



CITY OF QUINCY
DEPARTMENT OF BUILDING INSPECTION
OCCUPANCY PERMIT

Date December 6, 19 85

LOCATION 45 Hooper Street

In accordance with the provisions of Article 1, Section 119.0 of the Massachusetts State Building Code, and the Zoning Ordinance, Chapter 24 - as amended - of the City of Quincy, I have inspected this building and certify that it complies with both,

Robert M. Keiper
Asst. INSPECTOR OF BUILDINGS



Eden F. Robertson

Dept. of Building Inspection
CITY OF QUINCY No 68476

CITY HALL, NOV 14 1958

Permission is hereby granted the above named to **Alter**

~~dwelling-roof over~~ situated at **45 Hooper Street**

~~rear platform~~ Ward **1** provided that the person accepting

this permit shall in every respect conform to the terms of the application on file in this office and to the provisions of Law and the Statutes and Ordinances of the City of Quincy and especially of those relating to the Construction, Use, Maintenance, and Inspection of Buildings in the City of Quincy. Any violation of any of the terms above noted shall cause an immediate revocation of this permit.

The Inspector must be notified for **PERMISSION to LATH, or CONCEAL any STRUCTURAL STEEL.**

An **OCCUPANCY PERMIT** must be obtained **BEFORE** occupying the building.

THIS IS ALSO A RECEIPT FOR FEES PAID.

Permit **\$3.00**
Grade
O. P.

INSPECTOR OF BUILDINGS

45

No 98254

Hooper Street



Dept. of Building Inspection
CITY OF QUINCY

Date 12/9/83

Permission is hereby granted to W. & N. MELTON

Remove existing roof frame and replace according to code.

provided that the person accepting this permit shall in every respect conform to the terms of the application on file in this office and to the provisions of Law and the Statutes and Ordinances of the City of Quincy and especially of those relating to the Construction, Use, Maintenance, and Inspection of Buildings in the City of Quincy. Any violation of any of the terms above noted shall cause an immediate revocation of this permit.

The Inspector must be notified for PERMISSION to LATH, or CONCEAL any STRUCTURAL STEEL.
An OCCUPANCY PERMIT must be obtained BEFORE occupying the building.

THIS IS ALSO A RECEIPT FOR FEE PAID.

Permit 28.00

INSPECTOR OF BUILDINGS



John Neilson

Dept. of Building Inspection No. 67993
CITY OF QUINCY

CITY HALL, AUG 8 1958

Dwelling on front alum. siding
Permission is hereby granted the above named to Reside
15 Hooper Street

Ward I provided that the person accepting this permit shall in every respect conform to the terms of the application on file in this office and to the provisions of Law and the Statutes and Ordinances of the City of Quincy and especially of those relating to the Construction, Use, Maintenance, and Inspection of Buildings in the City of Quincy. Any violation of any of the terms above noted shall cause an immediate revocation of this permit.

The Inspector must be notified for PERMISSION to LATH, or CONCEAL any STRUCTURAL STEEL.
An OCCUPANCY PERMIT must be obtained BEFORE occupying the building.

THIS IS ALSO A RECEIPT FOR FEES PAID.

\$3.00

Permit
Grade
O. P.

INSPECTOR OF BUILDINGS

PLEASE PRINT LEGIBLY!!

118519

Application Received By RPC Date 11-21-97 I. 1. Permit No. _____
 Permit Issued By RPC Date 11-21-97
 2. Permit Fee \$116-00 CITY OF QUINCY 4. Estimated Cost Of Work \$9,000
 3. Sewer Rehab. Fee _____ APPLICATION FOR BUILDING PERMIT

II. LOCATION OF PROJECT

5. At (Location): 45 Hoegen ST (Street) 6. Zoning District: Res A
 7. Applicant: John Keefe Phone: 472-7523
 Lot Description: 6000 sqf 8. Assessor's Map: 1076F 9. Lot: 244 10. Plot: 305
 11. Setbacks: Front: _____ Left: _____ Right: _____ Rear: _____

III. TYPE AND USE OF BUILDINGS

A. TYPE OF IMPROVEMENT

- 12. New Building
- 13. Addition
- 14. Alteration
- 15. Repair, Replacement
- 16. Wrecking, Demolition
- 17. Moving, Relocation
- 18. Swimming Pool
- 19. Sign
- 20. Other - Specify _____

B. PROPOSED USE

- Residential
- 21. One Family 1
 - 22. Two or more family - Enter number of units _____
 - 23. Hotel, Motel or Dormitory Enter number of units _____
 - 24. Garage
 - 25. Porch, Deck
 - 26. Accessory Building
 - 27. Recreation
 - 28. Other - Specify _____

Non-Residential

- 29. Amusement, Recreational
- 30. Church, Other Religious
- 31. Industrial
- 32. Theatre, Assembly
- 33. Service Station, Repair Garage
- 34. Hospital, Institutional
- 35. Office, Bank, Professional
- 36. Restaurant
- 37. Library, Other Educational
- 38. Stores, Mercantile
- 39. Other - Specify _____

C. Describe the work to be performed:

TO ADD a 8 1/2 FT addition off of sunroom for a completed room size of 18FT X 14 1/2 ft 8x6 Pt Deck off Back of Add

