No. R-16-00114

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 ofuse has been issued by the Building Inspector."

Jose Jaison K Choudhary Kalpana	6 Tern Dr, SHREWSBURY MA 01545
Issued to	**Address**

R-3		V-B
Use & Occupancy (Chapter 3)	**Occupant Load**	**Type of Construction (Chapter 6)**

Auto. Sprinklers Required

3rd Bedroom added in place of Loft

Special Conditions

John Laverty	04/08/2016
Wiring Inspector	**Inspection Date**
Plumbing Inspector	**Inspection Date**
Sean Simpson	04/08/2016
Fire Inspector	**Inspection Date**
Chris Lund	04/11/2016
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

April 11, 2016	
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: 03/07/2016

Date Issued:	03/08/2016	**Permit #:**	R-16-00114
Applicant:	Jose Jaison K	**Address:**	6 Tern Dr Shrewsbury MA 01545
Permit To:			Additions/Alterations/Repair Converting the loft area to a bedroom and expanding kids play area
At Location:	6 Tern Dr - SHREWSBURY MA 01545	**Proposed Use:**	
Owner:	Jose Jaison K Choudhary Kalpana	**Owner Address:**	6 Tern Dr Shrewsbury MA 01545
Approved By:			

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.

Approval Comments:

Comments:

POST THIS CARD

Building Inspection Approvals	Plumbing Inspection Approvals	Electrical Inspection Approvals
1. ROUGH PASS 3/18/16	1.	1. At dc 3/16/16
2. FINAL 4/11/16	2.	2. At dc 4/8/16
3.	3.	3.
4.	**Fire Inspection Approvals**	**Gas Inspection Approvals**
5.	1. # 44 4/8/16	1.
6.	2. Mike Bowles # 32	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 arrainged for by telephone or by written notification.

6 Tern Dr

R-16-00114

The Commonwealth of Massachusetts

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

Application Number:	Date Issued:	Permit Number:	Fees:	Payments:	Check#:	Date Paid:
16-00425	03/08/2016	R-16-00114	$100.00	$100.00		03/07/2016

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

SECTION 1 - SITE INFORMATION

1.1 Property Address:
6 Tern Dr - SHREWSBURY MA 01545

1.1a Is this an accepted street? ☑Yes ☐No

1.2 Assessors Map & Parcel Number:
26 262000 R

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		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		

1.6 Water Supply (M.G.L. s 54):
Public ☐ Private ☐

1.7 Flood Zone Information:
Zone: outside flood zone ☐

1.8 Sewage Disposal System:
Municipal ☑
On Site Disposal System ☐

SECTION 2 - PROPERTY OWNERSHIP[1]

2.1 Owner of Record:
Jose Jaison K
Choudhary Kalpana
Name

Signature

6 Tern Dr
Shrewsbury MA 01545
Address for Service

(508) 981-7735
Owner Phone

SECTION 3 - DESCRIPTION OF PROPOSED WORK[2] *(check only one)*

☐ New Single Family	☐ New Two Family	☐ New Apartment/Condo	☑ Additions/Alterations/Repair	☐ Garage
☐ Siding/Window/Roof	☐ Demolition	☐ Pool (above ground)	☐ Pool (in ground)	☐ Other (Shed, Deck, Stove, Tent)

Brief Description of Proposed Work[2]:
Converting the loft area to a bedroom and expanding kids play area

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		
4. Mechanical (HVAC)	$0.00	**Building Permit Fee (a) x (b)**	
5. Fire Protection	$0.00		
6. Total (1 + 2 + 3 + 4 + 5)	$10,000.00	*(Minimum $25.00)*	**$ 100.00**

SECTION 5 - CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL): ☐ Not Applicable

Name of CSL Holder | *License Number* | *Expiration Date*

Address

Phone

Signature

Select CSL Type Below:

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

5.2 Registered Home Improvement Contractor: ☐ Not Applicable

Company Name | *Registration Number*

Expiration Date

Address

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, Jose Jaison K, as Owner of the subject property hereby authorize Jose Jaison K 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, Jose Jaison K, 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 infomation below:

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

Gross living area (Sq. Ft.): Habitable room count:

Number of fireplaces: Number of bedrooms:

Number of bathrooms: Number of half/bath:

Type of heating system: Number of decks/porches:

Type of cooling system: Enclosed: Open:

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

COMMENTS:

SIGNATURES:

Fire Review	Frank Ludovico	**Date:**	03/08/2016
Electrical Review	John Laverty	**Date:**	03/04/2016
Conservation Review	Brad Stone	**Date:**	03/07/2016
Building Code Review	Chris Lund	**Date:**	03/08/2016
Assessor Review	Mary Lowell	**Date:**	03/04/2016

