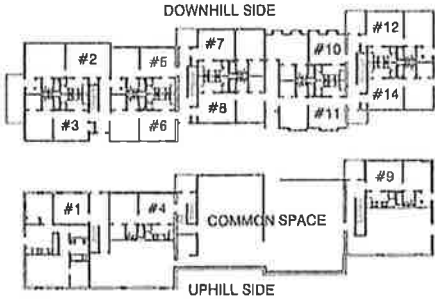


Appendix A

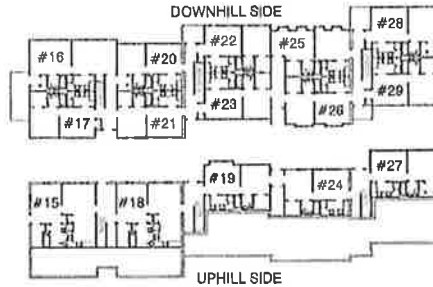
BUILDING - A



UPPER

LOWER

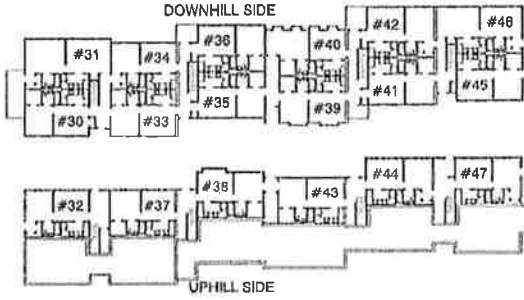
BUILDING - B



UPPER

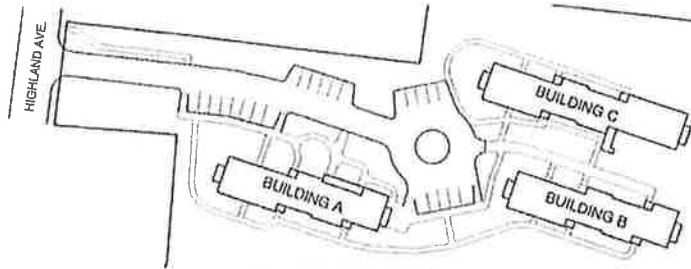
LOWER

BUILDING - C



UPPER

LOWER



SITE PLAN

100% CD'S SUBMISSION

S 6 G

Bradley Architects, Inc.
 ARCHITECTS
 1000 W. 10th St.
 Suite 100
 Lincoln, NE 68502

KITCHEN & BATH
 RENOVATIONS
 HIGHLAND VILLAGE APARTMENTS
 LINCOLN, NE

SITE PLAN
 BUILDING PLANS

A1.0

Appendix B

SHELBURNE HOUSING AUTHORITY
KITCHEN & BATH RENOVATIONS
HIGHLAND VILLAGE APARTMENTS 667-1A

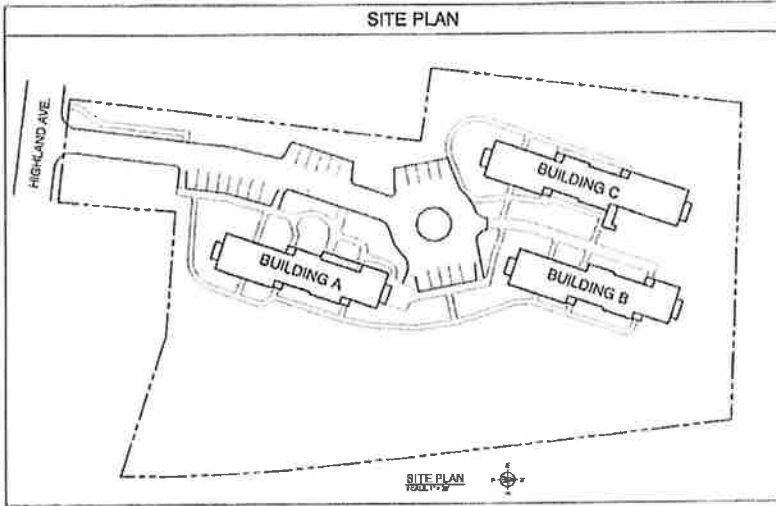
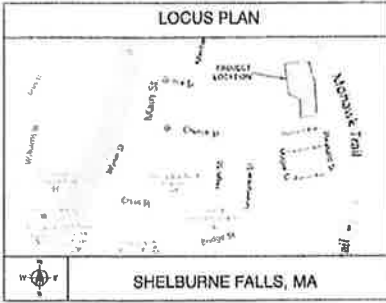
1 HIGHLAND AVENUE SHELBURNE FALLS, MA
 DHCD PROJECT NO. 266028

