONTRACTOR SHALL COORDINATE HIS CONSTRUCTION

PROPERTY
 CUTIVE PARK
 USETTS
 DRD
 MANAGER
 USETTS

Handwritten signature



CONSTRUCTION CONTROL AFFIDAVIT



TOWN OF BURLINGTON

Office of Inspector of Buildings - Town Hall Annex - 25 Center Street
Burlington, Massachusetts 01803

(781) 270-1615 (781) 238-4691 FAX WWW.BURLINGTON.ORG

28995

PROJECT LOCATION 10 NEW ENGLAND EXECUTIVE PARK JOB NO. 06146
PROJECT NAME U.S. ICE (IMMIGRATION CUSTOM ENFORCEMENT)
NATURE OF PROJECT TENANT FIT-UP
ARCHITECT AND/OR ENGINEER MAUGEL ARCHITECTS, INC
ADDRESS 200 AYER ROAD, HARVARD, MA 01451 TELEPHONE NO. 978-456-2800

In accordance with Section 110 and 116.0 of the Massachusetts State Building Code, I, BRENT MAUGEL
Registration No. 5554 being a registered professional engineer/architect, hereby certify that I have prepared or directly supervised the
preparation of all design plans, computations and specifications concerning:

ENTIRE PROJECT
 MECHANICAL
 OTHER _____

ARCHITECTURAL
 FIRE PROTECTION

STRUCTURAL
 ELECTRICAL



For the above named project and that, to the best of my knowledge, such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, all accepted engineering practices and applicable laws and ordinances for the proposed use and occupancy. I further certify that I shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to determine that the work is proceeding in accordance with the documents approved for the building permit and shall be responsible for the following as specified in Section 116.2.

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for building permit, and approval for conformance to the design concept.
2. Review and approval of the quality control procedures for all code-required controlled materials.
3. Special architectural or engineering professional inspection of critical construction components requiring controlled materials or construction specified in the accepted engineering practice standards listed in Appendix G.

Pursuant to Section 116.2.2, I shall submit periodically, daily, weekly, or other periods (specify) progress reports together with pertinent comments to the Town of Burlington Building Department.

Upon completion of the work, architect, and/or engineers shall submit final affidavits as to the satisfactory completion and readiness of the project for occupancy.

Brent Maugel
Signature

Subscribed and sworn to before me this 9th day of May, 2007.

William F. Coyne
Notary Public



Expires 3/9/2012

1800



CONSTRUCTION CONTROL AFFIDAVIT



TOWN OF BURLINGTON

Office of Inspector of Buildings - Town Hall Annex - 25 Center Street
Burlington, Massachusetts 01803
(781) 270-1615 (781) 238-4691 FAX WWW.BURLINGTON.ORG

PROJECT LOCATION 10 NEW ENGLAND EXECUTIVE PARK JOB NO. 28995

PROJECT NAME U.S ICE

NATURE OF PROJECT RENOVATIONS

ARCHITECT AND/OR ENGINEER R.W SULLIVAN, INC

ADDRESS 529 Main Street, Suite 201 TELEPHONE NO. 617 523 8227
Boston, MA 02129

In accordance with Section 110 and 116.0 of the Massachusetts State Building Code, I, PAUL D. SULLIVAN
Registration No. 42798 being a registered professional engineer/architect, hereby certify that I have prepared or directly supervised the
preparation of all design plans, computations and specifications concerning:

- ENTIRE PROJECT ARCHITECTURAL STRUCTURAL
MECHANICAL FIRE PROTECTION ELECTRICAL
OTHER

For the above named project and that, to the best of my knowledge, such plans, computations and specifications meet the applicable
provisions of the Massachusetts State Building Code, all accepted engineering practices and applicable laws and ordinances for the
proposed use and occupancy. I further certify that I shall perform the necessary professional services and be present on the
construction site on a regular and periodic basis to determine that the work is proceeding in accordance with the documents approved
for the building permit and shall be responsible for the following as specified in Section 116.2.

- 1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for building permit, and
approval for conformance to the design concept.
2. Review and approval of the quality control procedures for all code-required controlled materials.
3. Special architectural or engineering professional inspection of critical construction components requiring controlled materials or construction specified in the
accepted engineering practice standards listed in Appendix G.

Pursuant to Section 116.2.2, I shall submit periodically, daily, weekly, or other periods (specify) progress reports together with pertinent
comments to the Town of Burlington Building Department.

Upon completion of the work, architect, and/or engineers shall submit final affidavits as to the satisfactory completion and
readiness of the project for occupancy.

Signature

Subscribed and sworn to before me this 8 day of May, 2008.

