

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

"3 or More Family Res" should select "Commercial Permit" from the drop down.

APPLICATION DETAILS							
Application #:	<u>R-24-117130</u>	Date Issued:	<u>03/27/17</u>	Permit #:	<u>R-17-0263</u>	Date Paid:	<u>03/27/17</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>35.00</u>	Receipt #:	<u>72785</u>		

SECTION 1 - SITE INFORMATION			
Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u>J070005026</u>
Street Number	<u>86</u>	Zoning District	<u>R12</u>
Unit Number	<u></u>		

SECTION 2 - OWNER INFORMATION					
Owner Name	<u>LE HIEU T</u>				
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>		
City	<u>PITTSFIELD</u>	State	<u>MA</u>	Zip	<u>1201</u>
Telephone	<u></u>	Email	<u></u>		

SECTION 3 - APPLICANT INFORMATION					
Applicant Name	<u>Joseph Carry</u>				
Street Number	<u>29</u>	Street Name	<u>Edgewood Dr.</u>		
City	<u>PITTSFIELD</u>	State	<u>MA</u>	Zip	<u>1201</u>
Telephone	<u>4132810046</u>	Email	<u>joseph@decumanusgreen.com</u>		

SECTION 4 - MAILING ADDRESS			
Street Number	<u>29</u>	Street Name	<u>Edgewood Dr.</u>

City	<u>PITTSFIELD</u>	State	<u>MA</u>	Zip	<u>1201</u>
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SECTION 5 - WORK DETAILS

Current Use R-3 (Residential occupancy not more than 2 uni Construction type Type V-B (Typical house, VB, deck, s

5.1 Building Setbacks (ft): Not Applicable

Percent Lot Coverage _____

Square feet of area of work Not Applicable

Building or structure size

Length	_____	Width	_____	Height	_____
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5.2 Water Supply (M.G.L. c. 40. § 54) Not Applicable

5.3 Flood Zone of Structure Not Applicable

5.4 Sewage Disposal System Not Applicable

5.5 Description of Proposed Work

(New 1 or 2 Family Dwelling should only be selected if you are applying for a permit for a new 1 or 2 Family dwelling. An Existing Building should be selected for additions, renovations, demolitions, solar panels, etc., and accessory structures such as pools, sheds and garages.)

I have read and understand the text above.

New 1 or 2 Family Dwelling Existing Building

- | | | | | |
|--|--|---|---|---------------------------------|
| <input type="checkbox"/> Repair (s) | <input type="checkbox"/> Alteration (s) | <input type="checkbox"/> Addition | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Solar Panels | <input checked="" type="checkbox"/> Weatherization | <input type="checkbox"/> Pool Above Ground | <input type="checkbox"/> Pool In-Ground | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Windows | <input type="checkbox"/> Selective Demolition | <input type="checkbox"/> Roof | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Accessory Apartment | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mobile Homes | | |
| <input type="checkbox"/> Other | | | | |

Brief Description of Proposed Work

Air seal basement and attic. Add cellulose insulation to attic to a minimum of r-48. Maintain NFA to attic area ratio of 1:300.

SECTION 6 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

6.1 Tenant :

Tenant Name _____

Dumping Site Location (where any resulting debris will be disposed of (780 CMR 111.5))

Not Applicable

6.2 Authorized Agent/Owner :

Name Joseph Carry

Street Number _____ Street Name 29 Edgewood Dr.

Telephone 4132810046 Email _____

SECTION 7 - CONSTRUCTION SERVICES

7.1 Licensed Construction Supervisor: Applicable

Name Joseph Carry

License Number 90239 **VERIFY** Expiration Date 11/28/18

Street Number 29 Street Name Edgewood Dr.

City Lenox State MA Zip 01240

Telephone 4132810046 Email joseph@decumanusgreen.com

License Type

- U or 00 – Unrestricted
- 1G - 1 & 2 Family Dwelling
- M – Masonry Only
- RC – Residential Roofing Covering
- WS – Residential Window & Siding
- SF – Residential Solid Fuel Burning Appliance Installation
- D – Residential Demolition
- IC – Insulation Contractor

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

Name Decumanus Green D B Inc

Registration Number 159641 **VERIFY** Expiration Date 05/25/18

Street Number 29 Street Name Edgewood Dr.

City Lenox State MA Zip 1240

Telephone 4132810046 Email _____

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

Is the Licensed Construction Supervisor different from the applicant or the Home Improvement Contractor?

Not Applicable

Yes No

Total = (1+2+3+4+5+6) \$ 3,000.00

SECTION 10 - PROPERTY OWNER AUTHORIZATION

I am the Owner Contractor / Agent

I, LE HIEU T as owner of the subject property hereby authorize Joseph Carry to act on my behalf, in all matters relative to work authorized by this building permit application.

Property Owner's Email _____ OR Copy of Signed Contract to be attached after submitting application

Telephone No. _____

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

DECLARATION

I, Joseph Carry as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct. Date 03/17/17