

14 QUEENS @RPLE

BUILDING PERMIT

DEPT. FILE COPY

AMOUNT PAID

VALIDATION

APPLICANT Davmar Inc. DATE Jan. 29, 1981 19 1981 PERMIT NO. 527
ADDRESS 177 Washington St. Dedham
(NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO HOUSE (TYPE OF IMPROVEMENT) () NO. STORY (PROPOSED USE) NUMBER OF DWELLING UNITS

AT (LOCATION) lot 92 #14 W Queens Cir. ZONING DISTRICT
(NO.) (STREET)
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:

AREA OR VOLUME (CUBIC/SQUARE FEET) ESTIMATED COST \$ 70,000 PERMIT FEE \$ 210.

OWNER Same ADDRESS Same BUILDING DEPT. BY [Signature]

(Affidavit on reverse side of application to be completed by authorized agent of owner)

FORM NO. BOCA - BP 1969

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee Davmar Inc	177 Washington St. Dedham, Mass.	02026	326 7040
2. Contractor John Castrechi Inc.	177 Washington St. Dedham, Mass.	Builder's License No.	
3. Architect or Engineer Edward Maslke	Franklin Mass.		

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant <i>[Signature]</i>	Address 177 Washington St. Dedham	Application date Dec 1 80
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DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number <u>527</u> Building Permit issued <u>1-29-81</u> 19__ Building Permit Fee \$ <u>210⁰⁰</u> Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	<p style="text-align: center;"><u>FOR DEPARTMENT USE ONLY</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by: <i>[Signature]</i> BUILDING INSPECTOR	

Lumber Materials

SKU	Qty.	Description
201523	26	2X10X10 ACQ TOP CHOICE TREATED
201525	9	2X10X16 ACQ TOP CHOICE TREATED
4644	8	4-STEP STRINGER #1 WATER REPELENT
30906	1	2X6X8 ACQ TOP CHOICE TREATED
90297	2	2X6X16 ACQ TOP CHOICE TREATED
9438	5	4X6X12 #2 .40 ACQ TREATED
77671	1	2X4X12 ACQ TOP CHOICE TREATED
79670	1	2X4X16 ACQ TOP CHOICE TREATED
7951	46	2x2x42" Baluster Angle Both End
201521	2	2X10X8 ACQ TOP CHOICE TREATED
100615	38	16' CDEK REDWOOD WDGRN DEK
6118	5	4X6X8 #2 .40 ACQ TREATED
100614	1	12' CDEK REDWOOD WDGRN DEK

Other Materials

SKU	Qty.	Unit	Description
68408	4	1	JOIST HGR.NAIL 1 LB 1-1/2"NA111CD
2235	26	1	FIELD ADJ FR ANGLE 4-5/8TZ
6472	11	1	6X6 TZ 2 SIDE POST ANCHOR PA66E-TZ
10385	27	80	CONCRETE MIX 80# QUIKRETE
10150	6	1	CONCRETE FORM TUBE 12"X48"
218509	11	1	1/2"X6" HDG ANCHOR BOLT AB126HDG
69264	1	5	NAIL COMMON GALV 5 LB 16 D
67342	44	1	GALV 1/2 HEX NUT
63449	88	1	GALV ROUND WASHER 1/2"
21993	78	1	HURR ANCHOR, 6.5X1.5TZ DBL PLATE TIE
69138	5	1	NAIL COMMON GALV 1LB 8D
44626	22	1	(2) 2X8-10 18GA JOIST HGR TZ
184956	1	5	10DX1 1/2" NAIL (5 LB.) MC
69262	1	5	NAIL COMMON GALV 5 LB 10 D
37164	4	1	ANGLECLIP TZ 1-5/16"X2-3/8" X6-
31581	3	1	5# box 2-1/4" STAINLESS STEEL DECK SCREW
15426	4	1	LIGHT SLOPE HANGER 2X6-8 TZ
11347	30	1	4X4 DECK POST TIE TZ (14360)
67341	60	1	GALV 3/8 HEX NUT
41706	5	1	3/8" FLAT WASHER GALV (25) PP
67353	60	1	GALV CARRIAGE BOLT 3/8 X 8
67365	36	1	GALV LAG SCREW 1/2 X 6

Disclaimer: This quote is an estimate and is valid until Wednesday Jul 12, 2006. Lowe's Price Guarantee is applicable to individual material items only. Lowe's Price Guarantee does not apply to the total design package as a whole as quantities within different designs may vary.

Warning: This may not be a final design plan. Variations in building codes, specific architectural considerations, or site conditions may require changes to this design. You are responsible for the final structure, code verification, material usage, and structural safety of this design. Be sure to check and verify the design with your architect, engineer and building inspector.

