

Jennifer Tabakin
Town Manager

E-mail: jtabakin@townofgb.org
www.townofgb.org



Town Hall, 334 Main Street
Great Barrington, MA 01230

Telephone: (413) 528-1619 x2
Fax: (413) 528-2290

TOWN OF GREAT BARRINGTON MASSACHUSETTS

OFFICE OF THE TOWN MANAGER

SELECTMEN'S MEETING

MONDAY, APRIL 28, 2014

6:30 P.M. – EXECUTIVE SESSION

7:00 P.M. - REGULAR SESSION

TOWN HALL, 334 MAIN STREET

ORDER OF AGENDA

1. CALL TO ORDER:

2. GO INTO EXECUTIVE SESSION-TOWN MANAGER'S CONFERENCE ROOM

- Roll Call Vote
- Contract Negotiations re: Sale of Castle Street Fire Station
(M.G.L. c.30A, sec.21 (a)(6).

7:00 PM – RETURN TO PUBLIC SESSION – BOARD ROOM

1. CALL TO ORDER:

2. APPROVAL OF MINUTES:

- March 24, 2014 Regular Meeting
- April 16, 2014 Regular Meeting

3. SELECTMEN'S ANNOUNCEMENTS/STATEMENTS:

- A. GENERAL COMMENTS BY THE BOARD.

4. TOWN MANAGER'S REPORT:

- A. FOLLOW UP ITEMS
 - MAIN STREET RECONSTRUCTION – PROJECT UPDATE

5. LICENSES OR PERMITS:

- A. STEPHEN PEARLMAN/ASTON MAGNA FOUNDATION FOR MUSIC AND LARKIN LTD. FOR TEMPORARY BANNER SIGN OVER RAILROAD STREET FROM MAY 21st - JULY 21st, 2014. (DISCUSSION/VOTE)

- B. STEPHEN PEARLMAN/ASTON MAGNA FOUNDATION FOR MUSIC FOR FOUR (4) ONE

DAY BEER AND WINE LIQUOR LICENSES FOR 6/21 AND 6/28, 2014 AND 7/5 AND 7/19,
2014 FROM 7:00 PM – 9:30 PM AT DANIEL ART CENTER AT SIMON'S ROCK.
(DISCUSSION/VOTE)

C. GEORGE LAYE/GUTHRIE CENTER FOR THIRTY (30) ONE DAY BEER AND WINE LIQUOR
LICENSES AS PER DATES ATTACHED AT 2 VAN DEUSENVILLE ROAD.
(DISCUSSION/VOTE)

D. GREAT BARRINGTON COOPERATIVE PRESCHOOL FOR TEMPORARY OUTDOOR
SUNDAY ENTERTAINMENT LICENSE FOR MAY 18, 2014 FROM 8:00 AM – 4:00 PM AT
BUTTERNUT SKI AREA. (DISCUSSION/VOTE)

E. CONTINUATION OF MAY 1, 2014 ANNUAL LICENSE RENEWALS (VOTE)
- REAL ESTATE SIGN

6. NEW BUSINESS:

A. BOS – APPOINTMENT TO THE CONSERVATION COMMISSION.

B. HOUSATONIC SOLAR 1/KIRT MAYLAND – UPDATE ON SOLAR PROJECT.

7. OLD BUSINESS:

8. CITIZEN SPEAK TIME:

9. SELECTMEN'S TIME:

10. MEDIA TIME:

11. ADJOURNMENT:

NEXT SELECTMEN'S REGULAR MEETING: WEDNESDAY, MAY 14, 2014 AT 7:00 P.M.


Jennifer Tabakin, Town Manager

**THIS MEETING MAY BE RECORDED BY MEMBERS OF THE MEDIA.
THE LISTING OF AGENDA ITEMS ARE THOSE REASONABLY ANTICIPATED BY THE
CHAIR WHICH MAY BE DISCUSSED AT THE MEETING. NOT ALL ITEMS LISTED MAY IN
FACT BE DISCUSSED AND OTHER ITEMS NOT LISTED MAY ALSO BE BROUGHT UP FOR
DISCUSSION TO THE EXTENT PERMITTED BY LAW.**

Edwin A. May
Inspector of Buildings



Town Hall, 334 Main Street
Great Barrington, MA 01230

Telephone: (413) 528-3206
Fax: (413) 528-3064

TOWN OF GREAT BARRINGTON
MASSACHUSETTS

OFFICE OF THE INSPECTOR OF BUILDINGS
APPLICATION FOR A SIGN PERMIT

RECEIVED
APR 22 2014
BY: _____

NO SIGN IS TO BE ERRECTED OR ALTERED UNTIL A PERMIT IS GRANTED

The undersigned hereby apply/applies for a sign permit to erect or alter/amend a sign in accordance with the provisions relating hereto.

