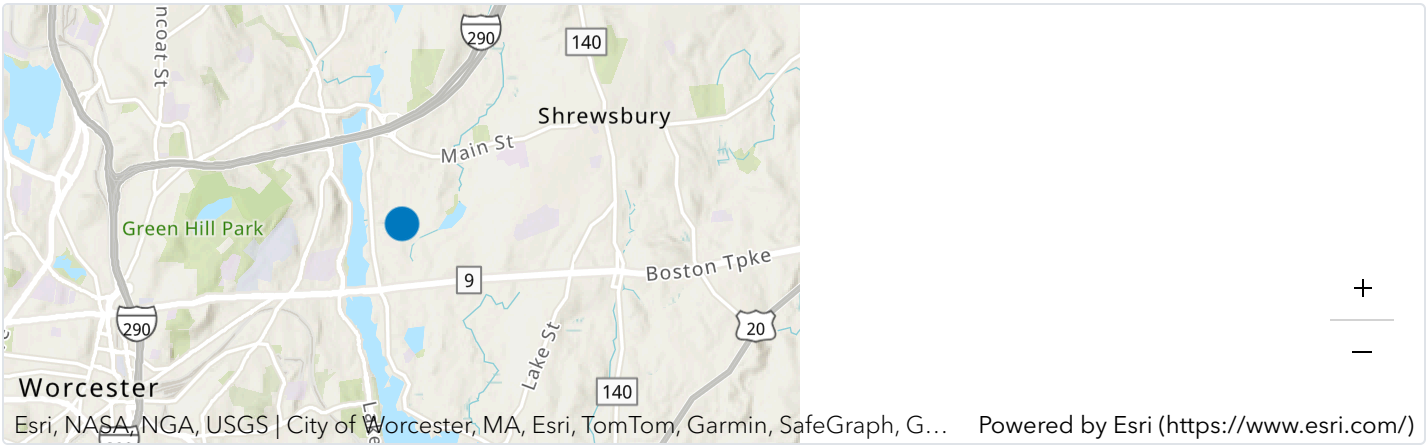


1.6 - Residential Building Permit; Other Improvements (SEE LIST)

30998



Applicant

Location

15 EAGLE DR

SHREWSBURY, MA 01545

[View location details \(/locations/21132\)](/locations/21132)

Created

Jul 28, 2014

Status

Complete

Expires

--

Details Files (0)

Other Projects - Insulation, Roofing, Siding, Windows & Doors Permit Application

Project Information

Type of Project * 

--

Project Category * 

--

Est Project Cost round to nearest \$1000 * 

--

Description of Work * 

15' x 10' composite deck with handrail. no debris.

Is the property owner occupied? In other words, is a Home Improvement Contractor's Registration (HIC) required? *

--

If the property is owner occupied, are you the owner, and will you be doing the work yourself (Exemption to the Home Improvement Contractor's Registration/HIC requirement) *

--

Please Indicate All The Improvements To Be Performed

Replacing Roof? *

--

Replacing Exterior Doors? *

--

Replacing Windows? *

--

Replacing Siding? *

--

Replacing or Adding Insulation? *

--

Chimney repair

--

Applicant Information

APPLICANT I hereby certify that as the applicant for permit, I am the * ?

--

Waste Disposal Acknowledgement

I hereby insure that If any hazardous waste materials are found, including but not limited to: asbestos, PCB's, lead, mercury, fiberglass, and mold—then the appropriate local, state or federal agencies will be notified and the correct abatement forms will be submitted. I will also hire hazmat licensed contractors to abate such hazardous material. * ?

--

I am further aware that any non-hazardous construction debris must be tracked and I must indicate the dumpster company or transfer station that is the final destination of said debris. * ?

--

Dumpster Company or Transfer Station * ?

--

Location (Town) * ?