Lowe's is a supplier of materials only. Lowe's does not engage in the practice of engineering, architecture, or general contracting. Lowe's does not assume any responsibility for design, engineering, or construction; for quantities or sizing of materials for a general or specific use; for quantities or sizing of materials; for the use or installation of materials; or for compliance with any building code or

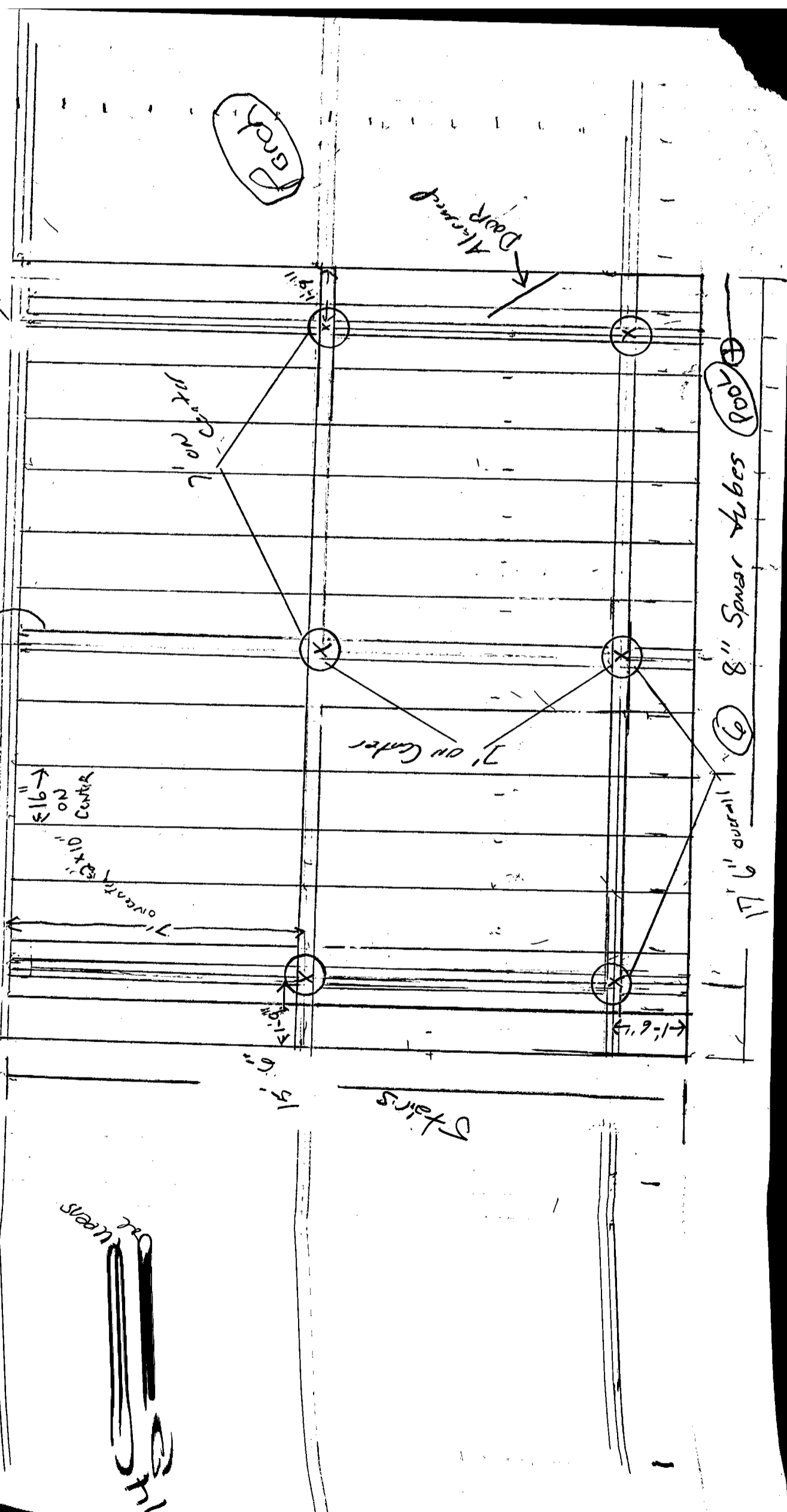
MARKOWITZ
14 QUEENS CIRCLE

HOUSE

Typ Joint per spec through last

Beam - 2x10
4x4 Posts
4x4 Soud
Sub

Stairs



BUILDING PERMIT

AMOUNT PAID

VALIDATION

Carlos Narciso

NARCISO ENTERP DATE **MAY 18, 2006**

PERMIT NO. **02717**

APPLICANT ~~TOM GAUDIER~~ ADDRESS ~~378 TREMONT ST RHODETOWN MA 02761~~

PERMIT TO **ABOVE GROUND POOL** (TYPE OF IMPROVEMENT) () STORY (PROPOSED USE) **P.O. Box 680** NUMBER OF DWELLING UNITS **EAST Freetown**

