



# APPLICATION FOR CERTIFICATE

Please read attached instructions and contact a member of the Harvard Historical Commission before you complete this form.

CERTIFICATE OF: ☒ APPROPRIATENESS ☐ NON-APPLICABILITY ☐ HARDSHIP

## CONTACT INFORMATION:

|                     |                                     |
|---------------------|-------------------------------------|
| Property Address    | 5 Fairbank St                       |
| Property Owner Name | Fay Martin                          |
| Applicant Name      | Erik Hammar                         |
| Applicant Address   | 435 King St #208 Littleton MA 01460 |
| Telephone           | 978-635-1023                        |
| E-Mail Address      |                                     |

## DESCRIPTION OF WORK PROPOSED: (You may attach additional pages to describe your proposed work)

If project consists of several different tasks, begin by listing each task, then describe each task in detail including drawings, plans, and photos as necessary. You may attach additional pages to describe your proposed work.

Work to be completed is the driveway side porch roof (EPDM-METAL)

Siding clapboard remove and reset.

2023 APR -3 PM 1:56

## LIST OF ATTACHMENTS: (Please check off the listed items when attached)

|                              |  |                           |  |
|------------------------------|--|---------------------------|--|
| Site Plan (showing changes)  |  | Construction Drawings     |  |
| Photos taken from street     |  | Building material samples |  |
| Photos of areas to be worked |  |                           |  |

APPLICANT SIGNATURE (Sign to submit application)

Erik Hammar

DATE

3/29/2023

GRANT OF EXTENSION. (With the following signature, the applicant grants permission to the Commission to review the application at its next scheduled monthly meeting in lieu of holding a Special meeting.)

