



BUILDING PERMIT

No. **150800**

Date July 1 2015

This certifies that Carey York
has permission to Construct Retaining Wall Construction canopy
on 92 High St

Remarks _____

provided that the person accepting this permit shall, in every respect conform to the terms of the application therefore, on file in this office, to the provisions of the Laws of the Commonwealth and to the By-Laws of the Town of Acton relating to the Location, Inspection, Erection, Enlarging, Altering, Raising, Moving, Repairing, or Tearing down of a building or structure.

Fire Department	Plumbing & Gas	Electrical	Building Department
Rough Date	Rough Date	Rough Date	Excavation Date
Final Date	Final Date	Final Date	Foundation Date
			Rough Framing Date

THIS CARD MUST BE DISPLAY IN A CONSPICUOUS PLACE ON THE PREMISES, MAINTAINED IN GOOD CONDITION AND MUST NOT BE REMOVED UNTIL ALL WORK HAS BEEN APPROVED.

Spaces must be initialed and dated at the time of approval of the inspecting authority before any work is covered up or any lathing is done. Each department must be notified when its portion of the work is ready for inspection.

Allow 48 hours for inspections.

Building Dept. Telephone: 978-929-6633

Mechanical	Sheetmetal	Insulation Building Approved for Lathing
Rough/Date	Final/Date	Final/Date

NO WALL OF CEILING SHALL BE LATHED OR OTHERWISE COVERED UNTIL THIS CARD BEARS ENDORSEMENT BY THE BUILDING DEPARTMENT IN THE SPACE PROVIDED

BUILDING SHALL NOT BE OCCUPIED UNTIL ALL INSPECTION HAVE BEEN COMPLETED AND OCCUPANCY PERMIT IS ISSUED BY THE BUILDING COMMISSIONER

James A. Leonard

Building Commissioner



TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9632
Fax (978) 264-9630

Building Department

January 4, 2013

Corey York
Town of Acton

Re: 92 High Street

The Acton Building Department has approved your application for a Building Permit to construct a retaining wall at 92 High Street. The approval is subject to compliance with the 780 CMR State Building Code eighth edition and the special conditions below:

Structure is to be under Section 107.6 Construction Control.

Please note an inspection will be required for the following areas:

Excavation/Drainage

Fabric verification Prior to substantial backfill

Final

Final control docs required prior to close out of permit as well as final asbuilt plan

If you have any questions, feel free to call our office at 929-6633, Monday through Friday between the hours of 8:00 AM and 5:00 PM.

Respectfully,

Norman Franks
Local Inspector

Cc: .Frank Ramsbottom

150800



MAP SCALE 1" = 500'



METERS

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0354F

FIRM FLOOD INSURANCE RATE MAP MIDDLESEX COUNTY, MASSACHUSETTS (ALL JURISDICTIONS)

PANEL 354 OF 656
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
ACTION TOWN OF	250176	0354	F
MAYNARD TOWN OF	250204	0354	F
STOW TOWN OF	250218	0354	F

