

TOWN OF CHELMSFORD, MASS. No 206

OFFICE OF THE INSPECTOR OF BUILDINGS

Chelmsford, Mass.

Sept. 4. 19 79

To the Zoning Appeal Board
Town Hall
Chelmsford, Mass.

Gentlemen:

You are hereby notified that on an application made to me as
Inspector of Buildings for the Town of Chelmsford, Mass., by

Victor DeMarines Record Owner and

..... Occupant of

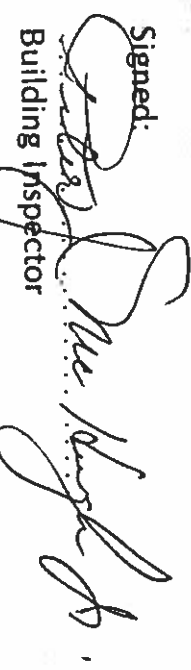
property situated at . 14 Crabapple Ln St.-Ave.-Rd.
in the Town of Chelmsford, Mass. to
(State exactly what applicants, application refers to)

Wishes to build 24 x 24 garage

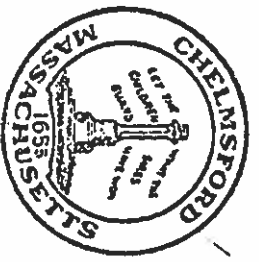
*Amended
9-27-78*

has been refused by me as Inspector of Buildings for the following
reasons:

Insufficient side yard

Signed: 
Building Inspector

(This form must be filed with the application for variance with Appeal Board)



TOWN OF CHELMSFORD

CHELMSFORD, MASSACHUSETTS

Board of Appeals

Date: October 25, 1979
Applicant: Victor DeMarines
Address: 14 Crabapple Lane

The Board of Appeals held a public hearing at the Chelmsford Town Hall, at the above date, for the above parties, to consider a variance. This request concerns to build a 24' X24' garage, with insufficient side yard.

The Board voted to grant unanimously. In the opinion of the Board, there is a hardship as the land is unique. Because of the topography, embankment, water run off, and trees there is no other feasible place to put the addition. It will not derogate nor be detrimental as this use is in harmony with the area.

Members present and voting: Charles Higgins, Marshall Arkin,
Daniel Burke, and Denis Valdenocci

Any person aggrieved by the decision of the Board of Appeals or any special permit granting authority, whether or not previously a party to the proceedings, or any municipal officer or board may, as provided in Section 7 General Laws, appeal to the Superior Court or Land Court by bringing action within 20 days after the decision has been filed in the office of the Town clerk.

Board of Appeals Town of Chelmsford

Petitioner Form

Special Permit/Variance



I Date applied 9/24/79

II Petitioner Name Victor DE MARINES

Address 14 Crabapple Lane

Telephone 956-0362

III Petitioner Representative (if any)

Name _____

Address _____

Town _____

Business Telephone _____

IV Reason for Petition

In sufficient Side yard

V A fee of _____ must accompany each petition for Special Permit or variance.

VI ~~Two~~³ detailed copies of plot plans showing:

1. Frontage, sideyard, and setback of existing structure
2. Owner of property and plot numbers
3. Changes requested

VII Any other pertinent data that will help clarify the request

Send or present to the Clerk of the Board of Appeals only.

Clerk Mrs. Velma Munroe
7 Manwell Road
Chelmsford, Mass. 01824



...ment for Pond

Book 1894, Page

7/29/68

PROPERTY OBTAINED

(DEMARKS)

#14 CRABAPPLE LAKE

(BLIMMEL)

#16 CRABAPPLE

(DIAMOND)

#12 Crabapple

232.80

N 62° 32' 20"

322.24

68.04'

150'

CRABAPPLE LAKE
formerly
Larry Lake

N 62° 32' 20" E

(YOLK)

#19 Crabapple

(REBUILT)

