APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

APPLICATION	DETAILS								
Application #:	R-24-119750	Date lssued:	11/19/15	Permit #:	R-15-088	30	Date Paid :		11/20/15
Fee Payable: (\$)	0.00	Fee Paid: (\$)	35.00	Receipt # :	67471		_		
SECTION 1 - SI	TE INFORMATION								
Street Name	SAMPSON PKWY			Map Block Lot	_				
Street Number	86			Zoning District	R1	12			
Unit Number									
SECTION 2 - O	WNER INFORMATION								
Owner Name	Michael McNeil								
Street Number	0		Street Name	P O Box 62					
City	Hinsdale		State	MA	_		Zip	1235	
Telephone	2399948747		Email	mokemcneil@hotmail.	com				
SECTION 3 - AI	PPLICANT INFORMATIO	N							
Applicant Name	Michael McNeil								
Street Number	0		Street Name	P O Box 62 Hinsdale M	IA				
City	Hinsdale		State	MA	_		Zip	1235	
Telephone	2399948747		Email	mokemcneil@hotmail.	com				
SECTION 4 - M	AILING ADDRESS								
Street	0		Street Name	P O Box 62 Hinsdale M	1A				
Number			Name						

SECTION 5 - WORK DETAILS						
Current Use	R-3 (Residential occupancy not more than 2 unit:	Construction type				
5.1 Building Set	backs (ft): Not Applicable					
	Required	Provided (Actual)				
Front (ft)	<i>35</i>	Front <i>35</i> (ft) ————————————————————————————————————				
Side (ft)		Side (ft)				
Left Side	10 Right 10 Side	Left 10 Right 10 Side — Side				
Rear (ft)	<u>25</u>	Rear <i>25</i> (ft) ————————————————————————————————————				
Minimum frontage		Minimum Lot frontage (ft)				
Minimum width (ft)	n Lot	Minimum Lot width (ft)				
Square feet of are Building or structure size	Length Width y (M.G.L. c. 40. ß 54) Not Applicable	Not Applicable Height				
Public (Private					
5.3 Flood Zone o	_					
Zone Elevation Outside Flood Zone						
5.4 Sewage Disposal System Not Applicable						
	posal System (Septic plan required if going out of footp an additional structure.)	rint				
(New 1 or 2 Fam a new 1 or 2 Fan	of Proposed Work nily Dwelling should only be selected if you are appl nily dwelling. An Existing Building should be selecte molitions, solar panels, etc., and accessory structur (es.)	d for additions,				

I have read the text abo	and understand ove.							
	Family Dwelling	Existing Bui	ilding					
Repair (s)		Alteration (s)	<u> </u>	Addition		Accessory E	Building	Deck
Solar Panel	ls	Weatherization		Pool Above Ground		Pool In-Gro	und	Siding
Foundation	Only	Windows		Selective Demolition		Roof		Tent
Accessory Apartment		Demolition		Mobile Homes				
Other								
Brief Description	of Proposed Work	ζ.						
six new windows	s, two new exterio	or doors, remove old hot w	vater s	olar panels from rea	ar roof an	d repair roo	f.	
SECTION 6 - PRO	DPERTY OWNERS	HIP/AUTHORIZED AGENT						
6.1 Tenant :								
Tenant Name								
		resulting debris will be		covanta				Not Applicable
disposed of (780	CIVIR TTT.5))						,	Аррпсавіе
6.2 Authorized A	Agent/Owner :							
Name	Michael McNeil							
Street Number		Street Name		P O Box 62 Hinsdal	e MA			
Telephone	2399948747	Email						
SECTION 7 - CON	NSTRUCTION SER	VICES						
7.1 Licensed Cor	nstruction Superv	visor: Applicab	ole					
Name	Michael McNeil							
License Number	csfa-069503	VEI	RIFY	Expiration	on Date	12/13/16		
Street Number	0	Street Name		P O Box 62				
City	Hinsdale	State		MA			Zip	01235
Telephone	2399948747	 Email		mokemcneil@hotm	ail.com			
License Type								
U or 00 – U	nrestricted	1G - 1 & 2 Family		M – Mas	onry Only	/		RC – Residential Roofir
WS – Residential Window & Siding SF – Residential Solid Fuel Burning Appliance Installation				D – Resi Demoliti				Covering C – Insulation Contrac
I do hereby	I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.							
7.2 Home Improvement Contractor: Applicable								

Application Form

15/08/2024, 09:50

Name	Michael McNeil								
Registration Number	164157	VERIFY	09/01/17	Expiration Date					
Street Number	0		Street Name	P O Box 62					
City	Hinsdale		State	MA	Zip				
Telephone	2399948747		Email	mokemcneil@hotmail.com					
I do hereby	I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.								
Is the Licensed Co Home Improvement Yes CSL Email Addres	No	fferent from t	he applican	t or the Not Applicable					
7.3 Homeowners	Permit:								
Applicable Job Location				Home					
JOD LOCATION			_	Owner					
Telephone									
				owner occupied dwellings to allov <u>e owner acts as supervisor</u> . (State					
DEFINITION OF H									
dwelling, attached year period shall r Building Official, th	l or detached structure a not be considered a hom hat <u>he/she shall be resp</u> i	iccessory to su leowner. Such onsible for all	uch use and i "homeowr such work p	/or farm structure. A person who over" shall submit to the Building Of overformed under the building perr	or is intended to be, a one-or two-family constructs more than one home in a tw ficial, on a form acceptable to the <u>mit</u> . (780 CMR, Section 110.R5.1.3.1) nd other applicable codes, by-laws, rule	vo l			
The undersigned ' procedures and re		nat he/she und	derstands th	ne CITY OF PITTSFIELD Building De	partment minimum inspection				
SECTION 8 - REG	STERED 81-R/ ARCHITE	CT/ ENGINEER	R						
Applicable	Not Applicable								
Name (Registrant)									
Registration Number			Expiration Date						
Street Number			Street Name						
Telephone			Email						

SECTION 9 - ESTIMATED COST	, application in the second se	
Item	Estimated Value to be completed by permit applicant	
1. Building	2500	
2. Electrical		
3. Plumbing		
4. Gas		
5. Mechanical (HVAC)		
6. Fire Protection		
Total = (1+2+3+4+5+6)	\$ 2,500.00	
SECTION 10 - PROPERTY OWN	NER AUTHORIZATION	
I am the Owner	Contractor / Agent	
l, <i>Michael McNeil</i>	as owner of the subject property hereby authorize <i>Michael</i> i	McNeil to act on
my behalf, in all matters relativ	e to work authorized by this building permit application.	
Property Owner's moke	mcneil@hotmail.com OR Copy of Signed application	Contract to be attached after submitting
Telephone <i>2399948747</i> No.	7	
I do hereby certify unde above is true and corre	er the pains & penalties of perjury that the information provided ct.	Date
DECLARATION		
l, <i>Michael McNeil</i>	as Owner/Authorized Agent hereby declare that the stateme	ents and information on the foregoing
application are true and accura	ite, to the best of my knowledge and belief. Signed under the pains and	d penalties of perjury.
I do hereby certify unde above is true and corre	er the pains & penalties of perjury that the information provided ct.	Date 11/12/15