



TOWN OF WINTHROP
OFFICE OF INSPECTIONAL SERVICES

Al Legee Commissioner of Inspectional Services
100 Kennedy Drive, Winthrop, MA 02152 Telephone: 617-846-4344 Fax: 617-539-5826

June 25, 2022

Terry Vasquez.
59 Nahant Avenue
Winthrop, MA 02152

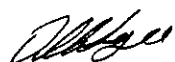
RE: Field Inspection Conducted by Commissioner Albert Legee –UNSAFE Conditions.
RE: 780 CMR State Building Code, 527 116.

OWNER OF RECORD-
Terry Vasquez,

The building located at 59 Nahant Ave Winthrop MA. On June 25, 2022, the Fire Department called the Building Commissioner Albert Legee to respond to an unsafe condition of an existing rear deck located at the property listed above. It was noted the guard rail failed.

The existing rear deck is ordered to have necessary repairs to bring it up to current building code.

- 1) Obtain a license contractor to obtain a building permit.
- 2) Guard rails are inadequate to days building codes.
- 3) Check all fasteners as needed.
- 4) Obtain a structural engineer to access the existing rear deck.


Building Commissioner
Albert Legee, CBO

J P L CONSULTING

ARCHITECTURAL DESIGN AND PLANNING

115 COLERRIDGE STREET, APT 1
EAST BOSTON, MA 02128

JOHNPLLOYD@COMCAST.NET
617-899-0551
VENMO: JOHN-LLOYD-23

FIELDREPORT

To: AL LEGEE
Commissioner of Inspectional Services
Town of Winthrop
100 Kennedy Drive
Winthrop MA 02152

From: Dan DiLullo
John Lloyd

Date: July 7, 2022

RE: 59 Nahant Ave, Winthrop MA

Mr. Legee,

On July 6th, 2022, my associate, John Lloyd, conducted a field report pertaining to an existing deck structure at 59 Nahant Avenue in lieu of the recent guard rail failure incident.

The following was observed:

1. The existing guard rail has been reinforced since the time of the failure and appears to be structurally safe.
2. The overall deck structure (foundation, columns, joists, ledger and decking) is structurally safe. Given the life span of the existing structure there are improvements that will be made:
 - a. The existing main 4x6 beam that is parallel to the house has some deterioration and splitting at the splice locations directly at the column locations and given the overall existing design, it makes more sense to replace this support in its entirety. The new columns will be anchored into the concrete seawall below.

July 7, 2022

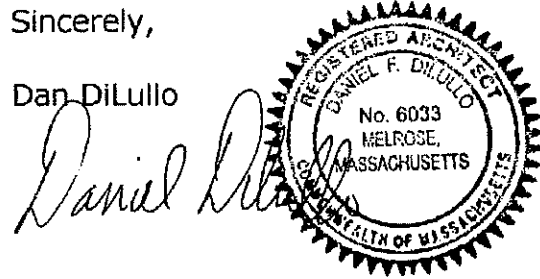
- b. The pre-existing non-conforming guard rail system shall be replaced with a new system that will be code compliant. The post connections will be improved by replacing the current single 2x6 ribbon joist with a double 2x10 ribbon.
- c. The existing ledger will be reinforced where the perpendicular 4x6 beams intersect to the building.

The above repairs and improvements will be shown on a plan that the contractor will add to the building permit application.

If you have any questions or concerns, please do not hesitate to contact either myself or John Lloyd.

Sincerely,

Dan DiLullo





G
TYPE OR
PRINT
CLEARLY

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

CITY Winthrop MA DATE 3/10/2020 PERMIT # G20-031
JOBSITE ADDRESS 59 NANTUCKET AVE OWNER'S NAME Terry Vazquez
OWNER ADDRESS _____ TEL _____ FAX _____
OCCUPANCY TYPE COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☒
NEW: ☐ RENOVATION: ☒ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

APPLIANCES ↓	FLOORS →	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER																
BOOSTER																
CONVERSION BURNER																
COOK STOVE			1													
DIRECT VENT HEATER																
DRYER																
FIREPLACE																
FRYOLATOR																
FURNACE																
GENERATOR																
GRILLE																
INFRARED HEATER																
LABORATORY COCKS																
MAKEUP AIR UNIT																
OVEN																
POOL HEATER																
ROOM / SPACE HEATER																
ROOF TOP UNIT																
TEST																
UNIT HEATER																
UNVENTED ROOM HEATER																
WATER HEATER																
OTHER																
<u>1500</u>																

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142 YES ☒ NO ☐

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY ☒ OTHER TYPE INDEMNITY ☐ BOND ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE ONLY: OWNER ☐ AGENT ☐

SIGNATURE OF OWNER OR AGENT

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER-GASFITTER NAME Michael W Beattie LICENSE # 15231 SIGNATURE Michael W Beattie

MP ☒ MGF ☐ JP ☐ JGF ☐ LPGI ☐ CORPORATION ☒ # 3187 PARTNERSHIP ☐ # _____ LLC ☐ # _____

COMPANY NAME Beattie Plumbing & Heating, LLC ADDRESS 86 Johnson Ave

CITY Winthrop STATE MA ZIP 02152 TEL 617-846-2789

FAX _____ CELL _____ EMAIL _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Beathe Plumbing & Heating, LLC

Address: 86 Johnson Ave

City/State/Zip: Lynn MA 02152 Phone #: 617 846 2789

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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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.‡
6. ☐ 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):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☒ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ 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: Bissio Insurance

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: 59 Nahant Ave City/State/Zip: Lynn MA 02152

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

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: Michael G. Bissio Date: 3/10/2020

Phone #: 617 846 2789

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 #: _____

964-cta 0610



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P
TYPE OR
PRINT
CLEARLY

CITY/TOWN Winthrop MA DATE 3/10/2020 PERMIT # P20-039
JOBSITE ADDRESS 59 Nahant Ave OWNER'S NAME Terry Vazquez
OWNER ADDRESS _____ TEL _____ FAX _____
OCCUPANCY TYPE COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☒
NEW: ☐ RENOVATION: ☒ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

FIXTURES ↓	FLOOR →	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONNECTION DEVICE																
DEDICATED SPECIAL WASTE SYSTEM																
DEDICATED GAS/OIL/SAND SYSTEM																
DEDICATED GREASE SYSTEM																
DEDICATED GRAY WATER SYSTEM																
DEDICATED WATER RECYCLE SYSTEM																
DISHWASHER			1													
DRINKING FOUNTAIN																
FOOD DISPOSER			1													
FLOOR / AREA DRAIN																
INTERCEPTOR (INTERIOR)																
KITCHEN SINK			1													
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES																
WATER PIPING																
OTHER <u>\$1500</u>																

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. YES ☒ NO ☐

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY ☐ OTHER TYPE OF INDEMNITY ☐ BOND ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE ONLY: OWNER ☐ AGENT ☐

SIGNATURE OF OWNER OR AGENT

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER'S NAME Michael Beattie LICENSE # 15231 SIGNATURE Michael Beattie

MP ☒ JP ☐ CORPORATION ☐ # 3187 PARTNERSHIP ☐ # _____ LLC ☐ # _____

COMPANY NAME Beattie Plumbing & Heating ADDRESS 86 Johnson Ave

CITY Winthrop STATE MA ZIP 02152 TEL 617 846 2789

FAX _____ CELL _____ EMAIL _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Beathe Plumbing & Heating, LLC

Address: 86 Johnson Ave

City/State/Zip: Falmouth MA 02152 Phone #: 617 846 2789

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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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.‡
6. ☐ 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):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
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13. ☐ Roof repairs
14. ☐ Other _____