No. of Stories: 2 Height of Building (per State Code): _____

IV. IDENTIFICATION (Type or Print Clearly)

89. OWNER: Name John Keefe Phone 472-7523
 Address 45 Hoegen ST
 90. LESSEE: Name _____ Phone _____
 Address _____
 91. CONTRACTOR: Home owner Name John Keefe Phone 472-7523
 Address 45 Hoegen Lic. No. _____
 92. ARCHITECT: Name _____ Phone _____
 Address _____ Reg. No. _____
 93. ENGINEER: Name _____ Phone _____
 Address _____ Reg. No. _____
 94. Engineer/Architect Supervising Construction: _____

Certified checks are required for fees over \$ 500.
 Short Form for Minor Repairs (April 91)

VII. READ BEFORE SIGNING

Signed under the pains and penalties of perjury

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work to provisions of the Massachusetts State Building Code and other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinances in effect on the date of application

[Signature]
Name & Signature of Owner

45 Hooper St
Address

Name & Signature of Construction Supervisor

Lic No.: _____ City/State _____
Class: _____ Exp.Date: _____

If application is made by other than the owner, complete the following:

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/her authorized agent.

Signature of Agent

Signature of Owner

OFFICE USE ONLY

Plans submitted? _____ Plans waived? _____ Certified plot plan? _____ Stamped plans? _____

Zoning: (Bldg. Dept.) _____

Architectural Access: _____

Fire Department: _____

Wiring: _____

Plumbing: _____

Health: _____

Licensing Board: _____

Building Department: _____

Historical Commission: _____

BUILDING DEPARTMENT:

Lic. Builder/Home Owner Affidavit: _____

Arch./Eng. Design-Inspection Affidavit: _____

Geotechnical Info.: _____

Permit fee: _____

Sewer Rehab fee/ exemption letter: _____

Construction waste to be trucked to: _____

Inspection Comments: _____



City of Quincy, Massachusetts

DEPARTMENT OF BUILDING INSPECTION

PHONE (617) 376-1450
FAX (617) 376-1469

MATTHIAS J. MULVEY
INSPECTOR OF BUILDINGS



Owner's Name: John Steele
Address at which work is to done: 45 Hooper St
Description of work: Addition of sunroom 8 1/2 FT

1. Affidavit of Homeowner Responsibility:

As allowed by Section 109.1.1 of the State Building Code, I as a homeowner will assume full responsibility for all construction, repair, alteration, etc. under the above permit and will assure conformance to State Building Codes and Local Ordinances. I also understand that this responsibility carries legal liability due to any violations.

[Signature] 11/10/97
Signed Date

2. Exemption from Sewerage Rehabilitation Fund: - City Council Order No. 36 of 1990

I declare that the above property is a one, two or three family and I live/will live here for at least one year from the date of completion of the project. If the above is found not to be true, I agree to pay the Sewer Rehab fee within thirty (30) days of receipt of a due notice.

[Signature] 11/10/97
Signed Date

3. Debris Disposal:

As a condition of this permit, all construction debris from this work will be disposed at:

[Signature] (Location of facility)
[Signature] 11/10/97
Signed Date

Address all correspondence/reports to the Inspector of Buildings
55 Sea Street, Quincy MA. 02169-2572

AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

MGL c.142A requires that the "reconstruction, alteration, repair, modernization, conversion, improvement, removal, 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.

Type of Work: Addition Est. Cost ~~6,500~~ 9,000
4,500
Address of Work 45 Hooper St
Owner's Name: John O'Keefe
Date of Permit Application: 11/10/97

I hereby certify that:

Registration is not required for the following reason(s):

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

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c.142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name Registration No.

OR:

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

11/10/97 _____
Date Owner's Name



The Commonwealth of Massachusetts
 Department of Industrial Accidents
Office of Investigations
 600 Washington Street
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit

Applicant information: Please PRINT legibly

name: John O'Keefe

location: 45 Hooper ST

city: Quincy MA phone # 472-7523

- I am a homeowner performing all work myself.
- I am a sole proprietor and have no one working in any capacity
- I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

- I am a sole proprietor, **general contractor**, or **homeowner** (*circle one*) and have hired the contractors listed below who have the following workers' compensation polices:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature: John M O'Keefe Jr Date: 11/10/97

Print name: John M O'Keefe Jr Phone #: 472-7523

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

check if immediate response is required Licensing Board

contact person: _____ phone #: _____ Selectmen's Office

Health Department

Other _____

HUNTRESS

STREET

QUINCY BUILDING DEPT.

