

**WOOD BURNING STOVE
APPLICATION**

Location: Magnolia Map 169 Lot 30 R-2
Owner: Dan Shafford Telephone: 525-3130
Address: 22 Flume Rd
Signature: Dan Shafford Date _____
Estimated Cost: 150.00

Stove:

Type: Radiant _____ Circulating
Manufacturer Harmon Model # _____
Type of fuel (s) approved Pellet
Testing Laboratory's name or trademark and location: _____
Date tested: _____
Clearance to combustibles: A. Side _____ B. Rear _____
Test Standard _____
Label Serial Number: _____

Chimney:

New _____ Existing _____
Size (flue area) _____ Other appliances attached to flue: _____

Metal (Manufacturer-name & type) _____
Masonry - Lined _____
 Unlined _____
 Flue liner _____
 (type & manufacturer)

CITY OF GLOUCESTER
INSPECTIONAL SERVICES
(978) 281-9774

BUILDING PERMIT

AMOUNT
PAID

DEPT. FILE COPY

VALIDATION

DATE 10/17/01 18 PERMIT NO. **N^o 0954-802**

APPLICANT Homeowner Homeowner ADDRESS _____ (NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO INSTALL WOODSTOVE (TYPE OF IMPROVEMENT) NO. OF DWELLING UNITS _____

AT (LOCATION) 22 FLUME RD (NO.) (STREET) ZONING DISTRICT R-2

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

SUBDIVISION _____ MAP 169 36 LOT SIZE _____

BUILDING IS TO BE _____ FT. WIDE BY _____ FT. LONG BY _____ FT. IN HEIGHT _____

NO. OF STORIES width USE GROUP length BASEMENT WALLS OR FOUNDATION _____ (TYPE)

REMARKS: _____

AREA OR VOLUME _____ (CUBIC/SQUARE FEET) ESTIMATED COST \$ \$1,500.00 PERMIT FEE \$ \$30.00

OWNER SHATFORD BUILDING DEPT. CK188

ADDRESS 22 FLUME RD BY BN

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

CITY OF GLOUCESTER
INSPECTIONAL SERVICES
(978) 281-9774

BUILDING PERMIT CERTIFICATE OF OCCUPANCY

CERTIFICATE ISSUED
DATE _____

DATE 10/17/01 18 PERMIT NO. **N^o 0954-02**

APPLICANT Homeowner Homeowner ADDRESS _____ (NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO INSTALL WOODSTOVE (TYPE OF IMPROVEMENT) NO. OF DWELLING UNITS _____

AT (LOCATION) 22 FLUME RD (NO.) (STREET) ZONING DISTRICT R-2

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

SUBDIVISION _____ MAP 169 36 LOT SIZE _____

BUILDING IS TO BE _____ FT. WIDE BY _____ FT. LONG BY _____ FT. IN HEIGHT _____

NO. OF STORIES width USE GROUP length BASEMENT WALLS OR FOUNDATION _____ (TYPE)

REMARKS: _____

AREA OR VOLUME _____ (CUBIC/SQUARE FEET) ESTIMATED COST \$ \$1,500.00 PERMIT FEE \$ \$30.00

OWNER SHATFORD BUILDING DEPT. CK188

ADDRESS 22 FLUME RD BY BN

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

SIGNATURE OF AGENT _____

ADDRESS _____
(NUMBER) (STREET) (CITY)

APPROVED BY _____ TITLE _____

DATE _____ 19 _____

**DEPARTMENTAL APPROVAL FOR CERTIFICATE
of OCCUPANCY and COMPLIANCE**

To be filled in by each division indicated hereon
upon completion of its final inspection.

BUILDINGS	Permit No. _____
Approved by _____	Date _____
Remarks _____	

PLUMBING	Permit No. _____
Approved by _____	Date _____
Remarks _____	

ELECTRICAL	Permit No. _____
Approved by _____	Date _____
Remarks _____	

FIRE DEPT.	Permit No. _____
Approved by _____	Date _____
Remarks _____	

OTHER	Permit No. _____
Approved by _____	Date _____
Remarks _____	

Mod. App. 2:30

169-36

chk # 672

35

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING



(Print or Type) Gloucester Mass. Date Sept. 25th 2000 Permit # P-8690-410

Building Location 22 FLUME ST. Owner's Name Doug Shatford 525-2026
Magnolia Type of Occupancy Dwelling Single Fam.

