

Mayor David M. Madden

BUILDING PERMIT

Jeffrey E. Richards, CBO
Inspector of Buildings

TOWN OF WEYMOUTH, 75 MIDDLE ST, WEYMOUTH, MA 02189-1396 ~Tel.(781) 340-5004 - FAX (781) 335-3283 - TTY (781) 331-5124

Date: 7/25/2006 Permit No.: 53249 A

Applicant: Robert J. Berube Address 15 Stevens Avenue Braintree MA 131478
(No.) (Street) (Contr's License)

At: 352 Essex Street 21 286 24 Zoning District: R-1
(No.) (Street) (Sheet, Block, Lot)

Code: _____ Type 5B Use Group U Estimated Cost \$ \$19,700.00 Permit Fee : \$200.00 CHECK

Remarks: Vinyl side 15 sqs, install 14 replacement windows, 2 hopper windows and new railing on deck as per application.

Owner: Debbie White

Address: 352 Essex Street
Weymouth, MA

Building Dept. By: Jeffrey E Richards

Jeffrey E Richards, CBO
Inspector of Buildings

This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property, not specifically permitted under the building code, must be approved by the jurisdiction, street or alley grades as well as depth and location of public sewers may be obtained from the Department of Public Works. The issuance of this permit does not release the applicant from the conditions of any applicable subdivision restrictions. Minimum of three called inspections required for all construction work: 1. Foundations or footings. 2. Prior to covering structural members (ready for lath or finish covering). 3. Final inspection before occupancy. Approved plans must be retained on job and this card kept posted until final inspection has been made. Where a certificate of occupancy is required, such building shall not be occupied until a final inspection has been made. Where applicable separate permits are required for electrical, plumbing and mechanical installations.

POST THIS CARD SO IT IS VISIBLE FROM THE STREET

BUILDING INSPECTION APPROVALS

PLUMBING INSPECTION APPROVALS

ELECTRICAL INSPECTION APPROVALS

1.

1.

1.

2.

2.

2.

3.

3.

3.

4.

FIRE DEPARTMENT

OTHER

1.

1.

Work shall not proceed until the inspector has approved the various stages of construction. **PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION WORK IS NOT STARTED WITHIN SIX MONTHS OF THE DATE THE PERMIT IS ISSUED AS NOTED ABOVE.** Inspections indicated on this card can be arranged for by telephone or written notification. Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c.142A)

BUILDING PERMIT

Town of Weymouth - Inspection Dept.
402 Essex Street
Weymouth, Mass. 02188

AMOUNT PAID

VALIDATION

PERMIT NO. 12673 A

DATE 5-17 19 72
ADDRESS 352 Essex St.
(NO.) (STREET)

APPLICANT Charles Chalmers

(CONTR'S LICENSE)

PERMIT TO Re-shingle roof
(TYPE OF IMPROVEMENT)

() STORY (PROPOSED USE)

AT (LOCATION) 352 Essex St.
(NO.) (STREET)

ZONING DISTRICT

BETWEEN (CROSS STREET) AND (CROSS STREET)

SUBDIVISION LOT BLOCK LOT SIZE

BUILDING IS TO BE FT. WIDE BY FT. LONG BY FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE USE GROUP BASEMENT WALLS OR FOUNDATION (TYPE)

REMARKS: Re-shingle roof over one layer.

AREA OR VOLUME (CUBIC/SQUARE FEET) ESTIMATED COST \$ 110. PERMIT FEE \$ 5.00

OWNER Charles Chalmers
ADDRESS 352 Essex St.

BY Charles Chalmers

Renewal Permit # 3046 3/30/46



Location, ownership and detail must be correct, complete and legible

Separate application required for every Building Duplicate Plans must be filed with this application All distances must be exact

Permit No.

3302

Fee \$ 2.00

Application for Permit to Build

Weymouth, April 12, 1947

To The

BUILDING INSPECTOR:

The undersigned hereby applies for a permit to build, according to the Laws of the Town of Weymouth.