DATE: 11-21-97
LMT 207

All work shall be performed in compliance with the State Building Code, the applicable laws, regulations and City of Quincy rules and ordinances

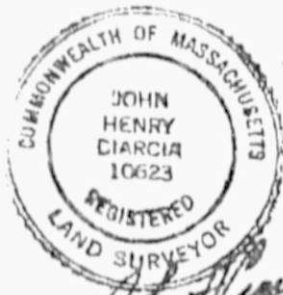
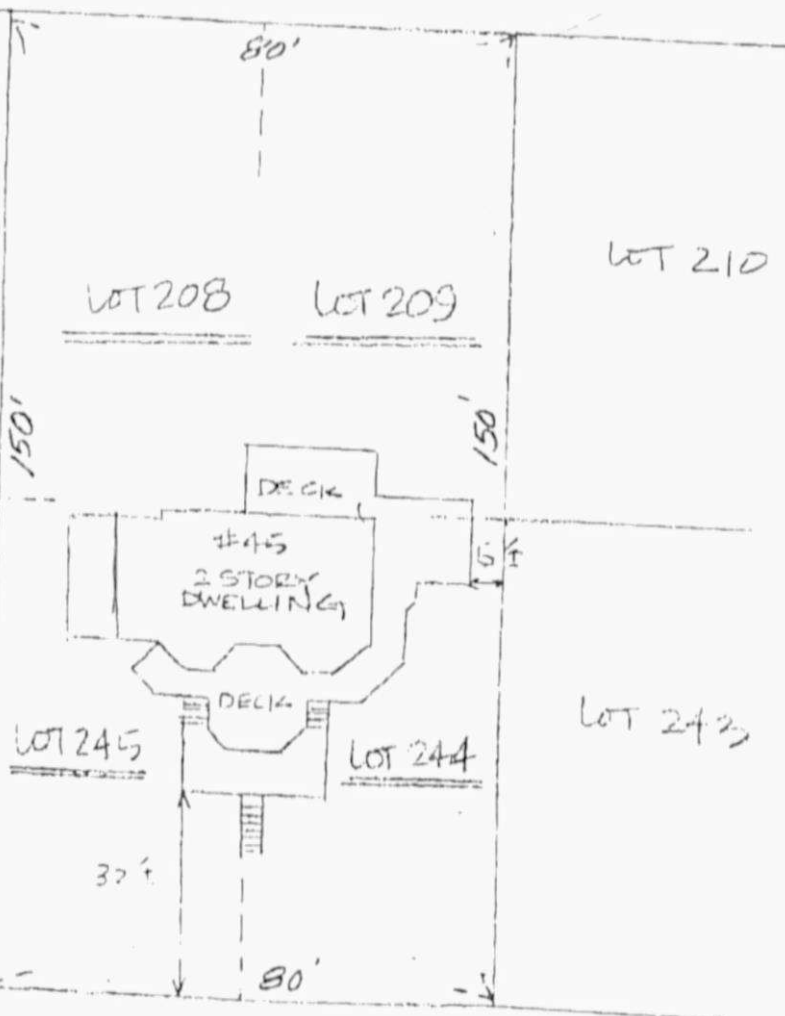
SITE COPY - This plan is to be kept on site at all times until the C.O. is issued.

PERMIT #

Bldg Official

R. Crif

LOT 246



John H. Garcia
5-23-97

HOOVER STREET

* NOTE:

MAIN FOUNDATION OF DWELLING IN FLOOD ZONE C, HOWEVER, IT APPEARS TO BE LOCATED IN ZONE

Scale: 1" = 30'

JOHN H. GARCIA
 PROFESSIONAL LAND SURVEYOR,
 I HEREBY CERTIFY THAT THE ABOVE MORTGAGE INSPECTION PLAN WAS PREPARED FOR OPEN ONE IN CONNECTION WITH A NEW MORTGAGE AND IS NOT INTENDED OR REPRESENTED TO BE A LAND OR PROPERTY SURVEY. NO CORNERS WERE REVEALED BY THIS SURVEY. IT CANNOT BE USED FOR ESTABLISHING FENCE, HEDGE OR BOUNDING LINES, THE LAND AS SHOWN HEREON IS BASED ON CLIENT FURNISHED INFORMATION AND MAY BE SUBJECT TO FURTHER OUT-SELLS, EASEMENTS AND RIGHTS OF OTHER PARTIES. NO RESPONSIBILITY IS EXTENDED HEREIN TO THE LANDOWNER OR OCCUPANT. IT IS NOT INTENDED TO BE RECORDED.

