



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:

ACCEPTED BY:

DATE ISSUED:

DATE DENIED:

PERMIT NO.:

1. LOCATION OF PROPERTY (NO. AND STREET) 420 Medford St MA 02145 BLOCK C LOT 1

2. NAME AND ADDRESS OF PROPERTY OWNER 14 Brogan Rd. Medford, MA.

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. R5 TYPE OF PERMIT: ☐ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY

6. WARD 4 ☐ REPAIR ☒ DEMOLITION ☐ ALTERATION ☐ OTHER

7. CURRENT USE(S) 3 Apts + Gar PROPOSED USE(S) _____

8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS 3 USE GROUP _____

9. ESTIMATED CONSTRUCTION COST _____

10. WHAT IS THE CONSTRUCTION TYPE? PLANS SUBMITTED ☐ YES ☐ 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? ☐ YES ☐ NO
 IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER _____

15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☐ NO IF YES, GIVE COMMISSION APPROVAL DATE _____

16. WASTE DISPOSAL COMPANY Santana DISPOSAL SITE ADDRESS _____

17. DEMOLITION: HAS DEPT. NOTIFICATION FROM BEEN COMPLETED? ☐ YES ☐ NO

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
 (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

X
 Tear down garage
 + dispose on material
 take away
 leave base (bottom)

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
Flora Carneiro
 Print name clearly
420 Medford St
 Street
Somerville MA 02145
 City State Zip
781-396-3002 or 339-221-0922
 Phone number where you can be reached days

APPROVED

Inspectors 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 c. 140A)