6 Tern Drive

The Commonwealth of Massachusetts

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

Application Number:	Date Issued:	Permit Number:	Fees:	Payments:	Check#:	Date Paid:
16-00425			$100.00	$ 100		3/7/16

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

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26 262000 R

1.3 Zoning Information:
Zoning District - RES Proposed Use -

1.4 Property Dimensions:
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Front Yard		Side Yards		Rear Yard	
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1.6 Water Supply (M.G.L. s 54):
Public ☐ Private ☐

1.7 Flood Zone Information:
Zone: outside flood zone ☐

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Municipal ☑
On Site Disposal System ☐

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Choudhary Kalpana
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Brief Description of Proposed Work[2]:
Converting the loft area to a bedroom and expanding kids play area

debris to E. L. Harvey Westboro

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3. Plumbing	$0.00		
4. Mechanical (HVAC)	$0.00	**Building Permit Fee**	
5. Fire Protection	$0.00	**(a) x (b)**	
6. Total (1 + 2 + 3 + 4 + 5)	$10,000.00	*(Minimum $25.00)*	**$ 100.00**

SECTION 5 - CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL): ☐ Not Applicable

Name of CSL Holder | *License Number* | *Expiration Date*

Address

Phone

Signature

Select CSL Type Below:

☐ U	Unrestricted (up to 35,000 Cu. Ft.)
☐ R	Restricted 1 & 2 Family Dwelling
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☐ RC	Residential Roofing Covering
☐ WS	Residential Windows and Siding
☐ SF	Residential Solid Fuel Burning Appliance Installation
☐ D	Residential demolition

5.2 Registered Home Improvement Contractor: ☐ Not Applicable

Company Name | *Registration Number*

Expiration Date

Address

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, Jose Jaison K, as Owner of the subject property hereby authorize Jose Jaison K to act on my behalf, in matters relating to work authorized by this building permit application.

Signature of Owner | *Date* 3/7/16

SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATION

I, Jose Jaison K, 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* 3/7/16

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 infomation below:

Total floor area (Sq. Ft.): *(including garage, finished basement/attics, decks or porches)*	
Gross living area (Sq. Ft.):	Habitable room count:
Number of fireplaces:	Number of bedrooms:
Number of bathrooms:	Number of half/bath:
Type of heating system:	Number of decks/porches:
Type of cooling system:	Enclosed: Open:

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

16-00425

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Wasshington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Name *(Business/Organization/Individual)*:Jose Jaison K

Address:	**Phone**:
6 Tern Dr Shrewsbury MA 01545	(508) 981-7735

Are you an employer? Check the appropriate box.

1. ☐ I am an employer with employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☑ I am a homeowner doing all work myself [No worker's comp. insurance required.]**
4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have worker's comp. insurance.***
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152 s 1(4), and we have no employees. [No worker's comp. insurance required.]

Type of project (required)

6. ☐ New Construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building Addition
10. ☐ Electrical repairs of additions
11. ☐ Plumbing repairs of additions
12. ☐ Roof Repairs
13. ☐ Other -

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
** Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
*** Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their worker's comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name:			
Policy # or Self-ins Lic.#:		**Expiration Date:**	
Job Site Address:	6 Tern Dr - SHREWSBURY MA 01545	**City/State/Zip:**	Shrewsbury, MA 01545

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature *Date* 3/7/16

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Town of Shrewsbury	**Permit/License #:**
Issuing Authority: Building Department	
Contact Person: Patricia Sheehan	**Phone #:**508-841-8512

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an employee is defined as "..every person in the service of another under any contract of hire, express or implied, oral or written."

An employer is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152.S25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152S25C(7) states. "Neither the Commonwealth nor any of its political subdivision shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that his affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.**The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are requested to obtain a workers' compensation policy, please call the Department at the number listed below. Self-Insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact your regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in Town of Shrewsbury." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. A dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department address, telephone and fax number are as follows:

Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. #617-727-4900 ext. 406 or 1-877-MASSAFE
FAX: #617-727-7749
www.mass.gov/dia

BUILDING INSPECTOR

RICHARD D. CARNEY MUNICIPAL OFFICE BUILDING
100 MAPLE AVENUE
SHREWSBURY, MASSACHUSETTS 01545-5398
Telephone 508-841-8512 Fax 508-841-8414

Hazardous Waste Abatement Acknowledgement Form

I, Jaison K. Jose, contractor for demolition work undertaken at
Contractor/owner

6 Tern Dr, Shrewsbury, MA acknowledge herein that
Address

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.