Plans must be submitted in duplicate, one set to be filed with the Department, and the duplicate set thereof (bearing the of the Building Inspector) shall be kept on the work and exhibited on demand of the Building Inspector or his represent

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

Location 35-2 Essex St.
 Name of owner is? Charles H. Chalmers Address 129A Arborway Dr.
 Name of Contractor is? George Crowell " Treston Dr.
 Name of Architect is? " " "
 Building to be occupied for? Dwelling
 If a dwelling or tenement-house, for how many families? 1 No. of stores? _____
 Size of lot, No. of feet front? 90; No. of feet rear? 90; No. of feet deep? 43
 Size of building, No. of feet front? 25; No. of feet rear? 25; No. of feet deep? 26
 No. of stories, front? 1 1/2; rear? 1 1/2
 No. of feet in height from the mean grade to the highest part of the roof? 18'
 Distance from lot lines, front? _____ feet; right side? _____ feet; left side? _____ feet; rear? _____ feet
 Firestop to be used? Yes; distance from next building, front? _____; side? _____; side? _____; rear? _____
 Is street accepted? Yes Area of lot covered _____ %
 Will the foundation be laid on earth, rock or piles? rock and concrete
 If on piles, No. of rows? _____ distance on centres? _____ length of? _____
 Diameter, top of? _____ diameter, bottom of? _____
 Size of posts? 4 x 6
 Size of girts? 8 x 8
 Floor timbers: Distance on centres and span—(see plans filed) 2x8-16-12-14
 Braces, how put in? 2x4 cross braced
 Building, how framed? Wood
 Material of foundation? concrete thickness of? 10"
 Underpinning, material of? " height of? 7' thickness of? 10"
 Style of roof? Gitch Material of roofing? Asp. Shingles
 Means of access to roof? stair
 No. of brick walls? 1 under blind and where placed? Between garage & cellar
 Location and description of cesspool? _____
 Will the building comply with the requirements of statutes? Yes
 Estimated Cost, \$ 4500

Signature of owner or authorized representative, Charles H. Chalmers

Address, 129A. Arborway Drive E. Bra.



Location, ownership and detail must be correct, complete and legible

Separate application required for every Building Duplicate Plans must be filed with this application All distances must be exact

Pd.

Permit No.

3046

Fee \$5.00

Application for Permit to Build

Weymouth, March 30 1946

To The

BUILDING INSPECTOR:

The undersigned hereby applies for a permit to build, according to the Laws of the Town of Weymouth.

Location 352 Essex St. E. Weymouth

Name of owner is? Charles S. Chabner Address 129A Arborway Dr.

Name of Contractor is? George Crowell " Trafton Dr. E. Braintree

Name of Architect is? " " "

Building to be occupied for? Dwelling

If a dwelling or tenement-house, for how many families? 1 No. of stores? _____

Size of lot, No. of feet front? 90; No. of feet rear? 90; No. of feet deep? 143

Size of building, No. of feet front? 28; No. of feet rear? 28; No. of feet deep? 26

No. of stories, front? 1 1/2; rear? 1 1/2

No. of feet in height from the mean grade to the highest part of the roof? 18'

Distance from lot lines, front? _____ feet; right side? _____ feet; left side? _____ feet; rear? _____ feet

Firestop to be used? yes; distance from next building, front? _____; side? _____; rear? _____

Is street accepted? yes Area of lot covered _____ %

Will the foundation be laid on earth, rock or piles? rock & concrete

If on piles, No. of rows? _____ distance on centres? _____ length of? _____

Diameter, top of? _____ diameter, bottom of? _____

Size of posts? 4x6"

Size of girts? 8x8"

Floor timbers: Distance on centres and span—(see plans filed) 2'-8" - 16" - 12'-4"

Braces, how put in? 2x4 cross braced

Building, how framed? Wood

Material of foundation? concrete thickness of? 10"

Underpinning, material of? concrete height of? 7' thickness of? 10"

Style of roof? Pitch Material of roofing? Asphalt shingles

Means of access to roof? stairs

No. of brick walls? 1 and where placed? between garage & cellar

Location and description of cesspool? _____

Will the building comply with the requirements of statutes? yes

Estimated Cost, \$ 4,500.00

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

Plans must be submitted in duplicate, one set to be filed with the Department, and the duplicate set thereof (bearing the signature of the Building Inspector) shall be kept on the work and exhibited on demand of the Building Inspector or his representative.

