



The Commonwealth of Massachusetts
Town of Southbridge
 Department of Inspections Services
 41 Elm Street
 In accordance with the 780 CMR(Massachusetts State Building Code) this
OCCUPANCY PERMIT



Is issued to: Todd C. Carlson

I certify that I have inspected the structure located at: 12 Buckley Street Map: 20 Lot: 52
 At the time of inspection the premises listed above has been deemed to be in compliance with all of the applicable requirements of 780
 CMR as well as all of the local bylaws in effect at the time of the issuance of the original application.

Building Permit Number: B-187 Date Occupancy Permit Issued: 10-09-08

Date Building Permit issued: 1-03-08 Conditions: None

Use Group: R-4 Residential

Failure to comply with any requirement of 780 CMR may result in the revocation of this permit. It is unlawful to occupy these premises without a valid occupancy permit. Violations of 780 CMR may be punishable by a fine of up to \$1000 and/or imprisonment for up to one year per violation. Each day of a violation may be considered a separate offense.


 Inspector of Buildings/Building Commissioner
10/9/08
 Date

"No building or structure shall be occupied in whole or in part until an occupancy permit has been issued by the Building Official, and all work has been completed in accordance with the provisions of the approved permits and applicable codes."

"THIS PERMIT WILL NOT BE VALID UNTIL SIGNED BY THE INSPECTOR OF BUILDINGS/BUILDING COMMISSIONER"



The Commonwealth of Massachusetts
 Town of Southbridge
 Department of Inspections Services
 41 Elm Street
BUILDING PERMIT JOB CARD



Permit No: B-187

Date: 1-03-08

THIS CERTIFIES THAT: Todd C. Carlson

Has permission to: Interior renovations

Situated on: 12 Buckley Street

The person accepting this permit shall in every respect conform to the terms of the application on file in this office and the provisions of the Mass. State Building Code, town by-law, and all other state and local regulations regarding to the construction and maintenance of buildings.
 Work must be started within 6 months. Any violation of the above terms will constitute revocation of this permit.

LOSS OF JOB CARD CONSTITUTES A FINE

PLEASE RETURN JOB CARD TO INSPECTIONS OFFICE AFTER COMPLETION OF WORK.

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES.

Note: A certificate of occupancy will be issued by this office upon return of this card with all required signatures.

- Gas John H. P. R. Leonard
- Plumbing- Underground John H. P. R. Leonard
- Plumbing Insp. - Rough: John H. P. R. Leonard
- Plumbing Insp. - Finish John H. P. R. Leonard
- Electrical - Underground John H. P. R. Leonard
- Electrical Insp. - Rough John H. P. R. Leonard
- Electrical Insp. - Finish John H. P. R. Leonard
- Septic System John H. P. R. Leonard
- Insp. By Fire Dept. John H. P. R. Leonard
- Highway Dept. John H. P. R. Leonard
- Bldg. Fd. & Drains John H. P. R. Leonard
- Bldg. Framing John H. P. R. Leonard
- Bldg. Insulation John H. P. R. Leonard
- Bldg. Final John H. P. R. Leonard
- Conservation Commission John H. P. R. Leonard
- Tax Assessor John H. P. R. Leonard

Nick Tortis
 Inspector of Buildings/Building Commissioner

APPLICATION FOR BUILDING PERMIT

*Pd check # 1958
12/4/09 m7.*

TOWN OF SOUTHBRIDGE
MASSACHUSETTS
INSPECTIONS SERVICES

41 Elm Street
Southbridge, MA 01550
Tel.: 764-5412

(CURRENT)

OWNER'S NAME TODD CARLSON ADDRESS 287 CHARLTON ST. PERMIT FEE 140⁰⁰
 PROJECT LOCATION 12 BUCKLEY ST. MAP 20 PERMIT NUMBER B-187
 GENERAL CONTRACTOR RJ Parron Building ADDRESS 8 Blodgett Dr Holland Ma DATE 1/2/08
 TEL. 508 765 7168 LOT 52
 TEL. 413-245-4661

ZONING

SF 1F 2F MF RB GB LI HI OTHER _____
 PROPOSED USE single Family - R-4
 TYPE OF IMPROVEMENT INTERIOR RENOVATIONS
 LOT SIZE 1/2 Acre FRONTAGE ON PUBLIC WAY _____ SET BACK: FRONT _____ LEFT _____ RIGHT _____ REAR _____