New Renovation Replacement Plans Submitted: Yes No

P

FIXTURES

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	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:	
SUB-BASMT.																						
BASEMENT																						
1ST FLOOR																						
2ND FLOOR		1	2	1														1				
3RD FLOOR																						
4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

Installing Company Name Bill Tripp
Address 6 NORMAN AVE.
Magnolia, MA.
Business Telephone 978-525-2211
Name of Licensed Plumber Bill Tripp


Check one: Certificate
Corporation
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.
Bill Shatford
Signature of Owner or Owner's Agent
Check one: Owner Agent

I hereby certify that all of the details and information I have submitted for 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)

Bill Tripp
Signature of Licensed Plumber
Type of License: Master Journeyman
License Number 22709

10/2/00 Ruffin Ok 

3/12/01 F.H.B.

Ok 

CITY OF GLOUCESTER
INSPECTIONAL SERVICES
(978) 281-9774

BUILDING PERMIT

DEPT. FILE COPY

AMOUNT
PAID

VALIDATION

DATE 7/14/00 19 PERMIT NO. N^o 9745-531
APPLICANT David Muller ADDRESS 13 MIDDLE ST GLOUCESTER MA 01930
(NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO REPLACE AND EXPAND DECK AROUND POOL NO. OF DWELLING UNITS _____
(TYPE OF IMPROVEMENT)

AT (LOCATION) 22 FLUME RD ZONING DISTRICT R-2
(NO.) (STREET)
BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)

SUBDIVISION _____ MAP 109 LOT 30 LOT SIZE _____
BUILDING IS TO BE _____ FT. WIDE BY _____ FT. LONG BY _____ FT. IN HEIGHT _____
NO. OF STORIES _____ USE GROUP _____ BASEMENT WALLS OR FOUNDATION _____ (TYPE)

REMARKS _____

AREA OR VOLUME _____ ESTIMATED COST \$ \$3,500.00 PERMIT FEES \$ \$30.00
(CUBIC/SQUARE FEET) CK2221

OWNER SHATFORD BUILDING DEPT. _____
ADDRESS 22 FLUME RD BY WS

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

CERTIFICATE ISSUED
DATE _____

CITY OF GLOUCESTER
INSPECTIONAL SERVICES
(978) 281-9774

BUILDING PERMIT CERTIFICATE OF OCCUPANCY

DATE 7/14/00 19 PERMIT NO. N^o 9745-531
APPLICANT David Muller ADDRESS 13 MIDDLE ST GLOUCESTER MA 01930
(NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO REPLACE AND EXPAND DECK AROUND POOL NO. OF DWELLING UNITS _____
(TYPE OF IMPROVEMENT)

AT (LOCATION) 22 FLUME RD ZONING DISTRICT R-2
(NO.) (STREET)
BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)

SUBDIVISION _____ MAP 109 LOT 30 LOT SIZE _____
BUILDING IS TO BE _____ FT. WIDE BY _____ FT. LONG BY _____ FT. IN HEIGHT _____
NO. OF STORIES _____ USE GROUP _____ BASEMENT WALLS OR FOUNDATION _____ (TYPE)

REMARKS _____

AREA OR VOLUME _____ ESTIMATED COST \$ \$3,500.00 PERMIT FEES \$ \$30.00
(CUBIC/SQUARE FEET) CK2221

OWNER SHATFORD BUILDING DEPT. _____
ADDRESS 22 FLUME RD BY WS

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

SIGNATURE OF AGENT _____

ADDRESS _____
(NUMBER) (STREET) (CITY)

APPROVED BY _____ TITLE _____

DATE _____ 19____

DEPARTMENTAL APPROVAL FOR CERTIFICATE
of OCCUPANCY and COMPLIANCE

To be filled in by each division indicated hereon
upon completion of its final inspection.