DATE: 12-22-97
 BY: MURRAY

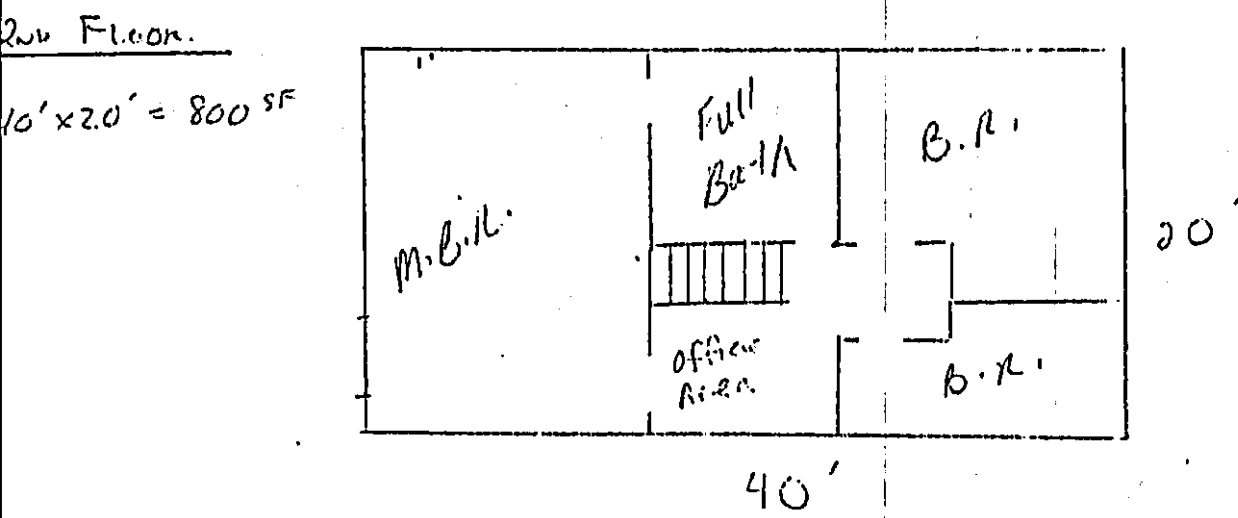
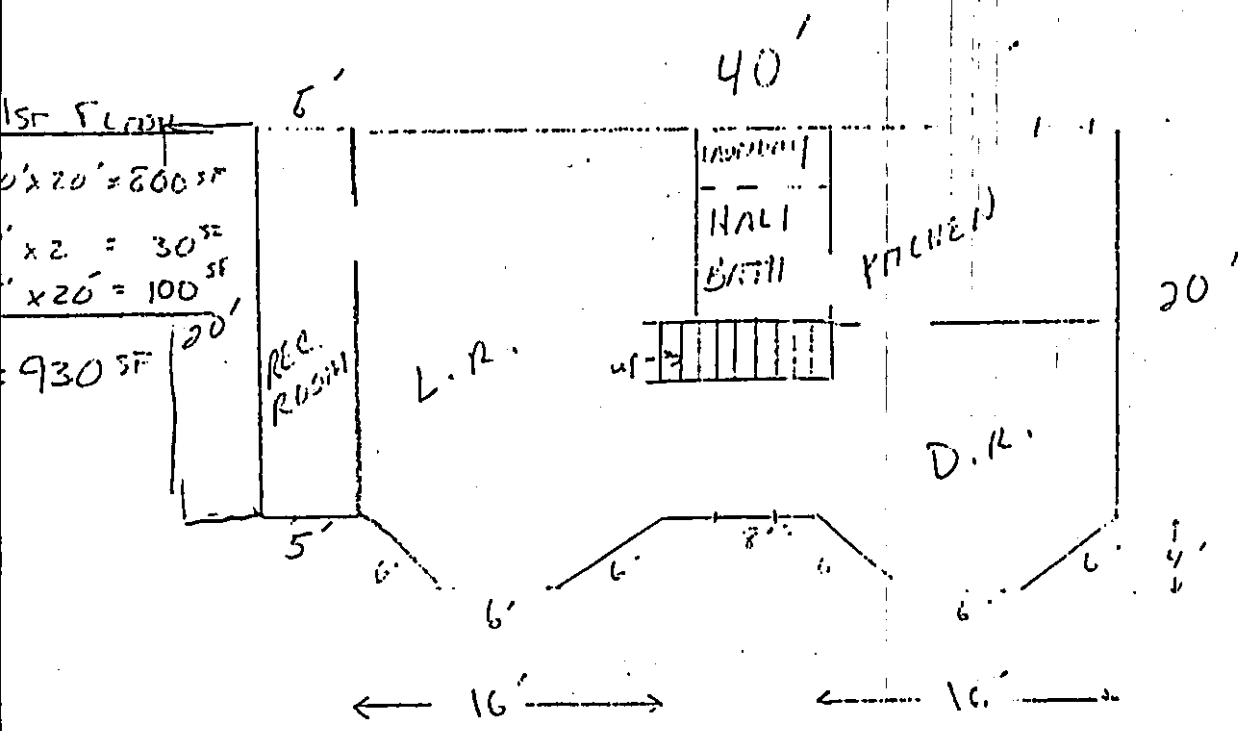