AT (LOCATION) **14 QUEENS CIRCLE** ZONING DISTRICT **02717**
(NO.) (STREET)

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: **ABOVE GROUND POOL**

AREA OR VOLUME ESTIMATED COST \$ **12,000** PERMIT FEE \$ **108.00**
(CUBIC/SQUARE FEET)

OWNER **MARKOWITZ** BUILDING DEPT. BY *[Signature]*
ADDRESS **14 QUEENS CIRCLE SHARON**

(Affidavit on reverse side of application to be completed by authorized agent of owner)

FORM NO. I.C.C. - BP 2003

DATE _____
**BUILDING PERMIT -
CERTIFICATE OF OCCUPANCY**

Carlos Narciso
NARCISO ENTERPRISE

PERMIT NO. **2010-09539**

ADDRESS **378 FERGUSON ST. ASTORIA, OR 97103**

PERMIT TO **ABOVE GROUND POOL**

AT (LOCATION) **14 QUEENS CIRCLE**

BETWEEN _____ AND _____

SUBDIVISION _____

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: **ABOVE GROUND POOL**



AREA OR VOLUME _____ (CUBIC/SQUARE FEET)

OWNER **MARKOWITZ**

ADDRESS **14 QUEENS CIRCLE SHARON**

TO BE POSTED ON PREMISES
SEE REVERSE SIDE FOR CONDITIONS OF CERTIFICATE

~~PERMITS~~
~~DECK~~
~~PERMITS~~
 NO later called
 5/1/6

10 FT. FROM HOUSE

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING

AT (LOCATION) 14 Queens Cir. ZONING DISTRICT _____
 (NO.) (STREET)

BETWEEN _____ AND _____
 (CROSS STREET) (CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1 New building
 2 Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
 3 Alteration (See 2 above)
 4 Repair, replacement
 5 Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
 6 Moving (relocation)
 7 Foundation only

B. OWNERSHIP

8 Private (individual, corporation, nonprofit institution, etc.)
 9 Public (Federal, State, or local government)

D. PROPOSED USE - For "Wrecking" most recent use

Residential

12 One family
 13 Two or more family - Enter number of units ----->
 14 Transient hotel, motel, or dormitory - Enter number of units ----->
 15 Garage
 16 Carport
 17 Other - Specify _____

Nonresidential

18 Amusement, recreational
 19 Church, other religious
 20 Industrial
 21 Parking garage
 22 Service station, repair garage
 23 Hospital, institutional
 24 Office, bank, professional
 25 Public utility
 26 School, library, other educational
 27 Stores, mercantile
 28 Tanks, towers
 29 Other - Specify _____

C. COST

10. Cost of improvement..... \$ 12000
 (Omit cents)

To be installed but not included in the above cost

a. Electrical.....
 b. Plumbing.....
 c. Heating, air conditioning.....
 d. Other (elevator, etc.).....

11. TOTAL COST OF IMPROVEMENT \$ _____

Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

Installation of above ground pool 33 X 18

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

30 Masonry (wall bearing)
 31 Wood frame
 32 Structural steel
 33 Reinforced concrete
 34 Other - Specify _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 Gas
 36 Oil
 37 Electricity
 38 Coal
 39 Other - Specify _____

G. TYPE OF SEWAGE DISPOSAL

40 Public or private company
 41 Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 Public or private company
 43 Private (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
 44 Yes 45 No

Will there be an elevator?
 46 Yes 47 No

J. DIMENSIONS

48. Number of stories.....
 49. Total square feet of floor area, all floors, based on exterior dimensions.....
 50. Total land area, sq. ft.....

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed.....
 52. Outdoors.....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms.....

54. Number of bathrooms } Full.....
 Partial.....

NO. STREET

As the applicant for a swimming pool permit in the Town of Sharon I hereby agree, as owner of the property located at 14 Queen Cir. to install a fence enclosing the proposed swimming pool located at the above address prior to filling the pool with water.

I will also call the Building Inspector for an inspection and approval of the fencing before the pool is filled with water. It is understood that temporary fencing can only be allowed for a period of two weeks. If temporary fencing is used then both the temporary and permanent fence must be inspected.

Property Owners Signature

Julie Manly

Address: 14 Queen Cir.

Phone Number 784-1099

The approval of the Town Engineer must be acquired relative to location of the pool in regards to the septic system.