--

General Acknowledgements

I hereby declare that the statements and information contained in this application and submitted in conjunction with said application are true and accurate to the best of my knowledge. I understand that I am responsible to ensure that all construction or other work will be completed in accord with all Federal, State and Local laws, code and ordinances, including but not limited to the State Building Code. I understand that I am responsible to ensure that all inspections will be completed as required by the City, and no structure will be used in violation of Federal, State and Local laws, code and ordinances. The making of a false statement on this form shall constitute a criminal offense. I agree to the terms and conditions referenced above: * ?

--

I further acknowledge that the submission of this application does not guarantee issuance of a permit. And that I may not begin work on the project described herein until this application is accepted, approved and the permit for work is issued. * ?

--

I agree that my electronic signature above is equivalent to a handwritten signature and is binding for all purposes related to this transaction * 

--

Documents

No documents have been issued...

Town of Shrewsbury, MA

Your Profile

[Sign Up \(/sign-up\)](/sign-up)

[Your Records \(/dashboard/records\)](/dashboard/records)

Resources

[Search for Records \(/search\)](/search)

[Claim a Record \(/claimRecord\)](/claimRecord)

[Employee Login \(https://shrewsburyma.workflow.opengov.com\)](https://shrewsburyma.workflow.opengov.com)

Portal powered by **OpenGov**

No. R-14-00505

Town of Shrewsbury
Building Inspector
Occupancy and Use Permit

"No building or structure shall be erected, and no land, building or structure shall be used for a new, different, changed or enlarged use without a Building Permit therefore first having been attained from the Building Inspector. No building shall be occupied until a certificate of occupancy or change of use has been issued by the Building Inspector."

Sahni Kuljit K

15 Eagle Dr, SHREWSBURY MA 01545

Issued to**Address**

single family

wood frame

Use & Occupancy (Chapter 3)**Occupant Load****Type of Construction (Chapter 6)**

no

Auto. Sprinklers Required

deck - (basement in existing house is unfinished.)

Special Conditions**Wiring Inspector****Inspection Date****Plumbing Inspector****Inspection Date****Fire Inspector****Inspection Date**

Patricia Sheehan

09/02/2014

Building Inspector**Inspection Date**

THIS PERMIT WILL NOT BE VALID, AND THE BUILDING SHALL NOT BE OCCUPIED UNTIL SIGNED BY THE BUILDING INSPECTOR UPON SATISFACTORY COMPLIANCE WITH TOWN REQUIREMENTS, COMPLIANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2009 AND INTERNATIONAL BASIC CODE 2009 WITH 780 CMR EIGHTH EDITION AMENDMENTS

September 2, 2014

Date**Building Inspector**



The Commonwealth of Massachusetts



Town of Shrewsbury
Building Department
100 Maple Avenue
Phone: 508-841-8512



JOB WEATHER CARD

Amount Paid: \$100.00

Check #: Cash

Date Paid: 08/04/2014

Date Issued: 08/08/2014	Permit #: R-14-00505	Approval Comments:
Applicant: Chris Mitchell	Address: 666 Massachusetts Ave Boston MA 02118	
Permit To:	Other 15' x 10' composite deck with handrail. no debris.	
At Location: 15 Eagle Dr - SHREWSBURY MA 01545	Proposed Use:	
Owner: Sahni Kuljit K	Owner Address: 15 Eagle Dr Shrewsbury MA 01545	
Approved By: <i>[Signature]</i>		Comments:
Approved plans must be retained on job and this card kept posted until final inspection has been made. Where a certificate of occupancy is required, such building shall not be occupied until final inspection has been made. Where applicable, separate permits are required for electrical, plumbing and mechanical installations.		

POST THIS CARD

Building Inspection Approvals	Plumbing Inspection Approvals	Electrical Inspection Approvals
1. <i>FOUNDATION LAR 8/13/14</i>	1.	1.
2. <i>Final Approval</i>	2.	2.
3. <i>9-2-14</i>	3.	3.
4.	Fire Inspection Approvals	Gas Inspection Approvals
5.	1.	1.
6.	2.	2.
7.	3.	3.
Planning Department	Conservation Department	Board of Health
1.	1.	1.
Assessors	Water Department	
1.	1.	