COMMONWEALTH OF MASSACHUSETTS
 DEPT. OF HOUSING & COMMUNITY DEVELOPMENT
 CHRYSTAL KORNEGAY, UNDERSECRETARY

MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
 TOWN OF SHELBURNE FY2015

OWNER
 SHELBURNE HOUSING AUTHORITY
 42 CANAL ROAD
 TURNERS FALLS, MA
 FRANCES PHEENY, EXEC. DIRECTOR
 (413) 863-9781

ARCHITECT:
 BRADLEY ARCHITECTS, INC.
 8 BANK ROW
 PITTSFIELD, MA 01201
 (413) 448-8253
 www.bradleyarchitectsinc.com



**100% CD'S
 SUBMISSION
 SUBMISSION**

GENERAL NOTES	
<p>1. ALL WORK SHALL BE IN ACCORDANCE WITH THE MASSACHUSETTS BUILDING CODE, 780 CMR, AND THE MASSACHUSETTS PLUMBING CODE, 780 CMR.</p> <p>2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE TOWN OF SHELBURNE.</p> <p>3. ALL MATERIALS AND WORKMANSHIP SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE TOWN ENGINEER.</p> <p>4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.</p> <p>5. ALL UTILITIES SHALL BE PROTECTED AND MARKED PRIOR TO ANY EXCAVATION WORK.</p> <p>6. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND REPAIR OF ALL EXISTING UTILITIES.</p> <p>7. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.</p> <p>8. THE CONTRACTOR SHALL MAINTAIN A NEAT AND ORDERLY WORK SITE AT ALL TIMES.</p> <p>9. ALL DEBRIS SHALL BE REMOVED FROM THE SITE DAILY.</p> <p>10. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND REPAIR OF ALL EXISTING CURBS AND SIDEWALKS.</p> <p>11. ALL WORK SHALL BE COMPLETED IN ACCORDANCE WITH THE SPECIFICATIONS AND NOTES.</p>	<p>1. ALL WORK SHALL BE IN ACCORDANCE WITH THE MASSACHUSETTS BUILDING CODE, 780 CMR, AND THE MASSACHUSETTS PLUMBING CODE, 780 CMR.</p> <p>2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE TOWN OF SHELBURNE.</p> <p>3. ALL MATERIALS AND WORKMANSHIP SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE TOWN ENGINEER.</p> <p>4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.</p> <p>5. ALL UTILITIES SHALL BE PROTECTED AND MARKED PRIOR TO ANY EXCAVATION WORK.</p> <p>6. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND REPAIR OF ALL EXISTING UTILITIES.</p> <p>7. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.</p> <p>8. THE CONTRACTOR SHALL MAINTAIN A NEAT AND ORDERLY WORK SITE AT ALL TIMES.</p> <p>9. ALL DEBRIS SHALL BE REMOVED FROM THE SITE DAILY.</p> <p>10. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND REPAIR OF ALL EXISTING CURBS AND SIDEWALKS.</p> <p>11. ALL WORK SHALL BE COMPLETED IN ACCORDANCE WITH THE SPECIFICATIONS AND NOTES.</p>

INDEX OF DRAWINGS	
T1	TITLE SHEET & SITE PLAN
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DE 0	DETAILED SECTION ON MOST OF PLANS AND ELEVATIONS
DE 1	DETAILED SECTION ON UPPER DE PLANS AND ELEVATIONS
A2.0	ENLARGED KITCHEN PLANS AND ELEVATIONS
A2.1	ENLARGED BATHROOM PLANS AND ELEVATIONS
A3.0	DETAILS

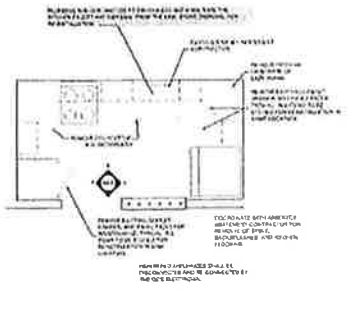
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Bradley Architects Inc.
 8 BANK ROW
 PITTSFIELD, MA 01201
 (413) 448-8253
 www.bradleyarchitectsinc.com

