



**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: 3-2-12  
ACCEPTED BY: Leit  
DATE ISSUED: \_\_\_\_\_  
DATE DENIED: \_\_\_\_\_  
PERMIT NO.: 31

1. LOCATION OF PROPERTY (NO. AND STREET)		<u>110 Linden Ave</u>		MAP <u>31</u>	BLOCK <u>4</u>	LOT <u>32</u>
2. NAME AND ADDRESS OF PROPERTY OWNER <u>New Market Properties, LLC</u>						
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>Peter Quinn</u>						
REGISTRATION NUMBER _____ TELEPHONE _____						
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER _____ TELEPHONE _____						
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 checked="" type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER					
7. CURRENT USE(S) <u>3 family</u> PROPOSED USE(S) <u>garage</u>						
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>3</u> USE GROUP <u>R-3</u>						
9. ESTIMATED CONSTRUCTION COST <u>\$</u>						
10. WHAT IS THE CONSTRUCTION TYPE? <u>SB</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)

TAKE DOWN AND  
FILL TO GRADE  
Permit for Demo 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

Phone number where you can be reached days

APPROVED

Inspector's Name and Title

**\*\* Building Permit issued pursuant to Massachusetts Building Code Requirements \*\***

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)