AMERICAN SURVEYING COMPANY
 1264 Main Street, Waltham, MA 02154 (617) 893-6477

Mortgage Inspection Plan

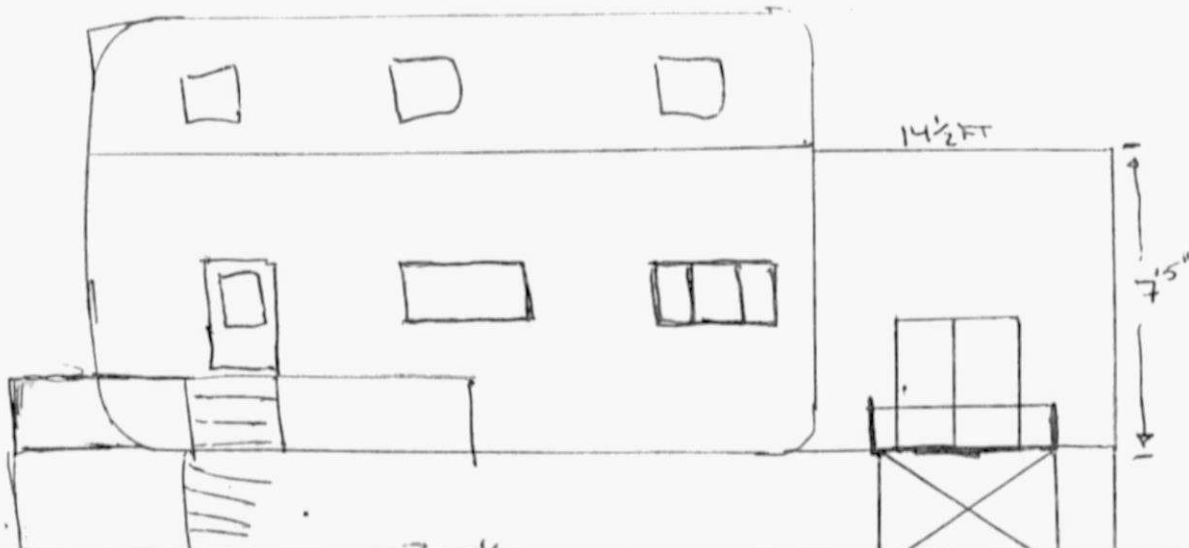
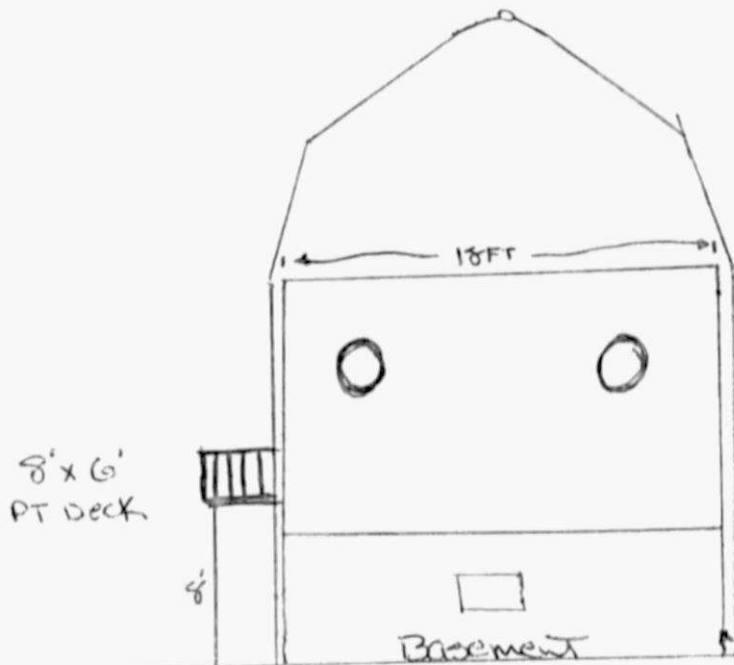
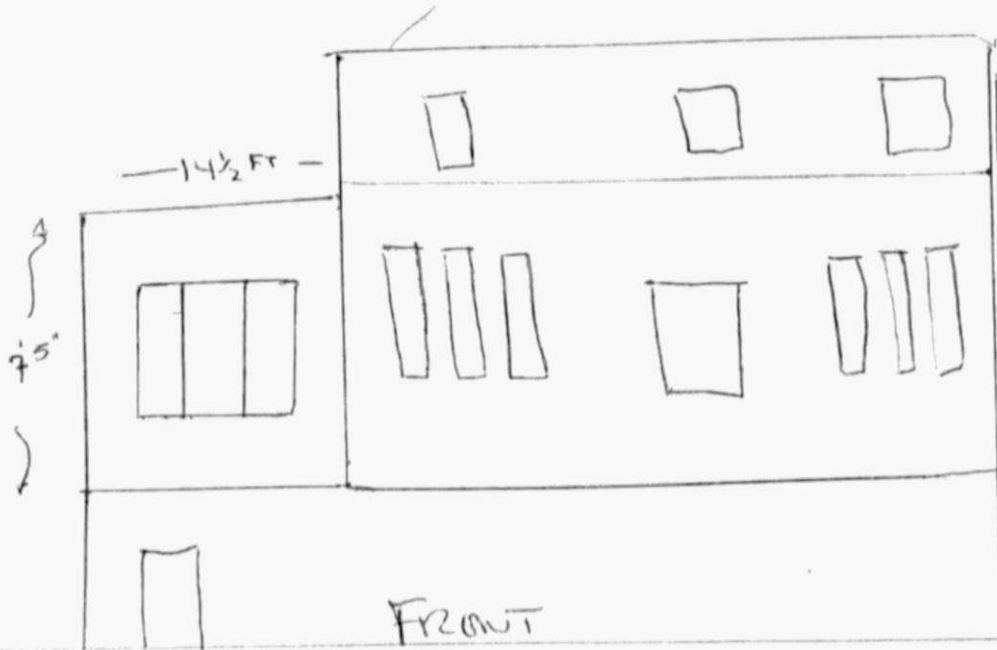
THE LOCATION OF THE ORIGINAL DWELLING SHOWN HEREON EITHER WAS IN COMPLIANCE WITH THE LOCAL APPLICABLE ZONING BYLAWS IN EFFECT WHEN CONSTRUCTED WITH RESPECT TO HORIZONTAL DIMENSIONAL REQUIREMENTS ONLY, OR IS EXEMPT FROM VIOLATION ENFORCEMENT ACTION UNDER MASS. G.L. TITLE VII, CHAP. 40A, SEC. 7, UNLESS OTHERWISE NOTED OR SHOWN HEREON. A CONFIRMATORY INSTRUMENT SURVEY IS ADVISED WHEN STRUCTURES ARE SHOWN TO BE 1 OR LESS FROM