BUILDING

PROPOSED BUILDING L _____ W _____ H _____ STORIES _____ TOTAL SQ. FT. _____
 MATERIALS OF FOUNDATION _____ MATERIALS OF BUILDING _____
 TYPE OF ROOF _____ MATERIAL OF ROOF _____
 FIREPLACE _____ TYPE OF HEATING _____
 WATER PERMIT # _____ SEWER PERMIT # _____ SEPTIC PERMIT # _____

WILL THIS STRUCTURE BE WITHIN 100' OF POND, LAKE, OR ANY WETLAND? YES _____ NO
 ESTIMATED COST OF CONSTRUCTION (@ \$ 20,000.00) TWENTY THOUSAND DOLLARS
 (Must be filled out)

REMARKS: Bring stairway up to code, Remove walls and Replace with L.U.'s, new Kitchen, and Baths

STATEMENT OF APPLICANT

1. THE UNDERSIGNED HEREBY CERTIFIES THAT THE PROPOSED WORK WILL BE DONE IN ACCORDANCE WITH 780 CMR MASSACHUSETTS STATE BUILDING CODE, WITH REGULATIONS ADOPTED BY THE TOWN OF SOUTHBRIDGE AND STATE DEQE.
2. APPLICATION FOR THE PERMIT SHALL BE ACCOMPANIED BY A PLOT PLAN SHOWING DIMENSIONS OF LOT AND BUILDING, FRONT, SIDE AND REAR MEASUREMENTS FROM BOUNDARY AND STREET LINES AND LOCATION OF SEPTIC SYSTEM AND WELL.
3. APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY ONE SET OF PLANS AND SPECS DRAWN TO SCALE, WITH SUFFICIENT CLARITY AND DETAIL DIMENSIONS TO SHOW NATURE AND CHARACTER OF WORK TO BE PERFORMED.
4. NO WORK WILL BE STARTED BEFORE BUILDING PERMIT CARD IS POSTED OR CONTINUED IF PERMIT CARD IS DESTROYED OR LOST.
5. PERMIT IS VOID IF JOB IS NOT STARTED WITHIN 6 MONTHS OF APPLICATION DATE.

HOME IMPROVEMENT CONTRACTOR NO. 117088

Robert J Parron
SIGNATURE OF APPLICANT

LICENSED CONSTRUCTION SUPERVISOR NO. CS60687

NAME Robert J Parron

PERMIT GRANTED 1/3/08

ADDRESS 8 Blodgett Dr.

[Signature]
BUILDING OFFICIAL

Holland, Ma 01521

PREMISES NOT TO BE OCCUPIED UNTIL OCCUPANCY PERMIT ISSUED

TOWN OF SOUTHBRIDGE, D.P.W.
APPLICATION FOR CONNECTION APPROVAL
FOR
SANITARY SEWER/WATER SUPPLY

OWNER'S PORTION

Date: MAY 5 2008

Street Name BUCKLEY ST.

Description (new home, addition, etc.) RENOVATION

Map and Lot No. _____

Owner's Name (print name) TODD CARLSON

Number of Bedrooms 3 (THREE)

Estimated Non-Residential Usage (310 CMR 15.02 (13)) **OR** Number of Bedrooms assessed @ 5 bedrooms (see attached)

As the owner of the described premises, I hereby acknowledge and bind myself and any and all successors in interest to abide by the bylaws, and rules and regulations issued thereunder pertaining to the connection of Water and Sewer in the Town of Southbridge as stated in Article X (Sewer Regulations) and Article XIX (Water Regulations) and to pay the sewer/water charges established thereunder when due. Any overdue rate or charge may be enforced in any manner provided or available for collection and enforcement of sewer/water rates and charges.

Owner's Signature T.C. Carlson Address 12 BUCKLEY ST. Telephone 508-764-1516
508-523-5701

DEPARTMENT OF PUBLIC WORKS

Permit No. 08037

Approval is hereby given to Todd Carlson for connection into sewer/water as follows:

Location: 12 Buckley Street

Special Provisions: Owner to supply easement to Town. Town will supply one E-One 2010 grinder pump for use on property.

This authority, however, is given and accepted by the permittee upon these express conditions: approval is in force for one year from the date connection fee is paid. Owner has 15 days from approval date to make payment to Town of Southbridge Tax Collector's Office for sewerage and/or water service. Permittee to file a construction permit with this office within one year of effective date for the actual sewer/water construction and connection. A Building Permit will not be issued until **ALL** connection fees are paid in full.

Date: 5/12/08
 Date Paid: MAY 12 2008
 Rec'd. By: _____
 SOUTHBRIDGE TAX COLLECTOR
 BY: _____

D.P.W. Director Approval [Signature]
~~\$3,000.00~~ \$1800.00
 Sewer Fee: \$2,000.00
 Water Fee: _____