Be aware that any non-hazardous debris must be tracked and you must indicate the dumpster company or transfer station that is the final destination.

Contract/owner signature 7/7/2016

Patricia Sheehan
Louis Pepi
Inspectors of Buildings

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/7/16

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 Daniels Insurance Agency Inc 86 East Main St PO Box 870 Westborough, MA 01581	CONTACT NAME: Alice A LaRosee PHONE (A/C, No, Ext): (508) 366-8736 FAX (A/C, No): (508) 898-0403 E-MAIL ADDRESS: alice@danielsinsurance.com
INSURED Shahin Contractors Inc AHMAD 508-250-4254 52 Water Street Westborough, MA 01581	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Arbella Protection Insurance C INSURER B: AIM Mutual 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			9520038828	5/1/15	5/1/16	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AWC4007026826	5/5/15	5/5/16	X WC STATUTORY LIMITS OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A						E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							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

Jaison Jose
6 Tern Drive
Shrewsbury, MA 01545

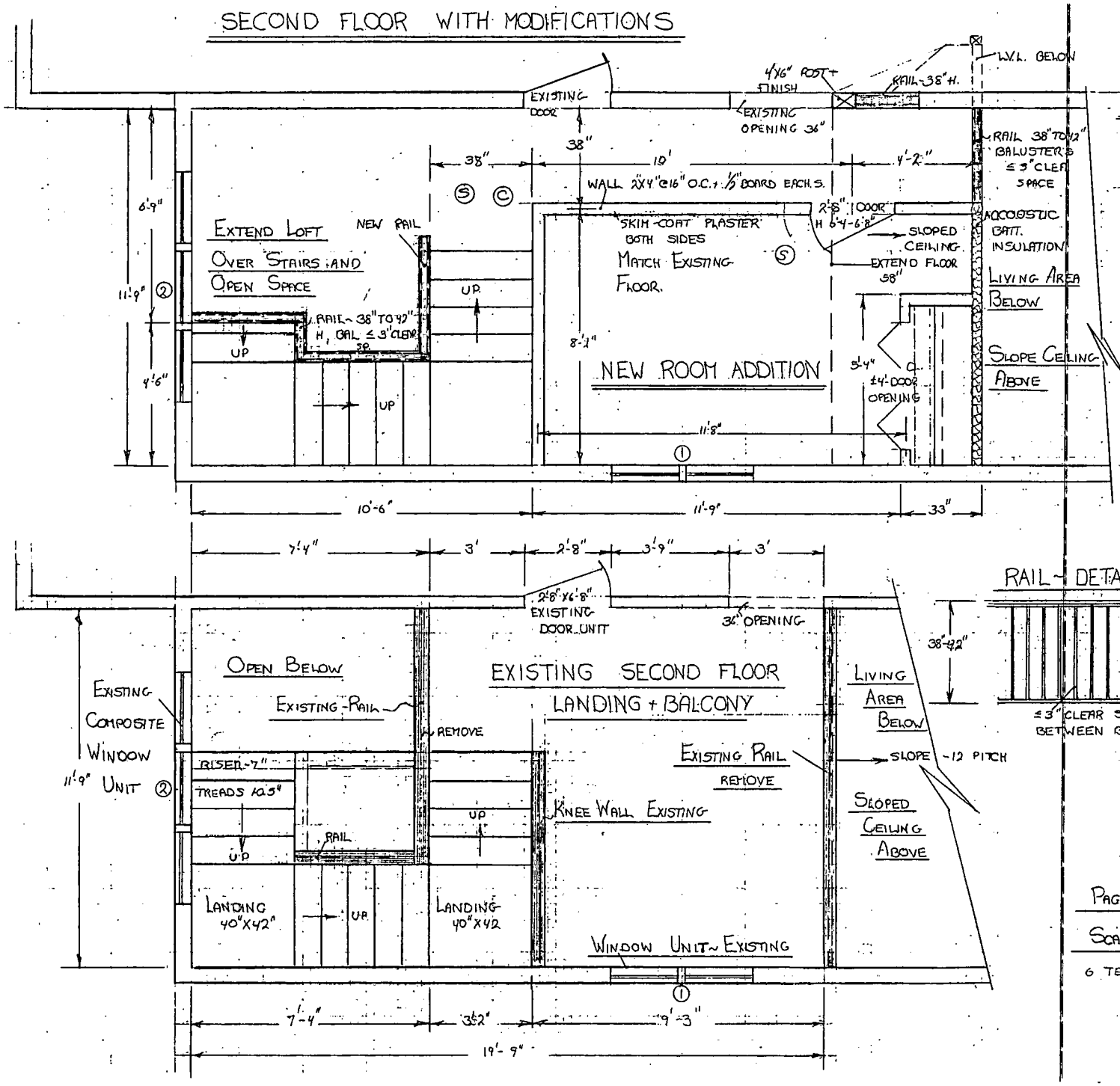
CANCELLATION

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

Alice A LaRosee

SECOND FLOOR WITH MODIFICATIONS



NOTES

© - CARBON MONOXIDE DETECTORS - IN ACCORDANCE WITH R 315.1 2012 IRC BOOK

Ⓢ - SMOKE DETECTORS IN ACCORDANCE WITH R 314.1, 314.4 AND 314.5 2012 IRC. BOOK

+ DOOR-TO-NEW ROOM 2'-8" X 6'-4" MIN. HEIGHT TO 6'-8" HIGH AS SLOPE OF CEILING ALLOWS.

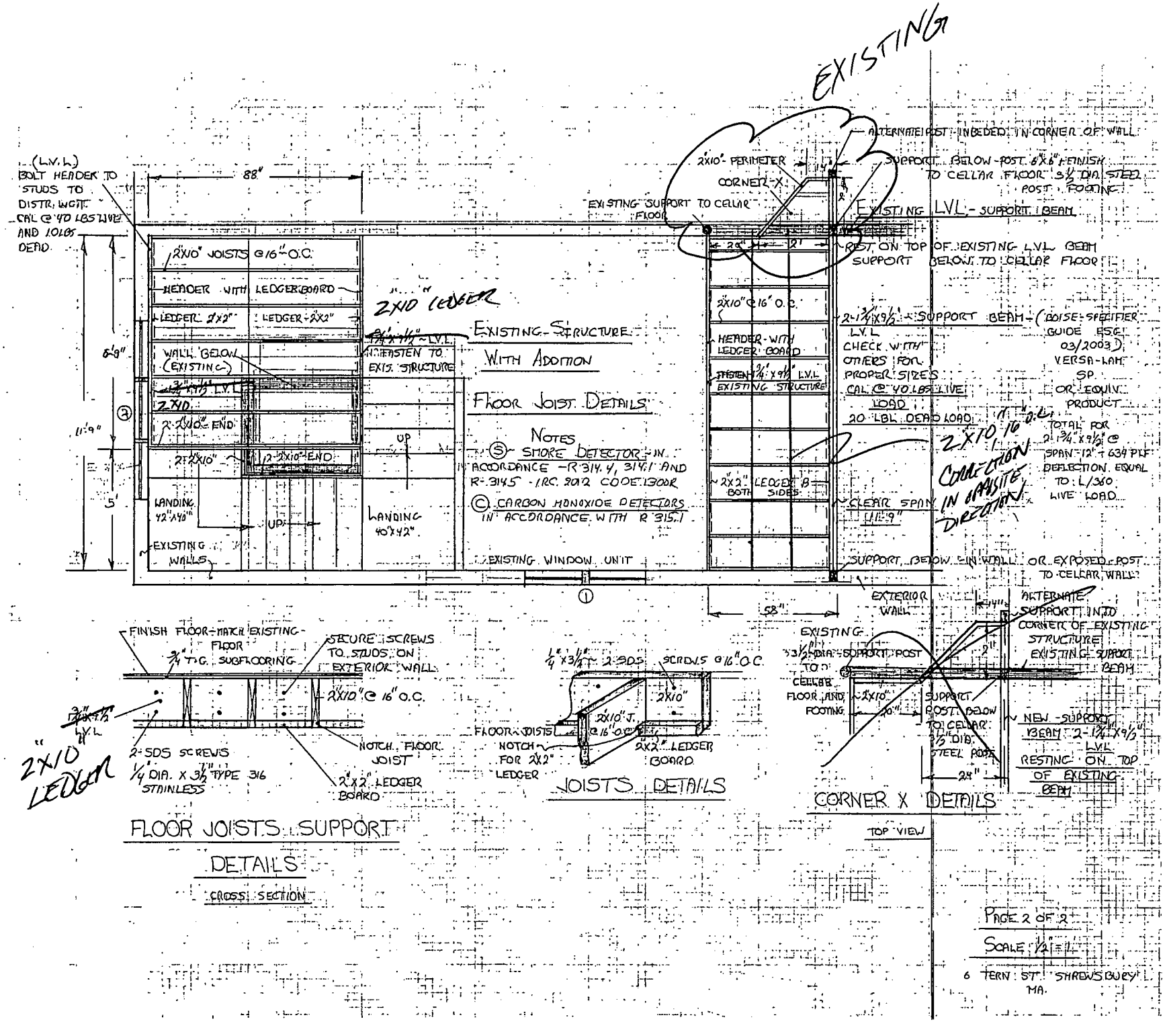
+ BYFOLD-UNITS-HEIGHT TO BE DETERMINED BY SLOPE OF CEILING

