

TOWN OF WINCHENDON

WINCHENDON TOWN CLERK
RCUD JUN 22 2022 AM 10:30

DLS

Telephone (978) 297-3537

Zoning Board



109 Front Street
Winchendon, Massachusetts 01475-1758

**Town of Winchendon
Zoning Board of Appeals
PUBLIC HEARING NOTICE**

Notice is hereby given that the Zoning Board of Appeals will hold a Public Hearing on Wednesday, July 20, 2022 at 7:05pm to discuss the application for a Variance submitted by owner Daniel Andries for 14 Hale Street, also known as Assessors Map 464, Parcel 56 Winchendon, MA 01475. Variance request to allow for a 10' extension on the existing deck creating a wraparound deck to include a screen porch within the 25' side setback per section 7.2. of the Winchendon Zoning Bylaws. Said property is located in a R80 –Rural Residential Zoning District. The hearing will be held in the Second Floor Auditorium at Town Hall - 109 Front St., Winchendon, MA 01475. All interested persons should plan to attend. Alternative translation and accommodation for disabled persons is available by advance request.

BY: Cynthia Carville, Chair
Winchendon Zoning Board of Appeals

July 6&13

Chk# 0987.

WINCHENDON TOWN CLERK
RCUD JUN 22 2022 AM8:49

DLT

Planning Decision Petition

Zoning Board of Appeals

- Special Permit(s)
- Variance
- Administrative Appeal
- Comprehensive Permit

Planning Board

- Site Plan Approval
- ANR endorsement
- Preliminary Subdivision Approval
- Definitive Subdivision Approval
- Special Permit(s)
- Low Impact Development Endorsement

Fee Rec'd

\$140-

An additional fee will be due for advertising

Project Number

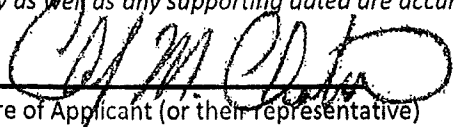
02-00

Submission Materials to be included with this Petition Form are outlined in the Town of Winchendon Zoning Bylaws and the Planning Board Regulations. This application shall not be deemed complete unless all required items are included or appropriate waivers have been requested.

Property Address	<u>14 HALE ST</u>	Date	<u>6/16/22</u>
Property Owner's Name	<u>DANIEL ANDRIES</u>	Book	<u>BK 43740, pg. 61 ✓</u>
Owner's Address	<u>SAME</u>	Map	<u>464-0-56 ✓</u>
Petitioner's name	<u>DANIEL ANDRIES</u>	Lot Size	<u>.4 acres</u>
Petitioner's Phone No.	<u>978 855-3530</u>	Frontage	<u>75'</u>
Petitioner's address	<u>SAME</u>	Zone	<u>R8D</u>

Project Summary & Decision Sought: EXTEND EXISTING DECK 10'
ALONG PROPERTY LINE TO CREATE WRAP-AROUND
DECK & SCREEN PORCH WITH 6' SETBACK

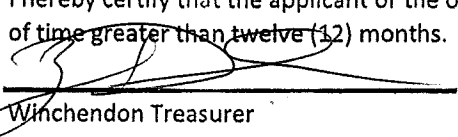
I hereby certify that the information provided in this application, and the accompanying drawing(s) of the property as well as any supporting data are accurate, true and correct to the best of my knowledge and belief.

	<u>6/16/22</u>
Signature of Applicant (or their representative)	Date
<u>Daniel Andries</u>	<u>6/16/22</u>
Signature of Property Owner	Date

Tax Certification (Treasurer has up to 10 days to complete this certification):

Pursuant to the provisions of Massachusetts General Law, Chapter 40, Section 57, the Town Bylaw, Licenses and Permits of Delinquent Taxpayer, Section 21.1: "Any Board... shall deny application... for any person, corporation or business enterprise who has neglected to pay any local taxes, fees, assessments, betterments or any municipal charge."