HARVARD HISTORICAL COMMISSION

13 AYER ROAD • HARVARD, MASSACHUSETTS 01451



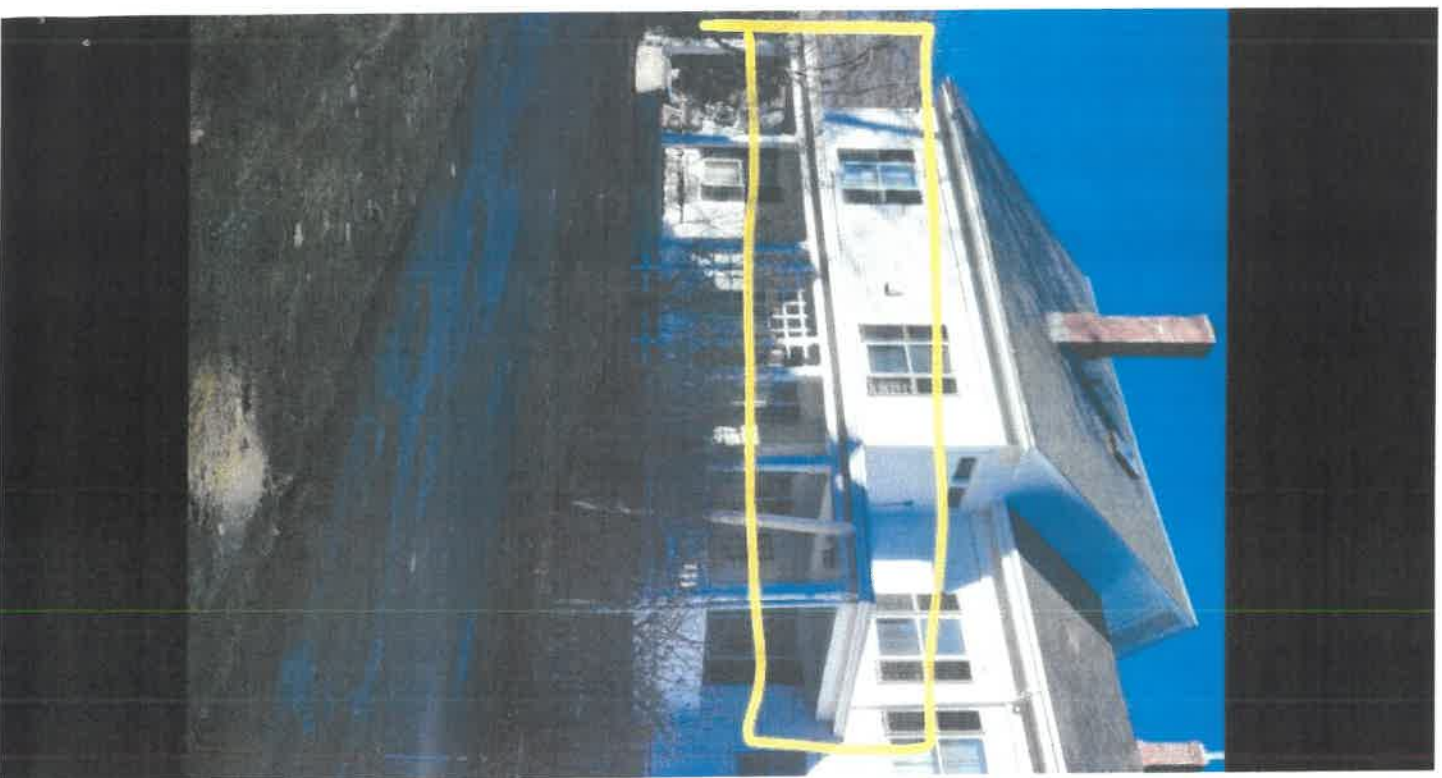
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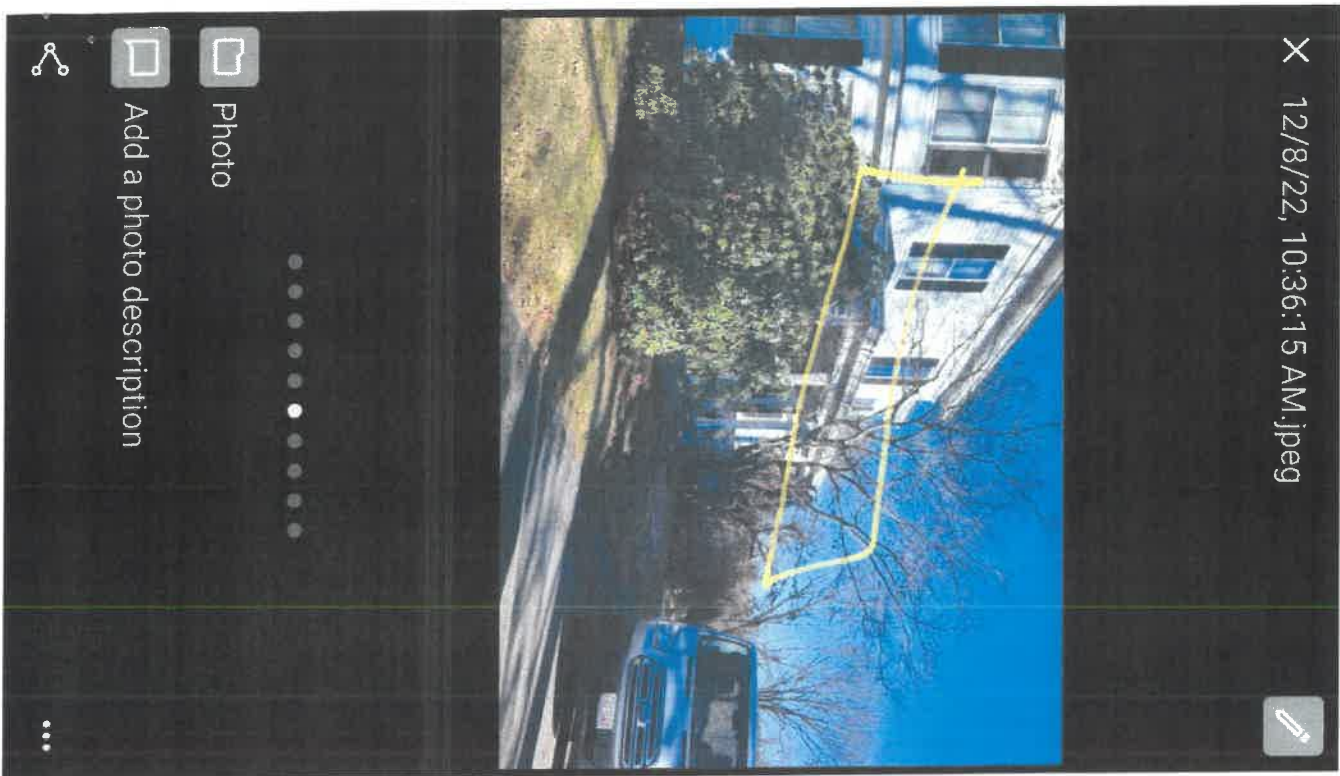
Metal

5 Fairbanks St

Fay Martin

Replacing EPDM with black  
Drexel standing seam metal





X 12/8/22, 10:07:24 AM.jpeg



Photo

Add a photo description









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/16/2022

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).