RAIL - DETAILS -

PAGE 1 OF 2

SCALE ½"=1'

6 TERN ST. SHREWSBURY MA.


EXISTING
(L.V.L) BOLT HEADER TO STUDS TO DISTR. WGHT. CAL @ 40 LBS LIVE AND 10 LBS DEAD
88"
2X10" JOISTS @16"-O.C.
HEADER WITH LEDGER BOARD
LEDGER 2X2"
LEDGER 2X2"
WALL BELOW (EXISTING)
3" x 11 7/8" L.V.L
2X10
2-2X10" END
2-2X10"
1/2-2X10" END
6'-9"
11'-9"
5'
LANDING 42"X42"
UP
UP
LANDING 40"X42"
EXISTING WALLS
2X10 LEDGER
1 3/4" x 11 7/8" L.V.L FASTEN TO EXIS. STRUCTURE
EXISTING STRUCTURE WITH ADDITION
FLOOR JOIST DETAILS
NOTES
(S) SMOKE DETECTOR IN ACCORDANCE R 314.4, 314.1 AND R 314.5 IRC 2012 CODE FLOOR
(C) CARBON MONOXIDE DETECTORS IN ACCORDANCE WITH R 315.1
EXISTING WINDOW UNIT
1
2X10" PERIMETER
CORNER X
EXISTING SUPPORT TO CELLAR FLOOR
ALTERNATE POST IMBEDED IN CORNER OF WALL
SUPPORT BELOW POST 8"X8" FINISH TO CELLAR FLOOR 3 1/2 DIA. STEEL POST FOOTING
EXISTING LVL - SUPPORT BEAM
REST ON TOP OF EXISTING L.V.L BEAM SUPPORT BELOW TO CELLAR FLOOR
2-1 3/4"X9 1/2" - SUPPORT BEAM - (BOISE SPECIFIER GUIDE ESC 03/2003) VERSA-LAM SP OR EQUIV. PRODUCT
L.V.L CHECK WITH OTHERS FOR PROPER SIZES CAL @ 40 LBS LIVE LOAD 20 LBL DEAD LOAD
TOTAL FOR 2-1 3/4" X 9 1/2" @ SPAN 12' - 639 PLF DEFLECTION EQUAL TO L/360 LIVE LOAD
2X10" @16" O.C.
HEADER WITH LEDGER BOARD
1 3/4" X 9 1/2" L.V.L EXISTING STRUCTURE
2X2" LEDGER BOTH SIDES
CLEAR SPAN 11'-9"
2X10 @ 16" O.C. CORRECTION IN OPPOSITE DIRECTION
SUPPORT BELOW IN WALL OR EXPOSED POST TO CELLAR WALL
EXTERIOR WALL
58"
EXISTING 3 1/2" DIA. SUPPORT POST TO CELLAR FLOOR AND FOOTING
2X10
30"
SUPPORT POST BELOW TO CELLAR 3 1/2" DIA. STEEL POST
24"
ALTERNATE SUPPORT IN TO CORNER OF EXISTING STRUCTURE EXISTING SUPPORT BEAM
NEW SUPPORT BEAM 2-1 3/4" X 9 1/2" LVL RESTING ON TOP OF EXISTING BEAM
CORNER X DETAILS
TOP VIEW
FINISH FLOOR-MATCH EXISTING FLOOR
3/4" T&G SUBFLOORING
SECURE SCREWS TO STUDS ON EXTERIOR WALL
2X10" @ 16" O.C.
2-1 3/4" x 9 1/2" L.V.L
"2X10 LEDGER"
2-SDS SCREWS 1/4" DIA. X 3 1/2" TYPE 316 STAINLESS
NOTCH FLOOR JOIST
2"X2" LEDGER BOARD
FLOOR JOIST NOTCH FOR 2X2" LEDGER
1/4" X 3 1/4" - 2 SDS SCREWS @16" O.C.
2X10"
2X10" J. @16" O.C.
2X2" LEDGER BOARD
JOISTS DETAILS
FLOOR JOISTS SUPPORT DETAILS
CROSS SECTION
PAGE 2 OF 2
SCALE 1/2" = 1'
6 TERN ST. SHREWSBURY MA.