150800

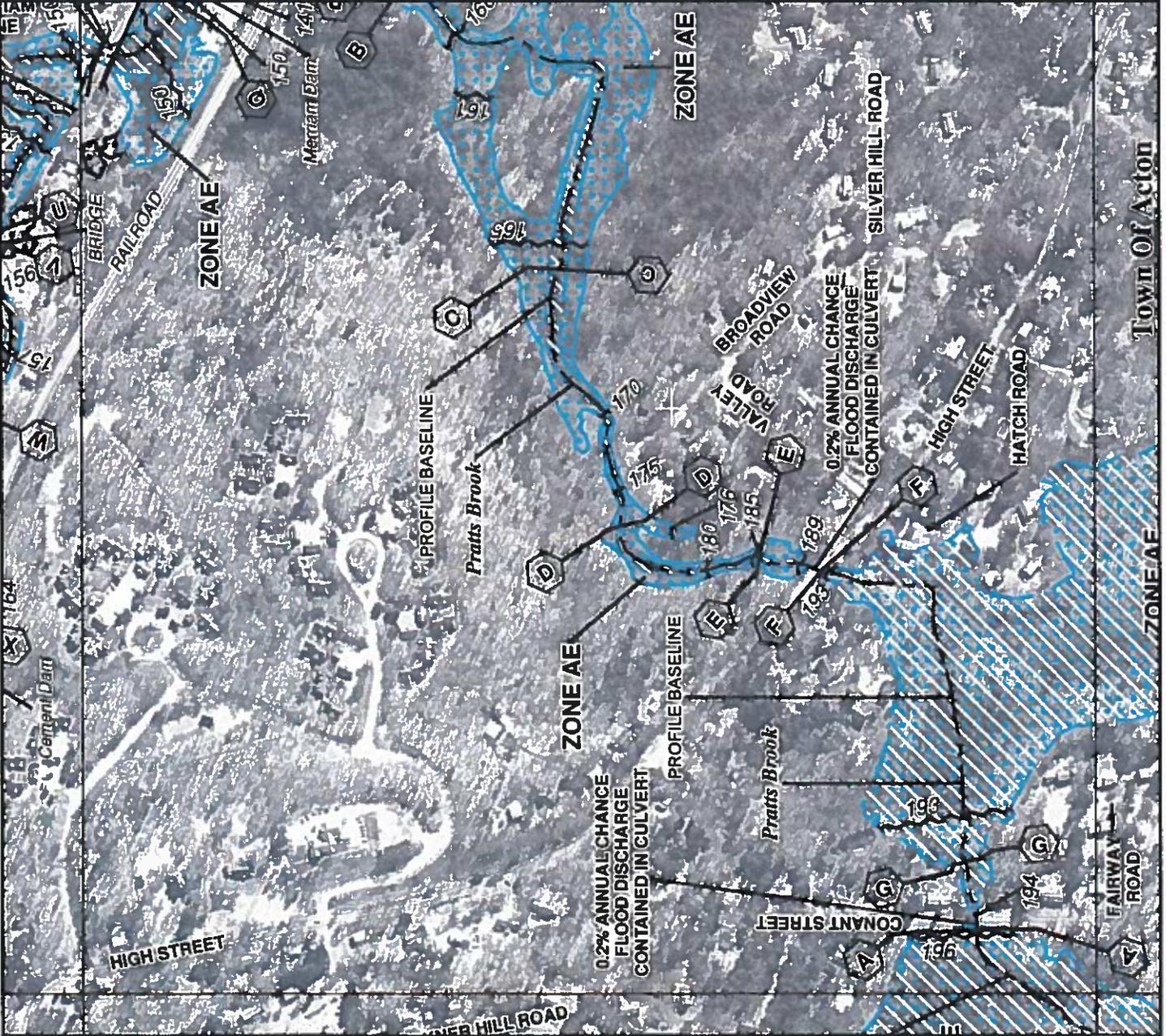
Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community