Work shall not proceed until the inspectors have approved the various stages of construction. Permit will become null and void if construction work is not started within six (6) months of the date the permit is issued as noted above. Inspections indicated on this card can be arranged for by telephone or by written notification.



The Commonwealth of Massachusetts



Town of Shrewsbury
Building Department
100 Maple Avenue
Phone: 508-841-8512

15 Eagle Dr



R-14-00505

Application Number:	Date Issued:	Permit Number:	Fees:	Payments:	Check#:	Date Paid:
14-01595	08/08/2014	R-14-00505	\$100.00	\$100.00		08/04/2014

Application to Construct, Repair, Renovate or Demolish a One or Two Family Dwelling

SECTION 1 - SITE INFORMATION

1.1 Property Address: 15 Eagle Dr - SHREWSBURY MA 01545		1.2 Assessors Map & Parcel Number: 26 193000 L	
1.1a Is this an accepted street? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1.3 Zoning Information: Zoning District - RES Proposed Use -		1.4 Property Dimensions: Lot Area - 0 sqft. Frontage - ft.	
1.5 Building Setbacks (ft)			
Front Yard		Side Yards	
Required	Provided	Required	Provided
1.6 Water Supply (M.G.L. s 54): Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: outside flood zone <input type="checkbox"/>	
1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On Site Disposal System <input type="checkbox"/>			

SECTION 2 - PROPERTY OWNERSHIP¹

2.1 Owner of Record: Sahni Kuljit K		15 Eagle Dr Shrewsbury MA 01545	
Name		Address for Service	
		(508) 451-7291	
Signature		Owner Phone	

SECTION 3 - DESCRIPTION OF PROPOSED WORK²(check only one)

<input type="checkbox"/> New Single Family	<input type="checkbox"/> New Two Family	<input type="checkbox"/> New Apartment/Condo	<input type="checkbox"/> Additions/Alterations/Repair	<input type="checkbox"/> Garage
<input type="checkbox"/> Siding/Window/Roof	<input type="checkbox"/> Demolition	<input type="checkbox"/> Pool (above ground)	<input type="checkbox"/> Pool (in ground)	<input checked="" type="checkbox"/> Other (Shed, Deck, Stove, Tent)

Brief Description of Proposed Work²:
15' x 10' composite deck with handrail. no debris.

SECTION 4 - ESTIMATED CONSTRUCTION VALUES

Item	Estimated Value(Dollars) To be completed by permit applicant	Official Use Only	
1. Building	\$10,000.00	(a) Building Permit Fee Multiplier	\$10.00 per \$1,000.00
2. Electrical	\$0.00	(b) Estimated Total Value of Construction from (6)	\$10,000.00
3. Plumbing	\$0.00	Building Permit Fee (a) x (b) (Minimum \$25.00)	\$ 100.00
4. Mechanical (HVAC)	\$0.00		
5. Fire Protection	\$0.00		
6. Total (1 + 2 + 3 + 4 + 5)	\$10,000.00		

SECTION 5 - CONSTRUCTION SERVICES**5.1 Licensed Construction Supervisor (CSL):** ☐ Not Applicable

Christopher Mitchell

cs098639

12/31/1969

Name of CSL Holder

License Number

Expiration Date

666 Massachusetts Ave Boston MA 02118

Address

(617)733-4789

Phone

Select CSL Type Below:

<input type="checkbox"/> U	Unrestricted (up to 35,000 Cu. Ft.)
<input type="checkbox"/> R	Restricted 1 & 2 Family Dwelling
<input type="checkbox"/> M,	Masonry Only
<input type="checkbox"/> RC	Residential Roofing Covering
<input type="checkbox"/> WS	Residential Windows and Siding
<input type="checkbox"/> SF	Residential Solid Fuel Burning Appliance Installation
<input type="checkbox"/> D	Residential demolition

Signature

5.2 Registered Home Improvement Contractor: ☐ Not Applicable

Chris Mitchell

172693

Company Name

Registration Number

666 Massachusetts Ave Boston MA 02118

Address

12/31/1969

Expiration Date

(617)733-4789

Phone

Signature

SECTION 6 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c.152, s 25C(6))

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached ☐ Yes ☒ No**SECTION 7a-OWNER AUTHORIZATION** (TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT)

I, Sahni Kuljit K., as Owner of the subject property hereby authorize gavin company to act on my behalf, in matters relating to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATION

I, gavin company, as Owner/Authorized Agent declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and abilities.

Signed under the pains and penalties of perjury.

Signature of Owner/Agent

Date

NOTES:

1. An owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floor area (Sq. Ft.): (including garage, finished basement/attics, decks or porches)

Gross living area (Sq. Ft.):

Number of fireplaces:

Number of bathrooms:

Type of heating system:

Type of cooling system:

Habitable room count:

Number of bedrooms:

Number of half/bath:

Number of decks/porches:

Enclosed: Open:

3. "Total Project Square Footage" may be substituted for "Total Project Value"

COMMENTS:**SIGNATURES:**

Electrical Review	<u>John Lavery</u>	Date: <u>07/29/2014</u>
Conservation Review	<u>Brad Stone</u>	Date: <u>08/06/2014</u>
Engineering Review	<u>Kristen Las</u>	Date: <u>08/07/2014</u>
Building Code Review	<u>Lou Pepi</u>	Date: <u>08/08/2014</u>
Assessor Review	<u>Mary Lowell</u>	Date: <u>08/05/2014</u>

15 Eagle Drive



The Commonwealth of Massachusetts



Town of Shrewsbury
Building Department
100 Maple Avenue
Phone: 508-841-8512

15 Eagle Dr

Application Number:	Date Issued:	Permit Number:	Fees:	Payments:	Check#:	Date Paid:
14-01595			\$100.00	\$ 100-		8/4/14

Application to Construct, Repair, Renovate or Demolish a One or Two Family Dwelling

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1.3 Zoning Information: Zoning District - RES Proposed Use -		1.4 Property Dimensions: Lot Area - 0 sqft. Frontage - ft.	
1.5 Building Setbacks (ft)			
Front Yard		Side Yards	
Required	Provided	Required	Provided
		/	/
1.6 Water Supply (M.G.L. s 54): Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: outside flood zone <input type="checkbox"/>	
1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On Site Disposal System <input type="checkbox"/>			

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2.1 Owner of Record: Sahni Kuljit K		15 Eagle Dr Shrewsbury MA 01545	
Name _____		Address for Service _____	
Signature <u>K Sahni</u>		(508) 451-7291 Owner Phone	

SECTION 3 - DESCRIPTION OF PROPOSED WORK² (check only one)

<input type="checkbox"/> New Single Family	<input type="checkbox"/> New Two Family	<input type="checkbox"/> New Apartment/Condo	<input type="checkbox"/> Additions/Alterations/Repair	<input type="checkbox"/> Garage
<input type="checkbox"/> Siding/Window/Roof	<input type="checkbox"/> Demolition	<input type="checkbox"/> Pool (above ground)	<input type="checkbox"/> Pool (in ground)	<input checked="" type="checkbox"/> Other (Shed, Deck, Stove, Tent)

Brief Description of Proposed Work²:
15' x 10' composite deck with handrail

(no debris)

SECTION 4 - ESTIMATED CONSTRUCTION VALUES

Item	Estimated Value(Dollars) To be completed by permit applicant	Official Use Only	
1. Building	\$10,000.00	(a) Building Permit Fee Multiplier	\$10.00 per \$1,000.00
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4. Mechanical (HVAC)	\$0.00		
5. Fire Protection	\$0.00		
6. Total (1 + 2 + 3 + 4 + 5)	\$10,000.00		\$ 100.00

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Christopher Mitchell

cs098639

12/31/1969

Name of CSL Holder

License Number

Expiration Date

666 Massachusetts Ave Boston MA 02118

Select CSL Type Below:

Address

(617)733-4789

Phone

Signature

<input checked="" type="checkbox"/> U	Unrestricted (up to 35,000 Cu. Ft.)
<input type="checkbox"/> R	Restricted 1 & 2 Family Dwelling
<input type="checkbox"/> M,	Masonry Only
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<input type="checkbox"/> WS	Residential Windows and Siding
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Chris Mitchell

172693

Company Name

Registration Number

666 Massachusetts Ave Boston MA 02118

12/31/1969

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Signed Affidavit Attached ☐ Yes ☒ No**SECTION 7a-OWNER AUTHORIZATION (TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT)**I, Sahni Kuljit K., as Owner of the subject property hereby authorize gavin company to act on my behalf, in matters relating to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATIONI, gavin company, as Owner/Authorized Agent declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and abilities.

Signed under the pains and penalties of perjury.

Signature of Owner/Agent

Date

NOTES:

1. An owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:



THE GAVIN COMPANY

LANDSCAPING AND GENERAL CONTRACTING

7/30/2014

Town Of Shrewsbury:

This letter is to confirm that Christopher Mitchell, Home Improvement Contractor number 178953 and Construction Supervisor number CS-098639, is employed by The Gavin Company, Inc. Should you have any questions or require further documentation please contact us at (617) 323-6100. Thank you very much and we appreciate the opportunity to work in your town.

Respectfully,

David Gavin

**David Gavin
President, The Gavin Company**



The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation

HOME IMPROVEMENT CONTRACTOR

Registration: 178953

Expiration: 6/5/2016

Ty

Corporation

MITCHELL EQUIPMENT COMPANY

CHRIS MITCHELL

666 MASS AVE

BOSTON, MA 02118

Michael J. Smith

Undersecretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER John P. Russell Insurance Agency, Inc. 65 Pearl Street Stoughton, MA 02072	CONTACT NAME:	
	PHONE (A/C No Ext): (781) 344-0098 FAX (A/C No): (781) 341-2563	
INSURED Gavin Company ID 289430 743 West Roxbury Parkway West Roxbury, MA 02132	E-MAIL ADDRESS: jprussell@jprussellins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers	
	INSURER B: Associated Employers Insurance	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC	Y Y	I-680-3240C58-4-TCT	1/23/14	1/23/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	BA-9673C953-14-SEL	1/23/14	1/23/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000	Y Y	CUP-3613T31A-14-42	1/23/14	1/23/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WCC5007954012014	1/28/14	1/28/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Boston Housing Authority

