



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. E11-076
Occupancy and Fee Checked _____
[Rev. 1/07] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 4-24-2011

City or Town of: WINTHROP

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 10 Cottage Ave

Owner or Tenant Thomas Greenfield

Telephone No. _____

Owner's Address 10 Cottage Ave

Is this permit in conjunction with a building permit? Yes ☒ No ☐ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps 1 Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps 1 Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Kitchen

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires <u>6</u>	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires <u>2</u>	Swimming Pool Above grnd. ☐ In-grnd. ☐	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets <u>3</u>	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches <u>2</u>	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers <u>1</u>	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers <u>1</u>	Space/Area Heating KW	Local ☐ Municipal Connection ☐ Other	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	
No. of Hydromassage Bathtubs	No. of Motors	Total HP	
OTHER:		Telecommunications Wiring: No. of Devices or Equivalent	

Estimated Value of Electrical Work: \$900 Attach additional detail if desired, or as required by the Inspector of Wires. (When required by municipal policy.)

Work to Start: 4/24/11 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME:

Licensee: Ronald Sturges Signature _____

LIC. NO.:

(If applicable, enter "exempt" in the license number line.)

LIC. NO.: 14844E

Address:

Bus. Tel. No.:

Alt. Tel. No.:

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:

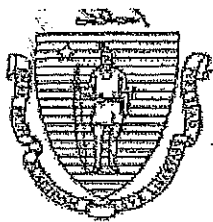
Lic. No.:

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent

Signature _____ Telephone No. _____

PERMIT FEE: \$42.00



Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): Ronald Gurgos

Address: 20 Terrace Ave

City/State/Zip: Waltham MA Phone #: 617-846-5398

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 workers' 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 workers' comp. insurance.‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☒ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or 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 workers' 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: 12-31-2011

Job Site Address: 10 Cottage Ave Waltham City/State/Zip: Waltham

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: Ronald Gurgos Date: 4-24-2011

Phone #: 617-846-5398

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

**TOWN OF WINTHROP**

Building Department

Tel: 617-846-4344

Application for Plan Examination and Building Permit

Permit No. 247Permit Type DOORPERMIT APPROVED ☒Date: 5-16-06

PERMIT MUST BE OBTAINED BEFORE BEGINNING OF WORK AND/OR OCCUPYING PREMISES. Location, ownership, detail must be correct, complete and legible. A separate application is required for every structure. Duplication plans (Preferred max. size 11"X17") must be filed with this application together with two plot plans showing setbacks of proposed structure, all existing structures, driveways, turnarounds, water lines and sewer lines.

"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c.142A)"

1. Location 10 COTTAGE AVE Map/Lot: _____ Zone: _____
2. Owner THOMAS R. GREENFIELD, SR.
Address 10 COTTAGE AVE, WINTHROP, MA 02152 Tel. 617-846-0601
3. Tenant/Occupant _____
Address _____ Tel. _____
4. Special Permit Case No. _____ Date _____ Variance Case No. _____ Date _____
5. Date Bldg. Last Occupied and by Whom _____
6. Lot in Flood Plain NO Distance from WET LAND _____ DEQE No. _____
7. Lot: Frontage _____ Rear _____ Left _____ Right _____
8. Setbacks: Front _____ Rear _____ Left _____ Right _____
9. Structure Size: _____ X _____ Total Sq. Ft. _____ Height _____ No. of Stories _____
10. Structure Erected On: Solid Land X Filled Land _____
11. Foundation Erected On: Earth X Rock _____ Piles _____
12. Footing: Material _____ Thickness _____ Width _____
13. Foundation: Material _____ Thickness _____ Width _____
14. Garage: YES Attached _____ Detached X Under _____
15. Insulation Type _____ R-Value: Walls _____ Attic _____ Floor _____
16. Type of Heat OIL Fuel or Power Type _____
17. *Will there be any - Plumbing NO Elec. NO Gas NO
18. Is the Structure Sprinkled NO Type of Alarm System NONE
19. Contractor THOMAS R. GREENFIELD, SR. C.S. License 650V388 Home Imp. License _____ Exp. _____
Address 10 COTTAGE AVE Phone 617-846-0540
WINTHROP, MA Cell Phone _____
20. Architect _____ License _____
Address _____ Phone _____
21. Are there Plans Accompanied with Application? YES _____ NO X (check one) Box No. _____
22. Description of Work to be Done - PLEASE NOTE: False or incomplete statements will mean revocation of permit
INSTALL GARAGE DOOR
2 X 4'S
SHINGLES ON FRONT
Amendment Siding West Side of House (1000 sq ft)
23. Construction Cost \$ 2000.00 Value Approved by Bldg. Comm. _____ BLDG. PERMIT FEE \$ 50
24. Workmen Compensation No. _____
25. Proposed Use for Occupancy. State in Detail of Principal & Accessory Use including Storage CAR Extra fee for Amend ck. No 3640
1000
26. No. of Available Parking Spaces _____ Location _____
27. NUMBER OF BUSINESSES _____ NUMBER OF FAMILIES 1

Applicant must obtain the following approvals before issuance of a Building or an Occupancy Permit.

Fire Dept.	Date:	Conservation	Date:
Board of Health	Date:	Public Works	Date:
Tax Office	Date:	For notice purposes only. Signature does not constitute approval.	

- CALL IN ADVANCE OF ANY REQUIRED INSPECTION - All inspections required by Department of Inspectional Services, Fire Inspectors, and the Assessor must be signed off before a CERTIFICATE of OCCUPANCY will be issued.
- Use and occupancy must be in accordance with federal, state, and local license requirements.
- One set plans bearing the approval of the Building Inspector shall be kept on the job site at all times and exhibited on demand of the Inspector. Permits shall become void six (6) months after the date of issue unless construction has commenced. False statements will mean revocation of permit.
- This permit granted pursuant to Massachusetts General Law - CMR 780 is not an assurance of quality or compliance and third parties, including the applicant, are not entitled to rely thereon.
- At the completion of work, a final inspection shall be made and the building card shall be signed-off by inspectors prior to issuance of an Occupancy Permit.
- The undersigned assumes all responsibility for compliance with the state Building Code and other applicable codes, ordinances, by-laws, rules and regulations of the Town of Winthrop. The above is subscribed and executed by me under the penalties in accordance with Section 1-A of chapter 268, G.1.

Signature of Owner/Agent Thomas R. Greenfield, Sr. Date 6-16-06

PERMIT NO. 176 DATE GRANTED 7/5/2000

19 2000

BY J. E. Connolly - T. G.
INSPECTOR OF BUILDINGS

TELEPHONE NO.

HOME _____

BUSINESS _____

MASS. SUPERVISORS LICENSE NO. 216



Permit Must Be Received Before Commencing Work

Location, Ownership and Detail must be complete and legible.

Separate Application required for every building.

Plans must be filed with this application.

Application for Permit for Alterations, Etc.

Winthrop, Mass., 7/5 19 2000

To the INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following described building;

Location 10 Cottage Ave Section _____

Name of Owner Thomas R Greenfield Address 10 Cottage Ave

Name of Mechanic Richard Greenfield " " " "

Name of Architect _____ " _____

Material of Building _____ When built _____

Size of Building—feet front _____; feet rear _____; feet deep _____; No. of stories _____

Size of L—feet long _____; feet wide _____; feet high _____; No. of stories _____; Roof _____

No. of feet in height from sidewalk to highest point of roof _____

Style of roof _____; material of roofing _____

Material of foundation _____; thickness _____

Thickness of external walls _____ inches; thickness of party walls _____ inches.

How is the building occupied Dwelling; for what purpose built _____

By how many families 1; No. of stores in the lower story _____

Means of egress 2; size of lot—front _____; rear _____; deep _____

DETAIL OF PROPOSED WORK

Repair porch



10/4/2000

ESTIMATED COST \$ 1,000

Signed under the penalties of perjury:

Signature of Owner or Authorized Representative T R Greenfield

Address 10 Cottage Ave Winthrop

PERMIT NO. 166 DATE GRANTED 5/1/96

19 96

BY L. M. Hayden - T.G.
INSPECTOR OF BUILDINGS

MASS. SUPERVISORS LICENSE NO. 048382



Permit Must Be Received Before Commencing Work

Location, Ownership and Detail must be complete and legible.

Separate Application required for every building.

Plans must be filed with this application.

Application for Permit for Alterations, Etc.

Winthrop, Mass., 4/26/96 1996

To the INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following described building:

Location 45 Faun Bar Avenue AKA 10 Cottage Ave

Name of Owner Thomas Greenfield, Sr. Address 45 Faun Bar Avenue
Name of Mechanic Standen Contracting Co., Inc. " 445 Faunce Corner Rd., No. Dartmouth, MA
Name of Architect Ondras Associates " 1050 Massachusetts Ave., Cambridge, MA
Material of Building _____ When built _____
Size of Building—feet front _____; feet rear _____; feet deep _____; No. of stories _____
Size of L—feet long _____; feet wide _____; feet high _____; No. of stories _____; Roof _____
No. of feet in height from sidewalk to highest point of roof _____
Style of roof _____; material of roofing _____
Material of foundation _____; thickness _____
Thickness of external walls _____ inches; thickness of party walls _____ inches.
How is the building occupied Residential Dwelling; for what purpose built Residential Dwelling
By how many families 1; No. of stores in the lower story _____
Means of egress 2 per family; size of lot—front _____; rear _____; deep _____

DETAIL OF PROPOSED WORK

SCOPE OF WORK INCLUDES IMPROVEMENTS TO THE ACOUSTICAL
PERFORMANCE OF THE HOME. SOUNDPROOFING MEASURES INCLUDE
NEW REPLACEMENT SASH, STORM WINDOWS, NEW DOORS, STORM
DOORS AND WEATHERSTRIPPING.

TOWN OF WINTHROP BUILDING DEPT.

CARD ISSUED TO ASSESSORS ON JUN 28 1996

Estimated cost \$14,768

Signature of Owner or Authorized Representative [Signature]

Address 445 Faunce Corner Road

North Dartmouth, MA 02747

Special Requirements:

GENERAL REQUIREMENTS

General notes as shown in sheets I and II apply to each residence in addition to the following special requirements.

SPECIAL REQUIREMENTS

Windows:

Type: Wood Clad/Coated and Vinyl

Prime Color: White

Storm Color: White

Grilles: Yes

Based on visual inspection, this house has break metal surrounds at casings and sills. (Contractor to verify)

Siding:

Type: Wood Shingle
(Contractor to verify)

Storm Door:

Type: Leaf
Color: White

Air Conditioning:

For existing thru-wall AC
Verify location and type at the prewalk.

Cover

1

Ceiling:

All ceiling treatments are contingent upon structural investigation at time of construction. If the existing structure is found to be deficient, then it is the Homeowner's responsibility to correct the deficiencies in order to receive the proposed treatments.

Room(s) of Preference: Second Floor Master Bedroom

HOMEOWNER PREWORK/ TREATMENT DECISIONS

Homeowner declines replacement of window #18, therefore no treatments recommended for second floor sunroom.

Homeowner declines replacement of window #11.

Homeowner to remove cable from window #14.

Homeowner to remove closet poles at window #21 in Room of Preference.

Homeowner to remove plastic from window #15.

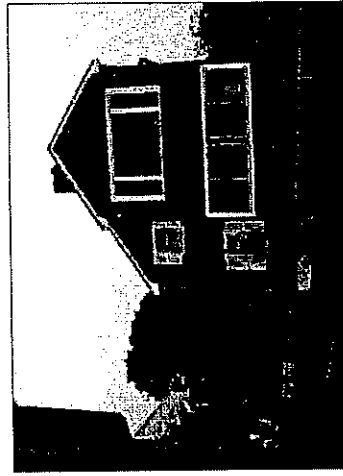
Photos:



Front Elevation:



Rear Elevation:



Left Elevation:

OK 1/11/96

THORNS R.



Right Elevation:

CityDesign/Ondras a Joint Venture.

Greenfield 16 Cottage Ave

45 Fair Bar Avenue, Winthrop

Date: 11-24-95

H-59

Drawn by: AMS

7420

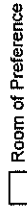
Checked by: WP

Sheet No:

1

Second Floor: Window & Door Schedules.

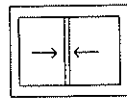
COMMENTS



CityDesign/Ondras a Joint Venture.		Date: 11-24-95	Sheet No: 3
Greenfield	H-59	Drawn by: AMS	
45 Faun Bar Ave., Winthrop		7420	Checked by: WP

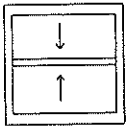
Window & Door Treatment Sheet:

Window Treatments:



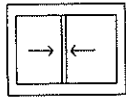
wdhs

Install new wood clad/coated double hung window with insulated glass.



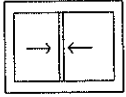
vglc:xx

Install new vinyl gliding composite window with insulated glass and high performance exterior gliding storm.



wdhu-b

Install new unclad wood double hung unit with insulated glass.



esw-dh

Install new exterior high performance triple track vertically operating storm window.



esw-pb

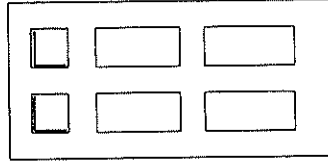
Install new exterior high performance storm panel.



isw-fr

Install new interior fixed removable storm panel.

Door Treatments:

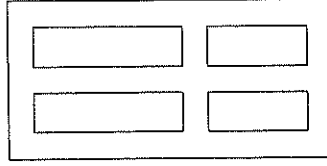


a

ep/sd-sw

Install new wood solid core exterior door with insulated glass. Weatherstrip fully and add sweep. Install new exterior high performance storm door.

b



d

ip

Install new interior wood panel door.

c

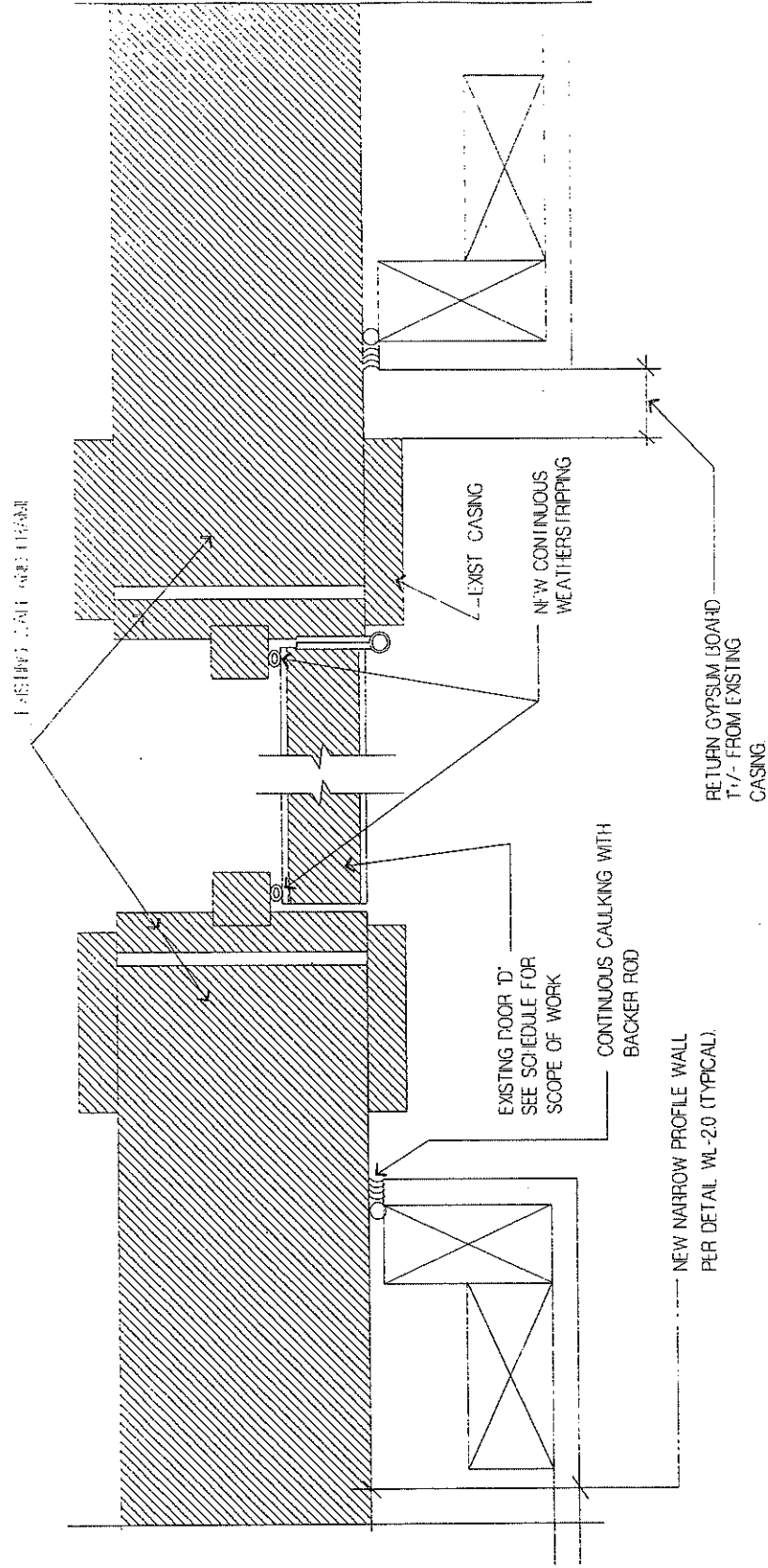
pds

Sound insulate existing pull down stairs to attic with counter weighted sound insulating cover installed on attic side.

Note: Door and Window drawings not to scale and do not represent actual products or final finished appearance.

CityDesign/Ondras a Joint Venture.		Date: 11-24-95	Sheet No:
Greenfield	H-59	Drawn by: AMS	5
45 Faun Bar Ave., Winthrop		7420	Checked by: WP

SK-B



NOTE: JAMB DETAIL SIMILAR AT HEAD

CityDesign/Ondras a Joint Venture.		Date:	11/24/95	Sheet No:	7
Greenfield, Sr.		H-59	Drawn by: MW		
45 Faun Bar Avenue, Winthrop		7420	Checked by:		



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

Office Use Only

Permit No. 21

Occupancy & Fee Checked 2/17/93
(leave blank)

3/90

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date 2/17/93

City or Town of WINTHROP

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) 10 COTTAGE AVE

Owner or Tenant TOM GREENFIELD

Owner's Address SAME

Is this permit in conjunction with a building permit: Yes ☒ No ☐ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization NO. _____

Existing Service 100 Amps 1 Volts Overhead ☐ Undgrd ☐ No. of Meters 1

New Service _____ Amps 1 Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work Install spots on GARAGE,
Install wiring in NEW PUNCH AREA, Install NEW OUTDOOR WALL FIX

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures <u>4</u>	Swimming Pool Above grnd. ☐ In-grnd. ☐	Generators	KVA
No. of Receptacle Outlets <u>6</u>	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS	No. of Zones
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local ☐ Municipal ☐ Other ☐	
No. of Water Heaters KW	No. of Signs	Low Voltage Wiring	
No. of Hydro Massage Tubs	No. of Ballasts		
	No. of Motors	Total HP	

OTHER: WIRE NEW BUILD

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES ☒ NO ☐ I have submitted valid proof of same to this office. YES ☐ NO ☐ If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE ☒ BOND ☐ OTHER ☐ (Please Specify) WORCESTER INS CO. 6/93

Estimated Value of Electrical Work \$ 200 (Expiration Date)

Work to Start 2/17 Inspection Date Requested: Rough _____ Final will call

Signed under the penalties of perjury:

FIRM NAME IDEAL ELECTRIC CO. INC.

Licensee ROBERT INCHU Signature Robert Inchu LIC. NO. A-9877

Address 2 CHAMBERLAIN AVE WINTHROP Bus. Tel. No. 846-2400

Alt. Tel. No. 846-8055
OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner Agent (Please check one)

Telephone No. _____

PERMIT FEE \$ 15-

PERMIT NO. 215 DATE GRANTED 6/24/92

19 92

BY D. N. Hayden - T. G.
INSPECTOR OF BUILDINGS

MASS. SUPERVISORS LICENSE NO. H/O



Permit Must Be Received Before Commencing Work

Location, Ownership and Detail must be complete and legible.

Separate Application required for every building.

Plans must be filed with this application.

Application for Permit for Alterations, Etc.

Winthrop, Mass., 6/24 19 92

To the INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following described building:

Location 10 Cottage Ave
Section _____
Name of Owner Thomas Greenfield Address same
Name of Mechanic same " _____
Name of Architect _____ " _____
Material of Building _____ When built _____
Size of Building—feet front _____; feet rear _____; feet deep _____; No. of stories _____
Size of L—feet long _____; feet wide _____; feet high _____; No. of stories _____; Roof _____
No. of feet in height from sidewalk to highest point of roof _____
Style of roof _____; material of roofing _____
Material of foundation _____; thickness _____
Thickness of external walls _____ inches; thickness of party walls _____ inches.
How is the building occupied dwelling; for what purpose built same
By how many families 1; No. of stores in the lower story none
Means of egress Y; size of lot—front _____; rear _____; deep _____

DETAIL OF PROPOSED WORK

Repair front steps

Estimated cost \$ 400.00

Signature of Owner or Authorized Representative T. R. Greenfield Jr

Address 10 Cottage Ave. Winthrop

TOWN OF WINTHROP
Massachusetts 02152



Building Department
Town Hall

Tel: 617-846-4344
David N. Hayden, Inspector

HOME OWNER LICENSE EXEMPTION

Please print.

Date: 6/24/95

Job Location: 10 Cottage Ave

"Homeowner" Thomas Greenfield Jr

Present Mailing Address same

The current exemption for "homeowners" was extended to include owner-occupied dwellings of six units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 109.1.1).

DEFINITION OF HOMEOWNER: Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official that he/she shall be responsible for all such work performed under the building permit. (Section 109.1.1)

The undersigned "homeowner" assumes responsibility that he/she understands the Town of Winthrop Building Department minimum inspection procedures and requirements.

HOMEOWNER'S SIGNATURE Thomas Greenfield

APPROVAL OF BUILDING OFFICIAL _____

NOTE: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 127.0, Construction Control.

PERMIT NO. 77

DATE GRANTED 3/16/92

19 92

BY D. M. [Signature]
INSPECTOR OF BUILDINGS

MASS. SUPERVISORS LICENSE NO. 022388



Permit Must Be Received Before Commencing Work

Location, Ownership and Detail must be complete and legible.
Separate Application required for every building.
Plans must be filed with this application.

Application for Permit for Alterations, Etc.

Winthrop, Mass., 3/16 1992

To the INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following described building;

Location 10 Cottage Ave Section _____

Name of Owner Thomas R Greenfield Jr Address Same

Name of Mechanic Thomas R Greenfield Jr " 10 Cottage Ave

Name of Architect _____ " _____

Material of Building _____ When built _____

Size of Building—feet front _____; feet rear _____; feet deep _____; No. of stories _____

Size of L—feet long _____; feet wide _____; feet high _____; No. of stories _____; Roof _____

No. of feet in height from sidewalk to highest point of roof _____

Style of roof _____; material of roofing _____

Material of foundation _____; thickness _____

Thickness of external walls _____ inches; thickness of party walls _____ inches.

How is the building occupied Dwelling; for what purpose built Same

By how many families 1; No. of stores in the lower story None

Means of egress Y; size of lot—front _____; rear _____; deep _____

DETAIL OF PROPOSED WORK

Replace Mullion with bar window 4' 5" x 4'
IN KITCHEN

Estimated cost \$ 1500

Signature of Owner or Authorized Representative Thomas R Greenfield Jr
Address 10 Cottage Ave, Winthrop



The Commonwealth of Massachusetts

Department of Public Safety

Office Use Only

Permit No. 5381

Occupancy & Fee Checked 300

(leave blank) 6/25/84

BOARD OF FIRE PREVENTION REGULATIONS FPR-11, RULE 8 Effective 1/1/78

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, FPR-11

Date 6/25 19 84

City or Town of WINTHROP

To the Inspector of Wires: The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) 10 COTTAGE AVE. Pole No. _____

Owner or Tenant TOM GREENFIELD

Owner's Address SAME

Is this permit in conjunction with a building permit? _____ Yes _____ No

Purpose of Building _____

Service _____ Amps _____ Volts _____ No. of Meters _____

_____ Existing _____ New Increased from _____ to _____

Nature of the Proposed Electrical Work INSTALL HEAT / FAN / LIGHT COMBO.

FIXTURE AND GFI RECEPTACLE IN BATHROOM.

PROPOSED FIXTURES IN DETAIL (See attached schedule, if necessary)

Location of Room	Light Outlets	Sw.	Plugs	Fixt.	Location of Room	Light Outlets	Sw.	Plugs	Fixt.
BATHROOM		3	16FI	1					

No. of Sw. Out.	Heat - Type
No. of Outlets Lt.	Oil
No. of Rec.	Gas
No. of Motors H.P.	Electric - KW Connected Load
No. of Signs Trans.	Hot Water - Motors and Size
Air Cond.	Steam Motors and Size
Range Name plate rate	Hot Air Motors and Size
Water Heater Name plate rate	Misc.
Clothes Dryer Name plate rate	
Total Load	
Size of Main Entrance Sw.	
Size of S. E. Conductors	

Work to Start 6/22/84 Inspection Date Requested 6/25/84 Permit Fee _____

Signed under the Penalties of Perjury:

Licenses Ideal Electric Co Inc Signature Robert Imello License No. A-9877
(Please print) (Please sign)

Address 26 BATES AVE WINTHROP, MA 02152 Tel. No. 846-2400
(Street & Number) (City or Town) (Zip Code)

Supplemental information on forms furnished by the inspectors of wires shall be mailed or delivered by the applicant

TOWN OF WINTHROP

BOARD OF APPEALS

In re: Thomas R. Greenfield #10
Premises: corner of Faun Bar and Cottage Avenues

Statement

The petitioner is aggrieved by the fact that the Inspector of Buildings has refused to permit him to encroach upon the 15 foot set-back zone on Faun Bar Avenue. The hearing was held Nov. 29, 1948. Mr. Boylan was absent due to illness.

Facts

The petitioner is the owner of the parcel of land at the corner of Faun Bar Avenue and Cottage Avenue. Faun Bar Avenue has a very steep grade so that the rear of the lot is much higher than the front. The lot is of peculiar shape, being 57 feet along the front and only 37 feet across the back. One side measures 115 feet while the other is but 86 feet. There is a set-back of 15 feet on both Faun Bar Avenue and Cottage Avenue.

The petitioner is constructing on the lot a six room frame dwelling, 23 feet by 31 feet, to be occupied by himself. The house faces Cottage Avenue. On account of the peculiar shape of the lot, its steep grade, and the set-back on both streets it is difficult to place the house so as to observe the side yard restriction and the set-back rule. The petitioner seeks permission to erect his house with the easterly corner of his sun parlor set-back only 12½ feet from Faun Bar Avenue.

Ralph W. Shorey of 12 Cottage Avenue appeared in favor of the petition. Nobody appeared in objection.

Opinion

This is one of those cases where a strict adherence to the By-Laws would impose upon the petitioner an undue hardship.

It is therefore ORDERED that permission be granted to construct the building with the easterly corner of the sun parlor set back only 12½ feet from Faun Bar Avenue.

Oliver F. Green

Ernest G. Mann

) Board
) of
) Appeal.

December 7, 1948.

BOARD OF APPEALS

Notice is hereby given that a public hearing will be held in the Hearing Room, Town Hall, Winthrop, Mass. on Monday, November 29, 1948, at eight o'clock p.m., on the written petition of Thomas R. Greenfield to vary the application of the By-Laws of the Town so far as they pertain to the corner of Faun Bar Ave. and Cottage Ave. so as to permit a lesser set-back than required by law.

Daniel J. Boylan
Ernest G. Munn
Oliver F. Green

Pub. Nov. 18, 1948.

TOWN OF FAUN BAR

BOARD OF APPEALS

PETITION FOR VARIANCE OF THE ZONING BY-LAW

I, (we) being the owner of the land located at "Faun Bar & Cottage Ave. respectfully request the Board of Appeals to vary the application of the present Zoning By-Law as the same affects the above property by allowing - The setback on Faun Bar Ave. to be twelve(12) feet, instead of fifteen(15) feet.

Signature

Thomas R. Greenfield

Address

24 Faun Bar Ave.

Date

November 10, 1948

St. 55-56 Cathedral Ave. S.
Stone, William
22 Cottage Ave.

58 or 20 Fairbar Ave.
Tard, Father F.
90 Mrs. Thomas J. Ford
36 Cygnus St., Brookline

48 Fairbar Ave.
Solomon, Richard & Thomas
50 Fairbar Ave.

41 Fairbar Ave.
Wood, Harry J. & Elizabeth

Fairbar F.
Tard of Mount St.
Fairbar & Wm. Shaw Dr.
Tard of Mount St.

Fairbar F.
Ethier, Jeanne M. & Mary I. more
25 Fairbar Ave.

Self H Fairbar W.
Stallpa, Albert V. & Philine M.
80 Pasadena Ave

Self C Fairbar W.
Self B Fairbar W.
Solomon, Richard & Thomas
50 Fairbar Ave.

Sherry, Ralph W.
12 Cottage Ave

Bathala, Elsie P.
18 Cottage Ave

McHenry, Anne M.
20 Cottage Ave

24 Cottage Ave
Leeward, Rose & Robert E.

22-23 Wm. Shore 100.
Golding, Hyman
62 Nathan Rd., Waltham

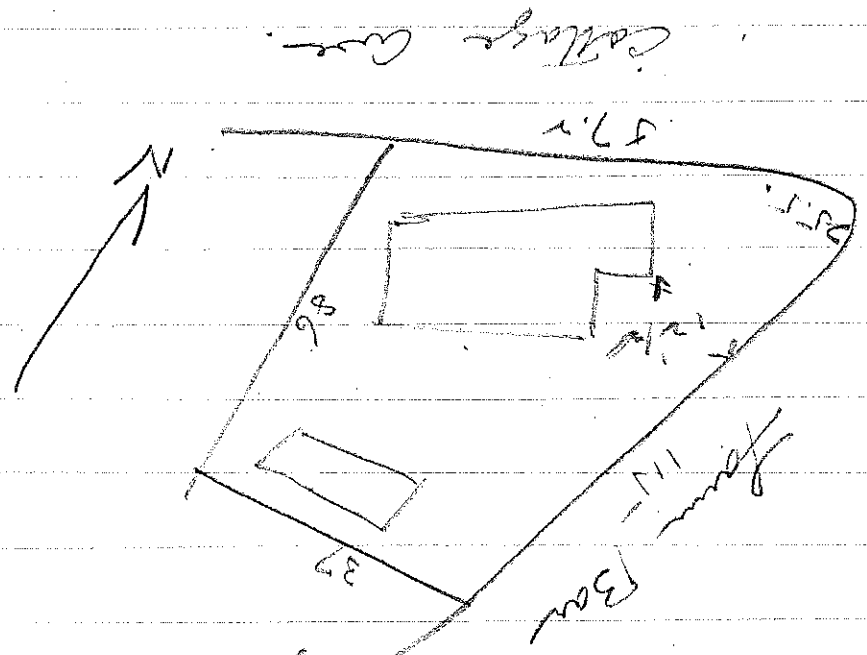
24, 25 Wm. Shore 100.
Golding, Hyman
62 Nathan Rd., Waltham

Thomas R. McFarland - 2nd Floor Bar Area

Room east of 10 Cottage Ave. Has 15' net back
 By car to alt 12 1/2 min. down B.
 Sun back on city side. Set car of air —
 porch walks into 1st Bar.

Room 10. Along - 12 Cottage Ave. -
 Airplane in front

House 23 x 31. Frame. 6 rms. Occupied by
 owner: 5583 sq. ft.



Owner of *Mr. Greenfield*
Building

[illegible]

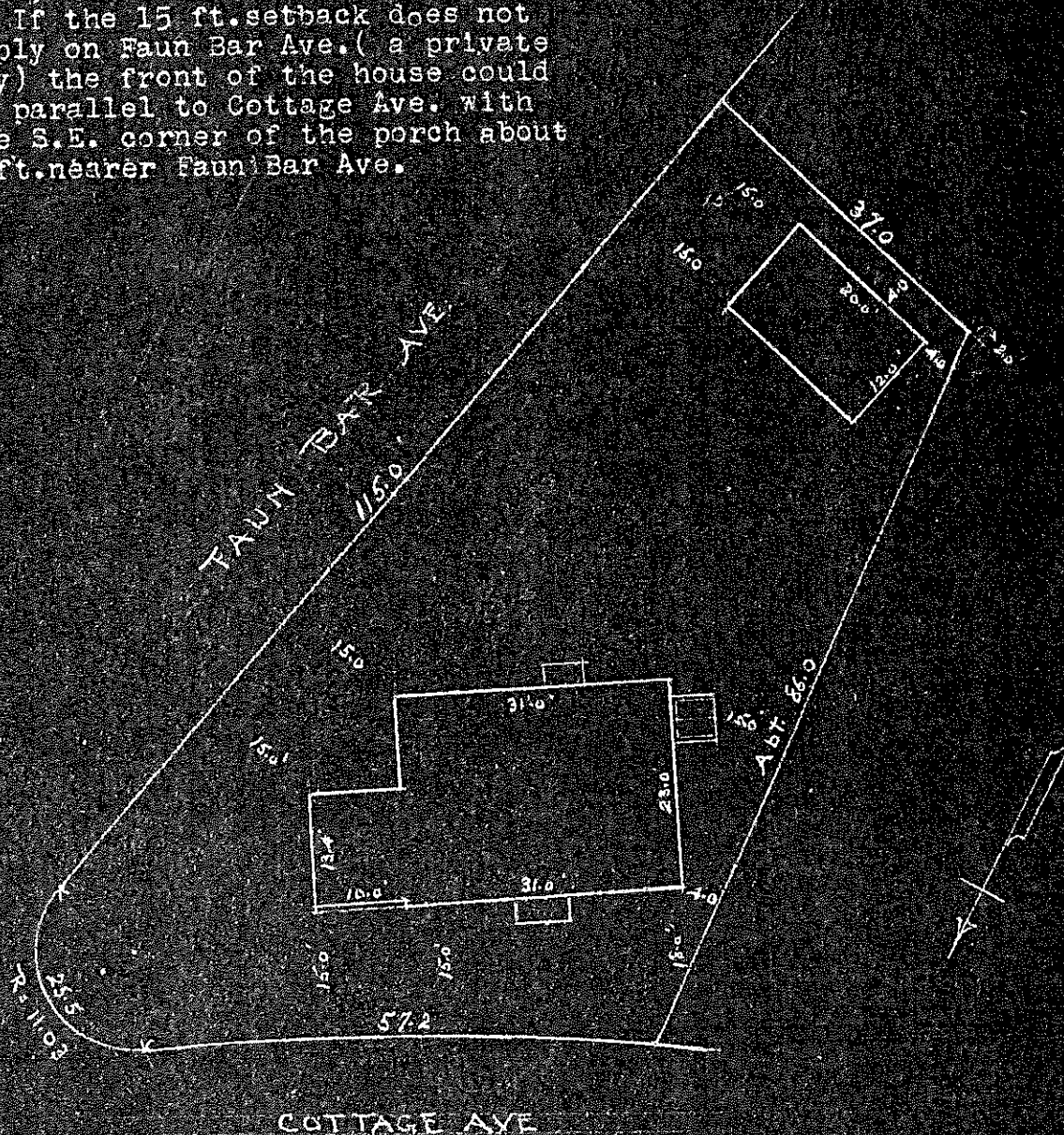
10 Cottage Ave.

Owner of Building *Norman* *Norman*

APPLIANCE	MISC.	NO. FIXT.	NO. RECP.	NO. MOTORS	WIRING CONTRACTOR	INSP. BY	DATE PASSED	PERMIT NO.
1	Refrigerator				Alvord	P. Thacker	3-20-56	5995
	Refrigerator	1	3		"	P. A. A.	2-13-69	1449A
					General Elec.	C. B.	6-25-54	5381

Note:

If the 15 ft. setback does not apply on Faun Bar Ave. (a private way) the front of the house could be parallel to Cottage Ave. with the S.E. corner of the porch about 2 ft. nearer Faun Bar Ave.



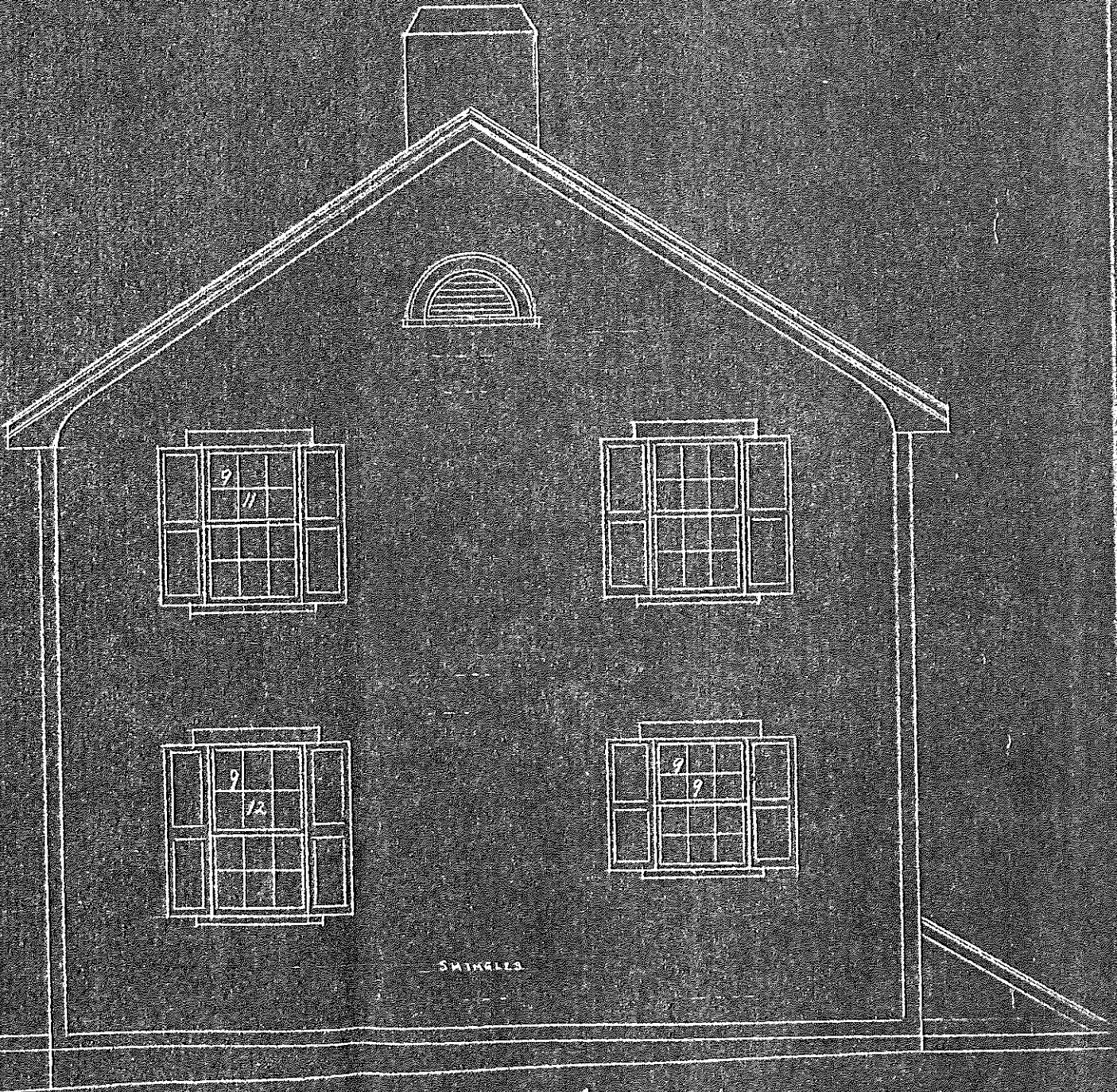
PLOT PLAN
THOMAS R. GREENFIELD JOB
COTTAGE AVE. WINTHROP, MASS.
SCALE 20 FT. = 1 IN.



N.E. ELEVATION

JOB. 487
SCALE 1/4" = 1 FT.

4



S.W. ELEVATION

MILES STANDISH RICHMOND, ARCHT.
301 DEVONSHIRE ST., BOSTON



Permit Must Be Received Before Commencing Work
Location, Ownership and Detail must be complete and legible.
Separate Application required for every building.
Plans must be filed with this application.

Application for Permit for Alterations, Etc.

Wintthrop, Mass., MAY 28, 19 93

To the INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following described building:

Location 10 COTTAGE AVENUE

Name of Owner THOMAS R. GREENFIELD Address SAME Section

Name of Mechanic THOMAS R. GREENFIELD, JR.

Name of Architect

Material of Building

Size of Building—feet front ; feet rear ; feet deep ; No. of stories

Size of Lot—feet long ; feet wide ; feet high ; No. of stories ; Roof

No. of feet in height from sidewalk to highest point of roof

Style of roof ; material of roofing

Material of foundation ; thickness

Thickness of external walls ; inches; thickness of party walls

How is the building occupied DWELLING ; for what purpose built

By how many families 1 ; No. of stories in the lower story

Means of egress 2 ; size of lot—front ; rear ; deep

DETAIL OF PROPOSED WORK

BUILD ADDITION OVER 1ST. FLOOR PORCH—SEE ATTACHED PLAN.

TOWN OF WINTHROP BUILDING DEPT.

CARD ISSUED TO ASSESSORS ON JUN 2 - 1993

Signature of Owner or Authorized Representative
Estimated cost \$ 6000
Address 12 COTTAGE AVENUE, WINTHROP

PERMIT #162
5/28/93

MR THOMAS R GREENFIELD
10 COTTAGE AVENUE
WINTHROP MASS 02152

PROPOSED RENOVATIONS
2ND FLOOR PORCH ADDITION

SCALE $\frac{1}{4}" = 2'-0"$

BY THOMAS GREENFIELD JR APRIL 28 1993
TRANSTAR CONSTRUCTION

D. WE

A-1