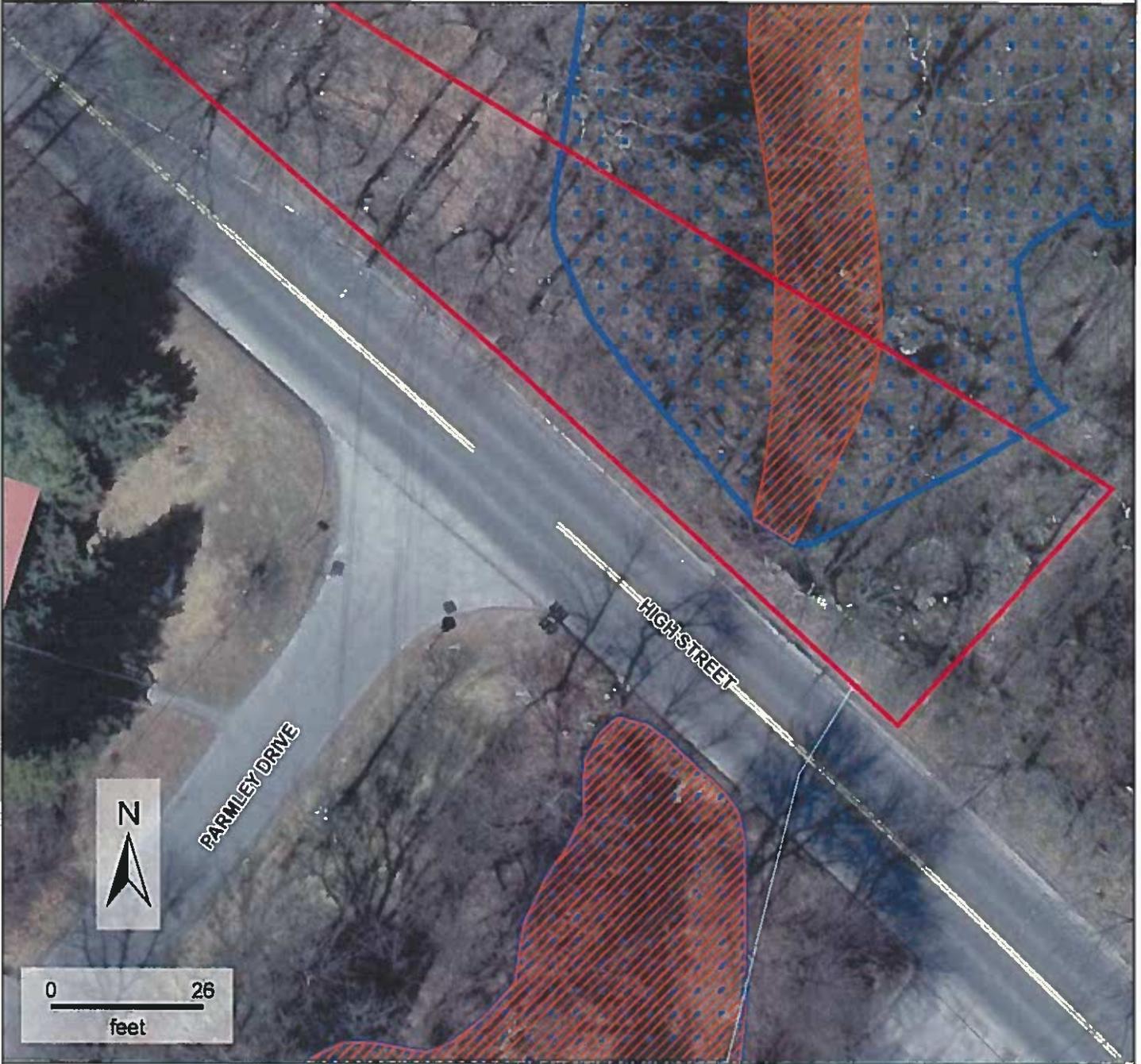


MAP NUMBER
25017C0354F
MAP REVISED
JULY 7, 2014

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using P-MFT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov





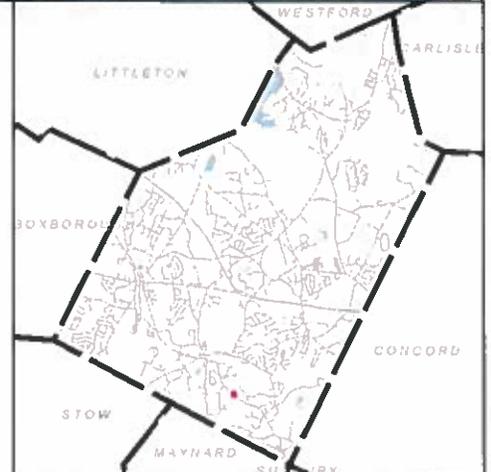
Property Information
 Property ID H3B-50-5
 Location 92 HIGH ST

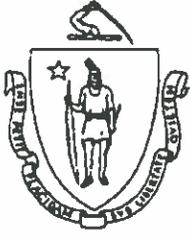
150800



**MAP FOR REFERENCE ONLY
 NOT A LEGAL DOCUMENT**

This data set/map is for planning purposes only and should not be used for larger scale analysis. The Town of Acton shall not be held liable for any use of the data or images shown on this map, nor is any warranty of accuracy expressed. All uses of this data set/map are subject to field verification.