RECORDED AT NORFOLK COUNTY REGISTRY OF DEEDS BOOK 2790 PAGE 442 L.C. Cert. # PL 2321
 PLAN REFERENCE: Bk. 29 Pl. # 2321
 DRAWN PER TOWN OF _____ ASSESSOR: _____
 MAP # _____ PARCEL # _____ DATED _____
 ADDRESS: 15 HOOVER STREET
QUINCY, MA
 BORROWER: JOHN & LOUISE O'LEARY
 SUBJECT DWELLING LIES IN FLOOD ZONE C
 AS SHOWN ON NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP DATED DEC. 4, 1985
 COMMUNITY PANEL # 25514 0007B



TOTAL G.L.A. = 1,730 SF

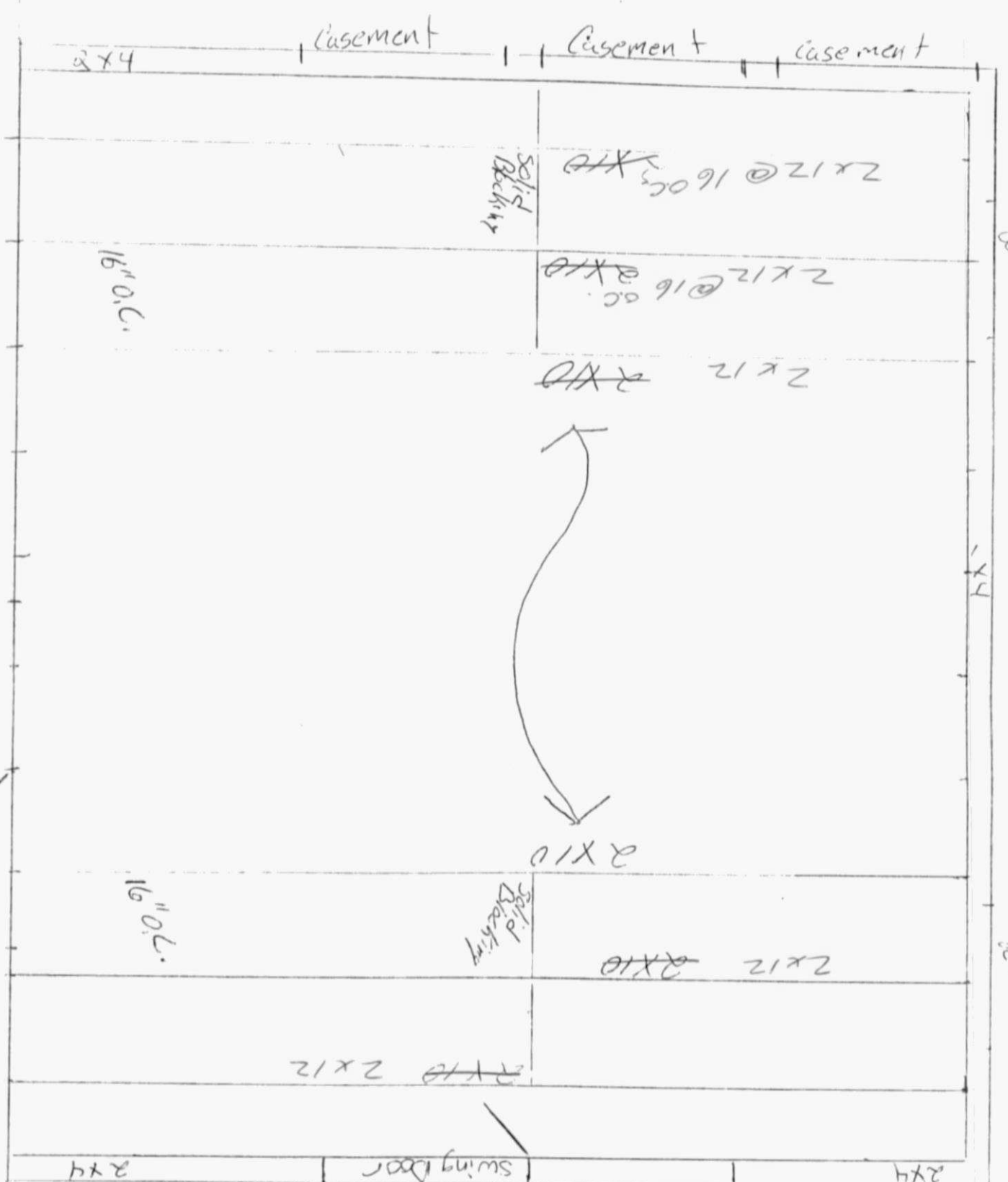
Proposed Addition



front

side

back

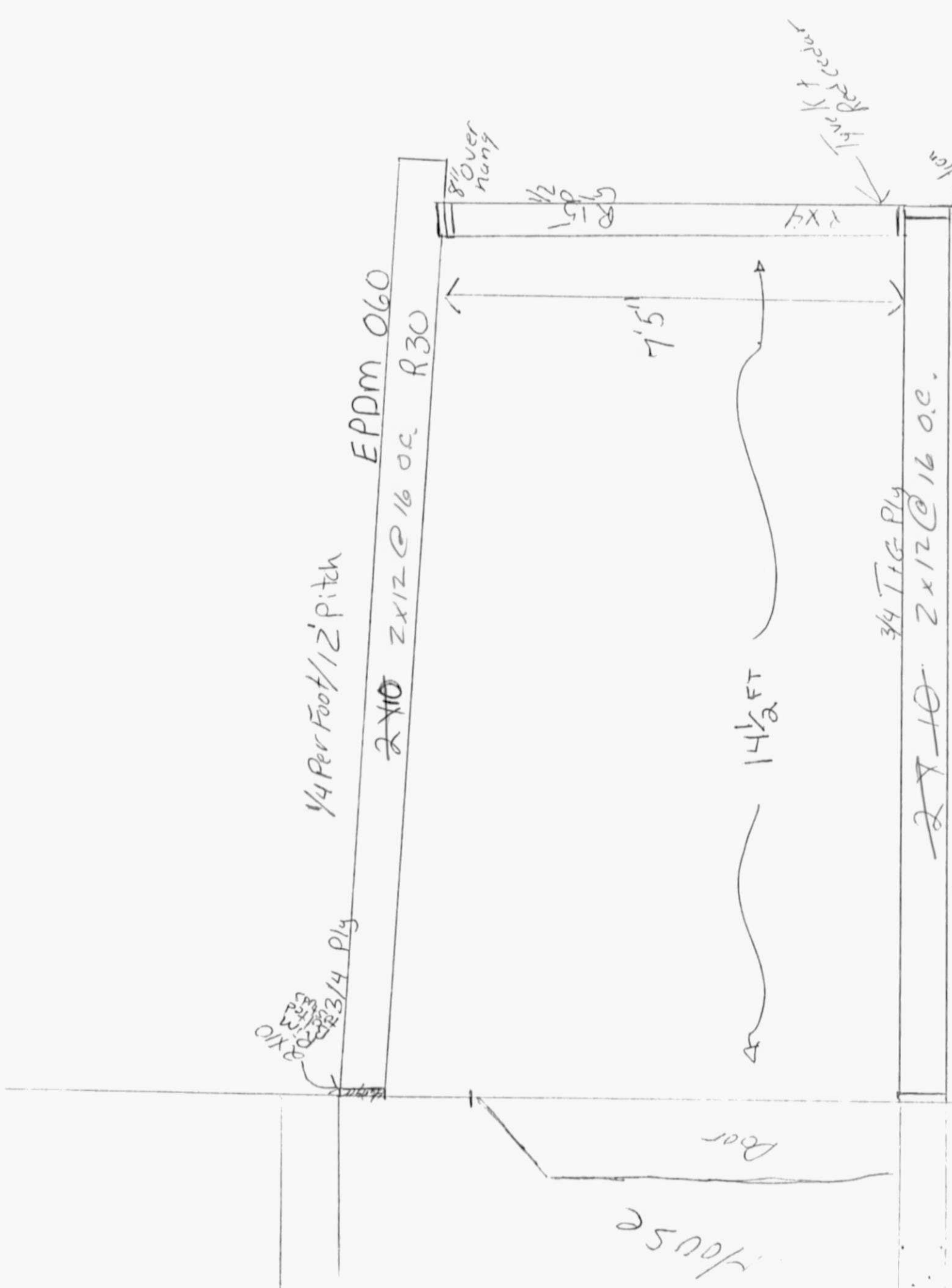


1/2" scale to 1 FT

8 FT x 6 FT