Application Date: 4/21/14

Application Made By: _____

Applicant's Address: LARKIN LTD
974 MAIN STREET SUITE 1
GREAT BARRINGTON MA 01230

City, State, Zip: _____

Telephone Number: _____

X Property Owner's Name: WARE BLOCIL LLC BENERLY KIMBALL MOR

X Property Owner's Address: 168 MAIN ST SUITE 3 GT. BARRINGTON

X Signature of property owner indicating consent: James S. Kimball -

X Date: 4/9/14

Location where sign permit is to be used: RAILROAD STREET BANNER SIGN

Sign District _____

Type of Sign

- _____ Free Standing
- _____ Wall-Mounted (flat on wall)
- _____ Shingle (Projecting)
- _____ Sandwich Board Sign
- Double-Sided
- _____ Permanent Sign
- Temporary Sign

SIGN



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MASSACHUSETTS

OFFICE OF THE INSPECTOR OF BUILDINGS
APPLICATION FOR A SIGN PERMIT

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The undersigned hereby apply/applies for a sign permit to erect or alter/amend a sign in accordance with the provisions relating hereto.

Application Date: 4/21/14

Application Made By: _____

Applicant's Address: LARKIN LTD
974 MAIN STREET SUITE 1
GREAT BARRINGTON MA 01230

City, State, Zip: _____

Telephone Number: _____

X Property Owner's Name: JAMES MERCER / Westgood NRT

X Property Owner's Address 304 MAIN Street Gd. B

X Signature of property owner indicating consent [Signature]

X Date: April 9, 2014

Location where sign permit is to be used: Railroad Street

Sign District _____

Type of Sign

_____ Free Standing

_____ Wall-Mounted (flat on wall)

_____ Shingle (Projecting)

_____ Sandwich Board Sign

X Double-Sided

_____ Permanent Sign

X Temporary Sign

SIGN

Total Area of Requested Sign: 120 Sq. Ft. Height: 36" Width: 480"

If sign is to be wall mounted, give total Area of Wall Façade: _____ Sq. Ft.

Type of Illumination (if applicable, check one)

_____ Internal

_____ External

None

_____ Other - Please specify _____

Setbacks – footage from sign to edge of roadway _____ Street line: _____

Height From Bottom of Sign to Grade _____

Facing property from road: Side property line (Left) _____ (Right Side) _____

HISTORIC DISTRICT COMMISSION/ZONING BOARD OF APPEALS

Is approval required from?

Historic District Commission: _____ Yes (Please provide documentation of HDC approval with this application.)

No

Zoning Board of Appeals: _____ Yes (Please provide documentation of ZBA approval with this application.)

No

* If approval is required by ZBA and or HDC then such approval MUST be obtained prior to issuance of a Sign Permit*

I hereby certify that the dimensions and other information on the Plans are correct and that all applicable provisions of the Statutes, Regulations and By-laws will be complied with. The above is subscribed to and executed by me under the penalties of perjury in accordance with Section 1-A of Chapter 268 of the General Laws.

Applicant's Signature _____

Date: 4/21/14

ATTACH A PHOTO OR SKETCH INDICATING THE COLORS AND MEASUREMENTS OF THE PROPOSED SIGN OR SIGNS



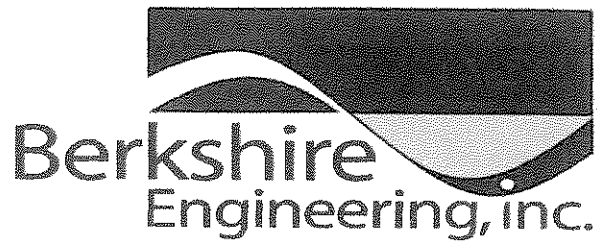
TOWN OF GREAT BARRINGTON
MASSACHUSETTS

MEMORANDUM

TO: BOS
FROM: Edwin May C B O
DATE: 4/22/14
COPY: file
SUBJECT: Railroad St Banner – Aston Magna Banner

I find the event banner application to be substantially complete as per the following checklist of requirements for Banners c.146-6 (1);

App. Complete	OK
Attachment eng.	OK
Insurance Bond	OK
Size	OK
Length of time	OK
Number of banners	OK
Permit from BOS	Pending
Zoning district	OK



April 16, 2014

Mr. Edwin May, Inspector of Buildings
Town of Great Barrington
20 Castle Street
Great Barrington, MA 01230

**RE: Reinstallation of a Seasonal Display Wire Rope Assembly &
Aston Magna Music Festival Vinyl Banner Structural Review –
Railroad Street Display Location
Great Barrington, MA**

Dear Mr. May:

Berkshire Engineering Inc. has prepared project specifications for the re-installation of a galvanized steel wire rope to be strung between private buildings abutting Railroad Street, in Great Barrington, MA. The wire rope will span approximately 57' across Railroad Street and be supported by pre-existing anchor points located on the building faces, approximately 19' above finish grade. Berkshire Engineering Inc. has been retained to provide inspectional oversight during the re-installation process. The proposed wire rope is designed to support **free-swinging** hanging seasonal decorations, informational banners, and other items that impart a working load not to exceed **740 pounds of force**.

This design has been prepared in accordance with the following design standards:

- Massachusetts State Building Code 780 CMR Eighth Edition, specifically the 2009 International Building Code with Massachusetts Amendments.
- ASCE 7-10, Minimum Design Loads for Buildings and Other Structures; Chapter 6 "Wind Loads"

As part of this filing, Berkshire Engineering Inc. has also completed an engineering review of the installation of a single vinyl banner, approximately 33"x470", to remain in place for a period not to exceed 45 days. At the conclusion of its service period the informational banner is to be removed by the approved installer with the wire rope remaining in place. Any subsequent banner or seasonal display installations proposed to be supported by the specific wire rope outlined in this filing shall be reviewed by this office prior to installation. This filing neither proposes nor permits the installation of any future seasonal decorations, informational banners, or other attachments on the wire rope outlined herein, without prior engineering review by this office.

As part of this evaluation the following actions were completed:

- Engineers review of proposed connection details and components, completed April 16, 2013.

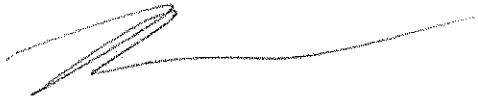
This evaluation has been conducted with reference to the following design standards:

- Massachusetts State Building Code 780 CMR Eighth Edition, specifically the 2009 International Building Code with Massachusetts Amendments.

It is our conclusion that the free swinging **Aston Magna Music Festival** vinyl banner, as proposed by Larkin Limited, can safely be displayed for a period not to exceed 45 days, using the proposed Railroad Street wire rope assembly.

Should you require any additional information, please let us know.

Respectfully Submitted,



Nicholas Andersen
Project Engineer



Michael S. Kulig, P.E.
President

Berkshire Engineering, Inc.
 80 RUN WAY
 LEE, MASSACHUSETTS 01238
 PHONE (413) 243-4122
 FAX 877.335.7282
 staff@berkshireengineering.com

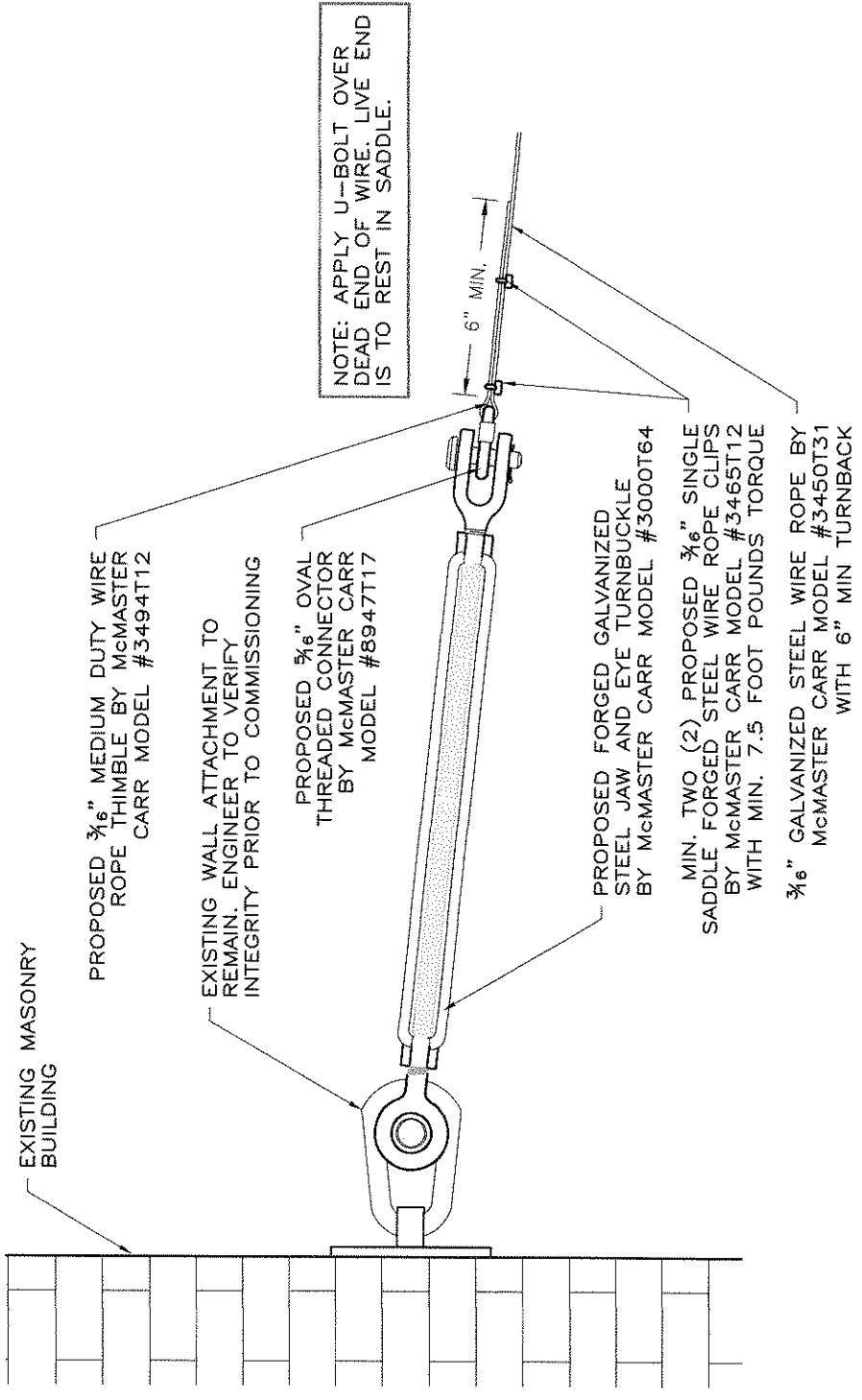
CIVIL & ENVIRONMENTAL ENGINEERS
 LAND CONSULTANTS