I hereby certify that the applicant or the owner of record owes no debt to the Town of Winchendon for a period of time greater than twelve (12) months.

	<u>6/22/2022</u>
Winchendon Treasurer	Date

Town of Winchendon
109 Front Street
Winchendon, MA 01475



Land Use
Conservation
Planning and Development

6/14/22

Daniel and Erika Andries
14 Hale Street
Winchendon, MA 01475

Re: Building Permit Application
Map 464, Parcel 56

Dear Daniel and Erica,

I have reviewed the application for the expansion of your existing deck with an addition of a screen porch at your property located at 14 Hale Street, identified as Map 464, Parcel 56, located in the R80 Zoning District in the Town of Winchendon.

I am denying your application as the side setback in the R80 Zone requires a 25' side setback per Article 7, Section 7.2 of the Zoning Bylaws for the Town of Winchendon. The plans submitted with your building permit application reflect the expansion of the deck and addition of the screen porch will only allow for 6' side setback.

7.2 TABLE OF DIMENSIONAL & DENSITY REGULATIONS (Amended Nov. 8, 2007)

These provisions do not apply to projects built under the provisions of Article 11, Residential Development, unless that article so provides.

Zoning District	Minimum Lot Area Square Feet	Frontage Note 6	Front Setback Note 7,8	Side Setback Note 7,8	Rear Setback Note 7,8	Maximum Structure Height (floors)	Maximum Man Made Structure Height	Maximum Impervious Area as % of Lot (1)
R80	80,000	200	40	25	50	2-1/2	35'	10%

You may appeal my decision with the Zoning Board of Appeals.

Sincerely,

Geoffrey L. Newton
Building Commissioner/Zoning Enforcement Officer

R80 Zone 1



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

FOR MUNICIPALITY USE
Revised Mar 2011

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

This Section For Official Use Only

Building Permit Number: _____ Date Applied: 6/14/22

Matthew L. Newton
Building Official (Print Name)

Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: 14 HALE ST
1.2 Assessors Map & Parcel Numbers
464-0 56
Map Number Parcel Number

1.1a Is this an accepted street? yes no _____

1.3 Zoning Information: R80
Zoning District Proposed Use
1.4 Property Dimensions:
Lot Area (sq ft) Frontage (ft)

1.5 Building Setbacks (ft)		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, §54)
Public Private
1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone?
Check if yes
1.8 Sewage Disposal System:
Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
DANIEL & EMMA ANDRIES WINDHENDON, MA 01475
Name (Print) City, State, ZIP
14 HALE ST. 978 255-3530 dannahs6@gmail.com
No. and Street Telephone Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²:
WRAP-AROUND DECK & SCREEN PORCH
- SEE ATTACHED SCOPE OF WORK -
ZBA denial - 6' from property line

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$	1. Building Permit Fee: \$ <u>215</u> Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee
2. Electrical	\$	<input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____
3. Plumbing	\$	2. Other Fees: \$ _____
4. Mechanical (HVAC)	\$	List: _____
5. Mechanical (Fire Suppression)	\$	Total All Fees: \$ _____
6. Total Project Cost:	\$ <u>35,000</u>	Check No. <u>983</u> Check Amount: <u>215</u> Cash Amount: _____ <input checked="" type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)
 Christof M. Chartier
 Name of CSL Holder
 282 South Rd.
 No. and Street
 Templeton, MA 01468
 City/Town, State, ZIP
 978 702-6441 christof.chartier@cmchartier.com
 Telephone Email address

CS 098752 7/17/2023
 License Number Expiration Date
 List CSL Type (see below) U

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)
 CM CHARTIER CONTRACTING
 HIC Company Name or HIC Registrant Name
 282 South Rd.
 No. and Street
 Templeton, MA 01468 978 702-6441
 City/Town, State, ZIP Telephone

159443 4/29/2021
 HIC Registration Number Expiration Date
 christof.chartier@cmchartier.com
 Email address

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes No

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize CM CHARTIER CONTRACTING
 to act on my behalf, in all matters relative to work authorized by this building permit application.