Deck

Deck to be
 Framed w/ 2x8
 @ 16 oc Min
 Fastings to go into
 Ground min 4' or
 to ledge.



1/4 Per Foot / 12 Pitch

EPDM 060

2x10 2x12 @ 16 o.c. R30

2x10
3/4 Ply
2x12 @ 16 o.c.

Door

House

8" Overhang

1/2 Ply

7'5"

14 1/2 FT

1x4

1/2 Ply
Red Cedar

3/4 T&G Ply

2x10 2x12 @ 16 o.c.

Front

8'-0 7/8"

Micro Lumber

2 LVL 7 3/4 x 1 3/4 x 8' glued & nailed
every 8" on center

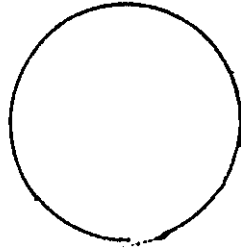
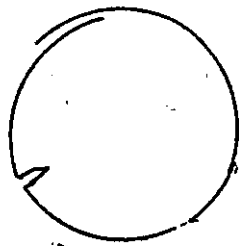
5'4"

5'16"±

5'16"±

Anderson casement CW255-2

SIDE



18FT

2 CIR 24 ANDERSON WINDOWS

15"

Run

Back

2x10
18/14

2x8
6/12

2x4
75/88"

