

PARCEL #

000194



APPLICANT MUST USE TYPEWRITER IN FILLING IN

THIS APPLICATION

CITY OF BOSTON

INSPECTIONAL SERVICES DEPARTMENT

Certified Street Numbers

7 Smith Court

Ward 3

Street Numbering Inspector.

Application to the Commissioner for Permit for Alterations, Repairs or Change of Occupancy

Location, 7 Smith Court District, Beacon Hill Ward 3
 Name of owner is? Brenda Lighher Address, 585 Terrace Ave
 Name of architect or engineer is? Lic. No.
 Material of building is? wood Style of roof? sloped Construction of roof? rubber
 Size of building, feet front? 16'; feet rear? 16'; feet deep? 40; No. of stories? 2
 No. of feet in height from sidewalk to highest point of roof? 24' Material of foundation? stone/brick
 Thickness of external walls? 6" Party walls? Yes

LEGAL OCCUPANCY OR USE (Applicant is not to fill in this box)
 One Family Dwelling Doc#200/1922

Front stairs? Back stairs? Fire escape? Con. balconies? Any other?
 Is building equipped with automatic sprinkler system?
 Type of construction? Group occupancy?
 Building to be occupied for One Family Dwelling after alteration

IF EXTENDED ON ANY SIDE OR VERTICALLY

Size of extension, No. of feet long?; No. of feet wide?; No. of feet high above sidewalk?
 No. of stories high?; style of roof?; material of roofing?
 Of what material will the extension be built? Foundation?
 How will the extension be occupied? Type of Construction

GENERAL DESCRIPTION OF THE PROPOSED WORK AND ITS LOCATION. (ALL STRUCTURAL, MECHANICAL, ELECTRICAL, ETC., SHALL BE INCLUDED)

Install new 16'x13'6" wood roof deck as per plan.

I SWEAR THAT THIS APPLICATION AND PLANS CONFORM TO THE ISSUED CERTIFICATE OF APPROPRIATENESS/DESIGN APPROVAL OR EXEMPTION FROM LIABILITY OR NO EXTERIOR WORK IS INVOLVED

[Signature] 7/20/93
 APPLICANT DATE Authorized JSD Witness

94.000 BK

CONSTRUCTION AUTHORIZED
[Signature] 8/27/93
 DATE

Date 7/20/19 93

Estimated Cost \$ 3,000
Owner's Phone 523-7861

The facts I have set forth above in this application and accompanying plans are a true statement to the best of my knowledge and belief.

[Signature]
 (Signature of Owner)

Type Name of Person Signing
 (Address)

[Signature]
 (Signature of Licensed Builder)

Type Name of Person Signing
 (Address)
 (Name of Contractor)

(Address)
 Lic. No. Class
 My license expires

(Address)
 Phone

Phone

No 003885



PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK