

TOWN OF NORTH ANDOVER
APPLICATION FOR PLAN EXAMINATION



Permit NO: 472

Date Received 12-19-06

Date Issued: 12-19-06

IMPORTANT: Applicant must complete all items on this page	
LOCATION	<u>470 CHESTNUT ST. NO. ANDOVER, MA 01845</u>
PROPERTY OWNER	<u>ANIL KOMMAREDDI</u> <small>Print</small>
MAP NO.: <u>098-C</u> PARCEL: <u>116</u> <small>Print</small>	ZONING DISTRICT: _____

TYPE AND USE OF BUILDING **HISTORIC DISTRICT** YES

TYPE OF IMPROVEMENT	PROPOSED USE	
	Residential	Non- Residential
<input type="checkbox"/> New Building	<input checked="" type="checkbox"/> One family	<input type="checkbox"/> Industrial
<input type="checkbox"/> Addition	<input type="checkbox"/> Two or more family No. of units: _____	
<input checked="" type="checkbox"/> Alteration	<input type="checkbox"/> Assessory Bldg _____	<input type="checkbox"/> Commercial
<input type="checkbox"/> Repair, replacement	<input type="checkbox"/> Other	<input type="checkbox"/> Others:
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Moving (relocation)		
<input type="checkbox"/> Foundation only		

DESCRIPTION OF WORK TO BE PERFORMED
FINISH BASEMENT PLAY ROOM

Identification Please Type or Print Clearly)

OWNER: Name: ANIL KOMMAREDDI Phone: 978-804-2366

Address: 470 CHESTNUT ST. NO. ANDOVER MA 01845

CONTRACTOR Name: _____ Phone: _____

Address: _____

Supervisor's Construction License: _____ Exp. Date: _____

Home Improvement License: _____ Exp. Date: _____

ARCHITECT/ENGINEER Name: Phone: _____

Address: _____ Reg. No. _____

FEE SCHEDULE: BULDING PERMIT: \$12.00 PER \$1000.00 OF THE TOTAL ESTIMATED COST BASED ON \$125.00 PER S.F.

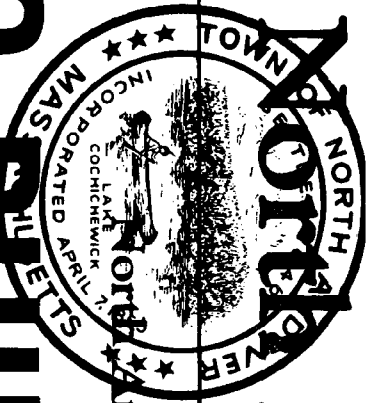
Total Project Cost :\$ 6500-10,000 FEE:\$ 78.00-120-

Check No.: 450 Receipt No.: 19884

No. 472

Town of North Andover

North Andover, Mass. 12-19-02



Date 12-19-02

Location 470 Chestnut St

No. 472

TOWN OF NORTH ANDOVER



Certificate of Occupancy \$ _____
 Building/Frame Permit Fee \$ 120-
 Foundation Permit Fee \$ _____
 Other Permit Fee \$ _____
 TOTAL \$ _____

Check # 450

19886

[Signature]
Building Inspector

DO BUILD

add; 470 Chestnut St

respect conform to the terms of the application on file in relating to the inspection, Alteration and Construction of

IN 6 MONTHS

[Signature]
BUILDING INSPECTOR

red to Occupy Building

the Premises — Do Not Remove

Until Inspected and Approved by the Building Inspector.

SEE REVERSE SIDE

BOARD OF HEALTH	Food/Kitchen	Septic System
BUILDING INSPECTOR	Foundation	Rough
PLUMBING INSPECTOR	Chimney	Final
ELECTRICAL INSPECTOR	Rough	Final
GAS INSPECTOR	Service	Final
FIRE DEPARTMENT	Rough	Final
	Burner	
	Street No.	
	Smoke Det.	

TYPE OF SEWERAGE DISPOSAL		
Public Sewer <input checked="" type="checkbox"/>	Tanning/Massage/Body Art <input type="checkbox"/>	Swimming Pools <input type="checkbox"/>
Well <input type="checkbox"/>	Tobacco Sales <input type="checkbox"/>	Food Packaging/Sales <input type="checkbox"/>
Private (septic tank, etc.) <input type="checkbox"/>	Permanent Dumpster on Site <input type="checkbox"/>	Electric Meter location to project _____

NOTE: Persons contracting with unregistered contractors do not have access to the guaranty fund

Signature of Agent/Owner [Signature] Signature of contractor _____
 Plans Submitted Plans Waived Certified Plot Plan Stamped Plans

**THE FOLLOWING SECTIONS FOR OFFICE USE ONLY
 INTERDEPARTMENTAL SIGN OFF - U FORM**

PLANNING & DEVELOPMENT DATE REJECTED _____ DATE APPROVED _____
 COMMENTS _____

CONSERVATION DATE REJECTED _____ DATE APPROVED _____
 COMMENTS _____

HEALTH DATE REJECTED _____ DATE APPROVED _____
 COMMENTS _____

FIRE DEPARTMENT - Temp Dumpster on site yes _____ no _____
 Fire Department signature/date _____
 COMMENTS _____

Zoning Board of Appeals: Variance, Petition No: _____ Zoning Decision/receipt submitted yes _____
 Planning Board Decision: _____ Comments _____
 Conservation Decision: _____ Comments _____

Water & Sewer Connection/Signature & Date _____ **Driveway Permit** _____

Building Setback (ft.)					
Front Yard		Side Yard		Rear Yard	
Required	Provided	Required	Provides	Required	Provided
		/	/		

Dimension

Number of Stories: _____ Total square feet of floor area, based on Exterior dimensions. _____

Total land area, sq. ft.: _____

NOTES and DATA – (For department use)

NOT A Bedroom. (NO sleeping Room)
 7' ceiling. 6'6 AT DIET WORK.

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Building Department

The following is a list of the required forms to be filled out for the appropriate permit to be obtained.

Roofing, Siding, Interior Rehabilitation Permits

- Building Permit Application
- Workers Comp Affidavit
- Photo Copy Of H.I.C. And/Or C.S.L. Licenses
- Copy of Contract
- Floor Plan Or Proposed Interior Work

Addition Or Decks

- Building Permit Application
- Surveyed Plot Plan
- Workers Comp Affidavit
- Photo Copy of H.I.C. And C.S.L. Licenses
- Copy Of Contract
- Floor/Crosssection/Elevation Plan Of Proposed Work With Sprinkler Plan And Hydraulic Calculations (If Applicable)
- Mass check Energy Compliance Report (If Applicable)

New Construction (Single and Two Family)

- Building Permit Application
- Certified Proposed Plot Plan
- Photo of H.I.C. And C.S.L. Licenses
- Workers Comp Affidavit
- Two Sets of Building Plans (One To Be Returned) to Include Sprinkler Plan And Hydraulic Calculations (If Applicable)
- Copy of Contract
- Mass check Energy Compliance Report

In all cases if a variance or special permit was required the Town Clerks office must stamp the decision from the Board of Appeals that the appeal period is over. The applicant must then get this recorded at the Registry of Deeds. One copy and proof of recording must be submitted with the building application

Doc: INSPECTIONAL SERVICES DEPARTMENT:BPFORM05