#17 Crabapple

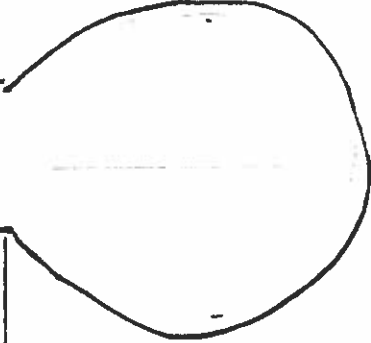
PLAN BOOK 106, PLAN 86

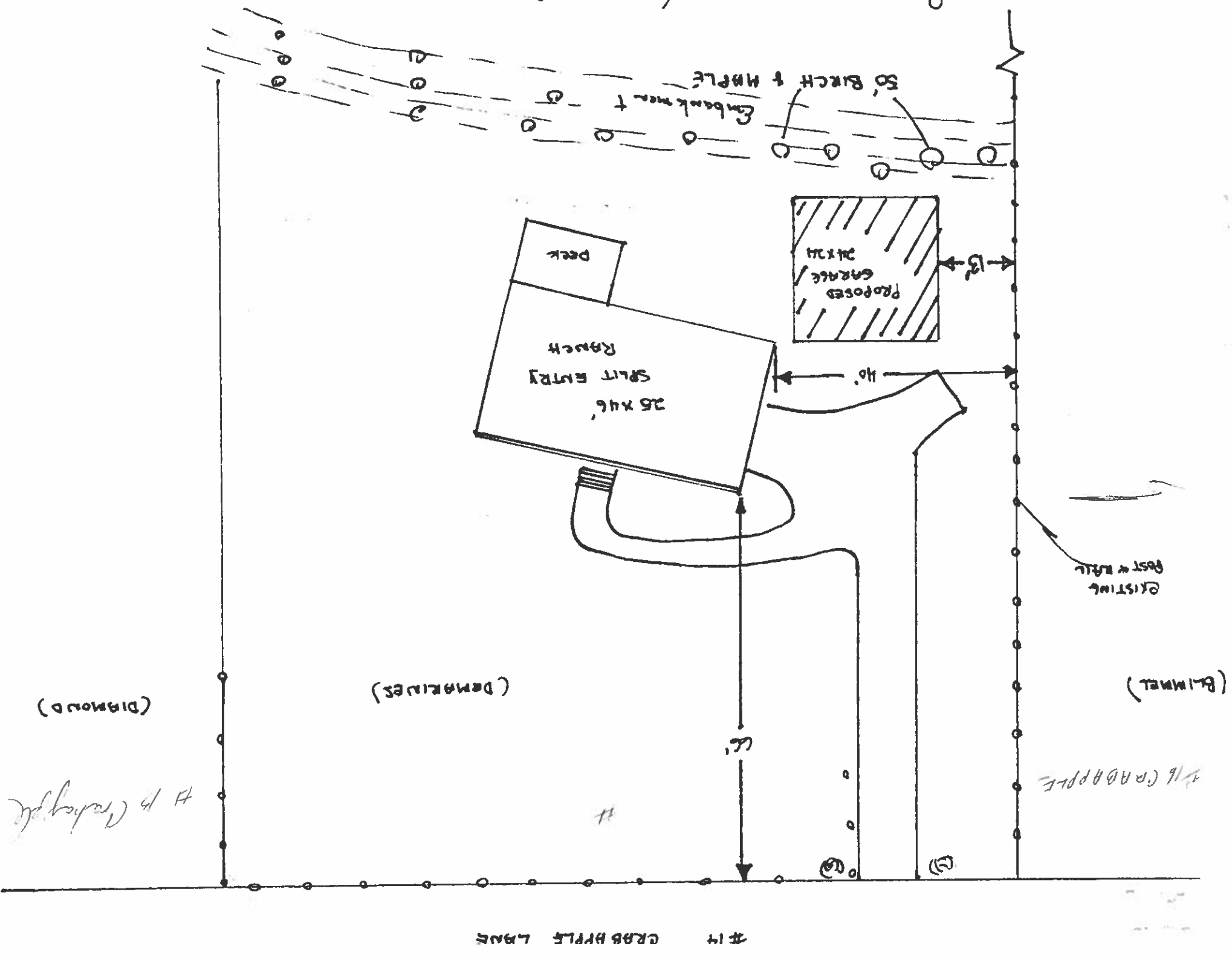
REVISED

PLAN BOOK 93, PLAN 100

(PLANNING BOARD
APPROVED 1/22/68)

CRABAPPLE LAKE





#14 GRAB APPLE LANE

#15 (Roughly)

(Diamond)

(Demarives)

(Blinnet)

#16 GRAPPLE

EXISTING POST & RAIL

PROPOSED GARAGE 24x24

26 x 46' SPLIT ENTRY RANCH

DECK

50' BIRCH & MAPLE

Embarkment

16'

10'

(15)

#



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING

Print or Type) Chelmsford Mass. Date 8-3 1996 Permit # 930
Building Location 14 Crabapple Ln Owner's Name Garvey
Type of Occupancy Res

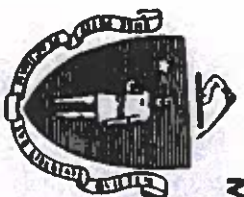
New Renovation Replacement Plans Submitted: Yes No

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

Installing Company Name A-1 SERVICE CO. Check one: Certificate
Address P.O. BOX 755 Corporation
LOWELL, MA. 01853 Partnership
Business Telephone 508-937-2529 Firm/Co. 14952
Name of Licensed Plumber or Gas Fitter RICHARD R. DUCHENEAU