1/2 Ply
14/sheets

3/4 Ply
12/sheets

16/6

2/14

3/4 Ply
12/sheets

1x3 strapping
3/2

3ft x 16ft
1 Roll
Tyvek

1 Box 12 coil
1 Box 6 coil
1 Box 8 Ring coil
1.50 lbs 12
1 Box 8

Pine

1x4
2/10

1x5
2/10

1x8
6/16

Waste Removal

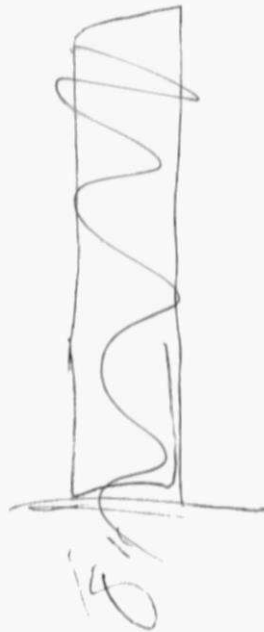
waste management CO.
30 yard Dumpster

Siding
5/8

Windows Anderson

2-C25

2-Circ 24



C25-2



BUILDING PERMIT

CITY OF QUINCY

119519

Permit No. _____ DATE Nov 21 19 97

ZBA Case # 160 Flood Plain — Recorded —

This certifies that John O Keefe Jr H.I.C. No. _____

has permission to Demolish 5' x 18' and Construct 18 x 14 1/2' Add.

on 8 x 6 FT Deck

Remarks 45 Hoops

provided that the person accepting this permit shall, in every respect, conform to the terms of the application therefor, on file in this office, to the provisions of the Laws of the Commonwealth and to the By-Laws of the City of Quincy relating to the Location, Inspection, Erection, Enlarging, Altering, Change of Occupancy, Raising, Moving, Repairing or Tearing down of a building or structure.

FIRE DEPARTMENT		PLUMBING		GAS		ELECTRICAL		BUILDING DEPARTMENT	
SPRINKLER	ALARM	Rough	Date	Rough	Date	Rough	Date	Excavation	FOUNDATION CERTIFICATION MUST BE SUBMITTED PRIOR TO PLACING OF SILL.
									Rough
									Date
									Building Approved For Lathing/Insulation
									Date
									Final
									Date
									Date

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES, MAINTAINED IN GOOD CONDITION AND MUST NOT BE REMOVED UNTIL ALL WORK HAS BEEN APPROVED. Spaces above must be initialed and dated at the time of approval of the inspecting authority, before any work is covered up or any lathing done. Each department must be notified when its portion of the work is ready for inspection. Allow 48 hours for inspections.

Est. Cost of Constr. 9000.00 Total Fee: 116.00
Fee Paid: Building 116.00 Sewer Rehab. _____

- PERSONS CONTRACTING WITH UNREGISTERED HOME IMPROVEMENT CONTRACTORS DO NOT HAVE ACCESS TO THE GUARANTY FUND.
- NO WALL OR CEILING SHALL BE LATHED OR OTHERWISE COVERED UNTIL THIS CARD BEARS ENDORSEMENT BY THE BUILDING DEPARTMENT IN THE SPACE PROVIDED.
- BUILDING SHALL NOT BE OCCUPIED UNTIL ALL INSPECTIONS HAVE BEEN COMPLETED AND OCCUPANCY PERMIT IS ISSUED BY THE BUILDING COMMISSIONER.

SEE REVERSE SIDE FOR ADDITIONAL RECORDING OR ORDERS
THIS CARD SHALL BE RETURNED TO THE BUILDING DEPARTMENT AFTER COMPLETION OF WORK

[Signature]



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

(Print or Type)

QUINCY

Mass. Date 6 Dec 1906 Permit # 113493

Building Location 45 Hooper RD Owner's Name MK O Koffe

Type of Occupancy HSE

New [X] Renovation [] Replacement [] Plans Submitted: Yes [] No [X]

P

FIXTURES

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISH WASHERS	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																						

Installing Company Name Michael Plumbing
 Address P.O. Box 850158
Brambleton MA 01955
 Business Telephone 781 380-3739
 Name of Licensed Plumber Michael Michael

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 [X] 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.

Signature of Owner or Owner's Agent _____ Check one: Owner [] 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)

Signature of Licensed Plumber _____
 Type of License: Master [X] Journeyman []
 License Number 12516



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

(Print or Type)

QUINCY, Mass. Date 6 Dec 1900 Permit # 42300

Building Location 45 Hooper Owner's Name M O Kuffe

Type of Occupancy HSE

New Renovation Replacement Plans Submitted: Yes No

G

	RANGES	HEATER RANGES	OVENS	GRILLERS	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNERS	ROOF TOP UNITS	VENTED ROOM HTS.	DIRECT VENT HTRS.	POOL HEATERS	TESTS	OTHER
SUB-BSMT.																		
BASEMENT					X													
1ST FLOOR																		
2ND FLOOR																		
3RD FLOOR																		
4TH FLOOR																		
5TH FLOOR																		
6TH FLOOR																		
7TH FLOOR																		
8TH FLOOR																		

Installing Company Name Milward Plumbing
 Address P.O. Box 850158
Braintree MA 0185
 Business Telephone 781 380 3739
 Name of Licensed Plumber or Gas Fitter Michael Milward

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.
 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 Gas Code and Chapter 142 of the General Laws.

By _____
 Title _____
 City/Town _____
APPROVED (OFFICE USE ONLY)

Type of License:
 Plumber
 Gasfitter
 Master
 Journeyman

Michael Milward
 Signature of Licensed Plumber or Gas Fitter
 License Number 12516