Town Engineers Signature

Date: _____

A wiring permit must be obtained and signed by a licensed electrician before a pool permit will be issued.

I have read the foregoing regulations and agree to abide by the swimming pool provisions as contained therein.

BACKFLOW PREVENTION DEVICE

WHEN INSTALLING A SWIMMING POOL, THERE MUST BE A BACKFLOW PREVENTION DEVICE ON THE CONNECTION THAT WILL BE USED TO FILL THE POOL. THIS DEVICE MUST BE INSTALLED BY A LICENSED PLUMBER. SHOULD YOU CHOOSE TO HAVE WATER TRUCKED IN TO FILL YOUR POOL, THE ABOVE REQUIREMENT IS STILL IN EFFECT. THIS IS A REQUIREMENT OF THE STATE OF MASSCHUSETTS. A PLUMBING PERMIT IS REQUIRED FOR THIS INSTALLATION.

Tom Gaudet Construction

378 TREMONT ST MA LICENSE 132378
REHOBOTH MA 02769 RI LICENSE 23379
508-222-5121 EMAIL; POOLSRCOOL@COMCAST.NET
FAX 508 222 1727

ATTENTION: Building Permits-
Julie Markowitz
14 Queens Circle
Sharon MA



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Please Print Legibly

Applicant Information

Name (Business/Organization/Individual): Tom Gaudet Construction Corp
Address: 378 Tremont St.
City/State/Zip: Rehoboth MA 02769 Phone #: 508 222 5121

Are you an employer? Check the appropriate box:

- 1. I am an employer with 2 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. † These sub-contractors have workers' comp. insurance.
- 5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Granite State Ins
Policy # or Self-ins. Lic. #: WC 231-46-01 Expiration Date: 06/03/06
Job Site Address: 14 Queens Circle City/State/Zip: Sharon MA

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____
Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____
Contact Person: _____ Phone #: _____

BUILDING PERMIT

AMOUNT PAID

VALIDATION

9713

APPLICANT **ELLIOT MARKOWITZ** DATE **JULY 27, 2006** PERMIT NO. **9713**
ADDRESS **14 QUEENS CIRCLE** (STREET) **SHARON HOMEOWNER** (CONTR'S LICENSE)

PERMIT TO **DECK** (TYPE OF IMPROVEMENT) (NO.) **1** STORY (PROPOSED USE) NUMBER OF DWELLING UNITS

AT (LOCATION) **14 QUEENS CIRCLE** (STREET) AND **14 QUEENS CIRCLE** (CROSS STREET) ZONING DISTRICT

BETWEEN (CROSS STREET) AND (CROSS STREET) LOT SIZE

SUBDIVISION LOT BLOCK

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: **DECK OFF BACK OF HOUSE**

AREA OR VOLUME (CUBIC/SQUARE FEET) ESTIMATED COST \$ **3500** PERMIT FEE \$ **40.00**

OWNER **MARKOWITZ** BUILDING DEPT. BY *[Signature]*
ADDRESS **14 QUEENS CIRCLE SHARON**

(Affidavit on reverse side of application to be completed by authorized agent of owner)

CERTIFICATE ISSUED

DATE _____

BUILDING PERMIT - CERTIFICATE OF OCCUPANCY

APPLICANT **ELLIOT MARKOWITZ** DATE **JULY 27, 2006** PERMIT NO. **100-11133**
(TYPE OF IMPROVEMENT) (NO.) (STORY) (PROPOSED USE) ADDRESS **14 QUEENS CIRCLE SHARON HORNOWER**
(STREET) (CONTR'S LICENSE)

PERMIT TO **DECK** NUMBER OF DWELLING UNITS _____
(TYPE OF IMPROVEMENT) (NO.) (STORY) (PROPOSED USE)

AT (LOCATION) _____ ZONING DISTRICT _____
(NO.) **14 QUEENS CIRCLE**

BETWEEN _____ AND _____ (CROSS STREET)
(CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____
_____ (CROSS STREET)

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: **DECK OFF BACK OF HOUSE**

AREA OR VOLUME _____ (CUBIC/SQUARE FEET)