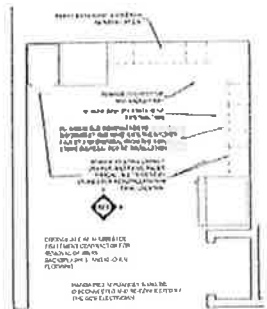
KITCHEN & BATH
 RENOVATIONS
 HIGHLAND VILLAGE APARTMENTS
 667-1A
 SHELBURNE FALLS, MA

TITLE SHEET
 SITE PLAN

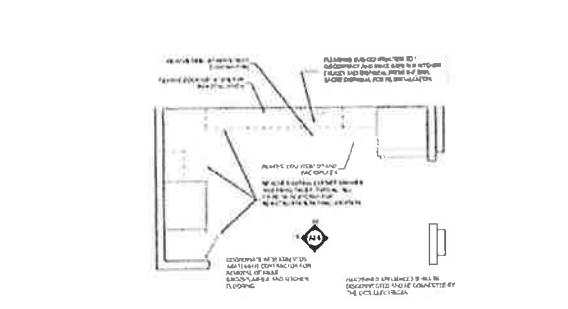
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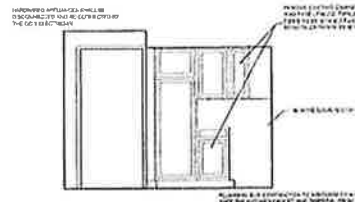
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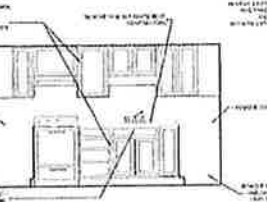
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SCALE 1/4" = 1'-0"



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SCALE 1/4" = 1'-0"



4 KITCHEN ELEVATION



5 KITCHEN ELEVATION

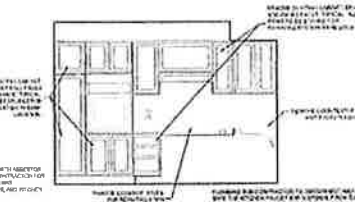


6 KITCHEN ELEVATION

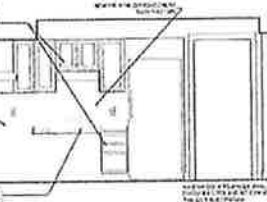
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100% CD'S SUBMISSION

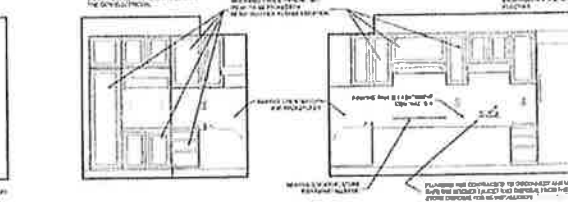
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SCALE 1/4" = 1'-0"



7 KITCHEN ELEVATION



8 KITCHEN ELEVATION



9 KITCHEN ELEVATION



10 KITCHEN ELEVATION

1 BEDROOM ACCESSIBLE UNIT - KITCHEN ELEVATIONS
SCALE 1/4" = 1'-0"

2 BEDROOM ACCESSIBLE UNIT - KITCHEN ELEVATIONS
SCALE 1/4" = 1'-0"

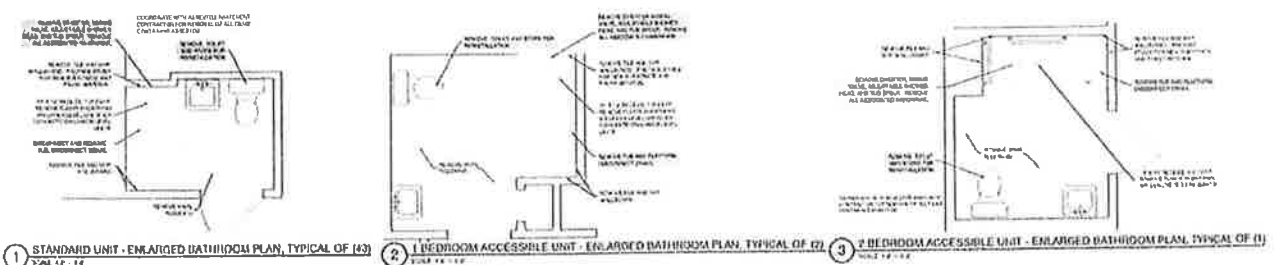
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Bradley Athletics, Inc.
100% CD'S SUBMISSION
100% CD'S SUBMISSION

