PARCEL #

Thomas M. Menino
Mayor

APPLICANT MUST USE TYPEWRITER IN FILLING IN THIS APPLICATION

CITY OF BOSTON

INSPECTIONAL SERVICES DEPARTMENT

Certified Street Numbers

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.....

Street Numbering Inspector.

Application to the Commissioner for Permit for Alterations, Repairs or Change of Occupancy

Description of Present Building

Location,.....District,.....Ward .....
Name of owner is? .....Address,.....
Name of architect or engineer is?..... Lic. No.....
Material of building is?.....Style of roof?.....Construction of roof?.....
Size of building, feet front?.....; feet rear?.....; feet deep?.....; No. of stories?.....
No. of feet in height from sidewalk to highest point of roof?.....Material of foundation?.....
Thickness of external walls?..... Party walls?.....

LEGAL OCCUPANCY OR USE (Applicant is not to fill in this box)

Front stairs?.....Back stairs?.....Fire escape?.....Con. balconies?.....Any other?.....
Is building equipped with automatic sprinkler system?.....
Type of construction?.....Group occupancy?.....
Building to be occupied for.....
.....after alteration

Description of Proposed Extension

IF EXTENDED ON ANY SIDE OR VERTICALLY

Size of extension, No. of feet long?.....; No. of feet wide?.....; No. of feet high above sidewalk?.....
No. of stories high?.....; style of roof?.....; material of roofing?.....
Of what material will the extension be built?.....Foundation?.....
How will the extension be occupied?..... Type of Construction.....

GENERAL DESCRIPTION OF THE PROPOSED WORK AND ITS LOCATION.
(ALL STRUCTURAL, MECHANICAL, ELECTRICAL, ETC., SHALL BE INCLUDED)

MASS DEBRIS DISPOSAL LAW
MGL c40, S54, c584, S9, all S150A
Will work result in any debris?
Yes ☐ No ☐ Initials _____

GROUND WATER SURVEY
Repairs to: Exterior Wall: yes ☐ no ☐ , Foundation: yes ☐ no ☐ , Basement Area: yes ☐ no ☐

Estimated Cost, $.....
Owner's Phone .....

Date..... 20 .....

The facts I have set forth above in this application and accompanying plans are a true statement to the best of my knowledge and belief.

.....
(Signature of Owner)

Type Name of Person Signing.....

(Address).....

.....
(Signature of Licensed Builder)

Type Name of Person Signing.....

.....
(Name of Contractor)

(Address).....
Lic. No.....Class.....
My license expires.....

(Address).....
.....

Phone .....

Phone .....

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

No......

APPLICATION FOR

Permit for Alterations, Repairs or Change of Occupancy

Location

No......

.....

.....

Ward.....

CONDITIONS

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.....

Permit granted

Date issued.....

EXAMINATION OF PLANS

Approved.....20.....

.....

Supervisor of Plans.

Arch./Struc./Safety

APPROVED
as shown on plans

.....

EXAMINATION OF PLANS

PERMIT NUMBERS

Electrical..... Gas .....

Plumbing..... Sprinklers.....

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Electrical APPROVED as shown on plans

.....

Egress APPROVED as shown on plans

.....

Plumbing.....Gas.....

H.V.A.C.....Sprinklers.....

Mechanical APPROVED as shown on plans

.....

ZONING

DATE.....20.....

INSPECTOR'S REPORT

This building is approved for satisfactory Egress.

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Signature of Inspector.