

PARCEL #

N/A

\$1,000



APPLICANT MUST USE TYPEWRITER IN FILLING IN THIS APPLICATION

0187

CITY OF BOSTON INSPECTIONAL SERVICES DEPARTMENT

Certified Street Numbers

42-44 SO. RUSSELL ST

WRAD 3

Street Numbering Inspector.

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

Description of Present Building

Location, 42-44 SOUTH RUSSELL STREET District, Ward 3
Name of owner is? PATEL COX/GRAHAM, COLDITZ Address, SAME
Name of architect or engineer is? TIMOTHY BURKE Lic. No.
Material of building is? BRICK Style of roof? PITCH Construction of roof? SLATE/SHINGLES
Size of building, feet front? 34; feet rear? 34; feet deep? 38; No. of stories? 3 1/2
No. of feet in height from sidewalk to highest point of roof? 30 Material of foundation? STONE
Thickness of external walls? Party walls?

LEGAL OCCUPANCY OR USE (Applicant is not to fill in this box)
FOUR APARTMENTS DOC#2682/1995

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 SAME after alteration

Description of Proposed Extension

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)

REPAIR TOP TWO FLOORS AS SHOWN BY BLUEPRINTS.
DEMOLISH EXISTING REAR DORMER ON FOURTH FLOOR.
CONSTRUCT NEW SHED DORMER ACROSS WIDTH OF BUILDING.
NO INCREASE IN GROSS FLOOR AREA.

\*MASS DEBRIS DISPOSAL LAW\*

MGL c40, S54, c584, S9, all S150A

Will work result in any debris?

Yes [ ] No [ ] Initials \_\_\_\_\_

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

PLEASE RETURN TO ADDRESS

DATE 4/29/04

GROUND WATER SURVEY

Repairs to: Exterior Wall: yes [ ] no [ ] , Foundation: yes [ ] no [ ] , Basement Area: yes [ ] no [ ]

106900

Estimated Cost, \$100,000

Owner's Phone .. 617-472-6829

Date, 7-11-02.....19.....

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.

Kevin Cleary Agents (Signature of Owner)

Type Name of Person Signing Kevin Cleary

(Address) 12 LUNT STREET NO. QUINCY, MA

Brendan Cleary (Signature of Licensed Builder)

Type Name of Person Signing BRENDAN CLEARY

B. A. CLEARY & SONS

(Name of Contractor)

(Address) 12 LUNT STREET

(Address) 12 LUNT STREET

Lic. No. 057475 Class CS

NORTH QUINCY, MA 02171

My license expires 6/14/03

Phone 617-472-6829

Phone 617-472-6829

H-2-65

0187

No.

JUL 11 2002

APPLICATION FOR  
Permit for Alterations, Repairs or  
Change of Occupancy

42-44 S. Russell St

Ward 3

7/16/02  
CONDITIONS

Permit granted

Date issued

FILED  
FEE PAID  
30

EXAMINATION OF PLANS

Approved

*[Signature]*  
Supervisor of Plans

2002

APPROVED  
as shown on plans

*[Signature]*  
9/6/2002

EXAMINATION OF PLANS  
PERMIT NUMBERS

EXAMINATION OF PLANS

PERMIT NUMBERS

Electrical Gas

Plumbing Sprinklers

Electrical APPROVED

perfect & code

Egress APPROVED as shown on plans

*[Signature]*  
9/6/2002

Plumbing Gas

H.V.A.C. Sprinklers

Mechanical APPROVED

per Part 4 Code

CITY OF BOSTON  
ZONING DIVISION  
APPROVED  
DATE 9/7/02  
H-2-65  
ZONE

INSPECTOR'S REPORT

DATE 19

This building is approved for satisfactory Egress.

Signature of Inspector