KITCHEN & BATH
RENOVATIONS
HIGHLAND VILLAGE APARTMENTS
HIGHLAND VILLAGE

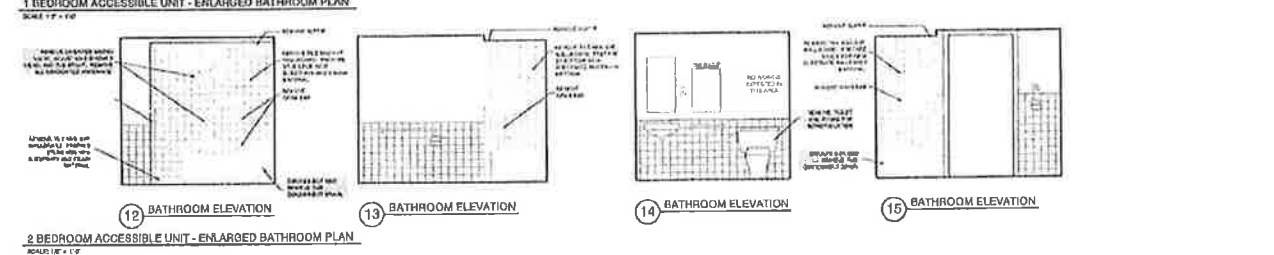
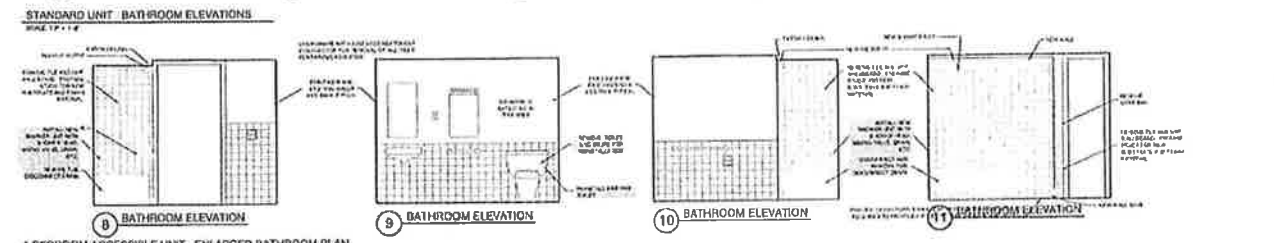
ENLARGED KITCHEN
DEMOLITION PLANS AND
ELEVATIONS

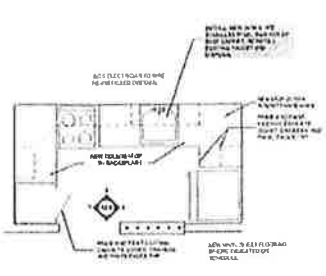
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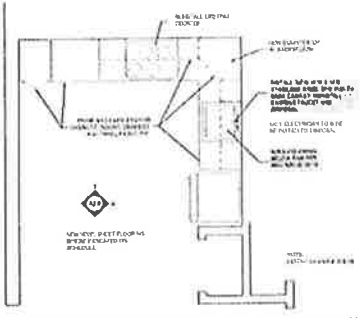
100% CD'S SUBMISSION

WORK BY THE PLUMBER
THE CONTRACTOR IS INDICATED
BY HIGHLIGHTED TEXT

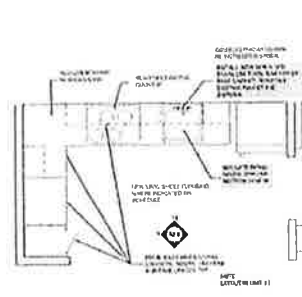




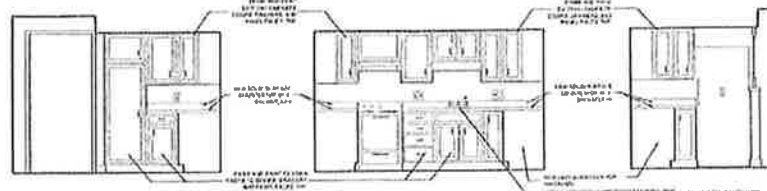
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2 1 BEDROOM ACCESSIBLE UNIT ENLARGED KITCHEN PLAN, TYPICAL OF (2)
SCALE 1/8" = 1'-0"



3 2 BEDROOM ACCESSIBLE UNIT ENLARGED KITCHEN PLAN, TYPICAL OF (1)
SCALE 1/8" = 1'-0"