PREPARED FOR: LARKIN LIMITED

DRAWING TITLE

DISPLAY WIRE CONNECTION PLAN
 FOR PROPERTY LOCATED AT
 RAILROAD STREET
 GREAT BARRINGTON, MA 01230

PROJECT DESCRIPTION	DISPLAY WIRE CONNECTION DETAIL
FOR	LARKIN LIMITED RAILROAD STREET GREAT BARRINGTON, MA
DRAWING NUMBER	14-04-12
REV.	LARKIN



DESIGN INTENT:

THE DISPLAY WIRE CONNECTION DETAIL DEPICTED HEREON OUTLINES REQUIRED MECHANICAL ATTACHMENTS NECESSARY TO REINSTALL A SEASONAL DISPLAY WIRE AT A PRE-EXISTING LOCATION ALONG RAILROAD STREET IN GREAT BARRINGTON. THE NARRATIVE REPORT SUBMITTED CONCURRENTLY IS INCORPORATED WITH, AND INTEGRAL TO, THIS DESIGN. THE DESIGN DEPICTED HEREON, MAY NOT BE VIEWED AS A STAND ALONE SUBMITTAL.

WIRE ROPE CONNECTION DETAIL

SCALE: 1/2" = 1'

NOTE: APPLY U-BOLT OVER DEAD END OF WIRE. LIVE END IS TO REST IN SADDLE.

6" MIN.

PROPOSED $\frac{3}{16}$ " MEDIUM DUTY WIRE ROPE THIMBLE BY McMASTER CARR MODEL #3494T12

EXISTING WALL ATTACHMENT TO REMAIN. ENGINEER TO VERIFY INTEGRITY PRIOR TO COMMISSIONING

PROPOSED $\frac{3}{16}$ " OVAL THREADED CONNECTOR BY McMASTER CARR MODEL #8947T17

PROPOSED FORGED GALVANIZED STEEL JAW AND EYE TURNBUCKLE BY McMASTER CARR MODEL #3000T64

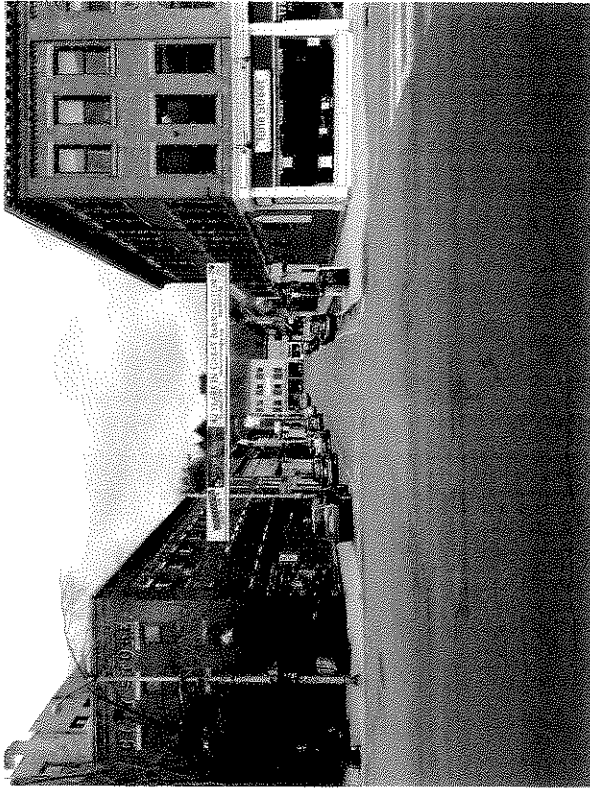
MIN. TWO (2) PROPOSED $\frac{3}{16}$ " SINGLE SADDLE FORGED STEEL WIRE ROPE CLIPS BY McMASTER CARR MODEL #3465T12 WITH MIN. 7.5 FOOT POUNDS TORQUE

$\frac{3}{16}$ " GALVANIZED STEEL WIRE ROPE BY McMASTER CARR MODEL #3450T31 WITH 6" MIN TURNBACK

Note: The Banner will Have Two 30 ft Heavy Duty Ropes On Each Corner And 20 Grommets On Top within 2' Apart From Eachother. The Bottom of Banner will have 3 12 feet Wood Dowels Installed For Weight Keep the Banner down from high winds. This is 19 oz Heavy Duty Banner Which its Design for This. We are going to use D Shape Carabineers Hooks To hang it from each grommet to the wire. The ropes will be tied to the buildings Where the end of the wire is attached to. There will be Half Moon Circles on the face of banner about 3 feet from each other along Top and Bottom.



