



NO XEE 400 11-5-08

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

FEB: _____
 DATE REC'D: 11-5-08
 ACCEPTED BY: LWK
 DATE ISSUED: _____
 DATE DENIED: _____
 PERMIT NO.: _____

1. LOCATION OF PROPERTY (NO. AND STREET) <u>92 PROPERZI WAY</u>		MAP <u>54</u> BLOCK <u>9</u> LOT	
2. NAME AND ADDRESS OF PROPERTY OWNER <u>MOSHE SARDIE 100 PROPERZI WAY SOMERVILLE</u>			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>MOSHE SARDIE</u>			
REGISTRATION NUMBER <u>5640</u>		TELEPHONE <u>617-629-2100</u>	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER			
CONST. SUPER. LIC. NO. <u>+</u>		H.I.C. REG. NO. _____ SIGNATURE (REQ'D) <u>+</u>	
5. ZONING DIST. <u>RB</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY		
6. WARD <u>2</u>	<input type="checkbox"/> REPAIR <input checked="" type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER		
7. CURRENT USE(S) <u>RESIDENTIAL</u>		PROPOSED USE(S) <u>RESIDENTIAL</u>	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS. <u>ONE</u>		USE GROUP <u>SINGLE FAMILY</u>	
9. ESTIMATED CONSTRUCTION COST <u>\$ 50,000</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
12. PROPOSED SETBACKS	FRONT YARD	REAR YARD	RIGHT 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 FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)			
<p>THE PROPOSAL IS TO DEMOLISH THE EXISTING SINGLE FAMILY STRUCTURE + EVENTUALLY CONSTRUCT A NEW SINGLE FAMILY STRUCTURE. THE NEW STRUCTURE IS NOT DESIGNED YET - THE PURPOSE OF FILING FOR THIS DEMOLITION PERMIT IS TO ASCERTAIN IF THE EXISTING STRUCTURE, PROPOSED TO BE DEMOLISHED, HAS ANY HISTORICAL SIGNIFICANCE THAT WOULD PROHIBIT ITS DEMOLITION.</p>			

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

PAUL GROSS

Print name clearly

100 PROPERZI WAY

Street

SOMERVILLEMA02143

City

State

Zip

617-629-2100

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)

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FAX NO.

NOV-18-2008 TUE 11:04 AM