## APPLICATION FOR BUILDING PERMIT

TOWN OF SOUTHBRIDGE MASSACHUSETTS INSPECTIONS SERVICES

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

PERMIT FEE 30
PERMIT NUMBER B-408
DATE 4/19/03
OWNERS NAME Tohn Trum Polt. ADDRESS 12 BURKley 5t. TEL
PROJECT LOCATION 12 BUCK ey 5+ MAP 20 LOT 52
GENERAL CONTRACTOR TOdd A Ethrer ADDRESS 264 Marry 5t TEL 764-2293
ZONING
ZONING           SF 2F MF RB GB LI HI OTHER
PROPOSED LISE
TYPE OF IMPROVEMENT New Roof, 16'x 20' deck
LOT SIZEFRONTAGE ON PUBLIC WAYSET BACK: FRONTLEFTRIGHTREAR
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 X
ESTIMATED COST OF CONSTRUCTION 1,000. — (Must be filled out)
REMARKS: Park Released / Deck
REMARKS: ROOF Repain / Deck.
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. 123947
HOME IMPROVEMENT CONTRACTOR NO. 13947 SIGNATURE OF APPLICANT
LICENSED CONSTRUCTION SUPERVISOR NO. 047396
NAME TODO A BHILL PERMIT GRANTED 4/14/03
and also also also also also also also also

PREMISES NOT TO BE OCCUPIED UNTIL OCCUPANCY PERMIT ISSUED

BUILDING OFFICIAL