Daniel Andrius 4/18/22
 Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

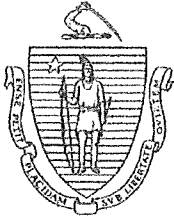
 4/18/22
 Print Owner's or Authorized Agent's Name (Electronic Signature) Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:
 Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)
 Gross living area (sq. ft.) _____ Habitable room count _____
 Number of fireplaces _____ Number of bedrooms _____
 Number of bathrooms _____ Number of half/baths _____
 Type of heating system _____ Number of decks/ porches _____
 Type of cooling system _____ Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: CM Chartier Contracting

Address: 282 South Road

City/State/Zip: Templeton, MA 01468

Phone #: 978 702-6441

Are you an employer? Check the appropriate box:

1. I am an employer with 28 employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other General Contractor

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Amguard Insurance Company

Insurer's Address: P.O. Box A-H

City/State/Zip: Wilkes-Barre, PA 18703

Policy # or Self-ins. Lic. # CMWC186997

Expiration Date: 11/22/2022

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: _____

4/18/22

Phone #: 978 702-6441

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Licensing Board
5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2022

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).

PRODUCER Charles River Insurance Brokerage, Inc. 29 Main Street Leominster MA 01453	CONTACT NAME: Judy A Wehrlin
	PHONE (A/C No. Ext): (978) 343-6946 FAX (A/C No.): (978) 345-2514 E-MAIL ADDRESS: jwehrlin@charlesriverinsurance.com
INSURER(S) AFFORDING COVERAGE	
	NAIC #
	INSURER A: Arbella Protection Insurance C 41360
	INSURER B: AmGuard Insurance Company 42390
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

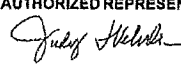
INSURED (978) 939-2600 **CERTIFICATE NUMBER:** Cert ID 9609 **REVISION NUMBER:**

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Project Aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		8500058553	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		1020017156	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4600058556	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	CMWC186997	11/22/2021	11/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
						\$
						\$

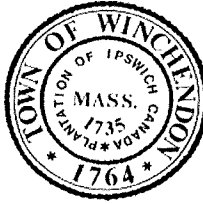
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

Daniel & Erica Andries 14 Hale Street Winchendon MA 01475	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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Town of Winchendon
109 Front Street
Winchendon, MA 01475



Building Department

CONSTRUCTION DEBRIS DISPOSAL AFFIDAVIT

780 CMR 111.5 & 5111.5 Debris. *As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed; also refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.*

AFFIDAVIT


As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit issuance, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A. I certify that I will notify the Building Official in writing (60 days max.) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Firm Name: CM Chartier Contracting

Location of facility debris is to be disposed at: Shady Pine Disposal

Construction Site Address: 14 Hale St.

Applicant Name: Christof M. Chartier

Signature of Applicant:  Date: 4/18/22

The Commonwealth of Massachusetts

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

CHRISTOF CHARTIER
282 SOUTH RD.
TEMPLETON, MA 01468

Type: Individual
Registration: 159443
Expiration: 04/29/2024

Update Address and Return Card.

SCA 1 20M-05-17

The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation
HOME IMPROVEMENT CONTRACTOR
TYPE: Individual
Registration 159443 Expiration 04/29/2024

CHRISTOF CHARTIER

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

CHRISTOF CHARTIER
282 SOUTH RD.
TEMPLETON, MA 01468

Edward J. Pallante
Undersecretary


Christof Chartier
Not valid without signature

Commonwealth of Massachusetts
Division of Professional Licensure
Board of Building Regulations and Standards

Construction Supervisor

CS-098752 Expires: 07/17/2023

CHRISTOF M CHARTIER
282 SOUTH RD
PO BOX 551
TEMPLETON MA 01468



Commissioner *Jayla R. D'Emilia*

Construction Supervisor
Unrestricted - Buildings of any use group which contain
less than 35,000 cubic feet (991 cubic meters) of enclosed
space.