Install Banner On May 21, 2014 and Remove On July 21, 2014 ✖



470 in

2014 SEASON
June 19 - July 19



42 YEARS IN GREAT BARRINGTON
Founded 1972 | www.astonmagna.org | 800-595-4849



33 in

1.75" Round x 12' Long Wood Dowels
For Weight And Flexibility

Project Name:

Aston Magna

Scale: As Noted

Date:

Phone #:

Proofed By:

Estimated Cost:

Phone: 413-528-8908

Fax: 413-528-8906

Email: Larkin.LTD@verizon.net

Address: 974 Main St STE 1
Great Barrington, MA 01230





The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Larkin LTD
 Address: 974 Man St STE 1
 City/State/Zip: GB, MA 01230 Phone #: 413-5288908

Are you an employer? Check the appropriate box:

- 1. I am an employer with 2 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. I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
- 4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
- 5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other Sign

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 †Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: Wheeler + Taylor
 Policy # or Self-ins. Lic. #: BPT3526E Expiration Date: 4/24/15
 Job Site Address: Rail Road St City/State/Zip: GB, MA

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: [Signature] Date: 4/21/15
 Phone #: 413-528-8908

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. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____

CERTIFICATE OF LIABILITY INSURANCE

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Wheeler & Taylor, Inc. CONTACT NAME: Sharon Boyles-Meppen. INSURED: Larkin, Ltd. INSURER A: NGM Insurance Co. INSURER B: Safety Insurance Company.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella/Excess Liability, and Workers Compensation.

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

CERTIFICATE HOLDER: Town of Great Barrington. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2014

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 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 Haskell Brokerage Corp. 100 William Street- Suite 1850 New York, NY 10038	CONTACT NAME: Brokerage Corp Haskell
	PHONE (A/C No. Ext): (212) 227-8800 FAX (A/C No.): (212) 571-2719
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Travelers Prop Cas Co of Amer NAIC # 25674
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1441400795 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			I-660-433K1133-TCT-13	10/1/2013	10/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			I-660-433K1133-TCT-13	10/1/2013	10/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	IA-UB-355K783-1-13	10/1/2013	10/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Permit for Banner: Town of Great Barrington, MA, is included as an Additional Insured.

CERTIFICATE HOLDER Town of Great Barrington Town Hall 334 Main Street Great Barrington, MA 01230	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Maurice Wong



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2014

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 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 Haskell Brokerage Corp. 100 William Street- Suite 1850 New York, NY 10038	CONTACT NAME: Brokerage Corp Haskell PHONE (A/C No. Ext): (212) 227-8800 E-MAIL ADDRESS:		FAX (A/C No.): (212) 571-2719
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Aston Magna Foundation for Music, Inc. PO Box 28 Great Barrington, MA 01230	INSURER A: Travelers Prop Cas Co of Amer		25674
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL1441400795 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		I-660-433K1133-TCT-13	10/1/2013	10/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY		I-660-433K1133-TCT-13	10/1/2013	10/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		IA-UB-355K783-1-13	10/1/2013	10/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Liability Insurance for banner.

CERTIFICATE HOLDER Westgood Realty Trust 304 Main Street Great Barrington, MA 01230	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Maurice Wong



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2014

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 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 Haskell Brokerage Corp. 100 William Street- Suite 1850 New York, NY 10038	CONTACT NAME: Brokerage Corp Haskell PHONE (A/C No. Ext): (212) 227-8800 FAX (A/C No.): (212) 571-2719 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Aston Magna Foundation for Music, Inc. PO Box 28 Great Barrington, MA 01230	INSURER A: Travelers Prop Cas Co of Amer NAIC # 25674	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1441400795 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			I-660-433K1133-TCT-13	10/1/2013	10/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			I-660-433K1133-TCT-13	10/1/2013	10/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			IA-UB-355K783-1-13	10/1/2013	10/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Liability Insurance for banner.

CERTIFICATE HOLDER Ware Block LLC 670 Boarman Street Sheffield, MA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Maurice Wong

FEE: \$25.00 x 4 = \$100.00

DATE: 4/24/14



TOWN OF GREAT BARRINGTON

APPLICATION FOR ONE DAY LIQUOR LICENSE

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for a License in accordance with the provisions relating thereto:

APPLICANT'S NAME: STEPHEN PEARLMAN

ORGANIZATION NAME: ASTON MAGNA FOUNDATION FOR MUSIC

APPLICANT'S ADDRESS: PO Box 28, GREAT BARRINGTON, MASS 01230

Type of license being Applied for:

ONE DAY BEER & WINE

ONE DAY ALL ALCOHOLIC

EVENT: CONCERT

DATE: 6/21+6/23/14 7/5+7/19/14 START TIME: 7PM END TIME: 9:30PM

LOCATION: DANIELS ART CENTER AT SIMON'S ROCK

EVENT ON TOWN PROPERTY? Yes No

IF YES, PLEASE ATTACH CERTIFICATE OF LIQUOR LIABILITY INSURANCE.

