



**Commonwealth of Massachusetts
Town of Norfolk
BUILDING PERMIT**

**Permit No: RB22-000440
Date Issued: 10/04/2022
Estimated Cost: 0
Permit Fee: 100.00**

PERMISSION IS HEREBY GRANTED TO: **Jennifer Kuchy**
APPLICANT

TO PERFORM WORK AT: **9 STRAWBERRY LN** **KUCHY JONATHAN M & JENNIFER L** **Roof Replacement**
PROPERTY ADDRESS OWNER PROJECT CATEGORY
- Jennifer Kuchy **Existing Building**
CONTRACTOR LICENSE NO. OCCUPANCY TYPE

TO PERFORM THE FOLLOWING WORK: **Roof re-shingle**
SQUARE FOOTAGE:



Building Official

This permit shall be deemed invalid unless work authorized commences within six months after it's issuance and proceeds in good faith continuously to completion.

Building	Plumbing	Gas	Mechanical
Excavation:	Underground:	Underground:	Rough:
Foundation:	Rough:	Meter:	Blower Duct:
Footings:	Final:	Rough:	Other:
Wall Bracing:	Water Meter:	Final:	Final:
Rough Framing:	Electrical	Fire	
Insulation:	Underground:	Oil:	
Blower Door:	Service:	Smoke:	
Final:	Rough:	Alarm:	
Other:	Final:	Sprinklers:	

A Certificate of Occupancy WILL NOT be issued on the same day as a Final Inspection.
The Building Department requires 2 days in order to process your Final Inspection results and grant the Certificate, no exceptions.

**POST THIS CARD SO IT IS VISIBLE FROM THE STREET.
THIS PERMIT MAY BE REVOKED UPON VIOLATION OF ANY OF THE TOWN'S RULES AND/OR REGULATIONS.**

One Liberty Lane, Phone: (508) 528-5088, Fax: (508) 541-3300

	The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR Building Permit Application To Construct, Repair, Renovate Or Demolish a <i>One- or Two-Family Dwelling</i>	FOR MUNICIPALITY USE <i>Revised Mar 2011</i>
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This Section For Official Use Only

Building Permit Number: RB22-000440	Date Applied: 09/30/2022
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Robert J. Bullock Jr Building Official		October 04, 2022 Date
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SECTION 1: SITE INFORMATION

1.1 Property Address: 9 STRAWBERRY LN	1.2 Assessors Map & Parcel Numbers
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1.1a Is this an accepted street? Yes	Map Number: 13	Parcel Number: 1712
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1.3 Zoning Information:	1.4 Property Dimensions:
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Zoning District:	Lot Area (sq ft):	Frontage (ft):
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1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
50.00		25.00		25.00	

1.6 Water Supply: (M.G.L c. 40, § 54)	1.7 Flood Zone Information:	1.8 Sewage Disposal System:
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Water Supply:	Zone:	Outside Flood Zone?
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SECTION 2: PROPERTY OWNERSHIP

2.1 Owner of Record: KUCHY JONATHAN M & JENNIFER L NORFOLK, MA 02056

Name: _____ City, State, ZIP: _____

9 STRAWBERRY LN
NORFOLK, MA 02056

No. and Street: _____ Telephone: _____ Email Address: _____

SECTION 3: DESCRIPTION OF PROPOSED WORK

Existing Building

Brief Description of Proposed Work: Roof re-shingle

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs:	Official Use Only
1. Building		1. Building Permit Fee: \$_____ Indicate how fee is determined:
2. Electrical		<input type="checkbox"/> Standard City/Town Application Fee
3. Plumbing		<input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____
4. Mechanical (HVAC)		2. Other Fees: \$_____
5. Mechanical (Fire Suppression)		List: _____
6. Gas		Total All Fees: \$_____
7. Total Project Cost:	\$0.00	Check No. _____ Check Amount: _____ Cash Amount: _____
		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

SECTION 5: CONSTRUCTION SERVICES**5.1 Property Owner**

Jennifer Kuchy

Name of CSL Holder

9 Strawberry Lane

No. and Street

Norfolk, MA 02056

City/Town, State, ZIP

jkuchy@verizon.net

Telephone

Email address

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? No

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize Jennifer Kuchy to act on my behalf, in all matters relative to work authorized by this building permit application.

KUCHY JONATHAN M & JENNIFER L

October 04, 2022

Print Owner's Name

Date

SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

KUCHY JONATHAN M & JENNIFER L

October 04, 2022

Print Owner's Name

Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.): (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.):

Number of fireplaces:

Number of bathrooms:

Type of heating system:

Type of cooling system:

Habitable room count:

Number of bedrooms:

Number of half/baths:

Number of decks/ porches:

Enclosed:

Open:

3. "Total Project Square Footage" may be substituted for "Total Project Cost"