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



282 South Road, PO Box 551
Templeton, MA 01468
978-939-2600 - office
978-939-2100 - fax

Owner Information:
Mr. Dan Andries
14 Hale Street
Winchendon, MA 01475

Letter of Intent

Agreement made as of the 28th day of September, 2021

Project: Deck & Screen porch w no interior finish

This is a Letter of Intent to construct a new wrap-around deck and screen porch according to the drawings by Amanda Normandin. A budget of costs to complete the specified work is \$35,000. However, once scope details are finalized, CMC will provide a final contract price. It is the agreed upon objective of both the owners and the contractor to try to meet the specified budget. The owners intend to sign a contract to construct with a fixed amount when detailed plans and specifications are complete. The owners authorize CM Chartier Contracting now to proceed with the scope development and permit application in order that a fixed contract price can be established consistent with the owners' requirements and that the construction schedule can be maintained.

In order to move forward and secure a spot on the schedule, the owners agree to pay a deposit of approximately 15% of the budget goal, in the amount of \$5,250 upon the signing of this letter of intent. At that time CM Chartier will put this project on the schedule for Spring, 2022 and work towards finalizing the design and project scope.


If after the budget review and final pricing the homeowner chooses not to proceed with the construction, they will be refunded the full amount of their deposit within fourteen days, less any costs incurred by CM Chartier Contracting. Any architectural fees incurred will be non-refundable, and any plans developed will be turned over to the owner

If this sets forth your understanding of the terms and agreement for the pre-construction phase of your project, please forward a signed copy to CM Chartier Contracting indicating your approval.

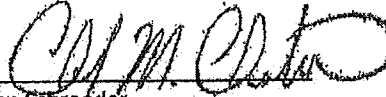
Respectfully,

Nathan Schroeder
CM Chartier Contracting

We accept the terms set forth in the Letter of Intent.



Dan Andries



Nathan Schroeder


www.cmchartier.com

Dan & Erica Andries
15 Hale Rd
Winchendon, MA 01475

DEMO

Demo existing deck and dispose of debris
Demo existing siding as needed to tie into bump out addition

CONCRETE AND EXCAVATION

Dig footings for new bump out addition as shown in plans
Install sonotubes and pour concrete to support new framing
Pour small landing pad to accept new set of stairs coming off new addition

FRAMING

Frame new wrap around deck according to plans
Install 6x6 posts up from footings to support new deck/screen porch
Tie in new roof framing as needed
Walls to be 2x6 construction
Frame out for screen openings as shown in plans
Frame for new set of pressure treated stairs going from right side of addition down to grade
Install hurricane ties and other hardware according to code
Total framing material allowance

ROOFING

Install new Grace Ice and Water Shield along first 6' of eaves @ new screen porch
Install synthetic underlayment paper everywhere else
Install new 8" drip edge throughout entire roof
Install new customer selected architectural shingles throughout entire roof of screen porch
Remove and inspect existing cupola for repairs if needed and reinstall

EXTERIOR FINISH

Install new vinyl cornerboards to match existing house
Wrap soffit in metal to match existing house
Install new vinyl siding to match existing house

DOORS AND WINDOWS

Build screen panels @ window openings as shown in plans
Screen panels to be built with simple trim, able to be removed with screws
Install screen door going out from screen house onto deck

DECK AND RAIL

Install new composite decking throughout entire area
Decking allowance \$6/sq ft
Install insect screening on underside of deck to prevent infiltration
Install simple white vinyl rail system on exposed deck area
(\$1,500 rail system allowance)
PVC skirts and risers not included

INTERIOR FINSH

Run electrical for one overhead fan light – customer provided fixture (\$500 electrical allowance)

Leave interior unfinished otherwise

Note: no insulation included in this pricing