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John P Russell/cm

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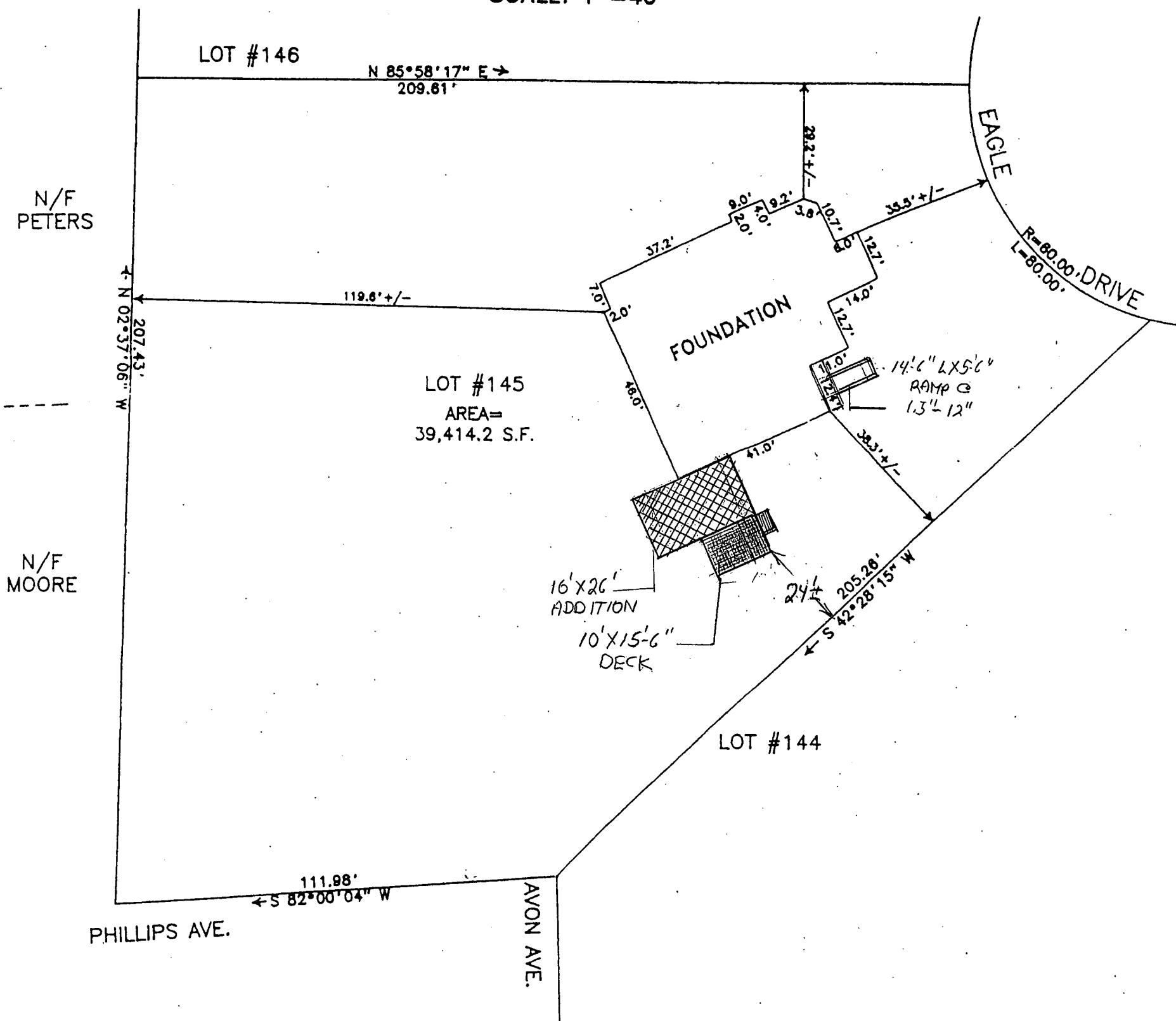
SHELBY & ASSOCIATES
SURVEYING • ENGINEERING

MA - NH - VI

P.O. Box 5
Georges Mills, NH 03751

Shrewsbury, MA 01545
(508) 845-4181

**PLOT PLAN OF LAND
IN SHREWSBURY, MA.
PREPARED FOR:
"THE LANDINGS AT TERNBERRY LLC."
56 KEARNEY RD. NEEDHAM, MA.
APRIL 8, 1998
SCALE: 1"=40'**

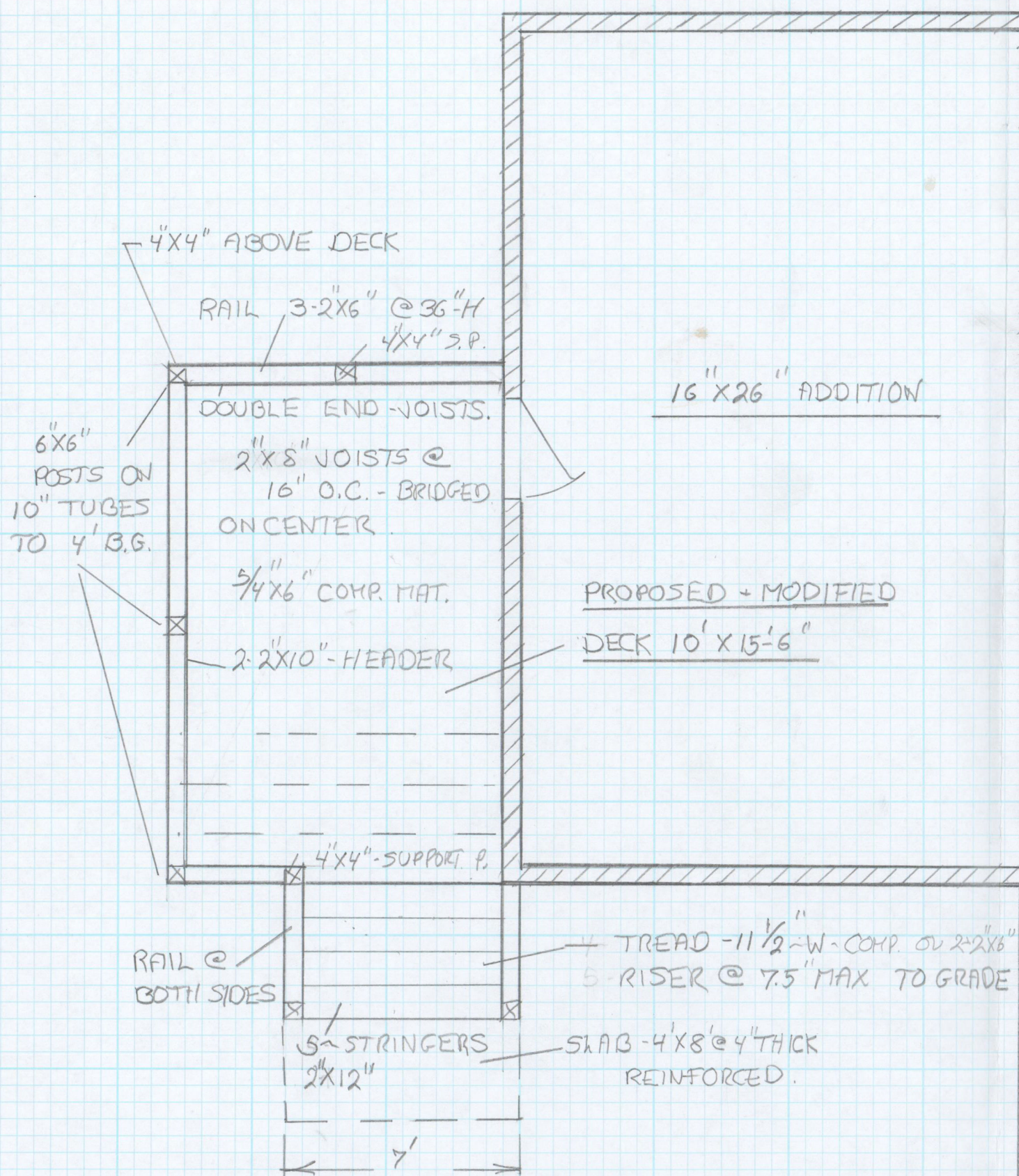


I HEREBY CERTIFY TO "THE LANDINGS AT TERNBERRY LLC,"
THAT THE FOUNDATION ON THIS LOT IS LOCATED AS SHOWN,
I FURTHER CERTIFY THAT IT CONFORMS TO THE ZONING
LAWS OF THE TOWN OF SHREWSBURY WITH RESPECT TO
DIMENSIONAL SETBACK AND IT DOES NOT LIE WITHIN AN
ESTABLISHED FLOOD HAZARD ZONE. THIS CERTIFICATION
IS NON-TRANSFERABLE.



SCALE $\frac{1}{4}" = 1'$

PROPOSED ADDITIONS AND
MODIFICATION AT 16 EAGLE DRIVE -
DECK 10'X15'-6" AND RAMP(H.P.)