In accordance with the rules and regulations made under authority of said Statutes.

Stephen Pearlman
Signature of Applicant

41 Great Spruce Pk, Hillsdale, NY 12529
Mailing Address

203-232-5413
Telephone Number

Decision:
Approved

Denied

Postponed

FEE: \$25.00 * 30 = \$750

DATE: 5/22/14



TOWN OF GREAT BARRINGTON

APPLICATION FOR ONE DAY LIQUOR LICENSE

TO THE LICENSING AUTHORITY:

The undersigned hereby applies for a License in accordance with the provisions relating thereto:

APPLICANT'S NAME: George Hage

ORGANIZATION NAME: Guthrie Center

APPLICANT'S ADDRESS: 2 Van Dusenville Road

Type of license being Applied for:

ONE DAY BEER & WINE

ONE DAY ALL ALCOHOLIC

EVENT: Troubadour Series

DATE: ATTACHED START TIME: 6:00 AM END TIME: 11:30 PM

LOCATION: 2 Van Dusenville Road

EVENT ON TOWN PROPERTY? Yes _____ No TIPS Certification attached

IF YES, PLEASE ATTACH CERTIFICATE OF LIQUOR LIABILITY INSURANCE.

In accordance with the rules and regulations made under authority of said Statutes.

George Hage
Signature of Applicant

2 Van Dusenville Road
Mailing Address

413 528-1955
Telephone Number

Decision: Approved _____ Denied _____ Postponed _____

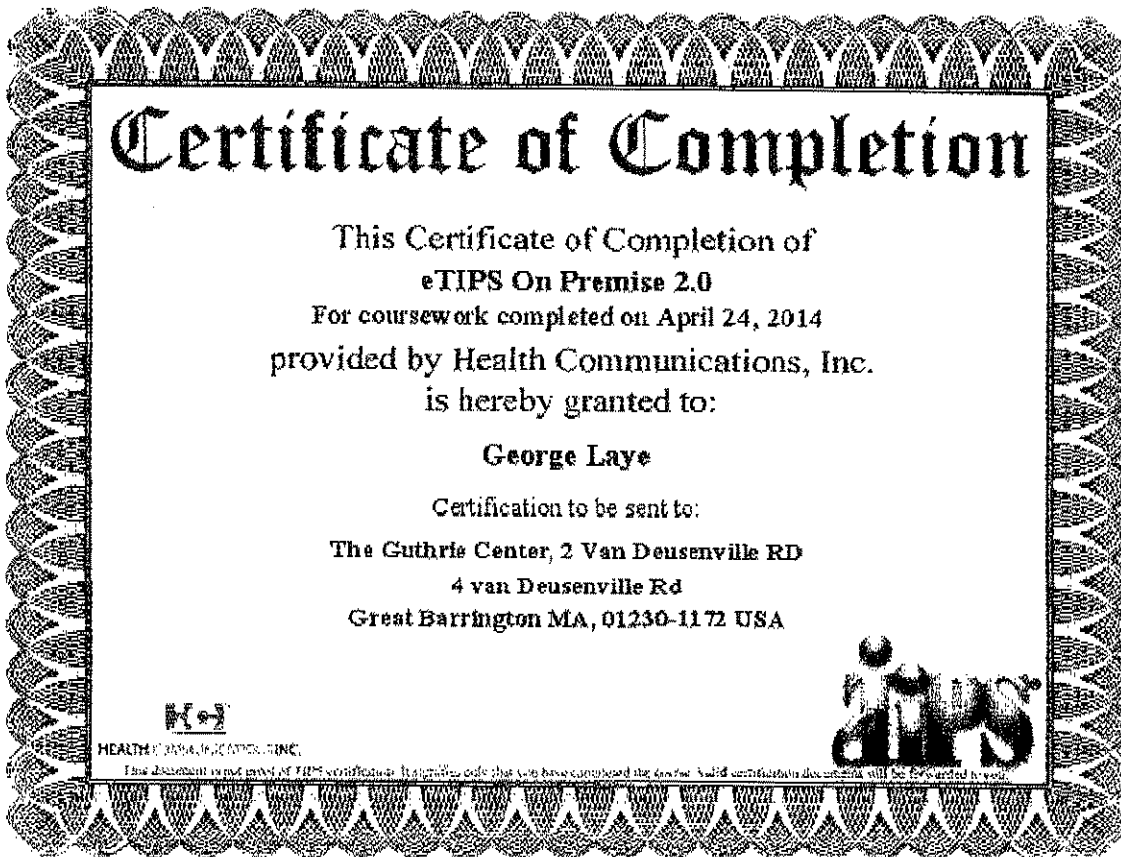
2014 Guthrie Center Beer & Wine Dates

Friday, May 23
Saturday, May 24
Sunday, May 25
Friday, June 13
Saturday, June 14
Friday, June 20
Saturday, June 21
Friday, June 27
Saturday, June 28
Friday, July 4
Saturday, July 5
Friday, July 11
Saturday, July 12
Friday, July 18
Saturday, July 19
Friday, July 25
Saturday, July 26
Friday, August 1
Saturday, August 2
Friday, August 8
Saturday, August 9
Friday, August 15
Saturday, August 16
Friday, August 22
Saturday, August 23
Friday, August 29
Saturday, August 30
Friday, October 10
Saturday, October 11
Sunday, October 12

Do you have a Problem? Contact Technical Support for assistance.