Initial Construction Control Document

To be submitted with the building permit application by a
Registered Design Professional
for work per the 8th edition of the
Massachusetts State Building Code, 780 CMR, Section 107

150800

Project Title: **High Street Retaining Walls at Pratt's Brook and No's 128 & 132** Date: **04-21-15**

Property Address: **High Street, Acton, MA**

Project: Check (x) one or both as applicable: (X) New construction Existing Construction

Project description: **Retaining Walls**

I **Imants Dankers** MA Registration Number: **33689** Expiration date: **06-30-16** . am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

Architectural (X) Structural Mechanical
Fire Protection Electrical Other:

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or electronic signature and seal:

4/21/15



Phone number: **508-359-4075**

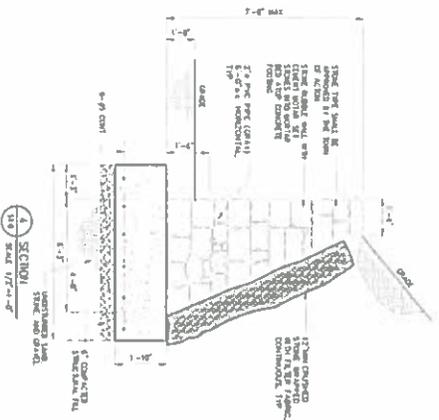
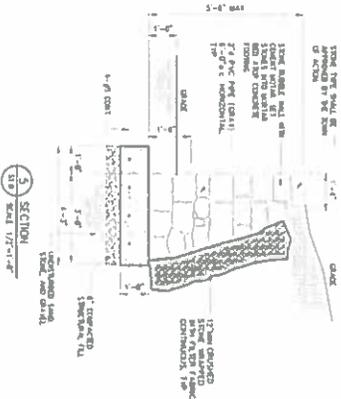
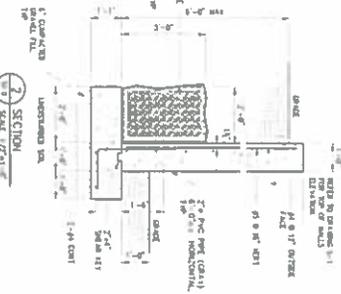
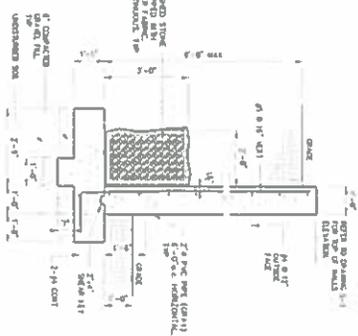
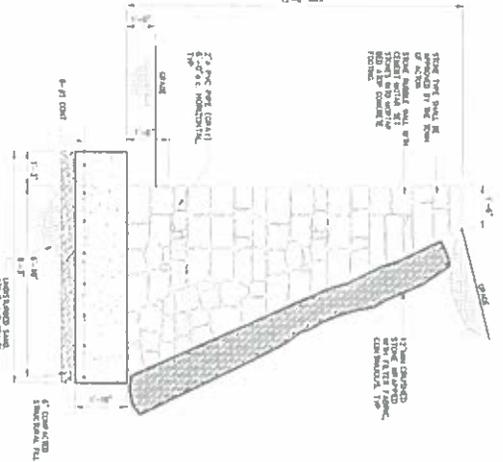
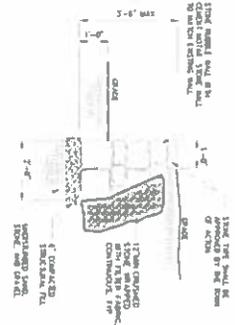
Email: **tdankersdsc@verizon.net**

Building Official Use Only

Building Official Name: Permit No.: Date:

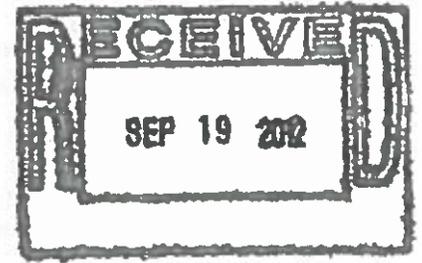
Note 1. Indicate with an 'x' project design plans, computations and specifications that you prepared or directly supervised. If 'other' is chosen, provide a description.