OWNER **MARKOWITZ**
ADDRESS **14 QUEENS CIRCLE SHARON**

SEE REVERSE SIDE FOR CONDITIONS OF CERTIFICATE

**APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT**

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) <u>14</u> <u>Queens Circle</u> <u>Sharon</u> <u>MA.</u>	ZONING DISTRICT _____
	(NO.) (STREET)	
	BETWEEN <u>Eisenhower</u> AND <u>King + Castle Streets</u>	(CROSS STREET) (CROSS STREET)
SUBDIVISION _____ LOT _____ BLOCK _____		LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input checked="" type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----></p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----></p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----></p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----></p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----></p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----></p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>		
<p>B. OWNERSHIP</p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST</p> <p>10. Cost of improvement..... \$ <u>3,500.</u></p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical.....</p> <p>b. Plumbing.....</p> <p>c. Heating, air conditioning.....</p> <p>d. Other (elevator, etc.).....</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>3,500.</u></p>	<p>(Omit cents)</p> <p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p align="center"><u>13 1/2 x 17 1/2 Deck</u> <u>off back of house.</u></p>
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III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input checked="" type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories..... <u>2</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions..... <u>2600</u></p> <p>50. Total land area, sq. ft.</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input checked="" type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms.....</p> <p>54. Number of bathrooms } Full.....</p> <p style="margin-left: 100px;">} Partial.....</p>
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>			

NO. STREET

Town of Sharon
217 R South Main St.
Sharon, Massachusetts 02067
Tel # 781-784-1529

AFFIDAVIT

**HOME IMPROVEMENT CONTRACTOR LAW
SUPPLEMENT TO PERMIT APPLICATION**

M.G.L. c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion improvement, demolition, or construction of an addition to any pre-existing owner occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements

Date of Application 7-26-06

Scope of Work Deck off House Est. Cost \$ 3,500.00
Address of Work 14 Queen's Circle Sharon, MA
Owner's Name Elliot Markowitz
Home Improvement Contractor Elliot Markowitz
H.I.C. Address 14 Queen's City Sharon State MA Zip 02067
H.I.C. Telephone # 781-784-1099

I hereby certify that:

Work excluded by law
 Building NOT owner occupied
 Other (specify) _____
 Job under \$1,000
 Owner pulling own permit

Signed under penalties of perjury: I hereby apply for a permit as the agent of the
owner: Elliot Markowitz

7-26-06 Elliot Markowitz _____
Date Contractor Registration #

NOTICE IS HEREBY GIVEN THAT:

Owners pulling their own permits or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under M.G.L. c142A.

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

7-26-06 Elliot Markowitz
Date Owner

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee	Elliot Markowitz 14 Queens Circle Sharon, MA.	02067	781-784 1099
2. Contractor			Builder's License No.
3. Architect or Engineer			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant <i>Elliot Markowitz</i>	Address 14 Queens Circle Sharon, MA.	Application date 7-26-86
---	---	-----------------------------

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number _____ Building Permit issued _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____	Approved by: <i>[Signature]</i> _____ TITLE
--	---	---



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

RECEIVED

MAY 01 2003

TITLE 5
 OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
 PART A
 CERTIFICATION

Property Address: 14 QUEENS CIRCLE

Owner's Name: SHARON MASS.

Owner's Address: RENEE BAKER

Owner's Address: SAME

Date of Inspection: 4/23/03

Name of Inspector: (please print) Antonino Caponigro

Company Name: Tony Caponigro's Inspection Service

Mailing Address: 216 North Main St., Mansfield, Mass. 02048

Telephone Number: (508) 339-8219

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: Antonino Caponigro Date: 4/23/03

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments

NA. MEANS NOT APPLICABLE TO THIS SYSTEM
KN. MEANS NOT KNOWN

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A
CERTIFICATION (continued)

Property Address: 14 QUEENS CIRCLE

Owner: SHARON MASSI

Date of Inspection: 4/23/03

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B. System Conditionally Passes: N.A

One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y,N,ND) in the ___ for the following statements. If "not determined" please explain.

___ The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

___ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- ___ broken pipe(s) are replaced
- ___ obstruction is removed
- ___ distribution box is leveled or replaced

ND explain:

___ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- ___ broken pipe(s) are replaced
- ___ obstruction is removed

ND explain:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A
CERTIFICATION (continued)

Property Address: 14 QUEENS CIRCLE
SHARON MASS.
Owner: RENÉE BAKER
Date of Inspection: 4/23/03

C. Further Evaluation is Required by the Board of Health:

NO Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

N.A

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone I of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A
CERTIFICATION (continued)

Property Address: 14 QUEENS CIRCLE
SHARON MASS
Owner: RENEE BAKER
Date of Inspection: 4/23/03

D. System Failure Criteria applicable to all systems:
You must indicate "yes" or "no" to each of the following for all inspections:

- | | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <u>NA</u> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <u>NA</u> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <u>NA</u> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <u>NA</u> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <u>NA</u> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

NO (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems: N.A

To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

- | | | |
|--------------------------|--------------------------|--|
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM.