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 _____ Type of License: Plumber Gasfitter Master Journeyman
Title _____ Signature of Licensed Plumber or Gas Fitter _____
City/Town _____ License Number 10806
APPROVED (OFFICE USE ONLY)



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

Print or Type) Chelmsford Mass. Date 8-3 1996 Permit # 949
Building Location 14 Crabapple Ln Owner's Name Garvey
Type of Occupancy Res

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-BSMT.		
BASEMENT		
1ST FLOOR		
2ND FLOOR		
3RD FLOOR		
4TH FLOOR		
5TH FLOOR		
6TH FLOOR		
7TH FLOOR		
8TH FLOOR		

Installing Company Name A-1 SERVICE CO. Check one: Certificate
Address P.O. BOX 755 Corporation
LOWELL, MA. 01853 Partnership
Business Telephone 508-937-2529 Firm/Co. 14952
Name of Licensed Plumber RICHARD R. DUCHENEAU

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 _____ Type of License: Master Journeyman
Title _____ Signature of Licensed Plumber _____
City/Town _____ License Number 10806
APPROVED (OFFICE USE ONLY)

BUILDING PERMIT

APPLICANT: Victor Scharfines DATE: April 18 1989 PERMIT NO. 106

PERMIT TO: Build (TYPE OF IMPROVEMENT) ADDRESS: 14 Crabapple Lane (STREET) ZONING DISTRICT: (CROSS STREET) AND LOT SIZE: (CROSS STREET) AND BLOCK: (CROSS STREET)

BUILDING IS TO BE: FT. WIDE BY FT. LONG BY FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION TO TYPE: USE GROUP: BASEMENT WALLS OR FOUNDATION: (TYPE)

REMARKS: Unattached Storage

AREA OR VOLUME: (CUBIC/SQUARE FEET) ESTIMATED COST \$ 4150 PERMIT FEE \$ 30

OWNER: Victor Scharfines ADDRESS: 14 Crabapple Lane BUILDING REPT. BY: [Signature]

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

C. COST (Omit cents) 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 at industrial plant. If use of existing building is being changed, enter proposed use.

10. Cost of improvement \$ 4,000 To be installed but not included in the above cost a. Electrical \$ 150 b. Plumbing c. Heating, air conditioning. d. Other (elevator, etc.)

11. TOTAL COST OF IMPROVEMENT \$ 4,150

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions; complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

Table with columns for E. PRINCIPAL TYPE OF FRAME, G. TYPE OF SEWAGE DISPOSAL, H. TYPE OF WATER SUPPLY, I. TYPE OF MECHANICAL, J. DIMENSIONS, K. NUMBER OF OFF-STREET PARKING SPACES, L. RESIDENTIAL BUILDINGS ONLY.



Office Use Only Permit No. 351 Occupancy & Fee Checked 25.50 (leave blank) 3/90

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date: October 16, 1990 To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below. Location (Street & Number): 47 Crabapple Lane

Owner or Tenant: Dr. Garvey Owner's Address: [Signature]

Is this permit in conjunction with a building permit: Yes No (Check Appropriate Box) Purpose of Building: Residential Utility Authorization No. Existing Service: Amps Volts Overhead Undgrd No. of Meters

New Service: Amps Volts Overhead Undgrd No. of Meters Number of Feeders and Ampacity Location and Nature of Proposed Electrical Work: Repair to wiring in bathroom

Table with columns for No. of Lighting Outlets, No. of Hot Tubs, No. of Transformers, Total KVA, No. of Lighting Fixtures, Swimming Pool, Generators, KVA, No. of Receptacle Outlets, No. of Oil Burners, No. of Emergency Lighting Battery Units, No. of Switch Outlets, No. of Gas burners, FIRE ALARMS, No. of Zones, No. of Ranges, No. of Air Cond., No. of Detection and Initiating Devices, No. of Disposals, Heat Pumps, Total Tons, Total KW, No. of Dishwashers, Space/Area Heating, KW, No. of Dryers, Heating Devices, KW, No. of Water Heaters, No. of Ballasts, KW, No. Hydro Massage Tubs, No. of Motors, Total HP

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES NO I have submitted valid proof of same to this office. YES NO

INSURANCE BOND OTHER (Please Specify) Estimated Value of Electrical Work \$ Inspection Date Required: Rough Final

Work to Start Signed under the penalties of perjury: FIRM NAME: CROWE & SONS ELECTRICAL CORP. Signature: John A. Crowe

Licensee: JOHN A. CROWE License No. A6058 Address: 577 MIDDLESEX STREET, LOWELL, MA 01851 Bus. Tel. No. 508-453-6696 Alt. Tel. No. 508-7251-8573

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent (Please check one) PERMIT FEE \$ 25.00