



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: 11/16/11
ACCEPTED BY: _____
DATE ISSUED: _____
DATE DENIED: _____
PERMIT NO.: _____

2011 NOV 21 AM 11:01

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

1. LOCATION OF PROPERTY (NO. AND STREET)	19 Cottage Ave		MAB	BLOCK	LOT
2. NAME AND ADDRESS OF PROPERTY OWNER	18 Cottage Ave, LLC				
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER					
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>RB</u>	TYPE OF PERMIT: <input checked="" type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CERTIFICATE OF OCCUPANCY		
6. WARD <u>6</u>	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> OTHER	
7. CURRENT USE(S) <u>Residential units</u>	PROPOSED USE(S) <u>Residential</u>				
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS	USE GROUP				
9. ESTIMATED CONSTRUCTION COST <u>Demo cost \$25,000.00</u>					
10. WHAT IS THE CONSTRUCTION TYPE?	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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)					
<u>Demo Permit sought for</u>					
<u>substantial demolition</u>					

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

Richard H. DiGirolamo
Signature of Owner or Authorized Agent
Richard O. DiGirolamo
Print name clearly
424 Broadway
Street
Somerville MA
City
02145
State Zip
617-666-8200
Phone number where you can be reached days

APPROVED

Inspector's Name and Title

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