BUILDINGS	Permit No. _____
Approved by _____	Date _____
Remarks _____	
PLUMBING	Permit No. _____
Approved by _____	Date _____
Remarks _____	
ELECTRICAL	Permit No. _____
Approved by _____	Date _____
Remarks _____	
FIRE DEPT.	Permit No. _____
Approved by <u>N/A</u>	Date _____
Remarks _____	
OTHER	Permit No. _____
Approved by _____	Date _____
Remarks _____	



City of Gloucester

BUILDING DEPARTMENT
22 POPLAR STREET
281-9774

30. *af*
af

APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT

IMPORTANT - Applicant to complete all items

I. LOCATION OF BUILDING	AT (LOCATION) <u>22 R FLUME RD.</u> <u>MAGNOLIA, MA. 01930</u>	ZONING DISTRICT <u>RD</u>
	Fire District..... Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Wetlands..... Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
	Historic District... Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Flood Plain.... Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
	SUBDIVISION <u>169</u> LOT <u>36</u> BLOCK <u> </u> SIZE <u> </u>	

II. TYPE AND COST OF BUILDING

A. TYPE OF IMPROVEMENT <input type="checkbox"/> New building <input type="checkbox"/> Addition - Specify _____ <input checked="" type="checkbox"/> Alteration <input checked="" type="checkbox"/> Repair, replacement <input type="checkbox"/> Foundation only <input type="checkbox"/> Other - Specify _____	D. PROPOSED USE Residential <input checked="" type="checkbox"/> One family <input type="checkbox"/> Two or more family - Enter number of units - - - - - <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - - <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> Other - Specify <u>POOL DECK</u>	CHANGE OF USE YES/NO IF YES: <u>No</u> CURRENT USE <input checked="" type="checkbox"/>
		PROPOSED USE _____
B. OWNERSHIP <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State, or local government)	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 or industrial plant. If use of existing building is being changed, enter proposed use.	
C. Est. of improvement \$ <u>3,500.00</u>		

DESCRIPTION OF WORK TO BE PERFORMED
REPLACE + ENLARGE DECK SURROUNDING ABOVE GROUND POOL.

III. SELECTED CHARACTERISTICS OF BUILDING -

E. CHIMNEYS & FIREPLACES No. and type chimneys <u>0</u> No. and type fireplaces <u>0</u> Name of Mason _____	G. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (septic tank, etc.)	J. DIMENSIONS Number of stories..... Building length..... <u>18'-0"</u> Building width..... <u>18'-0"</u> Building Height. <u>4'-0"</u> (Average grade to top of roof)
	H. TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES Enclosed..... Outdoors..... <u>3</u>
F. PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central air conditioning? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	L. RESIDENTIAL BUILDINGS ONLY Number of Bedrooms..... <u>3</u> Number of Bathrooms { Full..... <u>1</u> Partial..... <u>1</u>

165

K Construction: Frame Brick Veneer () Brick () Stone Veneer () Stone () Stucco ()
 Concrete () Cinder Block () Other _____
 N Type of Foundation Walls: Block Fdns. () Poured Fdns. Brick Fdns. () Stone ()
 Other (Specify) _____
 O Size of footings 12" DIA. Depth of footings 3'-4'
 P Type of Roofing: Asbestos Shgl. () Built Up Rfg. () Asphalt Shgl. Tar and Gravel Rfg. ()
 Slate Rfg. ()
 Q Will building be erected on solid or filled land? Solid
 R Provision for surface drainage: Dry Wells () City Drain ()
 S Insulation R values: Roof/ceiling _____ Exterior Walls _____ Foundation _____
 Basement ceiling (unheated basement) _____
 T Insulated Glass: Windows Yes/No ... Permanent Storm windows/doors Yes/No
 U Sprinkler System provided.. Yes/ No
 V Design Live Loads: 1st flr 40PSF 2nd flr 40PSF Roof 30PSF other _____
 W Type of Finished Floor: Hard Soft () Tile ()
 X Type of Inside Finish: Plastered () Sheetrock Sheathing () Other (Specify) _____
 Y Specify Grade of all Structural Material PRESSURE TREATED LUMBER.

Remarks:

Applicant agrees to give the Inspector of Buildings 24 hours notice before lathing, plastering or closing-in studding on this building. The building will conform to the requirements of the law.

NOTE: All applications for New Buildings and Large Additions shall be accompanied by two (2) copies of plans and specifications. Applications for small additions, sheds, etc. shall be accompanied by one (1) copy of plans and specifications.

An accurate Site Plan shall accompany all applications

Building Plans & Specifications and Site Plans shall be in sufficient detail to allow Building Official to determine compliance with the Building Code and City of Gloucester Zoning Ordinance.