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‡ 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: Bissio Insurance

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: 89 Nahant Ave City/State/Zip: Falmouth MA 02152

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

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: Michael G. Ball Date: 3/10/2020

Phone #: 617 846 2789

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 #: _____

#304.
shk#
4585
✓

The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR Building Permit Application To Construct, Repair, Renovate Or Demolish a <i>One- or Two-Family Dwelling</i>		FOR MUNICIPALITY USE <i>Revised Mar 2011</i>	
This Section For Official Use Only			
Building Permit Number: <u>B20-096</u>		Date Applied: <u>3-4-20</u>	
Building Official (Print Name): <u>Russ Sanford</u>		Signature: <u>[Signature]</u> Date: _____	
SECTION 1: SITE INFORMATION			
1.1 Property Address: <u>59 NAHANT AVE</u>		1.2 Assessors Map & Parcel Numbers	
1.1a Is this an accepted street? yes ☒ no _____		Map Number _____ Parcel Number _____	
1.3 Zoning Information:		1.4 Property Dimensions:	
Zoning District _____ Proposed Use _____		Lot Area (sq ft) _____ Frontage (ft) _____	
1.5 Building Setbacks (ft)			
Front Yard		Side Yards	
Required	Provided	Required	Provided
1.6 Water Supply: (M.G.L c. 40, §54)		1.7 Flood Zone Information:	
Public ☐ Private ☐	Zone: _____ Outside Flood Zone? Check if yes ☐	1.8 Sewage Disposal System:	
		Municipal ☐ On site disposal system ☐	
SECTION 2: PROPERTY OWNERSHIP ¹			
2.1 Owner ¹ of Record:		<u>WINTHROP MA</u>	
Name (Print): <u>TERRY VAZQUEZ</u>		City, State, ZIP	
<u>59 NAHANT AVE</u>		<u>6178466300</u> <u>NA</u>	
No. and Street		Telephone Email Address	
SECTION 3: DESCRIPTION OF PROPOSED WORK ² (check all that apply)			
New Construction ☐	Existing Building ☐	Owner-Occupied ☒	Repairs(s) ☒
Demolition ☐	Accessory Bldg. ☐	Alteration(s) ☒	Addition ☐
Number of Units _____ Other ☐ Specify: _____			
Brief Description of Proposed Work ² : <u>NEW KITCHEN</u>			
SECTION 4: ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Costs: (Labor and Materials)	Official Use Only	
1. Building	\$ <u>14800</u>	1. Building Permit Fee: \$ _____ Indicate how fee is determined:	
2. Electrical	\$ <u>3300</u>	☐ Standard City/Town Application Fee	
3. Plumbing	\$ <u>3100</u>	☐ Total Project Cost ³ (Item 6) x multiplier _____ x _____	
4. Mechanical (HVAC)	\$ _____	2. Other Fees: \$ _____	
5. Mechanical (Fire Suppression)	\$ _____	List: <u>W/S JC</u>	
6. Total Project Cost:	\$ <u>21200</u>	Total All Fees: \$ _____	
		Check No. _____ Check Amount: _____ Cash Amount: _____	
		☐ Paid in Full ☐ Outstanding Balance Due: _____	

SECTION 5: CONSTRUCTION SERVICES																			
5.1 Construction Supervisor License (CSL)																			
<u>HARRY BENSON</u> Name of CSL Holder	<u>050180</u> License Number																		
<u>69 FAUN BAR AVE</u> No. and Street	<u>3/24/20</u> Expiration Date																		
<u>WINTHROP MA 02152</u> City/Town, State, ZIP	List CSL Type (see below) <u>U</u>																		
	<table><thead><tr><th>Type</th><th>Description</th></tr></thead><tbody><tr><td>U</td><td>Unrestricted (Buildings up to 35,000 cu. ft.)</td></tr><tr><td>R</td><td>Restricted 1&2 Family Dwelling</td></tr><tr><td>M</td><td>Masonry</td></tr><tr><td>RC</td><td>Roofing Covering</td></tr><tr><td>WS</td><td>Window and Siding</td></tr><tr><td>SF</td><td>Solid Fuel Burning Appliances</td></tr><tr><td>I</td><td>Insulation</td></tr><tr><td>D</td><td>Demolition</td></tr></tbody></table>	Type	Description	U	Unrestricted (Buildings up to 35,000 cu. ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry	RC	Roofing Covering	WS	Window and Siding	SF	Solid Fuel Burning Appliances	I	Insulation	D	Demolition
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WS	Window and Siding																		
SF	Solid Fuel Burning Appliances																		
I	Insulation																		
D	Demolition																		
Telephone _____	Email address _____																		
5.2 Registered Home Improvement Contractor (HIC)																			
<u>HARRY BENSON</u> HIC Company Name or HIC Registrant Name	<u>175235</u> HIC Registration Number																		
<u>69 FAUN BAR AVE</u> No. and Street	<u>11/27/21</u> Expiration Date																		
<u>WINTHROP MA 02152</u> City/Town, State, ZIP	<u>HARCAR@COMCAST.NET</u> Email address																		
<u>6172936893</u> Telephone																			
SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 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, as Owner of the subject property, hereby authorize <u>HARRY BENSON</u> to act on my behalf, in all matters relative to work authorized by this building permit application.																			
<u>TERRY VASQUEZ</u> Print Owner's Name (Electronic Signature)	<u>3-9-20</u> Date																		
SECTION 7b: OWNER ¹ OR AUTHORIZED AGENT DECLARATION																			
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.																			
<u>HARRY BENSON</u> Print Owner's or Authorized Agent's Name (Electronic Signature)	<u>3-9-20</u> 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 registered in the Home Improvement Contractor (HIC) Program), will <i>not</i> have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps																			
2. When substantial work is planned, provide the information below:																			
Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____																		
Gross living area (sq. ft.) _____	Number of bedrooms _____																		
Number of fireplaces _____	Number of half/baths _____																		
Number of bathrooms _____	Number of decks/ porches _____																		
Type of heating system _____	Enclosed _____ Open _____																		
Type of cooling system _____																			
3. "Total Project Square Footage" may be substituted for "Total Project Cost"																			



The Commonwealth of Massachusetts
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): HAED WOOD BUILDERS INC

Address: 69 FAIR BAR AVE

City/State/Zip: WINTHROP MA Phone #: 617-293-6893

Are you an employer? Check the appropriate box:

1. ☐ I am a 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 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 _____

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† 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 attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

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

Insurance Company Name: AIM

Policy # or Self-ins. Lic. #: WIC 2020 7024503 Expiration Date: _____

Job Site Address: 59 NAWANT AVE City/State/Zip: WINTHROP MA

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: Lib Benson Date: 3-9-20

Phone #: _____

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
OFFICE OF INSPECTIONAL SERVICES

At Large Commissioner of Inspectional Services
100 Kennedy Drive, Winthrop, MA 02152 Telephone: 617-846-4344 Fax: 617-539-5826

DEBRIS REMOVAL FORM

Section 111.5 780 CMR; State Building Code states: "As a condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a *building* or *structure*, M.G.L. c. 40, subsection 54, requires that the debris resulting therefrom shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L.111, subsection 150A."

Job Location: 59 NAHANT AVE WINTHROP

PETER RUBAISH REMOVAL
Location of Facility or Dumpster Company's Name and Address

He Benson HARRY BENSON
Signature of Applicant Print Name

Building Permit Number: _____

Date: _____

 Commonwealth of Massachusetts
Division of Professional Licensure
Board of Building Regulations and Standards
Construction Supervisor

CS-050180 Expires: 03/24/2021

HARRY W BENSON
69 FAUN BAR AVE
WINTHROP MA 02152

Commissioner 



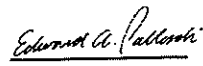
The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation
HOME IMPROVEMENT CONTRACTOR
TYPE: Corporation

Registration	Expiration
175235	11/27/2021

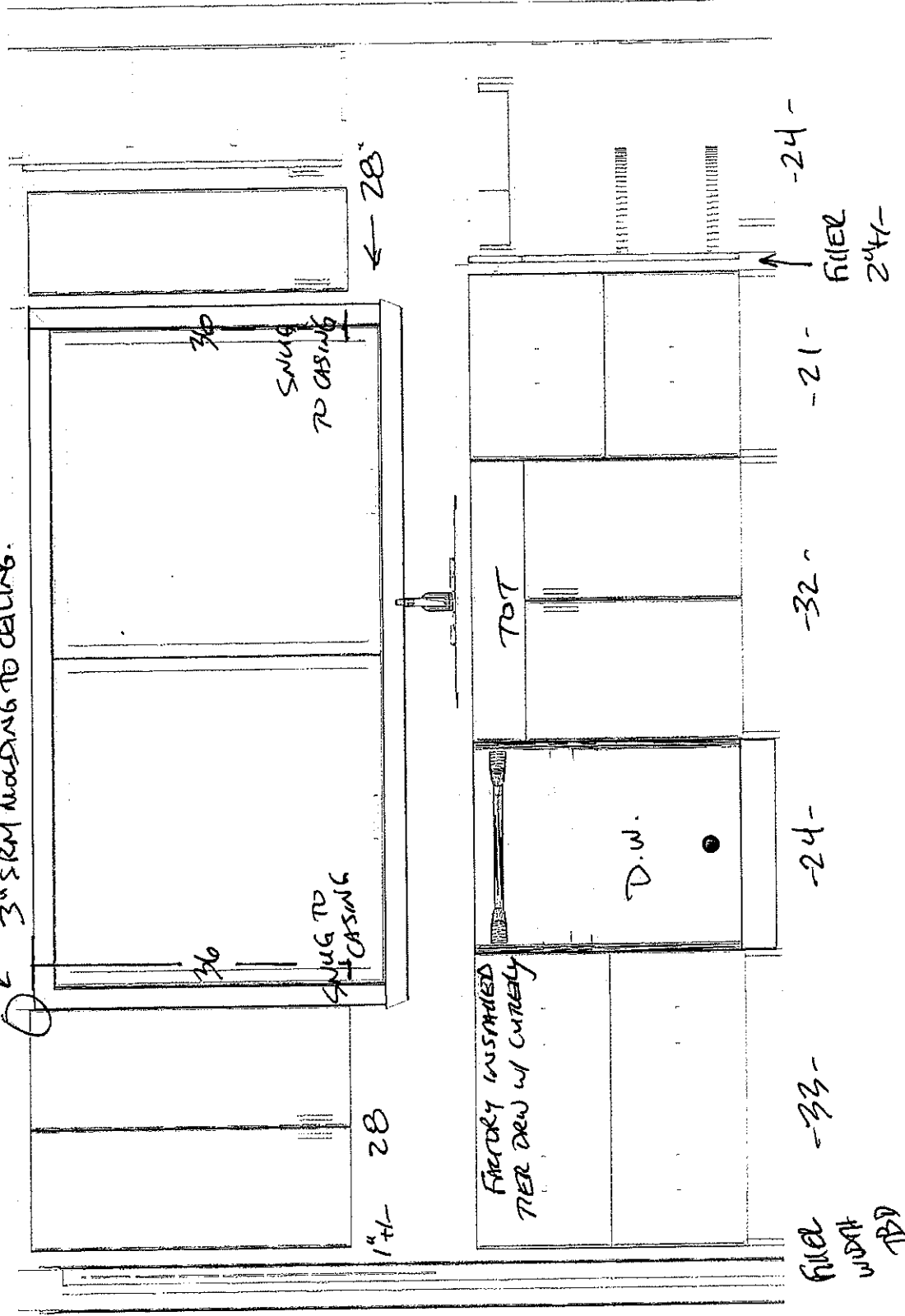
HARD WOOD BUILDERS INC.

HARRY BENSON
69 FAUN BAR AVE
WINTHROP, MA 02152



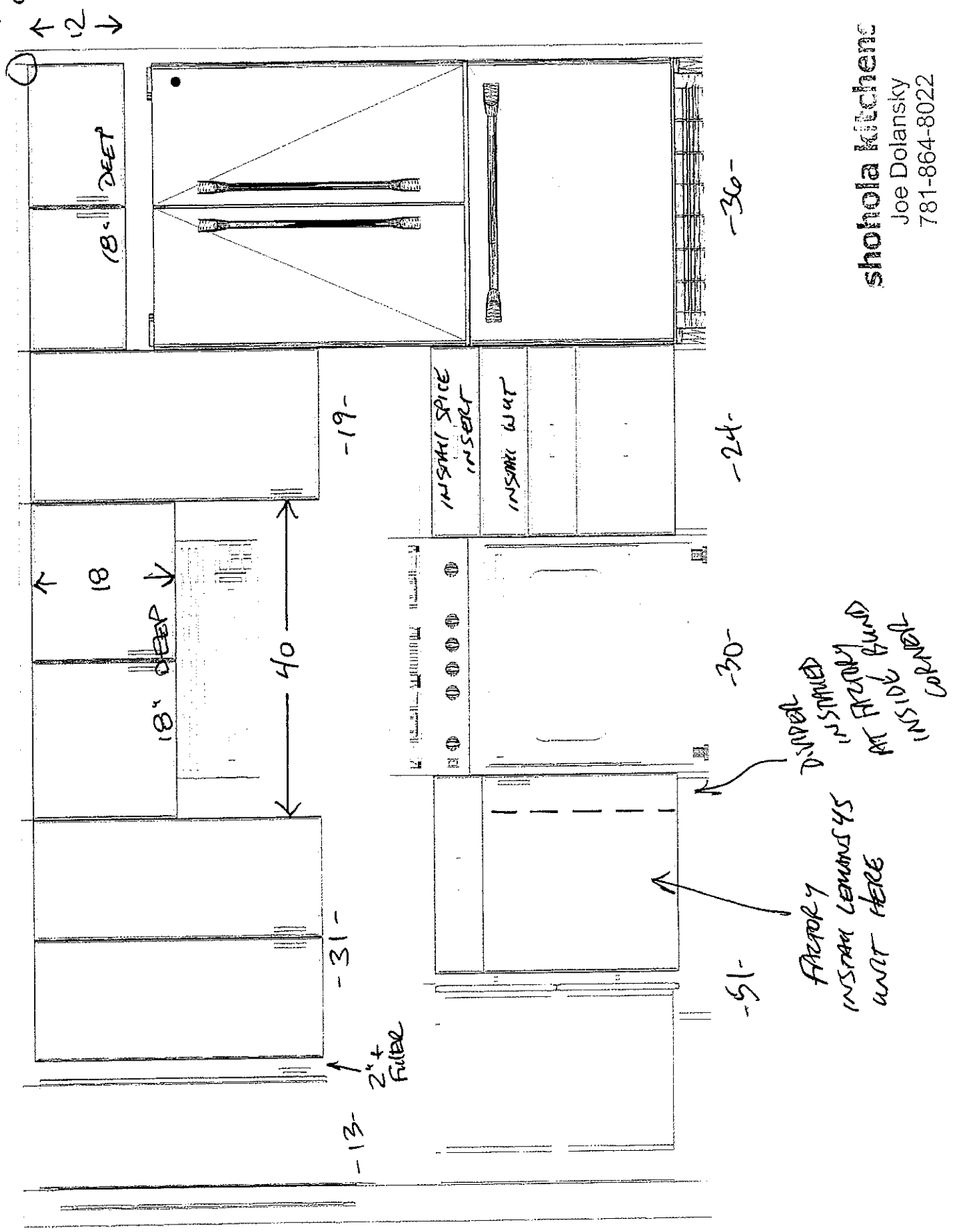

Undersecretary

✓ CUT & SCRIBE
3" SRM MOUNTING TO CEILING.



shohola kitchen
Joe Dolansky
781-864-8022

CUT / SCRIBE
1/2" INSIDE 3/4"
SERM TO
CEILING



shotola kitchen
Joe Dolansky
781-864-8022

USE 1 1/2" STP
NODING TO BRACE
ACROSS/BETWEEN END
PANELS & ABOVE RER

WINE

RER

1 1/2

END PANEL

1 1/2

END PANEL

shohola kitchen

Joe Dolansky

781-864-8022



TOWN OF WINTHROP

INSPECTIONAL SERVICES

No: B20-096

Date: 03/10/2020

PERMIT TO BUILD

THIS CERTIFIES THAT Harry Benson
Has permission to New Leitchen building
on 59 Nahant Ave, Winthrop, MA, 02152
providing that the person accepting this permit shall in every respect conform to the terms of the application
on file in this office, and to the provisions of the Statutes and Ordinances relating to the Construction of
Building on the Town of Winthrop. Any violation of any of the terms above noted shall result in an immediate
revocation of this permit.

COST OF CONSTRUCTION: \$ 22,000

Inspector of Buildings

No Building, Structure or Land shall be used, or occupied until
a certificate of use or occupancy is applied for and issued.

This permit shall expire in six months unless work has
commenced and proceeds continuously to completion.

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE
VISIBLE TO THE PUBLIC



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., 2 APR 1985

To the INSPECTOR OF BUILDINGS:

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

Location 59 NAHANT AVE
Name of owner TERRY P. VAZQUEZ Address 59 NAHANT AVE Section _____
Name of mechanic D. N. HAYDEN " 370 REVERE ST.
Name of architect _____
Material of building WOOD FRAME 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 FLAT; 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 ONE; No. of stores in the lower story NONE
Means of egress FRONT & REAR; size of lot—front _____; rear _____; deep _____

DETAIL OF PROPOSED WORK

TO BUILD REAR PORCH, INSTALL NEW PICTURE WINDOW
& RESHINGLE SIDE WALLS

Estimated cost \$ 3500.⁰⁰

IF EXTENDED ON ANY SIDE

Size of extension—No. of feet long _____; feet wide _____; feet high above sidewalk _____
No. of stories high _____; style of roof _____; material of roofing _____
Of what material will the extension be built _____; foundation _____; thickness _____
If of brick, what will be thickness of external walls _____ inches; and party walls _____ inches.
How will the extension be occupied _____; how connected with main building _____



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit No. 1220-59

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: 3-9-20

City or Town of: Wintrop

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) 59 Nahant Ave

Owner or Tenant Terry Vasquez

Telephone No. _____

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 _____ Amps _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

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

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Rewire kitchen renovation, all new

Wiring for kitchen

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

No. of Recessed Luminaires <u>8</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 ☐ In- ☐ Undgrd ☐	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets <u>10</u>	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches <u>6</u>	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges <u>1</u>	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers <u>1</u>	Heat Pump Number _____ Tons _____ KW _____	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers <u>1</u>	Space/Area Heating KW	Local ☐ Municipal ☐ 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	Data Wiring: No. of Devices or Equivalent
No. Hydromassage Bathtubs	No. of Motors	Total HP	Telecommunications Wiring: No. of Devices or Equivalent
OTHER:			

Estimated Value of Electrical Work: 4500

Attach additional detail if desired, or as required by the Inspector of Wires. (When required by municipal policy.)

Work to Start 3-9-20 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: Joseph M. Delaney

LIC. NO.: 39033

Licensee:

Signature [Signature]

LIC. NO.:

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

Address: P.O. Box 8 Acushnet MA 02546

Bus. Tel. No.: 281-316 6980

Alt. Tel. No.:

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

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: \$ 100 -



The Commonwealth of Massachusetts
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): Joseph DeGirio

Address: 72 Manning St Dr

City/State/Zip: Attleboro MA 02476 Phone #: 781-316-6980

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 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 their workers' comp. policy information.

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: _____ City/State/Zip: _____

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: [Signature] Date: 3-9-20

Phone #: 781-316-6980

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 #: _____

PERMIT NO. 444 DATE GRANTED 4 DEC 91

19 _____

BY D. M. [Signature]
INSPECTOR OF BUILDINGS

MASS. SUPERVISORS LICENSE NO. 015889



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 DEC 1991

To the INSPECTOR OF BUILDINGS:

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

Location 59 NAHANT AVE

Section _____

Name of Owner LAZQUEZ Address SAME

Name of Mechanic SEACREST CONTRACTORS INC. " 19 CENTRAL ST

Name of Architect ATLANTIC ENGINEERING " ICEVENOR MASS.

Material of Building WOOD When built _____

Size of Building—feet front 30; feet rear 30; feet deep 70; 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 CONCRETE (POURED); thickness 12"

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

How is the building occupied SINGLE FAMILY; for what purpose built CLUB

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

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

DETAIL OF PROPOSED WORK

REPAIR TO EXISTING FOUNDATION ACCORDING TO
ENGINEER'S REPORT AND PLANS

TOWN OF WINTHROP BUILDING DEPT.

CARD ISSUED TO ASSESSORS ON DEC 17 1991

Estimated cost \$ 15,000.

Signature of Owner or Authorized Representative [Signature] PRES.

Address 19 CENTRAL ST.

TOWN OF WINTHROP



OFFICE OF THE INSPECTOR OF WIRES

MR. BERNARD CARVER
59 NAHANT AVENUE
WINTHROP, MASS. 02152

Date: AUG. 8, 1975

Dear SIR:

An inspection of your property located at 59 NAHANT AVENUE
Winthrop, Massachusetts reveals the following electrical defects (checked below) which constitutes a
hazard to life and property, and violation of Sec. 121 of the Winthrop Building Code.

- ☐ Defective Service
- ☐ Inadequate Service
- ☐ Insufficient Circuits
- ☐ Insufficient Receptacles
- ☐ Lamp cords used as extensions
- ☐ Defective fixtures
- ☒ Improperly connected appliances { VEHICLE CONNECTED TO HOUSE WIRING
WITH EXTENSION CORDS.
- ☐ Defective wiring
- ☒ Not approved equipment { COMBINATION OF CORDS NOT APPROV
FOR PURPOSE.
- ☐ Defective meter board
- ☐ Improper fusing
- ☒ Other OBSTRUCTING SIDEWALK

Please have this condition corrected and notify this office within 24 hours.
~~Failure~~ Failure to comply will necessitate court action.

Respectfully yours,

Arthur A. Baron
ARTHUR A. BARON
Wire Inspector



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., 2 SEPT 1987

To the INSPECTOR OF BUILDINGS:

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

Location 59 NAHANT AVE

Section _____

Name of Owner TERRY VAZQUEZ Address SAME

Name of Mechanic OWNER "

Name of Architect " "

Material of Building WOOD FRAME 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 ONE; No. of stores in the lower story _____

Means of egress FRONT & SIDE; size of lot--front _____; rear _____; deep _____

DETAIL OF PROPOSED WORK

REMOVE KITCHEN MULLION WINDOW & REPLACE W/ ANDERSON
PICTURE UNIT

Estimated cost \$ 850⁰⁰

IF EXTENDED ON ANY SIDE

Size of extension--No. of feet long _____; feet wide _____; feet high above sidewalk _____

No. of stories high _____; style of roof _____; material of roofing _____

Of what material will the extension be built _____; foundation _____; thickness _____

If of brick, what will be thickness of external walls _____ inches; and party walls _____ inches.

How will the extension be occupied _____; how connected with main building _____



TOWN OF WINTHROP

APPLICATION FOR PERMIT TO DO PLUMBING

WINTHROP, MASS.

DATE April 17, 1985

WORK MUST BE PERFORMED IN COMPLIANCE WITH ALL PROVISIONS OF THE MASSACHUSETTS STATE PLUMBING CODE AND CHAPTER 142 OF THE GENERAL LAWS.

FIXTURES

[illegible]

NAME AND ADDRESS OF BUILDING _____ NAME _____ CERTIFICATE NO. _____

59 Nahant Ave.

CORPORATION.

PARTNERSHIP

PARTNERSHIP Streeter Plng. & Heating, Inc.
FIRM OR COMPANY

FIRM OR COMPANY.

Renovation

GAS FITTER MUST RECEIVE PERMIT BEFORE COMMENCING WORK

All work hereafter performed must be tested before being used, and the Supervisor must be notified when all connections are in position and the final test is applied.



APPLICATION FOR PERMIT TO DO GAS FITTING

TO THE GAS INSPECTOR

WINTHROP, APRIL 17, 1985

The undersigned hereby applies for a permit to perform gas fitting work according to the following specifications:

Location 59 Nahant Avenue

District

Address 59 Nahant Ave.

Ward

Nearest cross street

Terry Vazquez

New or old

old

Number of families

Stores

Name of owner

Material of building

What is the building to be occupied for?

NATURE OF PROPOSED GAS FITTING IN DETAIL

Floor	Pipe Size	Electrolux	Cookers	Domestic Ranges	Hotel Ranges	Side Arm Water Heaters	Auto. Heaters	Observation Heater	Auto. Storage Heaters	Heating Boilers	Furnaces	Oil Pilots	Melting Pots	Gasmain Radiators	Radiant Fires	Unit Heaters	Gas Engines	Hot Plates	Bunsen Burners	Incinerators	Confect. Stoves	Lighting Brackets	Regulators
Basement																							
1st									X	X													
2nd																							
3rd																							
4th																							
5th																							
6th																							
7th																							
8th																							
9th																							
10th																							

NOTE — Mark Below by X Whether

New Gas Fitting

Alterations to Gas Fitting

Replacement of Fixtures

Estimated Cost \$

SIGNATURE OF MASTER GAS FITTER

TELEPHONE NO.

NOTE

LICENSE NO. 19862

LICENSE EXPIRES MAY 1986

Paul Shaw

ADDRESS

17 Cliff Ave., Winthrop, MA.

PERMIT APPROVED ☐
 PERMIT NO. 81
 PERMIT ISSUED 4-16 20 02
 PERMIT FEE \$ 140



TOWN OF WINTHROP
 Building Department
 Application for Plan Examination
 and Building Permit
 Tel: 617-846-4344

FOR BUILDING DEPT. USE
 DATE RECEIVED: 4/16/02
 RECEIVED BY: T. J.
 DATE REVIEW TO BE COMPLETE:

IMPORTANT - COMPLETE ALL ITEMS - MARK BOXES WHERE APPLICABLE - PRINT

I. LOCATION OF BUILDING

(AT LOCATION) 59 Nahant Ave
(NO.) (STREET)
 BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)
 PLOT _____ MAP _____ ZONING _____
 PLANS FILED ☐ YES ☒ NO

II. TYPE AND COST OF BUILDING - all applicants complete parts A through D.

A. TYPE OF IMPROVEMENT

- 1 ☐ New Building
 2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 14)
 3 ☐ Alteration (If residential, enter number of new housing units added, if any, in Part D, 14)
 4 ☒ Repair, replacement
 5 ☐ Demolition (If multifamily residential, enter number of units in building in Part D, 14; in non-residential, indicate most recent use checking D-18 - D-32)
 6 ☐ Moving (relocation)
 7 ☐ Foundation only

D1. PROPOSED USE - For demolition most recent use

- | | |
|--|--|
| Residential | Nonresidential |
| 13 ☒ One family | 19 ☐ Assembly |
| 14 ☐ Two or more family - Enter number of units | 20 ☐ Business |
| 15 ☐ Transient hotel, motel, or dormitory - Enter number of units | 21 ☐ Educational |
| 16 ☐ Garage | 22 ☐ Factory and Industrial |
| 17 ☐ Carport | 23 ☐ High Hazard |
| 18 ☐ Other - Specify | 24 ☐ Institutional |
| | 25 ☐ Mercantile |
| | 26 ☐ Storage |
| | 27 ☐ Other |

B. OWNERSHIP

- 8 ☒ Private (individual, corporation, nonprofit institution, etc.)
 9 ☐ Public (Federal, State or local government)

D2. ADDITIONS, ALTERATIONS, DEMOLITIONS

- 28 Present use (describe) _____
 29 No. Apts. _____ 30 No. Stories _____
 31 Proposed use (describe) _____
 32 No. Apts. _____ 33 No. Stories _____
 34 If addition, increased sq. ft. _____

C. COST

- (Omit cents)
 10 Cost of construction \$ 8500
 To be installed but not included in the above cost
 a. Electrical 800
 b. Plumbing 1000
 c. Heating, air conditioning
 d. Other (elevator, etc.)
 11 TOTAL VALUE OF CONSTRUCTION 10300
 12 TOTAL ASSESSED BLDG. VALUE 400K

D3. DESCRIBE IN DETAIL PROPOSED WORK TO BE CONDUCTED

Install new Anderson Windows Install new ceilings 2 rms all new trim

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings complete part E through N. For demolition, complete only parts G and O. For all others (additions, alterations, repair, moving, foundation), complete E through O.

E. PRINCIPAL TYPE OF FRAME

- 35 ☐ Masonry (wall bearing)
 36 ☒ Wood frame
 37 ☐ Structural steel
 38 ☐ Reinforced concrete
 39 ☐ Other - Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 45 ☒ Public or private company
 46 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

- 47 ☒ Public or private company
 48 ☐ Private (well, cistern)

F. PRINCIPAL TYPE OF HEATING FUEL

- 40 ☒ Gas
 41 ☐ Oil
 42 ☐ Electricity
 43 ☐ Coal
 44 ☐ Other - Specify _____

I. TYPE OF MECHANICAL

- Is there a fire sprinkler system?
 49 ☐ YES 50 ☒ NO
 Will there be central air conditioning?
 51 ☐ YES 52 ☒ NO
 Will there be an elevator?
 53 ☐ YES 54 ☒ NO

J. DIMENSIONS

- 55 Number of stories 2
 56 Height 25
 57 Total square feet of floor area, all floors based on exterior dimensions 2100
 58 Building length 65
 59 Building width 35
 60 Total Sq. Ft. of bldg. footprint 2100
 61 Front lot line width 65
 62 Rear lot line width 60
 63 Depth of lot 840
 64 Total sq. ft. of lot size 8305
 65 % of lot occupied by bldg. (60-64) 25
 66 Distance from lot line (front) 65
 67 Distance from lot line (rear) 55
 68 Distance from lot line (left) 9
 69 Distance from lot line (right) 12

K. NUMBER OF OFF STREET PARKING SPACES 70 ☐ Enclosed _____ 71 ☒ Outdoors <u>4</u>	L. RESIDENTIAL BUILDINGS ONLY 72 Number of Bedrooms <u>3</u> 73 Number of Bathrooms (full) <u>2</u> 74 Number of Bathrooms (partial) <u>1</u>
M. WETLANDS PROTECTION Is location subject to flooding? 75 Yes ☒ 76 No ☐ 77 Don't know ☐ Is location part of a known wetland? 78 Yes ☒ 79 No ☐ 80 Don't know ☐ Has local conservation commission reviewed this site? 81 Yes ☐ 82 No ☒ If yes, has an order of conditions been issued? _____	N. DOES THIS BUILDING CONTAIN ASBESTOS? 83 Yes ☐ 84 No ☒ If yes, complete the following Name & Address of Asbestos Removal Firm: _____ P. STREET ☒ accepted ☐ unaccepted If unaccepted way, applicant has been informed that a certificate of occupancy cannot be issued until the street has been brought to grade and paved in accordance with the standards of the Public Works Department of the Town of Winthrop. Applicant Acknowledgment _____ Building Dept. Representative _____
O. OTHER APPLICABLE REVIEWS Is location within flood hazard area? 85 Yes ☒ 86 No ☐ If yes, zone: _____ and base elevation _____ ft.	

IV. IDENTIFICATION – to be completed by all applicants PLEASE PRINT NAME				
	Name	Mailing Address – Number, street, city, state and zip	Certificate	Tel. No.
1. Owner or Lessee	TERRY VASQUES	59 NANTUCKET AVE WINTHROP		
2. Contractor	HAPO WOOD BUILDERS	69 FAUN BAR AVE WINTHROP	Registration Number 120121	Builder's License No. 8460319
3. Architect or Engineer			Registration Number	
Signature of Owner/Agent		Signature of Applicant (if other than owner) ☒ contractor ☐ architect		Application Date 3/28/02

VI. OTHER JURISDICTION APPROVALS				
Permit or Approval	Check	Date Obtained	Comments	By
BUILDING				

I, the undersigned, do swear there is potable water at location of application

Sign under penalty/perjury Kathleen Benson

Date 3/28/02

Omission of reference to any provision shall not nullify any requirement nor exempt any structure from such requirement.

The applicant(s) understand and warrant that they will comply with all pertinent federal and state statutes, local ordinances and all federal, state, and local regulations, including those of the Architectural Access Board, Department of Environmental Protection, and the Environmental Protection Agency. It is understood that the issuance of a permit shall not serve as an acceptance or acknowledgment of compliance nor exempt any structure from such requirement. The permit shall be a license to proceed with the work and shall not be construed as authority to violate, cancel, or set aside any of the provisions of the State Building Code or local code of ordinances, of the Town of Winthrop.

I have read the above and sign under pain and penalty of perjury as to the truth of all of the information and statements.

THE JOB SHALL NOT START UNTIL PERMIT IS GRANTED.
THE JOB SHALL NOT START WITHOUT FIRST POSTING THE PERMIT.
THE BUILDING CANNOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.

APPLICANTS SIGNATURE	ADDRESS	CITY AND STATE
----------------------	---------	----------------

BOSTON, MASSACHUSETTS 02111

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

Licensors/Permitter

IX. HOMEOWNER LICENSE EXEMPTION

Supplement #1

The current exemption for "homeowner" was extended to include owner-occupied dwellings of two 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 108.3.5)

DEFINITION OF HOMEOWNER:

Person(s) who own 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 two family dwelling, attached or detached structures accessory to such use and/or farm structures. 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 108.3.5)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, ordinances, rules and regulations, and will comply with the Town of Winthrop's Building Department minimum inspection procedures and requirements.

HOMEOWNERS SIGNATURE _____

X. CONSTRUCTION DEBRIS DISPOSAL

Supplement #2

In accordance with provisions of Massachusetts General Law C40, S54, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, S150A.

The debris will be disposed of in: 4yr Peter Rubbish
(Location of Facility)

Signature of Permit Applicant

Date

XI. HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(Residential Use Only) Supplement to Permit Application

Supplement #3

MGLc, 142 A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence of building" be conducted by registered contractors, with certain exceptions, along with other requirements.

Type of Work: _____ Est. Cost: _____

Address of Work: _____

Owner Name: _____ Date of Permit Application: _____

I hereby certify that: Registration is not required for the following reason(s):

_____ Work excluded by law _____ Job under \$1,000 _____ Building not owner-occupied _____ Owner obtaining own permit

Other (specify) _____

Notice is hereby given that:

OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGLC. 142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Signature Registration No.

OR:
Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date Owner Signature

XII. BUILDING COMMISSIONERS REVIEW COMMENTS AND CONDITIONS

C. Building Permit Rejected ☐ Rejection Date _____ 20 _____

Reason For Rejection:

Comments and Conditions:

Signed _____ Date: _____ 20 _____

Title _____

Not valid unless signed (not stamped) by Building Commissioner



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12.00

3/90

Office Use Only
Permit No. # 81
Occupancy & Fee Checked FINAL
(Leave Blank) OK

K.R.

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 4-11-02

City or Town of WINTHROP

To the Inspector of Wires:

I, undersigned, apply for a permit to perform the electrical work described below.

Location (Street & Water) 59 NAHANT AVE

Name of Tenant TERRY VASQUEZ

Owner's Address 59 NAHANT AVE

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

Purpose of Building DWELLING

Utility Authorization No. _____

Existing Service _____ Amps _____ Volts Overhead ☐ Under ☐ No. of Meters _____

New Service _____ Amps _____ Volts Overhead ☐ Under ☐ No. of Meters _____

Number of Feeders and Capacity _____

Description and Nature of Proposed Electrical Work RE-WIRE BRANNON

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures <u>20</u>	Swimming Pool Above ☐ In- ☐ ground. ground.	Generators	KVA
No. of Receptacle Outlets <u>10</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 Total Pumps 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 Sims	No. of Ballasts	Low Voltage Wiring
No. Hydro Massage Tubs	No. of Motors	Total HP	

OTHER:

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) _____ (Expiration Date) _____

Estimated Value of Electrical Work \$ _____

Work to Start 4-11-02 Inspection Date Requested: Rough 4-11-02 Final _____

Signed under the penalties of perjury:

FIRM NAME GRAY BLUE TAIC INC LIC. NO. _____

Licensee DANIEL GRAY Signature Daniel Gray LIC. NO. A8466

Address 43 CLIFF AVE Bus. Tel. No. 617-846-7777

Alt. Tel. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its sub-
stantial equivalent as required by Massachusetts General Laws, and that my signature on this permit
application waives this requirement. Owner _____ Agent _____ (Please check one)

(Signature of Owner or Agent)

Telephone No. _____

PERMIT FEE \$ 30.00



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

Office Use Only

Permit No.

7366

Occupancy & Fee Checked

2/11/92

3/90

(leave blank)

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 2-4-92

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) 59 NANTUCKET AVE

Owner or Tenant TERRY VASQUEZ

Owner's Address 59 NANTUCKET

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 CHANGING SCB PANEL TO BIPOLAR

RELOCATE 4 KVA/100V RECEPTACLES, INSTALL 5 KVA/250V RIT - MITC STORM

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures 5	Swimming Pool Above ☐ In-grnd. ☐	Generators	KVA
No. of Receptacle Outlets 8	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 KW	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	No. of Ballasts	Low Voltage Wiring
No. Hydro Massage Tubs	No. of Motors	Total HP	

OTHER:

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) _____

(Expiration Date) _____

Estimated Value of Electrical Work \$ 1,000.00

Work to Start 2-4-92

Inspection Date Requested:

Rough WRL CM

Final

Signed under the penalties of perjury:

FIRM NAME GARY BLUE TREE INC

LIC. NO. A8466

Licenses DAVID GRAY

Signature David Gray

LIC. NO.

Address 47 CLIFF AVE

Bus. Tel. No. 846-7756

Alt. Tel. No.

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

August 19, 1975

Bernard Carver
59 Nahant Avenue
Winthrop, Massachusetts, 02152

Dear Sir:

My attention has been brought to an advertisement appearing in THE JEWISH ADVOCATE under date of July 24, 1975 in which your premises is being advertised as the "Singles Brunch & Beach Club."

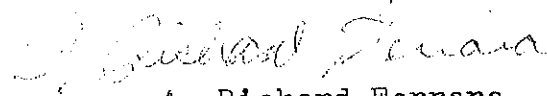
The contents of this advertisement indicates that your premises are being used for commercial purposes.

These premises are located in an area zoned for use only for residence purposes.

Any use of your premises for the purposes listed in the advertisement would be in violation of the Zoning By Laws of the Town of Winthrop.

You are hereby ordered to refrain from use of your premises for any or all of the purposes listed in the above mentioned advertisement.

Very truly yours,


A. Richard Ferrara
Building Inspector

Fee Paid #3.2



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., MARCH 13 19 57

To the INSPECTOR OF BUILDINGS:

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

Location 59 ~~55~~ NAHANT AVE
Name of owner BERNARD C. CARVER Address 51 NAHANT AVE Section _____
Name of mechanic GEORGE R. FAXON " 150 TAPPAN ST. BURLING
Name of architect _____ " _____
Material of building WOOD When built _____
Size of building—feet front 30; feet rear 30; feet deep 80; No. of stories 1
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 16'
Style of roof HIP; material of roofing ASPHALT ROLLED
Material of foundation CONCRETE; thickness 12"
Thickness of external walls 2x4 inches; thickness of party walls _____ inches.
How is the building occupied RESIDENCE; for what purpose built YACHT CLUB
By how many families 1; No. of stores in the lower story _____
Means of egress _____; size of lot—front _____; rear _____; deep _____

DETAIL OF PROPOSED WORK

RAISE 15'x15' SECTION OF ROOF IN LIVING ROOM

Estimated cost \$ 1200

IF EXTENDED ON ANY SIDE

Size of extension—No. of feet long _____; feet wide _____; feet high above sidewalk _____
No. of stories high _____; style of roof _____; material of roofing _____
Of what material will the extension be built _____; foundation _____; thickness _____
If of brick, what will be thickness of external walls _____ inches; and party walls _____ inches.
How will the extension be occupied _____; how connected with main building _____
Distance from lot lines—front _____ side _____ side _____ rear _____

PLUMBERS MUST RECEIVE A PERMIT BEFORE COMMENCING WORK.
Location, Ownership and DETAIL must be Complete and Legible.
Separate Applications Required for Every Building.



APPLICATION
for PERMIT to do PLUMBING

Winthrop, Mass., Oct 28 1955

To the INSPECTOR OF BUILDINGS:—

The undersigned hereby applies for a Permit to Perform Plumbing Work
according to the following specifications:

1. Location 59 Nahant Ave
Nearest cross street Highland Ave Section Highland
2. Name of owner Bernard Carver Address 59 Nahant Ave
3. Name of plumber Yale L. Poirer Address 19 Beach Rd Winthrop
4. Material of building wood New or old old Plumber's registration No. 4874
5. Purpose of building Dwelling
6. How many families 1 Number of stores _____
7. Is the building erected on solid or filled land Solid

NATURE OF PROPOSED PLUMBING IN DETAIL

Basement _____

First story 1- Toilet 1- Lavatory 1- Shower stall

Second story _____

Third story _____

Fourth story _____

Fifth story _____

Estimated cost \$ 200.00

See Paid \$5.00

PLUMBERS MUST RECEIVE A PERMIT BEFORE COMMENCING WORK.

Location, Ownership and DETAIL must be Complete and Legible.

Separate Applications Required for Every Building.



APPLICATION
for PERMIT to do PLUMBING

Winthrop, Mass., Feb 26 1946

To the INSPECTOR OF BUILDINGS:—

The undersigned hereby applies for a Permit to Perform Plumbing Work according to the following specifications:

1. Location 59 Nahant Ave.
Nearest cross street Highland Ave. Section Highlands
2. Name of owner R. Kilby Address
3. Name of plumber Charles H. Plaugier Address 76 Byron St.
4. Material of building wood New or old old Plumber's registration No. 2587
5. Purpose of building Dwelling
6. How many families one Number of stores none
7. Is the building erected on solid or filled land

NATURE OF PROPOSED PLUMBING IN DETAIL

Basement

First story Bath, Lavatory and Toilet outfit

Second story

Third story

Fourth story

Fifth story

WILLIAM A. MONAHAN REGISTERED ARCHITECT

ONE TWENTY-SIX STATE STREET, BOSTON, MASSACHUSETTS

LAFAYETTE 5596

12/21/45
#166

Mr. Daniel J. Dorman
Building Inspector
Winthrop, Mass.

Re. House for R.F. Kirby
at Nahant Ave. Winthrop.

Dear Sir;

Confirming a telephone conversation of today

I hereby approve the change in the spacing of the
ceiling joists from 18" as shown on the plans to 24"
as used.

March 4, 1946.

Very truly yours

William A. Monahan



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., Dec. 14 1948

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

Location 59 Natant Ave.

Name of owner Robert E. Kimby Address 207 Boston St. Lynn. Section Regd.

Name of mechanic Richard Ferrara " 303 Main St. Waltham

Name of architect William Goldman " _____

Material of building Wood When built _____

Size of building—feet front _____; feet rear _____; feet deep _____; No. of stories 1

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 Pitch; material of roofing Roll roof asphalt

Material of foundation Concrete; thickness _____

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

How is the building occupied Vacant; for what purpose built Patch Club

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

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

DETAIL OF PROPOSED WORK

Alterations as per plan building not to be enlarged.

... Estimated cost \$ 48.00

IF EXTENDED ON ANY SIDE

Size of extension—No. of feet long.....; feet wide.....; feet high above sidewalk.....
 No. of stories high.....; style of roof.....; material of roofing.....
 Of what material will the extension be built.....; foundation.....; thickness.....
 If of brick, what will be thickness of external walls..... inches; and party walls..... inches.
 How will the extension be occupied.....; how connected with main building.....
 Distance from lot lines—front.....; side.....; side.....; rear.....



INSPECTION OF BUILDINGS DEPARTMENT

IN THE

Town of Winthrop.

Office of Inspector of Buildings June 5 - 1915.

BUILDING PERMIT.

This certifies that *At. F. Smith*

has permission to erect a *frame* Building, to be occupied for *Hotel*
Club on *Nahant Ave* *Plot 9.*

Conditions:

(1) Set away from lot line
Concrete foundation
Green Effect aqueduct
Excess to set back in -
No 60 side of base.

No 60 side of base.

Charles H. Spurgeon
Inspector of Buildings.

8-09 6b

TO OCCUPY STREET APPLY TO BOARD OF SELECTMEN.

PROPOSED REPAIR
HOUSE FOUNDATION
FOR TERRY & PATRICA VAZQUEZ

59 NAHANT AVE.

WINTHROP MASS.

NOV.24,1991

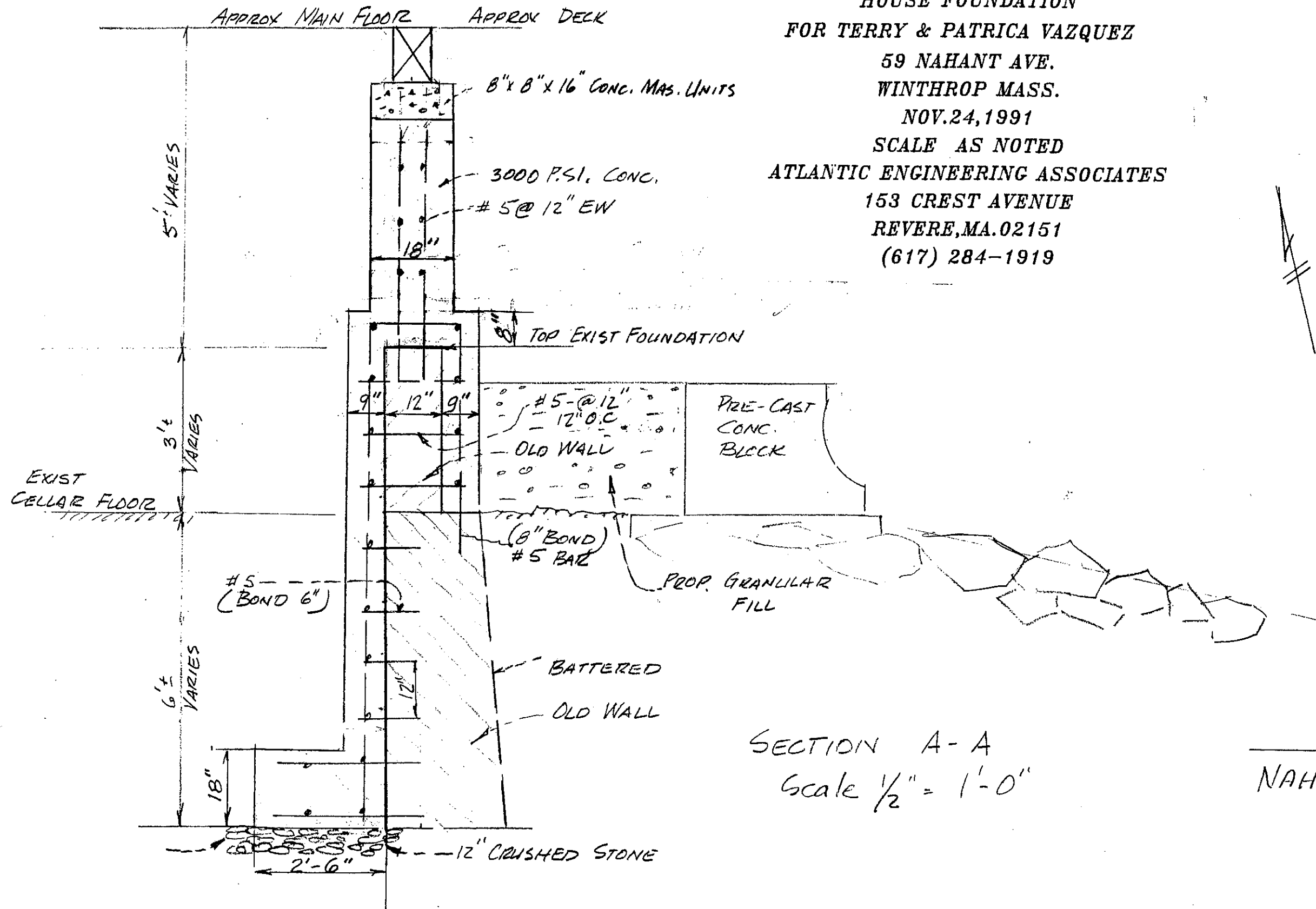
SCALE AS NOTED

ATLANTIC ENGINEERING ASSOCIATES

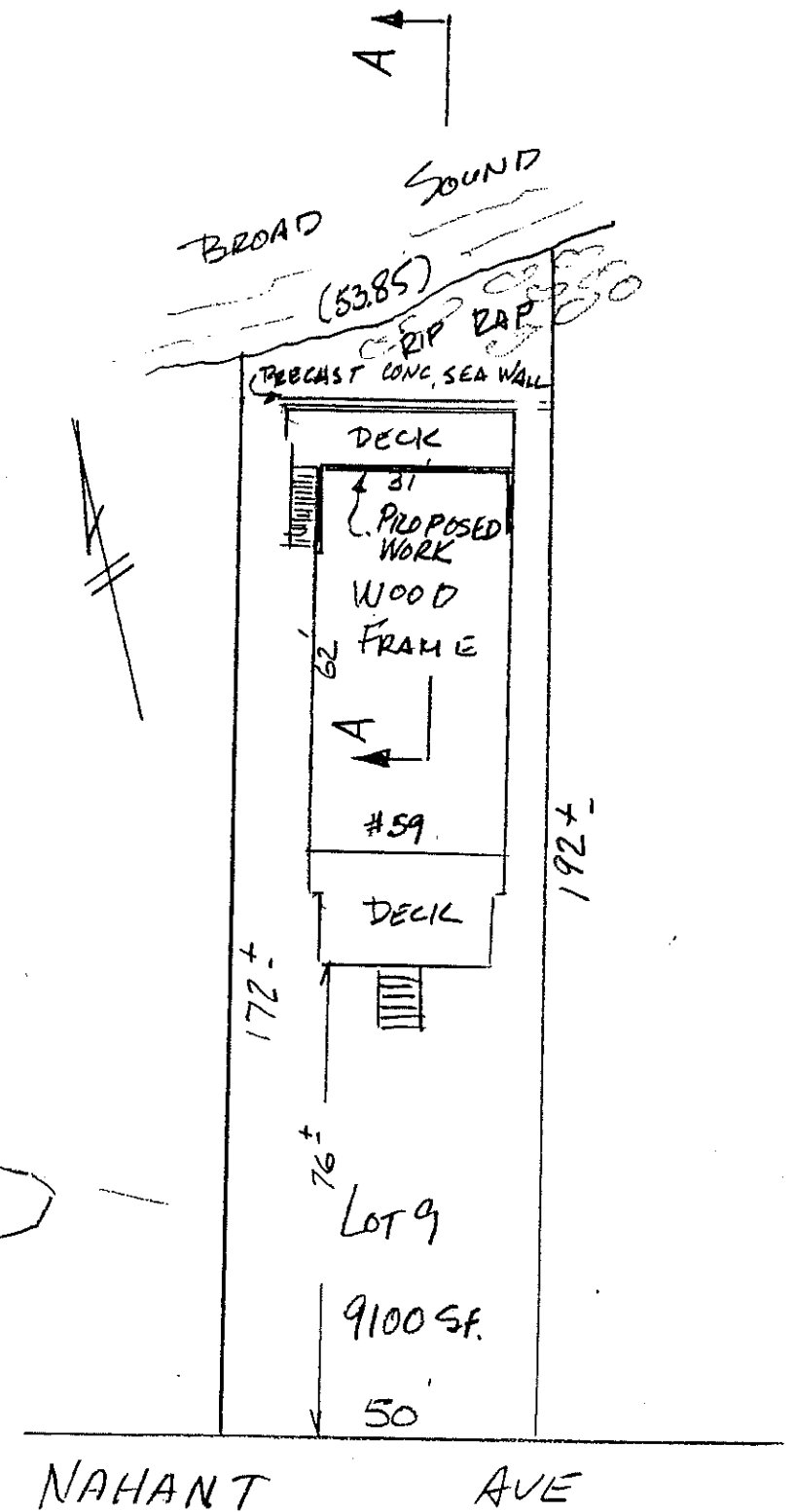
153 CREST AVENUE

REVERE,MA.02151

(617) 284-1919



SECTION A-A
Scale 1/2" = 1'-0"



PLAN
1" = 30'