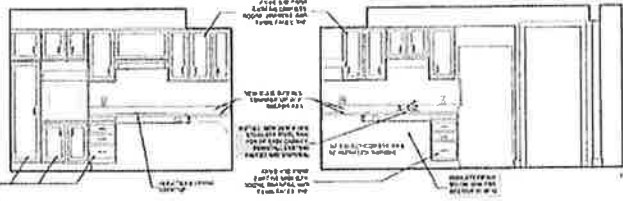


4 KITCHEN ELEVATION

5 KITCHEN ELEVATION

6 KITCHEN ELEVATION

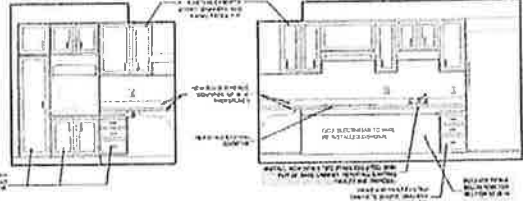
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SCALE 1/8" = 1'-0"



7 KITCHEN ELEVATION

8 KITCHEN ELEVATION

1 BEDROOM ACCESSIBLE UNIT - KITCHEN ELEVATIONS
SCALE 1/8" = 1'-0"



9 KITCHEN ELEVATION

10 KITCHEN ELEVATION

2 BEDROOM ACCESSIBLE UNIT - KITCHEN ELEVATIONS
SCALE 1/8" = 1'-0"

- REMOVE ALL EXISTING PLUMBING FROM THE ROOMS AND RELOCATE AS SHOWN ON THESE PLANS.
- INSTALL SINKS, STOVE, REFRIGERATOR, DISHWASHER AND RANGE AS SHOWN ON THESE PLANS. ALL SINKS AND STOVE SHALL BE INSTALLED ON THE SAME WALL AS SHOWN ON THESE PLANS.
- INSTALL RANGE AND REFRIGERATOR ON THE SAME WALL AS SHOWN ON THESE PLANS.
- INSTALL SINK AND DISHWASHER ON THE SAME WALL AS SHOWN ON THESE PLANS.