1508051



Corey

150800



**BOARD OF SELECTMEN
RIGHT OF ENTRY
FOR SIDEWALK CONSTRUCTION**

Date: June 15, 2012

Project: High Street Sidewalk

Address: 92 High Street

Owner: Daniel W Stanford and Mary Bassett-Stanford

Deed Reference: Book 24189, Page 79

Permission is hereby given to the Town of Acton and its duly authorized agents to enter upon my property located at 92 High Street in connection with the construction of a sidewalk as shown on plans prepared by the Town of Acton, Engineering Department entitled: "Proposed Sidewalk on High Street from Audubon Hill to Parker Street" and on file with the Acton Engineering Department. The proposed work on my property is outlined below:

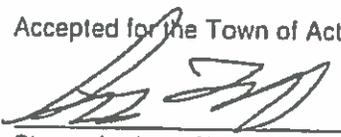
1. Sidewalk construction will take place as shown on said plan.
2. Any portions of the lawn disturbed during construction shall be loamed and seeded to the reasonable satisfaction of the owner upon completion of construction. All other areas disturbed during construction shall receive landscaping to the reasonable satisfaction of the owner.
3. The construction of the sidewalk shall not materially interfere with existing drainage patterns with respect to the owner's property.
4. The Owner shall have reasonable vehicular access to the property at all times during construction.
5. If the mailbox or any utilities servicing the Owner's property are damaged or need to be relocated to accommodate the sidewalk, the Town will repair, replace, or relocated same, to the Owner's reasonable satisfaction.

A final easement plan will be drawn by the Acton Engineering Department and the legal documentation will be prepared by Town Counsel for execution and recording in the Middlesex South District Registry of Deeds. The Owner agrees to the Town taking a perpetual easement for public sidewalk purposes.

The following additional conditions will apply to the sidewalk construction work:

1. All cost of such construction work will be incurred by the Town of Acton or its duly authorized agents.
2. All work shall be performed in a good and workmanlike manner, in accordance with applicable federal, state and local laws, bylaws, rules and regulations. The Town shall be responsible for obtaining any and all permits necessary to perform the work. Once work is commenced; it shall be performed expeditiously and continuously.
3. In return for the perpetual easement contemplated hereunder, no betterments shall be imposed or assessed against the owner or the property for the construction of the sidewalk and amenities or for the work performed on the Owner's property as detailed herein.

Signature of Owner: 
Mary E Sawyer f/k/a Mary Janet Hojal
Date: 9-18-12

Accepted for the Town of Acton by:

Steven Ledoux, Town Manager
Date: 9/19/12

DEPARTMENT APPROVALS

ENGINEERING DEPARTMENT

Street Number _____ Approved Disapproved _____
 Street Cut _____
 Flood Plain _____
 Other _____

CONSERVATION

Wetlands _____
 Other _____

HEALTH DEPARTMENT

Signature: EC 6/13/15 ✓

Comments _____

PLANNING/ZONING DEPARTMENT

Special Permit/Variance _____

Comments _____

Zoning Enforcement Officer

Signature: R.V.B. Date: 6/30/15

BUILDING DEPARTMENT

State Building Code Approval

Signature: [Signature] Date: 7/1/15

Comments _____



Town of Acton
 Massachusetts State Building Code (780 CMR) Seventh Edition

Building Permit Application for any Building other than a One- or Two-Family Dwelling

Building Permit Number: **150800** (This Section For Official Use Only)

Building Number: _____ Date Applied: _____ Building Inspector: _____

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

92 High St Acton MA 01720

No. and Street _____ City/Town _____ Zip Code _____ Name of Building (if applicable) _____

SECTION 2: PROPOSED WORK

If New Construction check here or check all that apply in the two rows below

Existing Building Repair Alteration Addition Demolition (Please fill out and submit Appendix 1)
 Change of Use Change of Occupancy Other Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes No
 Is an Independent Structural Engineering Peer Review required? Yes No
 Brief Description of Proposed Work: Restroom will be proposed High St 92 on High St at 2.4115 Block

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Evaluation is enclosed (See 780 CMR 3402.0)
 Existing Use Group(s): _____ Proposed Use Group(s): _____
 Existing Hazard Index 780 CMR 34: _____ Proposed Hazard Index 780 CMR 34: _____

SECTION 4: BUILDING HEIGHT AND AREA

No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)