Notary Public

My Commission Expires 10-25-07

1950

1951

1952

CONSTRUCTION CONTROL AFFIDAVIT



TOWN OF BURLINGTON

Office of Inspector of Buildings - Town Hall Annex - 25 Center Street
Burlington, Massachusetts 01803

(781) 270-1615 (781) 238-4691 FAX WWW.BURLINGTON.ORG

PROJECT LOCATION 10 NEW ENGLAND EXECUTIVE PARK JOB NO. 28995

PROJECT NAME U.S ICE

NATURE OF PROJECT RENOVATIONS

ARCHITECT AND/OR ENGINEER R.W SULLIVAN, INC

ADDRESS 529 Main Street, Suite 201 TELEPHONE NO. 617 523 8227
Boston, MA 02129

In accordance with Section 110 and 116.0 of the Massachusetts State Building Code, I, KENG H. TAN
Registration No. 45265 being a registered professional engineer/architect, hereby certify that I have prepared or directly supervised the
preparation of all design plans, computations and specifications concerning:

- ENTIRE PROJECT
- MECHANICAL
- OTHER
- ARCHITECTURAL
- FIRE PROTECTION
- STRUCTURAL
- ELECTRICAL

For the above named project and that, to the best of my knowledge, such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, all accepted engineering practices and applicable laws and ordinances for the proposed use and occupancy. I further certify that I shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to determine that the work is proceeding in accordance with the documents approved for the building permit and shall be responsible for the following as specified in Section 116.2.

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for building permit, and approval for conformance to the design concept.
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Pursuant to Section 116.2.2, I shall submit periodically, daily, weekly, or other: periods (specify) progress reports together with pertinent comments to the Town of Burlington Building Department.

Upon completion of the work, architect, and/or engineers shall submit final affidavits as to the satisfactory completion and readiness of the project for occupancy.

Signature [Handwritten Signature]

Subscribed and sworn to before me this 8th day of May, 2007.

[Handwritten Signature]
Notary Public

My Commission Expires 10-25-07

1917

1918

1919

ROBERT W. MURRAY
REAL ESTATE

June 4, 2007



John Clancy
Building Inspector
Town of Burlington
Town Hall Annex – 25 Center Street
Burlington, MA 01803

Dear Mr. Clancy:

Please be advised that by copy of this letter, we are requesting that the plans for our U.S. ICE renovations at 10 New England Executive Park not be made available for viewing by the public and that distribution be limited to the extent necessary for use by the Town of Burlington.

I would appreciate you contacting me if this is problematic for the Town or if you otherwise have any questions.

Sincerely yours,

TEN LLC

A handwritten signature in black ink that appears to read "R. Murray". Below the signature, the name "Robert W. Murray" is printed in a standard black font.

RWM/mn

Clancy, John US Ice 10 NEEP





28995

7/2/07

Town of Burlington
Town Hall Annex
25 Center St
Burlington, MA 01803

To Whom It May Concern:

Vantage Builders is a Waltham based General Contractor who has been awarded the contract to complete the renovations based on drawings and specifications from Mangel Architects for the US ICE Project located at 10 New England Executive Office Park, Burlington, MA 01803.

Thank you,

A handwritten signature in blue ink, appearing to read "Chris Ball".

Chris Ball
Project Manager



COMMONWEALTH OF MASSACHUSETTS
CITY/TOWN OF Burlington

39

APPLICATION FOR CERTIFICATE OF INSPECTION

Date MARCH 7, 1975

Fee Required (Amount) 35. -

No Fee Required

In accordance with the provisions of the Massachusetts State Building Code, Section 108,15, I hereby apply for a Certificate of Inspection for the below-named premises located at the following address:

Street and Number 10 NEW ENGLAND EXECUTIVE PARK TR
Name of Premises 10 NEW ENGLAND EXECUTIVE PARK TR
Purpose for Which Premises is Used OFFICE
License(s) or Permit(s) Required for the Premises by Other Governmental Agencies:

License or Permit	Agency

Certificate to be Issued to TRUSTEES OF TEN NEW ENGLAND EXECUTIVE PARK TRUST
Address c/o SPALDING & SYLVE MANAGEMENT COMPANY INCORPORATED 3 NEW ENGLAND EXECUTIVE PARK BURLINGTON MA
Owner of Record of Building TRUSTEES OF TEN NEW ENGLAND EXECUTIVE PARK TRUST
Address c/o SPALDING & SYLVE MANAGEMENT COMPANY INCORPORATED
Name of Present Holder of Certificate TRUSTEES OF TEN NEW ENGLAND EXECUTIVE PARK TRUST
Name of Agent, if any SPALDING & SYLVE MANAGEMENT COMPANY INCORPORATED

