



**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: 10-25-11ACCEPTED BY: AB

DATE ISSUED: \_\_\_\_\_

DATE DENIED: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_

1. LOCATION OF PROPERTY (NO. AND STREET)		<u>1 VILLAGE TERR</u>		MAP <u>53</u>	BLOCK <u>C</u>	LOT <u>11</u>
2. NAME AND ADDRESS OF PROPERTY OWNER <u>Paul S. READET</u>						
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. <u>KC</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input checked="" 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>Single FAM</u> PROPOSED USE(S)						
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>1</u> USE GROUP <u>R-4</u>						
9. ESTIMATED CONSTRUCTION COST <u>10,000</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 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)						
<u>WANT TO TEAR DOWN HALF</u>						
<u>WANT TO DEMOLISH MORE THAN 25%</u>						
<u>OF EXISTING HALF</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.

Signature of Owner or Authorized Agent

Paul S. READET

Print name clearly

14 BRISTOL ST #3

Street

SM

City

MA

State

02143

Zip

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 c.142A)



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FEB.

DATE REC'D: 10-25-71

ACCEPTED BY:

DATE ISSUED:

DATE DENIED:

PERMIT NO.:

1. LOCATION OF PROPERTY (NO. AND STREET)		2 VILLAGE TERRACE		MAP 53 BLOCK C LOT 5	
2. NAME AND ADDRESS OF PROPERTY OWNER		Rue S. BEAUDET			
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.	RC	TYPE OF PERMIT:		<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY	
6. WARD	2	<input type="checkbox"/> REPAIR <input checked="" type="checkbox"/> DEMOLITION		<input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
7. CURRENT USE(S)		SINGLE FAM		PROPOSED USE(S)	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		1		USE GROUP R-4	
9. ESTIMATED CONSTRUCTION COST		10,000			
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 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)					
WANT TO DEMOLISH 95% OF HOUSE					

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"/>
FLOOD PROTECTION	(3)	<input type="checkbox"/>	<input type="checkbox"/>
WOOL 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

WAG S. BEADET

Print name clearly

14 BREWSTER ST #3

Street

Sam.

City

617

Plugging numb

APPROVED

## Insights from N

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**\*\* 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.147A)