PART C
SYSTEM INFORMATION (continued)

Property Address: 14 QUEENS CIRCLE
SHARDON, MASS.
Owner: RENEE BAKER
Date of Inspection: 4/23/03

SITE EXAM

Slope TO FRONT
Surface water NONE
Check cellar YES
Shallow wells NONE

Estimated depth to ground water 77' feet

Please indicate (check) all methods used to determine the high ground water elevation:

- Obtained from system design plans on record - If checked, date of design plan reviewed: 12/8/80
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain: _____
- Checked with local excavators, installers- (attach documentation)
- Accessed USGS database-explain: _____

You must describe how you established the high ground water elevation:

OBTAINED FROM DESIGN PLANS

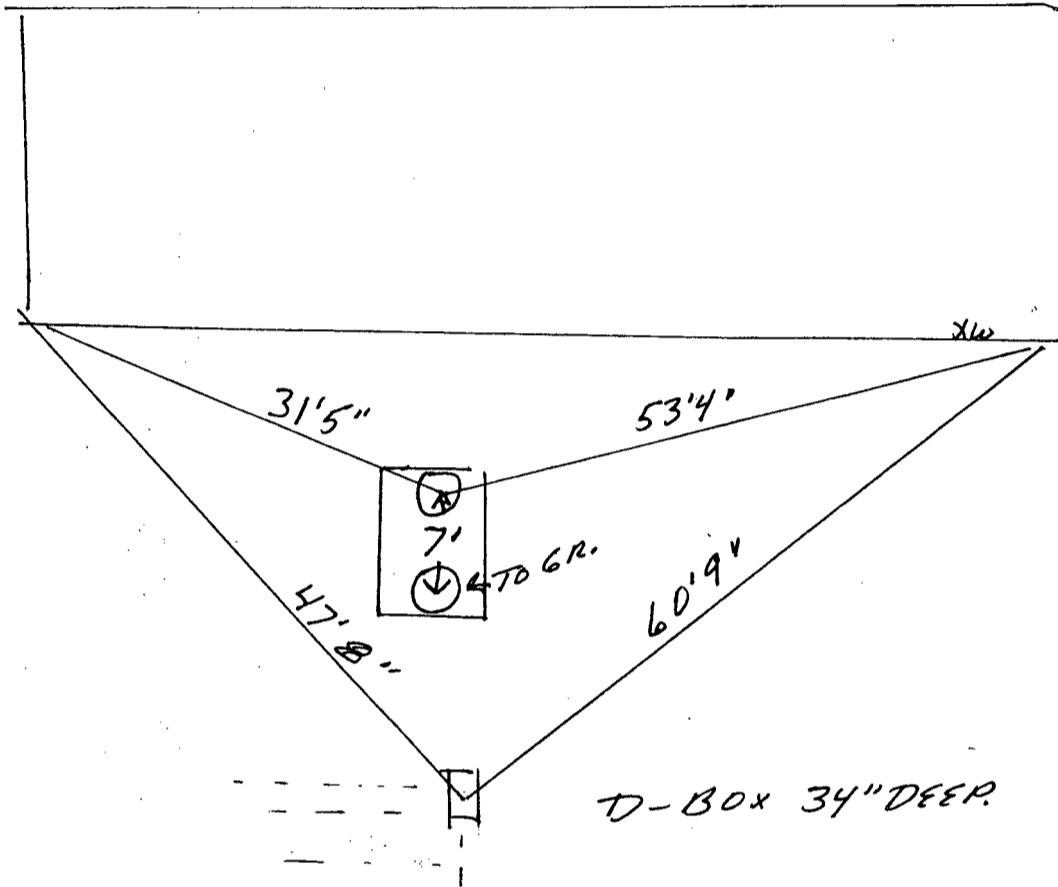
OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 14 QUEENS CIRCLE
SHARON, MASS.
Owner: KENEE BAKER
Date of Inspection: 4/23/03

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

(NOT TO SCALE)



QUEENS CIRCLE

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 14 QUEENS CIRCLE

Owner: SHARON, MASS
RENEE BAKER

Date of Inspection: 4/23/03

SOIL ABSORPTION SYSTEM (SAS): 1 (locate on site plan, excavation not required)

If SAS not located explain why:

Type

- leaching pits, number: _____
- leaching chambers, number: _____
- leaching galleries, number: _____
- leaching trenches, number, length: _____
- leaching fields, number, dimensions: 30' x 40'
- overflow cesspool, number: _____
- innovative/alternative system Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

NO SIGNS OF HYDRAULIC FAILURE NO PONDING NO DAMP SOIL
SOIL IS GRAVEL OR VEGETATION

NONE

CESSPOOLS: _____ (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: _____

Depth - top of liquid to inlet invert: _____

Depth of solids layer: _____

Depth of scum layer: _____

Dimensions of cesspool: _____

Materials of construction: _____

Indication of groundwater inflow (yes or no): _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

NONE

PRIVY: _____ (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM INFORMATION (continued)

Property Address: 14 QUEENS CIRCLE

SHARON, MASS.