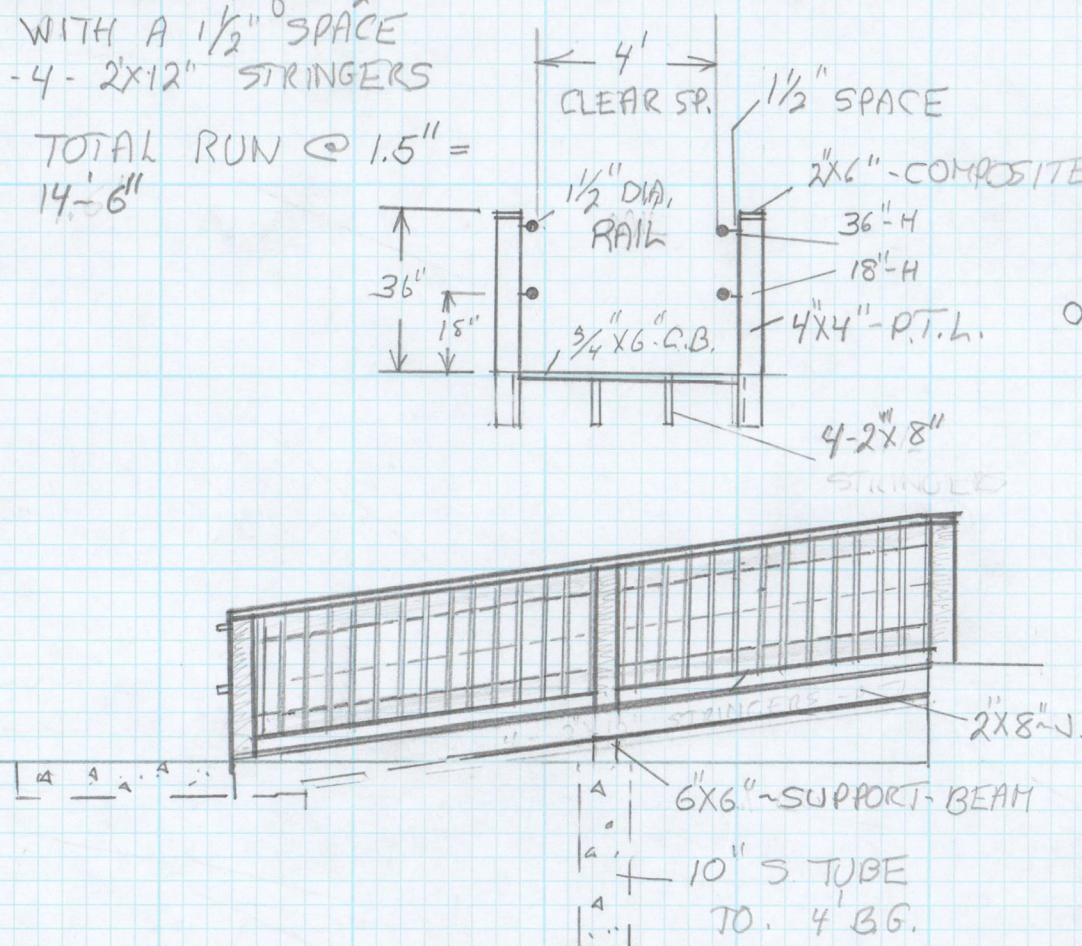


DECK DETAIL

- JOISTS - 2"x8" @ 16" O.C. - BRIDGED AT CENTER
- FLOOR - $\frac{5}{4}" \times 6"$ COMPOSITE MATERIAL
- HEADER - 2-2"x10"
- RAIL @ 36" HIGH
- BALUSTERS $1\frac{1}{2}"$ SQ. @ 5" O.C.
- SUPPORT POSTS - 3- @ 7'-8" O.C. - 6"x6" RESTING ON 10" TUBE @ 4' B.G.
- END-JOISTS & HEADER - USE 2-2"x10"

HANDICAP RAMP

- PITCH 1.5" PER FOOT
- RAIL HIGH @ 18" + 36"
- CLEAR SPAN BETWEEN RAILS - 48"
- RAIL DIA. $1\frac{1}{2}" - 1\frac{1}{2}"$ WITH A $1\frac{1}{2}"$ SPACE
- 4- 2"x12" STRINGERS
- TOTAL RUN @ 1.5" = 14'-6"



EXISTING STRUCTURE

16 EAGLE DRIVE

LOT # 145

SHREWSBURY MA