Paul J. Maccini
SIGNATURE OF PERSON TO WHOM
CERTIFICATE IS ISSUED OR HIS
AUTHORIZED AGENT

Construction Coordinator
TITLE
MARCH 7, 1975
DATE

INSTRUCTIONS:

- 1) Make check payable to: Town of Burlington
- 2) Return this application with your check to: Stacy Juss

PLEASE NOTE:

- 1) Application form with accompanying fee must be submitted for each building or structure or part thereof to be certified.
- 2) Application and fee must be received before the certificate will be issued
- 3) The building official shall be notified within ten (10) days of any change in the above information.

CERTIFICATE # _____

EXPIRATION DATE: _____

31

Instructions: This information sheet is not an inspection checklist. Each time a permanent file card is typed for a new building or a new card for an old building, this information sheet can be prepared by the building inspector or as a work sheet from which the file card can be typed. The items of information on this sheet are identical to the items on the file card. If all the information on this sheet cannot be entered on the file card, this sheet should be filled out and not discarded.

Street and Number 10 New England Executive Park
 Name of Premises 10 New England Executive Park
 Other Licenses or Permits Required _____

Owner of Record of Building Trustees of 10 N.E.E.P. Trust.
 Address 3 N.E.E.P.
 Use Group Classification E Purpose Used Business Bldg

Public or Private Private
 Number of Stories 2 Class of Construction 2C Date Erected 1973

Certified Capacity (By Story or Type) 1st Floor - 175 office Area + 72 occupants for Lunch Rm.
~~2nd Floor - Office Area - 182, + 22 Cafeteria, 40 Conference Rm, 16 in Small Conference Rm.~~
~~Also Elec. Storage Tel Rm - 1 occupant for 1st Floor + Mech. + Storage 2nd Floor = 2, eq. 1 each~~
1st Floor, Office - 153 occ., Lounge - 80 occ., Mech - 2 occ., Storage - 14, Reception + Conference - 20 occupants.
 Number of Rooms - Hospitals, Schools, Hotels (By Story or Type) _____
2nd Floor - Office Area - 175 occupants, Mech Rm - 2, Storage 2, Lounge, 2 Conf. Rm + Tel Rm - 24 occupants.

Number of Dwelling Units Per Story _____

Emergency Lighting System Yes
 Means of Detecting and Extinguishing Fire Smoke Detectors + Fire Alarms (Manual)

Fire Alarm System Smoke Detectors + Fire Alarms (Manual)

Number of Elevators 1

How Heated Elec.

Boiler or Other Heating Apparatus _____

How Lighted Natural + Artificial How Ventilated Artificial

Place of Assembly: Yes _____ No _____ Purpose Used _____

In Which Story _____

Standard Booth Installed _____ Location _____

Fixed Seating _____

Number of Aisles and Width of Each _____

Fire Resistance of Curtains or Draperies _____

Number of Sanitaries 4, 2/Floor Location Center of Bldg. off corridor

Number of Grade Floor Means of Egress Doorways 2

Number of Separate Stairways Accessible Per Story 2

Number of Approved Independent Exitways Per Story 2

Remarks: _____

Date Certificate Issued _____ Date Certificate Expires _____

Date Orders Issued _____ Date Orders Complied _____

Inspector _____ Date _____



PERIODIC INSPECTION REPORT

Instructions: This form is to be completed each time a periodic inspection is made. At the time that a new certificate is issued, a receipt indicating that the fee has been paid will be attached to this form or this form will be stamped "PAID" prior to issuing the certificate. Any changes since the last inspection are to be added to the file card of the premises. This form should be filed by street address.

Street and Number 10 New England Executive Park
Name of Premises 10 New England Executive Park
Certificate to be Issued to _____
Address _____
Owner of Record of Building Trustees of 10 NEEP Trust
Address 90 Spaulding + Slye Mgmt Co., 3 NEEP
Purpose for Which Premises Are Used Business Bldg

Use Group Classification of Premises E
Changes Since Last Inspection (Required on File Card) _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Date Order Issued _____
Order Issued To _____
Address _____

Date Violation(s) Corrected _____
Remarks _____

I have this day inspected the above described premises, and the same conforms to the pertinent requirements of the Massachusetts State Building Code and the rules and regulations pursuant thereto.

_____ Date _____ Building Official

Certificate Number _____
Date Certificate Issued _____
Date Certificate Expires _____
Recommended Next Periodic Inspection Date _____

