

Inspector Intake Initials & Date Stamp

City of Newton, Massachusetts

Inspectional Services Department

1000 Commonwealth Avenue
Newton, Massachusetts 02459

Permit No.: **#297-22**

Date Issued: _____

Date Received: _____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT: APPLICANTS MUST COMPLETE ALL ITEMS ON THIS PAGE

LOCATION INFORMATION

Inspector: _____ Zoning District: _____

Location: **58 Greenlawn Ave, Newton Centre, MA 02459** Year Built: **1931**

Section: **64** Block: **13** Lot: **14** Condominium: Yes No

Historic Preservation: Yes **HRS** No Conservation: Yes No

TYPE AND USE OF BUILDING

Type of Improvement

- New Building
- Addition
- Alteration
- Demolition
- Repair, Replacement
- Signage
- Temporary Tent
- Other: _____

Proposed Use: Residential

- Single Family
- Two Family
- 3 or more Family
- No. of Units: _____
- Garage
- Other: _____

Proposed Use: Non-Residential

- Commercial
- Industrial
- Hospital, Institutional
- Church, other Religious
- Public
- Wireless Communication
- Other: _____

Description of work to be performed: **Build a new sunroom addition on 2nd floor. Install 3 new window sections (8 windows) + triangle(2). Remodel 1 full and 1/2 bathrooms on the 1st floor, roof replacement, siding replacement, one skylight replacement, paint all exterior trim, replace gutters/downspouts, paint garage, refinish deck, overlay roof on garage.**

City Council; Special Permit #: _____ Zoning Board of Appeals; Variance; Petition #: _____

IDENTIFICATION (PLEASE TYPE OR PRINT CLEARLY)

Property Owner: Name: **John Scherry / Hyunsun Lee** Phone: **808-687-1619**

Address: **58 Greenlawn Ave, Newton MA, 02459**

Contractor: Name: **US Siding & Roofing Inc,** Phone: **617-467-5005**

Address: **357 Boston Post Rd, Sudbury MA, 01776**

Supervisor's Construction License: **CS-087435** Exp. Date: **06-08-2023**

Home Improvement Registration: **203688** Exp. Date: **11-11-2023**

Contractor ID #: _____

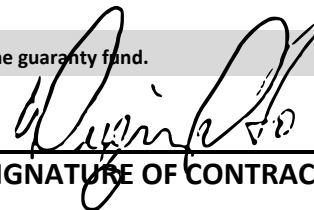
Architect/Engineer: Name: _____ Phone: _____

Address: _____ Reg. No.: _____

SIGNATURES: *Note: Persons contracting with unregistered contractors do not have access to the guaranty fund.




SIGNATURE OF AGENT/OWNER



SIGNATURE OF CONTRACTOR

DEBRIS REMOVAL: CONSTRUCTION DEBRIS IS NOT TO BE DISPOSED OF IN THE CITY OF NEWTON TRASH COLLECTION SYSTEM

Section 105.3.1.2 780 CMR, Mass. State Building Code states: "..... A condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a building or structure, M.G.L. Ch. 40 § 54, requires that the debris resulting therefrom shall be disposed of in a properly licensed said waste disposal facility* as defined by M.G.L.Ch.111, § 150 A."

Service Plus Disposal, 103 Creeper Hill Rd, North Grafton MA, 01536

*Location of Facility or Dumpster Company's Name and Address

DEMOLITION ONLY; DUST CONTROL – Choose one of the following options below

Water Truck Hydrant Meter (Requested through Engineering Dept; Not available Nov. 15th to April 15th)

WATER & SEWER SERVICE: Dwelling or structure built prior to 1970; Gutting more than 50% or increase of more than 1,000 sq ft new water and sewer must be installed (Refer to Engineering Department for policy)

Gutting more than 50%: Yes No Increase of more than 1,000 sq ft: Yes No

FEE SCHEDULE: Computed at a rate of \$20.00 per \$1,000.00 of estimated construction cost including any fraction thereof, ROUNDED UP TO THE NEAREST THOUSAND provided however, that in no event shall the fee be less than the minimum fee of \$50.00 for residential and \$100.00 for commercial

Total cost of the job: \$ 173,635.00 X .02 = FEE \$ 3,480.00

Check No.: _____ Receipt No.: _____

THE FOLLOWING SECTIONS FOR OFFICE USE ONLY

DEPARTMENT APPROVALS	APPROVED	DISAPPROVED	NOT APPLICABLE
Planning and Development	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Conservation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Historic	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Health Department	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Fire Department	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Engineering Department	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

COMMENTS/NOTES:

BUILDING PERMIT APPROVED AND ISSUED BY: _____