Signature of owner or authorized representative, Charles S. Chabner

Address 129A Arborway Drive East Braintree



TOWN OF WEYMOUTH

MASSACHUSETTS

BOARD OF HEALTH

No. 14,313

Application for Permit to Do Plumbing

All work hereafter performed must be tested by water pressure, and the Inspector must be notified when soil, drain pipe, and all connections therewith are placed in position.

Weymouth, June 12 1952

1. What is the owner's name and address? Chas. Chalmers - 352 Essex St.
2. What is the architect's name and address?
3. What is the builder's name and address?
4. Location of building, Lot No. No. 352 Essex Street
5. What is the building being used for? Dwelling
6. Old or new building? Old
7. If a dwelling, how many families?
8. Will the dwelling be connected with sewer or cesspool?
9. If an old building, what are the present fixtures?
10. What fixtures will be installed in the basement? 1 sewer connection
11. What fixtures will be installed on first floor?
12. What fixtures will be installed on second floor?
13. What fixtures will be installed on third floor?
14. What fixtures will be installed on fourth floor?
15. Will the refrigerator wastes connect with cesspool or sewers?
16. What floors will refrigerators be on?

Signature of Master Plumber R. J. Lusamee

Address 1152 Washington St. Wey

Permit granted June 13, 1952

Approved [Signature]

Cost \$1.00

[Signature] } Inspectors

\$1.00

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

1502
ST
15
CK



(Print or Type)

Weymouth . Mass. Date 4/8/05

Permit # 358

Building Location 352 Essex St Owner's Name White

Owner's Phone # 337-9727 Type of Occupancy Res.

New Renovation Replacement Plans Submitted: Yes No

FIXTURES

P

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV	OTHER FIXTURES:	SEWER CONNECTION	GREASE SEPERATOR	
SUB-BSMT.																								
BASEMENT										✓														
1ST FLOOR																								
2ND FLOOR																								
3RD FLOOR																								
4TH FLOOR																								
5TH FLOOR																								
6TH FLOOR																								
7TH FLOOR																								
8TH FLOOR																								

Installing Company Name CAPITAL PLUMBING & HEATING
 Address BLDG 21, ENDICOTT ST.
NORWOOD, MA 02062
 Business Telephone 781-551-0633
 Name of Licensed Plumber KEVIN MACNEIL

Check one: **Certificate**
 Corporation 2245
 Partnership _____
 Firm/Co. _____

INSURANCE COVERAGE:
 I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.
 Yes No
 If you have checked yes, please indicate the type coverage by checking the appropriate box.
 A liability insurance policy Other type of indemnity Bond
OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.
 Check one:
 Owner Agent
 Signature of Owner or Owner's Agent _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By _____
 Title _____
 City/Town _____
APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber _____
 Type of License: Master Journeyman
 License Number 12220



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

5-10-05
Official Use Only

Permit No. 225

Occupancy and Fee Checked 15CK
(Rev. 11/99) (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 3/4/05

City or Town of: Weymouth

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 352 Essex Street

Owner or Tenant Debbie White

Telephone No 781-337-9727

Owner's Address _____

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps 1 Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps 1 Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Water Heater Reconnected

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers <u>1</u>	Space/Area Heating KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters <u>1</u> KW <u>38</u>	No. of Signs	No. of Ballasts	Data Wiring: No. of Devices or Equivalent
No. of Hydromassage Bathtubs	No. of Motors	Total HP	Telecommunications Wiring: No. of Devices or Equivalent
OTHER: _____			

Attach additional detail if desired, or as required by the Inspector of Wires.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify): _____

Estimated Value of Electrical Work: 60.00 (When required by municipal policy.)