FLOOR	BATH	TRAY	WALLS	CEILING
1ST	0	0	0	0
2ND	0	0	0	0

WORK BY THE PLUMBING AND CONTRACTOR IS INDICATED BY HATCHING ONLY

100% CD'S SUBMISSION

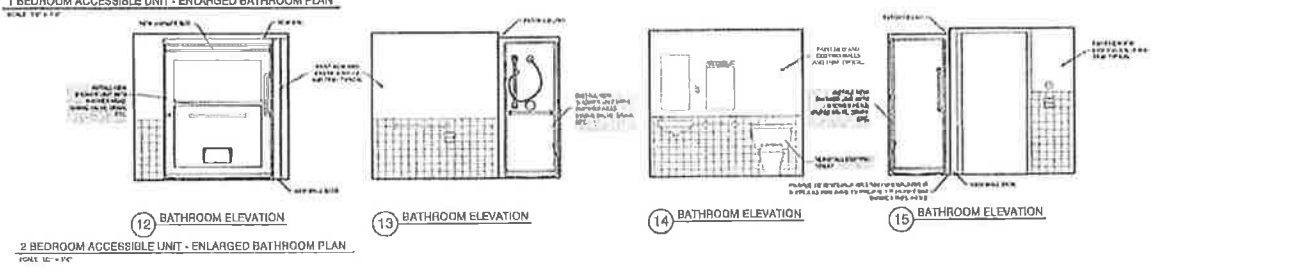
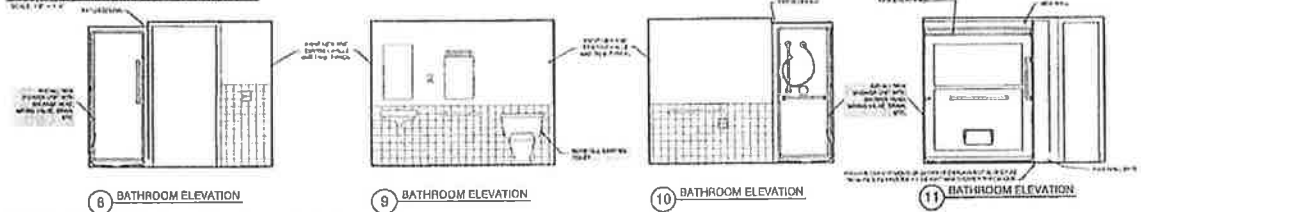
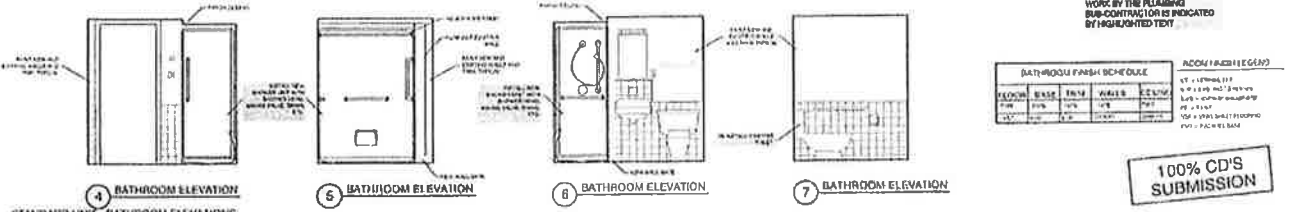
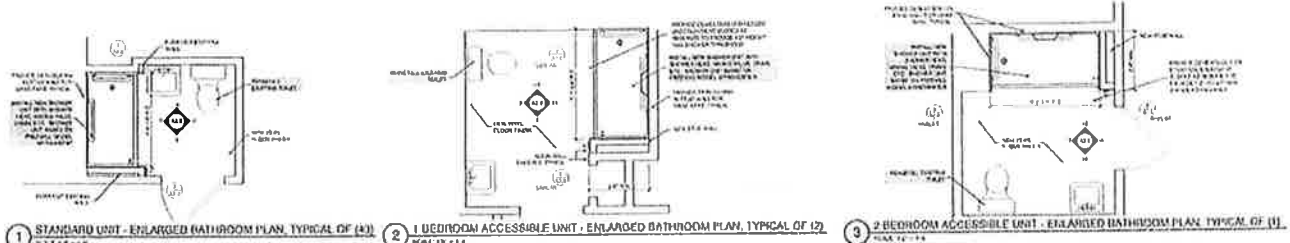
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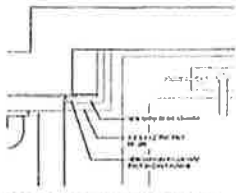
Bradley Architects Inc.
1000 WEST 10TH AVENUE
SUITE 1000
DENVER, CO 80202
TEL: 303.733.1111
WWW.BRADLEYARCHITECTS.COM

KITCHEN & BATH RENOVATIONS
HIGHLAND VILLAGE APARTMENTS
INCORPORATING FALLS CHASE
VILLAGE/CLAYTON

ENLARGED KITCHEN PLANS AND ELEVATIONS

A2.0





WORK BY THE FLOWING
 IN A CONTRACTOR IS INDICATED
 BY HIGHLIGHTED TEXT

100% CD'S
 SUBMISSION

S 6G

Bradley Architects Inc.
 1000 ...
 ...

KITCHEN & BATH
 RENOVATIONS
 HIGHLAND VILLAGE APARTMENTS
 ...

DETAILS

A3.0

Appendix C



RESIDENT SURVEY

The Authority plans to request funds from the United States Department of Housing and Urban Development (HUD) for the purpose of rehabilitating, demolishing, or disposing of the complex you now live in.

Caution: This is not a notice to move. If you move before you receive a notice instructing you to move, you will not be eligible for moving assistance. You should continue to pay your monthly rent and to comply with your lease terms and conditions since failure to pay rent and meet your other obligations as a resident may be cause for eviction and loss of relocation assistance.

The purpose of this survey is to determine your replacement housing preference. Please find below a list of possible replacement housing choices that the Authority believes will be available to you if this project is funded. **Please place a number by the choices you select in order of preference.** [A number "1" by your first choice, "2" by your second, "3" by your third, etc.]

- Options Available:
- Return to Site When Project Is Complete
- Other Public Housing
- Section 8 Assisted Housing
- Section 8 Voucher Assisted Housing
- Optional Homeownership Housing
- Private Sector Rental Housing
- Other Housing

NOTES

1. This is a guideform. It should be revised to reflect the HUD program and project circumstances.

Appendix D



SHELBURNE HOUSING AUTHORITY
1 Highland Village • Shelburne Falls, MA 01370 • (413) 625-9360
Executive Office: 42 Canal Road • Turners Falls, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

1378 CHG-6
Appendix 2

**GUIDEFORM GENERAL INFORMATION NOTICE
RESIDENTIAL TENANT NOT DISPLACED**

(date)

Dear _____:

_____, is interested in rehabilitating the property you currently occupy at _____ for a proposed project which may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the _____ program.