Total Area (sq. ft.) and Total Height (ft.)	Existing	Proposed

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 A-2c A-3 A-4 A-5 B: Business E: Educational
 F: Factory F-1 F-2 H: High Hazard H-1 H-2 H-3 H-4 H-5
 I: Institutional I-1 I-2 I-3 I-4 M: Mercantile R: Residential R-1 R-2 R-3 R-4
 S: Storage S-1 S-2 U: Utility Special Use and please describe below: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IVA VA VIB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public Flood Zone Information: Check if outside Flood Zone Sewage Disposal: Indicate municipal or on site system Trench Permit: A trench will not be required or trench permit is enclosed Debris Removal: Licensed Disposal Site or specify: _____
 Railroad right-of-way: Not Applicable Hazards to Air Navigation: Is Structure within airport approach area? Yes or No MA Historic Commission Review Process: Is their review completed? Yes No

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
 Does the building contain an Sprinkler System? _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner
 David M. Bassett, Sr. 92 Hill St
 City/Town: Attleboro, MA Zip: 01720

Name (Print): David M. Bassett, Sr. No. and Street: 92 Hill St City/Town: Attleboro, MA Zip: 01720

Property Owner Contact Information:
 Title: _____ Telephone No. (business): _____ Telephone No. (cell): _____ e-mail address: _____
 If applicable, the property owner hereby authorizes _____ City/Town: Attleboro, MA Zip: 01720

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control
 Name: Tony Daniels Telephone No.: 508-359-4075 e-mail address: TDaniels@verizon.net
 Registration Number: 33689
 Name (Registrant): 1b Kennedy Rd Telephone No.: Medley, MA e-mail address: MA 02052
 Street Address: _____ City/Town: _____ State: _____ Zip: _____
 Discipline: Structural Expiration Date: _____

10.2 General Contractor
 Company Name: _____
 Name of Person Responsible for Construction: _____ License No. and Type if Applicable: _____
 Street Address: _____ City/Town: _____ State: _____ Zip: _____
 Telephone No. (business): _____ Telephone No. (cell): _____ e-mail address: _____

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))
 A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.
 Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE:

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$
1. Building	\$	Building Permit Fee = Total Construction Cost x _____ (insert here appropriate municipal factor) = \$ _____ Note: Minimum fee = \$ _____ (contact municipality) Enclose check payable to _____ (contact municipality) and write check number here _____
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Other)	\$	
6. Total Cost	\$	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT
 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.

Please print and sign name: _____ Title: _____ Telephone No.: _____ Date: _____
 Street Address: _____ City/Town: _____ State: _____ Zip: _____
 Municipal Inspector to fill out this section upon application approval: _____ Name: _____ Date: _____

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 116. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Submitted	Mark "x" where applicable	Incomplete	Not Required
1	Architectural				
2	Foundation		X		
3	Structural		X		
4	Fire Suppression				X
5	Fire Alarm (may require repeaters)				X
6	HVAC				X
7	Electrical				X
8	Plumbing (include local connections)				X
9	Gas (Natural, Propane, Medical or other)				X
10	Surveyed Site Plan (Utilities, Wetland, etc.)		X		
11	Specifications			X	
12	Structural Peer Review				X
13	Structural Tests & Inspections Program				X
14	Fire Protection Narrative Report				X
15	Existing Building Survey/Investigation				X
16	Energy Conservation Report				X
17	Architectural Access Review (521 CMR)				X
18	Workers Compensation Insurance			X	
19	Hazardous Material Mitigation Documentation				X
20	Other (Specify)				
21	Other (Specify)				
22	Other (Specify)				

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to triple the original permit fee.

Registered Professional Contact Information

Name (Registrant): <u>Tony Daniels</u>	Telephone No.: <u>508-359-4075</u>	e-mail address: <u>TDaniels@verizon.net</u>	Registration Number: <u>33689</u>
Street Address: <u>1b Kennedy Rd</u>	City/Town: <u>Medley, MA</u>	State: <u>MA</u> Zip: <u>02052</u>	Discipline: <u>Structural</u> Expiration Date: <u>6/30/16</u>
Name (Registrant): _____	Telephone No.: _____	e-mail address: _____	Registration Number: _____
Street Address: _____	City/Town: _____	State: _____ Zip: _____	Discipline: _____ Expiration Date: _____
Name (Registrant): _____	Telephone No.: _____	e-mail address: _____	Registration Number: _____
Street Address: _____	City/Town: _____	State: _____ Zip: _____	Discipline: _____ Expiration Date: _____