(Expiration Date) 15

Work to Start: 3/4/05 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: Castle Electric

LIC. NO.: A16191

Licensee: James R. Prescott Signature _____

LIC. NO.: 26186E

(If applicable, enter "exempt" in the license number line.)

Bus. Tel. No.: 781-762-989

Address: Bldg. #21, Endicott Street, Norwood, MA 02062 Alt. Tel. No.: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____

Telephone No. _____

PERMIT FEE: \$/ 5.00



Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Permit No. 878 8-23-6
Occupancy and Fee Checked \$30.⁰⁰
[Rev. 11/99] (leave blank) OK

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC) 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

City or Town of: Weymouth

Date: 8-22-06

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 352 Essex ST

Telephone No. 781 337 97

Owner or Tenant Debby White

Owner's Address _____
Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building RESIDENTIAL

Utility Authorization No. _____

Existing Service _____ Amps _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Remove + Replace meter

For siding

Completion of the following table may be waived by the Inspector of Wiring

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may be issued unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify: _____) (Expiration _____)

Estimated Value of Electrical Work: _____ (When required by municipal policy.)

Work to Start: 82206 Inspections to be requested in accordance with MEC Rule 10, and upon completion I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: Michael C Gillen Electric LIC. NO.: 28

Licensee: Michael C Gillen Signature: Michael C Gillen LIC. NO.: _____

(If applicable, enter "exempt" in the license number line.) Address: 28 Wads Worth St Weymouth MA 02185 Bus. Tel. No.: 781 Alt. Tel. No.: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner agent
Telephone No. _____ PERMIT FEE: \$



Performance Integrity Solutions

800 Fairway Drive, Suite 140
Deerfield Beach, FL 33441
Office: 561-353-5000
Fax: 561-353-5010
Email: liens@lienone.com
LIENONE.COM

Weymouth, Town Of (MA) - Code Enforcement & Permit
75 Middle Street, 1st Floor Weymouth, MA 02189
781-340-5004
jrichards@weymouth.ma.us

Return Email
Order #
Tax ID / APN
Address
Brief Legal
Owner(s)
Buyer(s)
Closing date

Liens@LienOne.com
138900
21-286-24
352 ESSEX ST
DEBORAH WHITE
NA

ATTN: CODE ENFORCEMENT / PERMITTING / BUILDING DEPT - RECORDS

Our office is conducting a search on the property referenced above, which is necessary for any title transaction. Please advise us of and provide us with detailed information for:

- 1. open and/or pending code violations and/or citations NO
2. vacant/abandoned property registration requirements, please indicate below NOT ON FILE
3. open and/or expired permits NO
4. open and/or pending building violations NO
5. is the Property scheduled for demolition? If yes, please provide the demolition date. NO
6. any outstanding issues, balances or liens with your department

If liens exist, please provide payoff good for 30 days and/or per diem
Please return by fax: 561 353-5010 or email: Liens@LienOne.com

RESPONSE:

CODE: [X] No Open / No Pending Code Violations/Citations ___ Yes, Code Violations/Citations Exist (please attach detail) Notes:

VACANT/ABANDONED PROPERTY REGISTRATION: [X] Is Required ___ Is Not Required NONE ON FILE

PERMITS: [X] No Open / No Expired Permits on this property ___ Yes, Open / Expired Permits (please attach detail) Notes:

DEMOLITION: [X] No active Demo has been scheduled ___ Yes, Open demo case, scheduled date
Notes:

BUILDING: [X] No Open / No Pending Building Violations ___ Yes, Building Violations/Citations Exist (please attach detail) Notes:

LIENS: ___ No Liens ___ Yes, Liens Exist (please attach detail and payoff) Notes: NONE ON FILE @ BUILDING
Other:

Notes: Email: JRICHARDS@WEYMOUTH.MA.US 10/30/23