OCCUPANCY OF BUILDING/STRUCTURE AUTHORIZED BY BUILDING PERMIT IS PROHIBITED UNTIL OCCUPANCY PERMIT IS ISSUED BY INSPECTOR OF BUILDINGS

IV. IDENTIFICATION - To be completed by all applicants			
	Name	Mailing address - Number, street, city, and State	ZIP code Tel. No.
1. Owner or Lessee	MR & MRS DOUGLAS SEARANO	22 R FLUME RD. GLOUCESTER, MA. 01930	01930 978-525- -2026
2. Contractor	DAVID MULLER MIDDLE ST. DECK CO.	13 MIDDLE ST. GLOUCESTER, MA 01930	Builder's License No. 410 CS 076363 130402
3. Architect or Engineer	DAVID MULLER	13 MIDDLE ST. GLOUCESTER, MA 01930	CS 076363 410 130402
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		Address	Application Date
		13 MIDDLE ST	7/14/02

VIII. ZONING

DISTRICT

USE

FRONT YARD

SIDE YARD

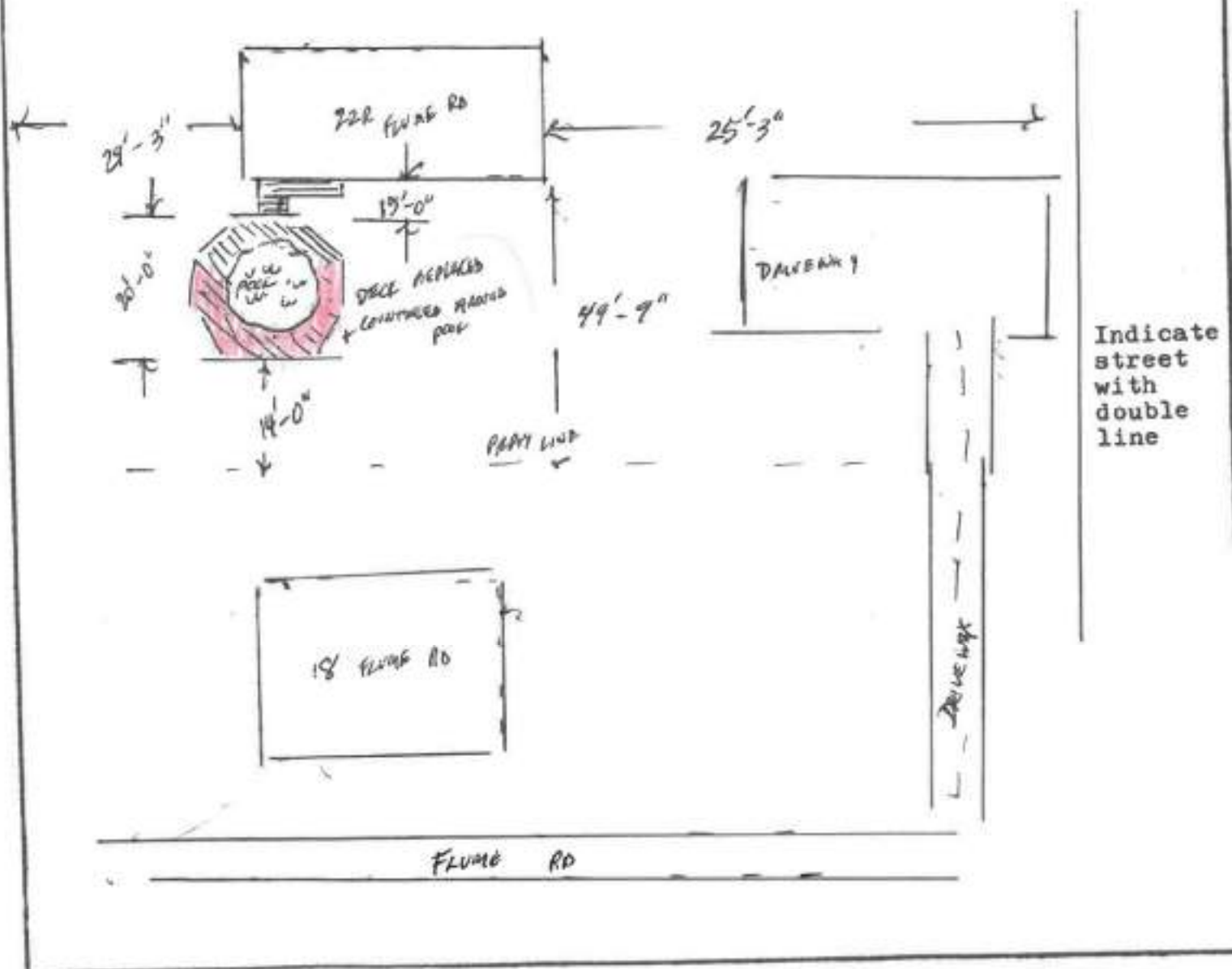
SIDE YARD

REAR YARD

PERCENTAGE OF LOT COVERAGE

NOTES

IX. SITE OR PLOT PLAN - For Applicant Use (IF NOT PROVIDED SEPARATELY)



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 \$ _____
 Date _____

Zoning Review by _____
 Building Review by _____

Other Agencies referred to
 Both *Alan August* 7/14/00

Approved by:

Inspector of Buildings

TITLE

SHATFORD RESIDENCE 22 R FLUME RD.

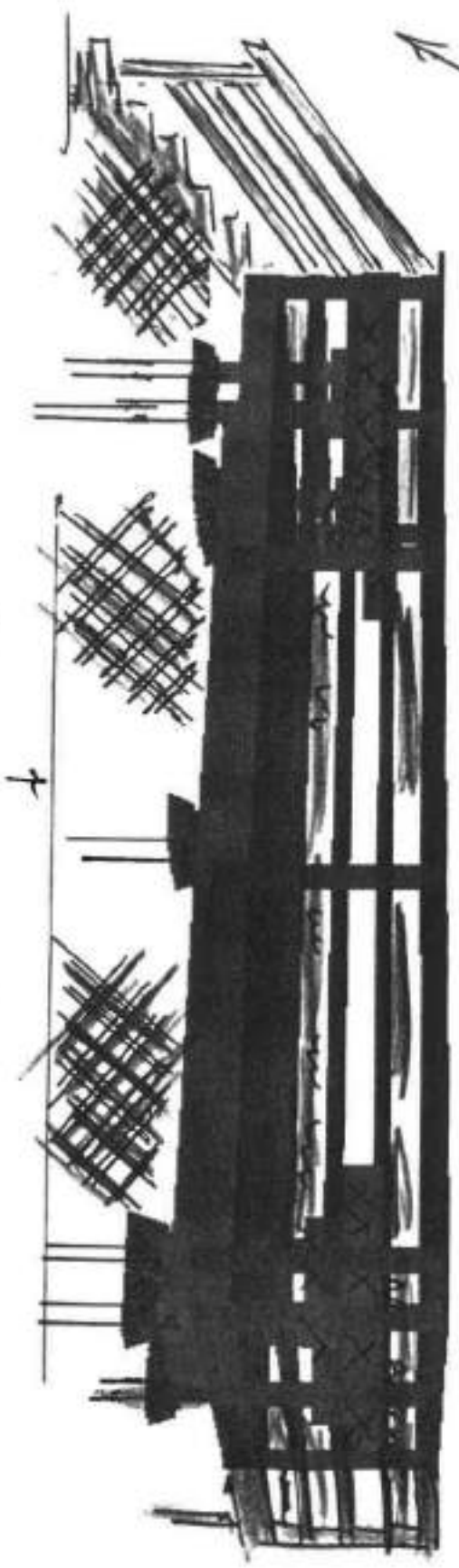
3D View of Your Deck

FLUME RD.

NOISE WALL

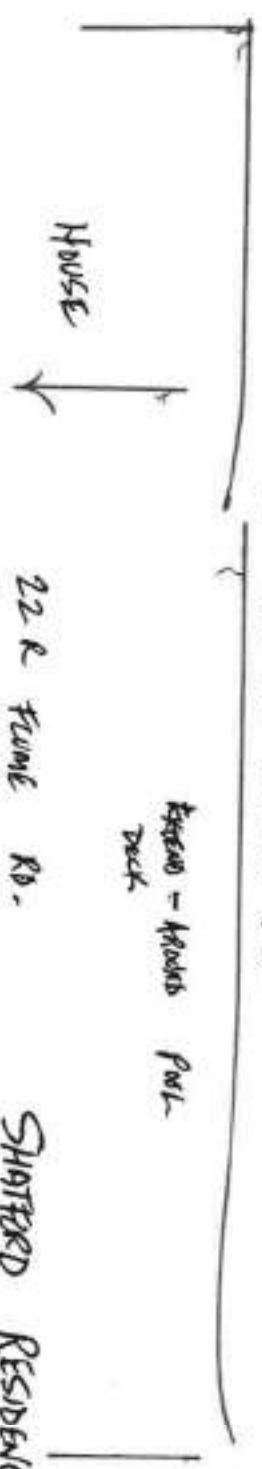


FLUME RD.