Owner: RENEE BAKER

Date of Inspection: 4/23/07

NONE

TIGHT or HOLDING TANK: (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade:

Material of construction: concrete metal fiberglass polyethylene other(explain):

Dimensions:

Capacity: gallons

Design Flow: gallons/day

Alarm present (yes or no):

Alarm level: Alarm in working order (yes or no):

Date of last pumping:

Comments (condition of alarm and float switches, etc.):

DISTRIBUTION BOX: X (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: 0" EVEN WITH OUTLET INVERT

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): " " " " " NO " " " " NO " "

NONE

PUMP CHAMBER: (locate on site plan)

Pumps in working order (yes or no):

Alarms in working order (yes or no):

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 14 QUEENS CIRCLE
SHARON, MASS.
Owner: RENEE BAKER
Date of Inspection: 4/23/03

BUILDING SEWER (locate on site plan)

Depth below grade: 10"
Materials of construction: 140 PVC cast iron other (explain):
Distance from private water supply well or suction line:
Comments (on condition of joints, venting, evidence of leakage, etc.):
COND. OF JOINTS & VENTING GOOD NO EVID. OF LEAKAGE

SEPTIC TANK: X (locate on site plan)

Depth below grade: 4" OUTLET TO GR.
Material of construction: X concrete metal fiberglass polyethylene
other(explain)
If tank is metal list age: Is age confirmed by a Certificate of Compliance (yes or no): (attach a copy of certificate)
Dimensions: 5' X 5' 6" X 9'
Sludge depth: 8"
Distance from top of sludge to bottom of outlet tee or baffle: 33"
Scum thickness: 2"
Distance from top of scum to top of outlet tee or baffle: 6"
Distance from bottom of scum to bottom of outlet tee or baffle: 16"
How were dimensions determined: MEASURED ON SITE
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
INLET & OUTLET GOOD STRUCTURAL INTEGRITY GOOD LIQUID LEVEL
EVEN WITH OUTLET INVERT
OUTLET T IS 3" PVC STUCK IN CLAY PIPE
NONE

GREASE TRAP: (locate on site plan)

Depth below grade:
Material of construction: concrete metal fiberglass polyethylene other
(explain):
Dimensions:
Scum thickness:
Distance from top of scum to top of outlet tee or baffle:
Distance from bottom of scum to bottom of outlet tee or baffle:
Date of last pumping:
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 14 QUEENS CIRCLE
SHARON, MASS.
Owner: RENEE BAKER
Date of Inspection: 4/23/03

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440
Number of current residents: 2
Does residence have a garbage grinder (yes or no): YES
Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]
Laundry system inspected (yes or no): NA
Seasonal use: (yes or no): NO
Water meter readings, if available (last 2 years usage (gpd)): 209 G.P.D. AD.
Sump pump (yes or no): NO
Last date of occupancy: OCCUPIED AT PRESENT TIME

COMMERCIAL/INDUSTRIAL N/A

Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sqft, etc.): _____
Grease trap present (yes or no): _____
Industrial waste holding tank present (yes or no): _____
Non-sanitary waste discharged to the Title 5 system (yes or no): _____
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records
Source of information: LAST PUMPED 3 YRS. AGO (OWNER)
Was system pumped as part of the inspection (yes or no): NO
If yes, volume pumped: _____ gallons -- How was quantity pumped determined? _____
Reason for pumping: _____

TYPE OF SYSTEM

Septic tank, distribution box, soil absorption system
 Single cesspool
 Overflow cesspool
 Privy
 Shared system (yes or no) (if yes, attach previous inspection records, if any)
 Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
 Tight tank Attach a copy of the DEP approval
 Other (describe): _____

Approximate age of all components, date installed (if known) and source of information: AS BUILT. 6/18/81
23 YRS. OLD

Were sewage odors detected when arriving at the site (yes or no): NO

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 14 DUFFENS CIRCLE
SHARON, MASS
Owner: RENEE BAKER
Date of Inspection: 7/23/03

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Yes No
- Pumping information was provided by the owner, occupant, or Board of Health
 - Were any of the system components pumped out in the previous two weeks?
 - Has the system received normal flows in the previous two week period?
 - Have large volumes of water been introduced to the system recently or as part of this inspection?
 - Were as built plans of the system obtained and examined? (If they were not available note as N/A)
 - Was the facility or dwelling inspected for signs of sewage back up?
 - Was the site inspected for signs of break out?
 - Were all system components, excluding the SAS, located on site?
 - Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
 - Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

