



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
 IN ACCORDANCE WITH SECTION 110.0
 OF THE MASSACHUSETTS STATE BUILDING CODE
 PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: _____

DATE REC'D: 2-29-12ACCEPTED BY: Leuk

DATE ISSUED: _____

DATE DENIED: _____

PERMIT NO.: _____

1. LOCATION OF PROPERTY (NO. AND STREET) <u>151 Hudson St</u>		MAP <u>54</u>	BLOCK <u>E</u>	LOT <u>10</u>
2. NAME AND ADDRESS OF PROPERTY OWNER <u>Edward Doherty</u>				
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER				
REGISTRATION NUMBER		TELEPHONE		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER				
CONST. SUPER. LIC. NO.		H.I.C. REG. NO.		SIGNATURE (REQ'D)
5. ZONING DIST. <u>2B</u>	TYPE OF PERMIT: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY			
6. WARD <u>5</u>	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER			
7. CURRENT USE(S) <u>1 Family</u>	PROPOSED USE(S) <u>same</u>			
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP <u>R4</u>		
9. ESTIMATED CONSTRUCTION COST				
10. WHAT IS THE CONSTRUCTION TYPE? <u>5B</u>		PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD	RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE		NUMBER OF STORIES	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER				
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT?		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE		
16. WASTE DISPOSAL COMPANY		DISPOSAL SITE ADDRESS		
17. DEMOLITION: HAS DEPT. NOTIFICATION FROM BEEN COMPLETED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)				
Application for Demo Permit is sought				

ARE THE FOLLOWING INCLUDED?

YES NO

OCCUPYING STREET OR SIDEWALK	(1)	<input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1)	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1)	<input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2)	<input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1)	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2)	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3)	<input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
 NOTES: 2. HEAT LOSS INFO REQUIRED
 NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
 THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

Print name clearly

Street

City

State

Zip

Phone number where you can be reached days

APPROVED

Inspector's Name and Title

RECEIVED
 S.P.C.D. AND
 PLANNING DEPT.

2012 FEB 29 PM 3:44