Print Main Menu

Do not click Back-Space to leave this window



Please circle: **INDOOR** or **OUTDOOR** Entertainment

Exact Location of Entertainment (include sketch): The main parking lot at the base of Butternut Ski Area

Date(s) of Entertainment: **Sunday**, May 18, 2014

Start & End Times of Entertainment: 8:00 am - 4:00 pm

ALL entertainment licenses will be reviewed by the Design Review Team (DRT), which is comprised of several Town departments, for comments/concerns on this application.

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

TRR - Great Barrington 4/18/2014 151-80-8570
Signature of Individual or Cooperative Date SS# or FID#
Corporate Officer Preschool

TOWN USE ONLY: (if any)

DRT Review with Conditions: Temporary signs, need permits through Building Inspector. DRT has no concerns with this event. CR 4/24/14

APPROVAL DATE: _____

LICENSE # _____

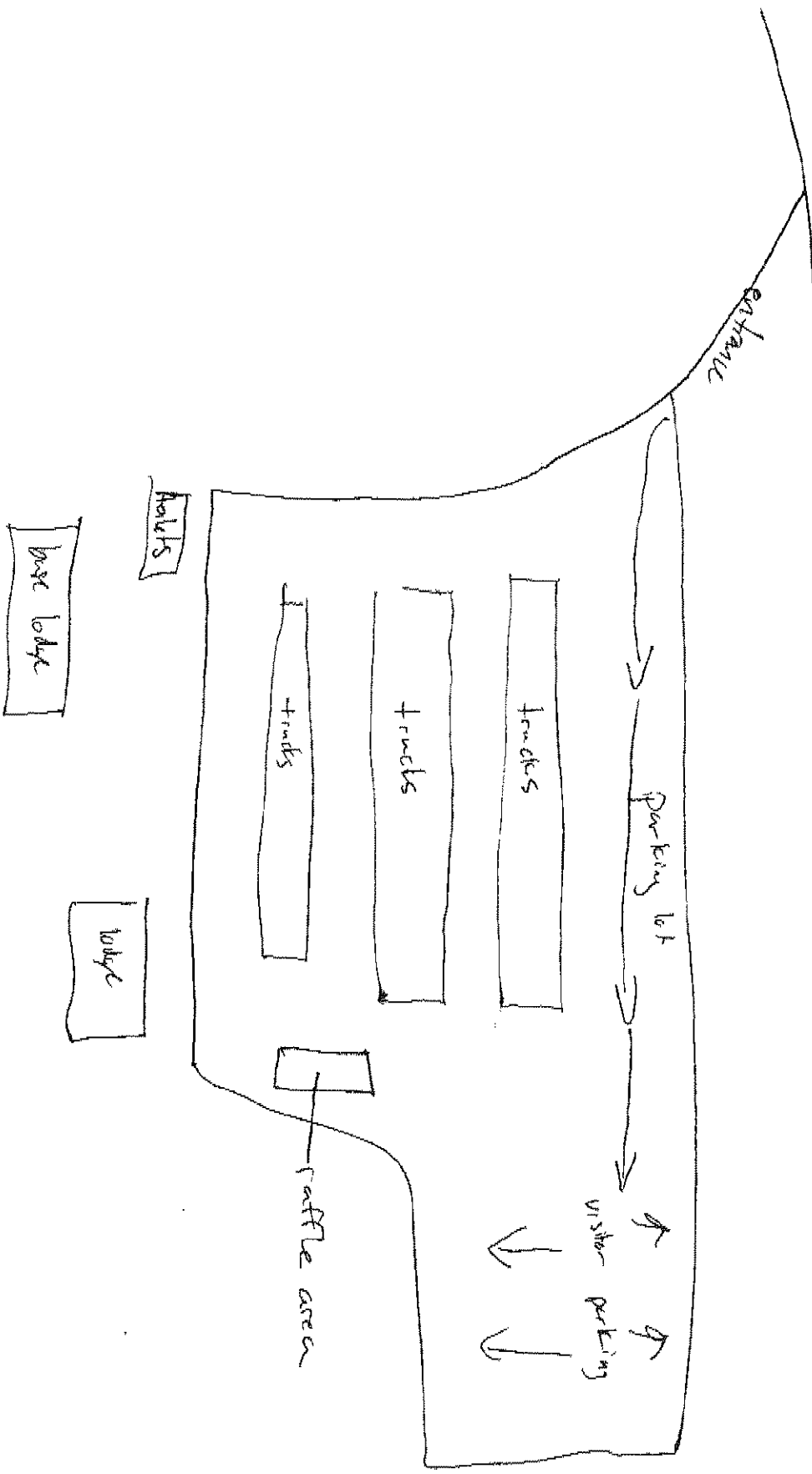
Great Barrington Cooperative Preschool

Truck Day May 18

Layout
Butternut Ski Area

N
W + E
S

Route 23



BUTTERNUT BASIN

DATE AND SITE RESERVATION AGREEMENT

In consideration of the foregoing and other valuable consideration, Butternut Basin Inc., doing business as Ski Butternut, hereafter known as "BBI" and GB Coop Pre School hereafter known as "Purchaser", understand and agree to the following terms and conditions with regards to renting the "Main Parking Lot, Grounds near the Clubhouse, and Clubhouse restroom facilities, located at Ski Butternut, 360 State Road, Route 23, Great Barrington, Massachusetts on the date of Sunday, May 18, 2014 for purposes of hosting the "Truck Day" fundraiser event, hereafter known as "Event".

1. Purchaser agrees to pay BBI the amount of \$1.00 as a non refundable fee to reserve the Main Parking Lot, Grounds near the Clubhouse, and Clubhouse restroom facilities on said date for the purposes of hosting the event. Purchaser acknowledges and agrees that said fee is separate from any and all other costs that shall be incurred for said Event.
2. BBI agrees to reserve the Main Parking Lot, Grounds near the Clubhouse, and Clubhouse restroom facilities on said date exclusively for Purchaser upon receipt of payment and signed agreement. BBI reserves the right to conduct normal business operations on said date from any other area on BBI premises.
3. BBI agrees to provide Purchaser with access to the BBI premises and upper lodge facilities from 8:00 a.m. until 8:00 p.m. on said date for purposes of conducting said Event.
4. Purchaser agrees to coordinate and provide for all aspects of event including, but not limited to, providing financial resources, staffing, labor, equipment, and otherwise for producing said Event.