The purpose of this notice is to inform you that you will not be displaced in connection with the proposed project.

If the project application is approved and federal financial assistance provided, you may be required to move temporarily so that the rehabilitation can be completed. If you must move temporarily, suitable housing will be made available to you and you will be reimbursed for all reasonable out of pocket expenses, including moving costs and any increase in housing costs. You will need to continue to pay your rent and comply with all other lease terms and conditions.

Upon completion of the rehabilitation, you will be able to lease and occupy your present apartment or another suitable, decent, safe and sanitary apartment in the same building/complex under reasonable terms and conditions. *

If federal financial assistance is provided for the proposed project, you will be protected by a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). One of the URA protections for persons temporarily relocated is that such relocations shall not extend beyond one year. If the temporary relocation lasts more than one year, you will be contacted and offered all permanent relocation assistance as a displaced person under the URA. This assistance would be in addition to any assistance you may receive in connection with temporary relocation and will not be reduced by the amount of any temporary relocation assistance previously provided.

You will also have the right to appeal the agency's determination, if you feel that your application for assistance was not properly considered.

(NOTE: Pursuant to the Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to qualifying spouse, parent, or child. ALL persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

We urge you not to move at this time. If you choose to move, you will not be provided relocation assistance.

Please remember:

- **This is not a notice to vacate the premises.**
- **This is not a notice of relocation eligibility.**

You will be contacted soon so that we can provide you with more information about the proposed project. If the project is approved, we will make every effort to accommodate your needs. In the meantime, if you have any questions about our plans, please contact: (name) _____, (title) _____, (address) _____, (phone) _____ at _____

Sincerely,

(name and title) _____

Enclosure

NOTES:

1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See paragraph 2-3 I of Handbook 1378.)
 2. This is a guideform. It should be revised to reflect the circumstances.
- *Based on the applicable HUD program regulations, if "reasonable terms and conditions," are defined, one of the following statements or other language may also be required in this Notice:*

- a. *Under HOME at 24 CFR 92.53(c)(2)(C)(1):* "Your new lease will be for a term of not less than one year at a monthly rent will remain the same or, if increased, your new monthly rent and estimated average utility costs will not exceed: 10 If you are low income, the total tenant payment as defined by HUD (*under 24 CFR 5.628*), or (2) 30% of the monthly gross household income, if you are not low income."
- b. *Under CDBG at 24 CFR 570.606 (b)(2)(D)(1):* "Your monthly rent will remain the same or, if increased, your new rent and estimated average utility costs will not exceed 30% of the household's average monthly gross income."
- c. *Under Section 221 Mortgage Insurance Programs under 24 CFR 221.795(i):* "Your monthly rent and estimated average utility costs will not exceed the amount approved by HUD."

Appendix E



SHELburnE HOUSING AUTHORITY
1 Highland Village • Shelburne Falls, MA 01370 • (413) 625-9360
Executive Office: 42 Canal Road • Turners Falls, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

1378 CHG-6
Appendix 4

GUIDEFORM NOTICE OF NONDISPLACEMENT
TO RESIDENTIAL TENANT

(date)

Dear _____:

On (date) _____, the _____ (City, County, State, Public Housing Authority(PHA), other, _____
Notified you of proposed plans to rehabilitate the property you currently occupy at
(address) _____ for a project which could receive funding assistance from
the U.S. Department of Housing and Urban Development (HUD) under the
_____ program. On _____ (date) _____, the project was approved
and will receive federal funding. Repairs will begin soon.

- **This is a notice of nondisplacement.** You will not be required to move permanently as result of the rehabilitation.

This notice guarantees you the following:

1. Upon completion of the rehabilitation, you will be able to lease and occupy your present apartment or another suitable, decent, safe and sanitary apartment in the same building/complex under reasonable terms and conditions. *
2. If you must move temporarily so that the rehabilitation can be completed, you will be reimbursed for all of your extra expenses, including the cost of moving to and from temporary housing and any increased interim housing costs. The temporary unit will be decent, safe, sanitary, and all other conditions of the temporary move will be reasonable.

Since you will have the opportunity to occupy a newly rehabilitated apartment, I urge you not to move. (If you do elect to move for your own reasons, you will not receive any relocation assistance.) We will make every effort to accommodate your needs. Because federal funding is involved in this project you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of

1970, as amended. Of course, you must continue to comply with the terms and conditions of your lease.