ADD CATTLE WOOD SUBSTANCE TO RAIL

EXPAND - WOODS
DECK PAIL




7/17/00

CITY OF GLOUCESTER
CONSERVATION COMMISSION

WETLANDS DETERMINATION CHECK SHEET

TO BE COMPLETED BY APPLICANT/REPRESENTATIVE

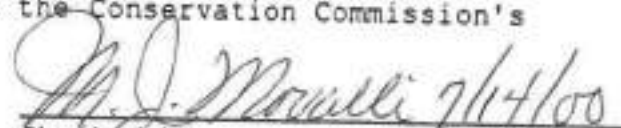
1. NAME: DAVID MULLER
2. PROPERTY LOCATION: 22 R FLUME RD - MAGNOLIA, MA
3. TELEPHONE #: 978 525-2026
4. ASSESSOR'S MAP #: 169 LOT #: 39
5. WETLANDS BASE MAP #: 40149
6. DESCRIBE PROPOSED ACTIVITY AND WHETHER EXCAVATION, FILLING, GRADING OR REMOVAL OF VEGETATION IS REQUIRED _____


SIGNATURE OF APPLICANT/OR REPRESENTATIVE

**FAILURE TO COMPLETELY DESCRIBE THE ACTIVITIES ON THE PROPERTY
MAY RESULT IN AN ENFORCEMENT ORDER.**

TO BE COMPLETED BY THE CONSERVATION COMMISSION REPRESENTATIVE

- The Map shows that the proposed activity is not located within 100 feet of the Conservation Commission's jurisdiction.
- The Map shows that the proposed activity is located within 100 feet of a designated wetlands and thus falls within the Conservation Commission's jurisdiction.
- The proposed activity, although located within 100 feet of a designated wetland, is not an activity that will adversely affect the wetland.
- The map shows that the proposed septic system is located within 200' of a coastal wetland. (see Board of Health Regs.)
- Site inspection or further information of this parcel is advised to clarify wetland boundaries.
- The map shows that the proposed activity is located within 200' of a river or stream and thus falls within the Conservation Commission's jurisdiction.


Checked by

Date

Building inspector should not issue any permits until he receives written notification from Conservation Commission that the applicant is in compliance with Wetlands Protection Act MGL Chapter 131, Section 40.

CK# 13582 15.00

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING



(Print or Type) Gloucester Mass. Date 12/21 1998 Permit # P-7447-JG1
Building Location 22 Flume Rd Owner's Name Stafford, Dean
Type of Occupancy Single

Tues

P

169-36

New Renovation Replacement Plans Submitted: Yes No

FIXTURES

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	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:	
SUB-BASMT.																						
BASEMENT																						
1ST FLOOR																						
2ND FLOOR																						
3RD FLOOR																						
4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

Relocated. Water closets

Installing Company Name McGrath Plumbing & Heating
Address 6 Gilbert Rd
Gloucester Mass
Business Telephone 293-8858
Name of Licensed Plumber Louis McGrath

Check one: Certificate 1664
 Corporation
 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)

Louis McGrath
Signature of Licensed Plumber
Type of License Master Journeyman
License Number 8390

12/22/98 Ch J ✓

418

Gloucester, Mass., August 7 1973

To Inspector of Buildings,
GLOUCESTER, MASS.

Sir:—I hereby give notice of intention to erect, alter, or repair building.

Building on land of Donald Shatford

Building owned by _____

Location 22 Plum Rd. Maypole

Used as:
Install cedar wood shingles

2 Stories Rooms _____

Construction: _____

Length _____ Height _____ Width _____

Distance from street line _____ Side line _____

Distance from nearest building _____ Plans filed 169

Building to be plastered? _____ Plot of property filed 26

Estimated Cost \$1000. Contractor Donald Shatford

Applicant agrees to give the Inspector of Buildings 24 hours' notice before lathing, plastering or closing in studding in this building.

The building will conform to the requirements of the law.

PERMIT ISSUED Date Aug 7 1973 by

Chester H. Bennett Jr. Building Inspector

OFFICE COPY

Ph
3