|  |  |  |  |
|--|--|--|--|
| <b>PRODUCER</b><br>KNIGHT-DIK INSURANCE AGENCY INC<br><br>120 Front Street<br>WORCESTER MA 01608 |  | <b>CONTACT NAME:</b> Samantha Cronin<br><b>PHONE (A/C, No, Ext):</b> (508) 753-6353<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> scronin@knightdik.com |  |
| <b>INSURED</b><br>PRECISION ROOFING LLC<br><br>P O BOX 2305<br>LITTLETON MA 01460                |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : HARTFORD UNDERWRITERS INS CO<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F :  |  |
|  |  | <b>NAIC #</b><br>30104   |  |

|   |                                   |                         |
|---|-----------------------------------|-------------------------|
| <b>COVERAGES</b>  | <b>CERTIFICATE NUMBER:</b> 815263 | <b>REVISION NUMBER:</b> |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                                   |                         |

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|--------------------|---------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | N/A           |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |                    | N/A           |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |                    | N/A           |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y / N<br>N/A       | N/A           | 6S60UB8H06208322        | 04/29/2022 04/29/2023   | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
|          |  |                    | N/A           |                         |                         |   |

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

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at [www.mass.gov/lwd/workers-compensation/investigations/](http://www.mass.gov/lwd/workers-compensation/investigations/).

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| Town of Harvard Building Dept<br>13 Ayer Rd<br><br>Harvard MA 01451 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br><br>Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA  |

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/16/2022

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|  |  |
|--|--|
| <b>PRODUCER</b><br>Knight-Dik Insurance Agency, Inc.<br>120 Front Street<br><br>Worcester MA 01608 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (508) 753-6353<br><b>FAX (A/C, No):</b> (508) 752-1764<br><b>E-MAIL ADDRESS:</b>        |
|  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Gemini Insurance Co<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
| <b>INSURED</b><br>Precision Roofing LLC<br><br>435 King Street #208<br><br>Littleton MA 01460      | <b>NAIC #</b><br>10833   |

**COVERAGES**

CERTIFICATE NUMBER: Cert ID 23939

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD WVD                  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-------------------------------------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                     | VIGP021215    | 04/29/2022              | 04/29/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |                                     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| A        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br>DED RETENTION \$   |                                     | VIFX001495    | 04/29/2022              | 04/29/2023              | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.I. EACH ACCIDENT \$<br>E.I. DISEASE - EA EMPLOYEE \$<br>E.I. DISEASE - POLICY LIMIT \$  |
|          |  |                                     |               |                         |                         | \$<br>\$  |

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

**CERTIFICATE HOLDER****CANCELLATION**

Town of Harvard  
Building Dept  
13 Ayer Rd  
  
Harvard MA 01451

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

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Commonwealth of Massachusetts  
Division of Occupational Licensure  
Board of Building Regulations and Standards  
Construction Supervisor Specialty

CSSL-099691

Expires: 10/17/2023

ERIK B HAMMAR  
435 KING STREET, SUITE 208  
LITTLETON MA 01460

Commissioner

*Debra F. Stender*



Construction Supervisor Specialty

Restricted to:  
CSSL-RF - Roofing  
CSSL-WS - Windows and Siding

Failure to possess a current edition of the Massachusetts  
State Building Code is cause for revocation of this license.  
For information about this license  
Call (617) 727-3200 or visit [www.mass.gov/dpl](http://www.mass.gov/dpl)

THE COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation  
1000 Washington Street - Suite 710  
Boston, Massachusetts 02118

Home Improvement Contractor Registration

PRECISION ROOFING, LLC  
435 KING STREET  
SUITE 208  
LITTLETON, MA 01460



Type: LLC  
Registration: 130275  
Expiration: 02/08/2024

Update Address and Return Card.

THE COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation  
HOME IMPROVEMENT CONTRACTOR

TYPE: LLC

Registration: 130275  
Expiration: 02/08/2024

PRECISION ROOFING, LLC

Registration valid for individual use only before the  
expiration date. If found return to:  
Office of Consumer Affairs and Business Regulation  
1000 Washington Street - Suite 710  
Boston, MA 02118

ERIK B. HAMMAR  
435 KING STREET  
SUITE 208  
LITTLETON, MA 01460

*Edward A. Adams*  
Undersecretary

*Erik B. Hammar*  
Not valid without signature



978-635-1023

## Roofing Services Proposal

| Client Information  |                      |
|---------------------|----------------------|
| Homeowner(s)        | Fay Martin           |
| Address             | 5 Fairbank Street    |
| City/Town/State/Zip | Harvard, MA 01451    |
| Phone Number(s)     | (978) 479-3019       |
| Email Address(es)   | zjmartin@charter.net |

### METAL ROOFING

#### WORK TO BE PERFORMED AND MATERIALS TO BE USED

Contractor agrees to do the work, and to furnish the materials, described below for Homeowner:

- Acquire all necessary permits. (permit to be charged separately) (Historic)
- Install tarps prior to shingle removal to protect the house, landscaping, decks and A/C units.
- Strip off all old shingles from roof and repair/replace rotted boards.
- Apply High Temperature Ice and Water barrier over entire substrate.
- Install **Drexel** .032 drip edge of select color along all bottom edges and sides.
- Install **Drexel** .032 aluminum 1 5/8 standing seam snap lock panels of select color.
- Fasten panels with 24 gauge panel clips and 1" clip screws.
- Install .032 headwall flashing, transition flashing, offset cleats and valleys.
- Install Drexel vented cap flashing along all ridge lines and hips.
- Jobsite will be cleaned and swept with a magnet daily.
- Clean ground upon completion of roof.
- Lifetime warranty on material.
- 35 year warranty on paint finish.
- 10 Year warrantee on labor.
- Clean and sweep jobsite daily with a magnet.
- Remove old shingles and related debris from job site.
- Clean jobsite grounds upon completion of all work described.

#### OTHER CONDITIONS, WARRANTIES/GUARANTIES, WORK SCHEDULE

- Precision Roofing, LLC is not responsible for existing hidden damage, excessive rotting etc., and if discovered, all work will cease until there is an agreeable solution between both parties. Clean-up of attic debris resulting from replacement/repair of rotted wood, cutting in a ridge vent etc., is the responsibility of the homeowner. Use of tarps or cloths is recommended for ease of clean-up.

- New skylights may not always be an exact fit to the previous skylight, and gaps may be visible in the ceiling framework. Please note that Precision Roofing LLC does not perform any interior carpentry, plaster, or paint work in relation to the installation of skylights.
- Client agrees to allow a lawn sign to be placed to assist material supply drivers, install crews, and other 3<sup>rd</sup> parties in locating the home.
- **Scheduling of your project is based on current workload, and also weather. We make every effort to hold our dates firm, yet any inclement weather (rain, snow, excessive heat or freezing temperatures) coinciding with our agreed upon timeframe would require rescheduling for obvious reasons.**
- It will be the responsibility of the property owner to protect items in the attic from debris generated from the roofing installation. Precision Roofing LLC does not perform clean-ups in attic spaces resulting from wood fragments, shingle or underlayment fragments, nails, sawdust, etc.
- Contractor agrees to perform and warranty the work, plus furnish the quality materials and skilled labor as specified above. Job duration is \_\_\_\_~1-2\_\_\_\_ weeks. Based on your home's dimensions and your personal preferences, we are happy to present you with the following quotes on: Date \_\_\_\_12/15/2022\_\_\_\_

Metal Color: \_\_\_\_\_TBD\_\_\_\_\_

Est Start: \_\_\_\_early/mid 2023\_\_\_\_

Standard Price: \_\_\_\_\_~~XXXXXX~~\_\_\_\_\_ (permit charged separately) (Historic)

Work area to be completed: Driveway side porch roof (EPDM to Meal)

Notes:

Siding Clapboard (remove & reset) Included (may need to be touched after, not included)

Standard price includes first 2 layers of roof removal

If roof is 3 layers- \$400.00 will be added to the final price

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Homeowner agrees to make payments according to the following SCHEDULE (Cash, Check, Visa, MasterCard, American Express and Discover are accepted): 1/3 upon signing the contract, 1/3 during the project, and remaining balance due upon completion of project. Interest shall accrue on all charges 30 days past due at a rate of 2.5% monthly.

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All home improvement contractors and subcontractors shall be registered in Massachusetts. Inquiries about registration should be directed to: Office of Consumer Affairs and Business Regulation, Suite 5170, Ten Park Plaza, Boston, MA 02116 Tel: 617.973.8700

Homeowners who secure their own construction-related permits or deal with unregistered contractors shall be excluded from access to the Guarantee Fund.

A copy of this contract will be kept by the Company and should also be kept by the Homeowner.

**DO NOT SIGN THIS CONTRACT IF THERE ARE ANY BLANK SPACES**

Ray C Martin  
Homeowner's Signature

12/19/22  
Date

Chris Hammer  
Advisor's Signature

\_\_\_\_\_  
Date

Homeowner may cancel this agreement if it has been signed by a party thereto at a place other than an address of the seller, which may be his main office or branch thereof, provided Homeowner notifies the seller in writing at his main office or branch by ordinary mail posted, by telegram sent or by delivery, no later than midnight of the third business day following the signing of the agreement. Precision Roofing, LLC [www.precisionroofing-llc.com](http://www.precisionroofing-llc.com)