If you have any questions, please contact _____ (name) _____, at _____ (phone) _____, _____ (address) _____. This letter is important to you and should be retained.

Sincerely,

_____ (name and title) _____.

Appendix F



SHELBURNE HOUSING AUTHORITY
1 Highland Village • Shelburne Falls, MA 01370 • (413) 625-9360
Executive Office: 42 Canal Road • Turners Falls, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

February 16, 2018

30-Day Notice of Relocation

Resident
Highland Village
Shelburne Falls, MA 01370

Dear Resident,

We have received confirmation from our construction crew. They are preparing to begin renovations in your unit. In order for these renovations to take place you will be temporarily relocated to an onsite vacant unit within the property. This letter serves as your 30-Day Notice of Relocation.

You will temporarily relocated to an onsite unit at _____(Address)_____.
Your move date is scheduled for : _____(Date)_____.

Unit assignments for all residents at Highland Village have been completed based on the extensive survey data that has been collected from your household and reasonable accommodation information from your management office. Residents with approved reasonable accommodations have been assigned to units which meet their needs. Any new reasonable accommodation requests, if approved, will be accommodated as soon as an appropriate unit is available. If you feel that your new unit does not meet your needs because of accessibility or mobility issues please contact Frances Pheeny, Relocation Agent at 413-863-9781.

Within the next few days, Frances Pheeny, Relocation Agent, will be in contact with you to discuss your upcoming relocation. As part of our relocation efforts we will provide you with packing materials, assistance and guidance throughout the process to ensure that you have what you need in order to be prepared for a successful and stress-free move.

If at any time throughout the relocation process, you have any questions or concerns, please contact me at 413-863-9781.

Thank you,

Frances Pheeny
Relocation Agent
FCRHRA/SHA

Appendix G



SHELBURNE HOUSING AUTHORITY
1 Highland Village • Shelburne Falls, MA 01370 • (413) 625-9360
Executive Office: 42 Canal Road • Turners Falls, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

OFFER TO RETURN TO A RENOVATED UNIT

To:

Address:

Date:

The Shelburne Housing Authority is pleased to inform you that your renovated apartment at Highland Village will be ready for you in approximately _____ days. This unit is the same unit number _____ as it was prior to rehabilitation.

Frances Pheeny, Relocation Agent, will be in contact with you over the next few weeks to begin the process for your relocation. Please be assured that the Shelburne Housing Authority will enlist and pay for the services of a licensed, bonded and insured moving company to help you move into your new apartment. The process and any documentation required for your move will be discussed in detail prior to your relocation.

If you have any questions as it pertains to your relocation, please feel free to contact Frances Pheeny by phone at 413-863-9781 or by email at fpheeny@fcrhra.org.

Thank you,

Frances Pheeny
Relocation Agent
Shelburne Housing Authority

APPENDIX H

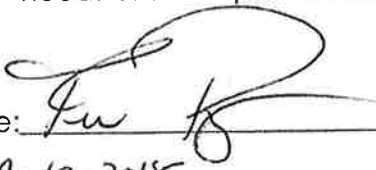


SHELBURNE HOUSING AUTHORITY
 1 Highland Village • Shelburne Falls, MA 01370 • (413) 625-9360
 Executive Office: 42 Canal Road • Turners Falls, MA 01376
 Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

Compliance statement for Highland Village Kitchen and Bathroom Rehabilitation

Shelburne Housing Authority certifies and assures that:

1. Relocation personnel who will be responsible for relocation of occupants are familiar with and will implement this project pursuant to the requirements of M.G.L. Ch. 79A, and 760 CMR 27.00.
2. Sufficient funds have been appropriated, reserved, set aside or otherwise committed to cover the anticipated cost for this project;
3. Families and individuals will have full opportunity to occupy comparable, decent, safe and sanitary housing;
4. Relocation payments will be made promptly by the agency and to the full extent for which displaced persons are eligible;
5. Project and program activities are planned and will be carried out in a manner that minimizes hardships to displaced persons;
6. The relocation process and delivery of payments and services will not occur in separate treatment of displaced persons;
7. All displaced persons will be given a reasonable period to move and no one will be required to move unless a comparable replacement property is available or provided for;
8. Relocation assistance and advisory services will be provided in accordance with the needs of those persons to be displaced.

Signature:  Title: Executive Director

Date: 2-13-2018

Shelburne Housing Authority