5. Purchaser agrees to allow BBI to operate an exclusive food and beverage concession at Event for the purposes of selling hot dogs, hamburgers, chips, cookies, soda, and beer. BBI agrees to allow Purchaser to bring in other outside concession(s) on the conditions that: 1) they do not sell anything that BBI is offering; 2) they have the required food permits; and 3) they have the required liability insurance to operate a concession at Event.
6. Purchaser agrees to return site in same condition as it was received prior to event. Purchaser agrees to provide all labor necessary to pick up debris from grounds, haul garbage to the dumpsters behind the Upper Lodge, and pay BBI the sum of \$100 to cover the cost of cleaning the restrooms after the event. BBI agrees to pay the cost of having dumpster contents removed after Event.
7. BBI reserves the right to cancel this agreement if any Act of God or unforeseen circumstance(s) prevents BBI from hosting said Event.
8. Signed form (below) and payment submitted to Butternut Basin Inc., 360 State Road, Great Barrington, MA 01230 constitutes full acceptance of this agreement under the laws of the Commonwealth of Massachusetts.

Name (Print): Benjamin Dobson
(purchaser authorized representative)

Name (Print): DAVID P. RYAN
(BBI authorized representative)

Signature: Benjamin Dobson

Signature: [Signature]

Date: 4/22/14

Date: 4/22/14

BUTTERNUT PKK LOT AND BASE AREA



Google earth



LIGHT
VEHICLE
(CAR)
DISPLAY

FOOD CONCESSION
ON
CLUBHOUSE
DECK
(RESTROOMS INSIDE)

MAY 2014 LICENSE RENEWALS

REAL ESTATE SIGN LICENSES:

1. Cohen & White Associates LLC
2. The Kinderhook Group Inc.

EXECUTIVE SUMMARY

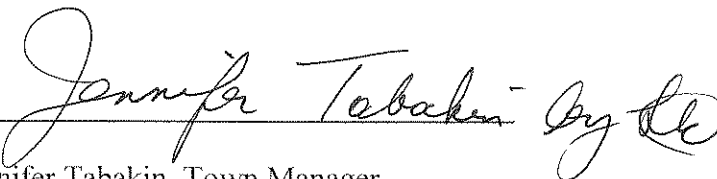
TITLE: Appointment of a member to the Conservation Commission.

BACKGROUND: The Town has been recruiting for a member to serve on the Conservation Commission. The term is for 3 years. Kate Van Olst has applied for the position. MGL Ch. 40 Sec. 8D states that towns having town manager form of government, the appointment shall be made by the Town Manager, subject to the approval of the selectmen. As Town Manager, I wish to appoint Kate Van Olst for a three (3) year term to the Conservation Commission and request your approval.

FISCAL IMPACT: Not applicable.

RECOMMENDATION: The Board of Selectmen concurs with the Town Manager's appointment of Kate Van Olst to the Conservation Commission for a term to expire June 30, 2017.

PREPARED AND REVIEWED BY:


Jennifer Tabakin, Town Manager

DATE:

4/25/14