- Yes no
- Existing information. For example, a plan at the Board of Health.
 - Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

BUILDING PERMIT

AMOUNT PAID

VALIDATION

12800

APPLICANT WELCH BUILDING DATE DECEMBER 4, 2012 12800 NO. (CONTR'S LICENSE)

ADDRESS 11 EASTMAN ST SOUTH EASTON (STREET)

PERMIT NO. 65-004244 STRIP ANE REROOF (TYPE OF IMPROVEMENT) NO. (PROPOSED USE) NUMBER OF DWELLING UNITS

AT (LOCATION) (NO.) 14 QUEENS CIRCLE 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: STRIP AND REROOF

AREA OR VOLUME (CUBIC/SQUARE FEET) ESTIMATED COST \$ 12000 PERMIT FEE \$ 50

OWNER MARKOWITZ BUILDING DEPT BY Joseph X. Kent
ADDRESS 14 QUEENS CIRCLE SHARON (Affidavit on reverse side of application to be completed by authorized agent of owner)

DATE _____

BUILDING PERMIT - CERTIFICATE OF OCCUPANCY

DATE **DECEMBER 4, 2012**

PERMIT NO. **12800-1**

APPLICANT **WECHE BUILDING** ADDRESS **11 EASTMAN ST SOUTH EASTON** (CONTR'S LICENSE)

PERMIT **CS-004244** STRIP (AND REROOF) (TYPE OF IMPROVEMENT) NO. _____ (PROPOSED USE) NUMBER OF DWELLING UNITS _____

AT (LOCATION) _____ (NO.)	14 QUEENS CIRCLE _____ (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: **STRIP AND REROOF**

AREA OR VOLUME _____ (CUBIC/SQUARE FEET)



OWNER: **YARKOWITZ** ADDRESS: **14 QUEENS CIRCLE CHARD**

SEE REVERSE SIDE FOR CONDITIONS OF CERTIFICATE TO BE POSTED ON PREMISES

**APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT**

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) <u>14 QUEENS CIRCLE SHARON, MA</u> ZONING DISTRICT _____
	BETWEEN <u>CASTLE DRIVE</u> AND _____ (CROSS STREET)
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input checked="" type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p align="center"><u>X Sleep Porch</u></p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input checked="" type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> <p align="center"><u>X Sleep Porch</u></p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
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<p>B. OWNERSHIP</p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p>C. COST</p> <p>10. Cost of improvement.....\$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical.....\$ _____</p> <p>b. Plumbing.....\$ _____</p> <p>c. Heating, air conditioning.....\$ _____</p> <p>d. Other (elevator, etc.).....\$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ <u>12000.⁰⁰</u></p>	<p>(Omit cents)</p> <p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input checked="" type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input checked="" type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories..... <u>2</u></p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions..... <u>2300⁺⁻</u></p> <p>50. Total land area, sq. ft.</p>					
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input checked="" type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input checked="" type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed..... <u>2</u></p> <p>52. Outdoors..... <u>2</u></p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms..... <u>3</u></p> <p>54. Number of bathrooms</p> <table style="margin-left: 20px;"> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">Full.....</td> <td style="padding-left: 5px;"><u>2</u></td> </tr> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">Partial.....</td> <td style="padding-left: 5px;"><u>1/2</u></td> </tr> </table>	Full.....	<u>2</u>	Partial.....	<u>1/2</u>
Full.....	<u>2</u>						
Partial.....	<u>1/2</u>						
<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input checked="" type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input checked="" type="checkbox"/> No</p>							

NO. STREET

30 626106



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No. _____	Occupancy and Fee Checked _____
[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: 6-27-06

City or Town of: SHARON

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) 14 Queens

Owner or Tenant Julie

Telephone No. 781 784 1099

Owner's Address _____

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

Purpose of Building Resident Utility Authorization No. _____

Existing Service 200 Amps 120/208 Volts Overhead Undgrd No. of Meters 1

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

Number of Feeders and Ampacity Two

Location and Nature of Proposed Electrical Work: Wiring Swimming Pool

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-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	Data Wiring: No. of Devices or Equivalent	
No. of Hydromassage Bathtubs	No. of Motors	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: gallant) 3-27-07
(Expiration Date)

Estimated Value of Electrical Work: 800.00 (When required by municipal policy.)

Work to Start: 6-27-06 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: Aless Electric LIC. NO.: _____

Licensee: Peter Aless Signature [Signature] LIC. NO.: 51264

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No.: 508 572 4201

Address: 235 Cross St. Bridgewater Alt. Tel. No.: 508 69 74336

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: \$ _____