



Town of Arlington
Zoning Board of Appeals
51 Grove Street
Arlington, Massachusetts 02476
781-316-3396
www.arlingtonma.gov

LEGAL NOTICE

Notice is herewith given in accordance with the provisions of Section 3 (3.1.3) of the Zoning Bylaws that there has been filed by **339 Mass Avenue, LLC**, of Arlington, Massachusetts on **March 10, 2020** for a hearing before the Zoning Board of Appeals. The appeal addresses the building permit issued for the property located at **339 Massachusetts Avenue, Arlington Massachusetts, Plan 031.0-0002-0019.0** Said petition would require "**Appeal from the Building Inspector**" of the Zoning Bylaw for the Town of Arlington.

Hearing in regard to the said petition will be remotely conducted via "Zoom" **Tuesday evening, June 23, 2020 at 7:30 P.M or as soon thereafter as the petitioner may be heard. Please visit the Town of Arlington website for hearing information.**

DOCKET NO 3621

Zoning Board of Appeals
Christian Klein RA, Chair

REQUEST FOR VARIANCE
TOWN OF ARLINGTON

In the matter of the Application of **339 Mass Avenue, LLC** to the Zoning Board of Appeals for the Town of Arlington: Application for a variance is herewith made, in accordance with Section 10.12 of the Zoning Bylaw for the Town of Arlington, seeking relief from the following specific provisions of the Zoning Bylaw, and as described more fully in the attached form, Variance Criteria: **Petitioner was issued a Building Permit to proceed with the excavation, setbacks & footing forms on 10/25/2019. The documents submitted by Petitioner with his Application for Building Permit estimated the costs for construction of a new garage at the 339 Mass Ave real estate and a check was issued to the Town of Arlington with respect to the Application for the Building Permit in the amount of \$3,000.00 in connection with the Petitioner's construction plans.**

The Petitioner also submitted construction plans consisting of a certified plot plan of DJ Geomatics, Professional Land Surveying, 276 North Street, Weymouth, MA 02191 depicting the proposed garage construction with the plan indicating a zero setback with respect to the construction. The property is in an R6 Zoning District and the prior Zoning Bylaw indicated that there was a zero setback requirement with respect to a Type 1 garage construction in an R District in accordance with Section 6.18 of the predecessor Zoning Bylaw.

Essentially under the predecessor Zoning Bylaw, Section 6.18, there was a zero setback for Type 1 garage construction in all R Zones.

The Zoning Bylaw was subsequently amended and it is now required and was required at the time the Building Permit was issued to the Petitioner that there is a setback requirement in an R6 Zone of ten (10) feet and that the zero setback standard only applies to an R1, R2 and R3 zone and not to an R6 zone as previously had been the case.

All of Petitioner's construction plans in connection his Application for Building Permit were submitted to the Building Department at the time Building Permit was issued by the Building Department and those plans were prepared by Khalsa Design Incorporated, 7 Ivaloo Street, Suite 400, Somerville, MA 02143 dated September 17, 2019 and Petitioner began construction activities for the garage.

A Stop Work Order was subsequently issued by the Building Department on 12/29/2019 in connection with the garage construction which had already progressed to excavation for foundation and substantial additional work before the Petitioner was made aware of the fact that the work could not go forward consistent with the plans approved by the Building Department because of the setback change from the predecessor Bylaw to the new Bylaw with respect to the zero setback requirement.

The Petitioner/Applicant states he/she/they is/are the owner occupant of the land in Arlington located at **339 Mass Avenue** with respect to such relief is sought; that no unfavorable action has

Variance Criteria- A variance may only be granted when all of the four criteria are met:

1). Describe the circumstances relating to *the soil conditions, shape or topography which especially affect the land or structure (s)* in question, but which do not affect generally the Zoning District in which the land or structure is located that would substantiate the granting of a variance.

It is Petitioner's position that it has proceeded through no fault of its own by having to undo its construction activities to date.

2). Describe how the literal enforcement of the provisions of the zoning ordinance relating to the circumstances especially affecting the land or structure in question would involve *substantial hardship, financial or otherwise*, to the petitioner.

There would be substantial hardship to the Petitioner as it has expended substantial monies in reliance upon the original Building Permit issued by the Building Department.

(Note that 2, hardship, must relate to the circumstances of the lot described in 1. For example a stone outcrop prohibits development consistent with zoning.)

3). Describe how desirable relief may be granted *without substantial detriment to the public good*.

Petitioner also suggests there would be no substantial detriment to the public good if its request for relief is granted because once again it commenced work in accordance with the Building Permit issued by the Building Department and further suggests that there would be no detriment to the public good if the requested relief is granted in light of its good faith efforts to comply with the Building Permit as issued and in further light of the substantial monies expended with respect to the construction activities to date at the site in reliance upon the Building Permit.

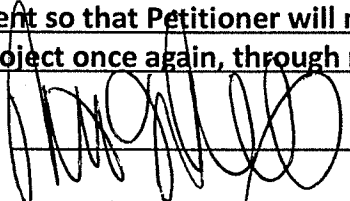
4). Describe how desirable relief may be granted *without nullifying or substantially derogating from the intent or purpose of the zoning bylaw* of the Town of Arlington.

Petitioner suggests that there would be no nullification or substantial derogation from the intent or purposes of the Zoning Bylaw of the Town of Arlington when one takes into account that Petitioner has acted in good faith, in connection with the garage construction to date and there will be no adverse impact upon abutting properties.

State law (MGL Ch. 40A) specifies that the ZBA must find that all four criteria are met in order to be authorized to grant a variance. If one of the standards is not met, the ZBA must deny the variance.

been taken by the Zoning Board of Appeals or its predecessors upon a similar petition regarding this property within the two (2) years next immediately prior to the filing hereof. The applicant expressly agrees to full compliance with any and all conditions and qualifications imposed upon this permission, whether by the Zoning Bylaw or by the Zoning Board of Appeals, should the same be granted. The Applicant represents that the grounds for the relief sought are as follows: **Petitioner proceeded with its construction plans in good faith relying upon the issuance by the Building Department of a Building Permit to proceed with the construction and has spent approximately \$75,000.00 in connection with its construction plans to date and it would be grossly unfair to Petitioner to compel it to alter its building plans when it has "clean hands" in connection with the approach it has taken with regard to its construction plans.**

Petitioner is requesting that the Zoning Board grant relief to it in accordance with the original plans as approved by the Building Department so that Petitioner will not suffer a substantial monetary loss with respect to the garage project once again, through no fault of its own.

E-Mail: law@robertannese.com Signed:  Date: _____

Telephone: [781-646-4911](tel:781-646-4911) Address: [1171 Massachusetts Avenue, Arlington, MA 02476](https://www.google.com/maps/place/1171+Massachusetts+Avenue,+Arlington,+MA+02476)

TOWN OF ARLINGTON
 Dimensional and Parking Information
 For application to The Zoning Board of Appeals

1. Property Location: **339 Mass Avenue, Arlington, Massachusetts**
 Zoning District: **R6**
2. Present Use/Occupancy: **None** No. of dwelling units (if residential) _____
3. Existing Gross Floor Area (see definition of Gross Floor Area (GFA) in Article 2 of the Town of Arlington Zoning Bylaw and provide supporting documentation (worksheet) showing dimensions of GFA by floor: **See Petitioner's construction plans submitted as part of this petition for relief.**
4. Proposed Use/Occupancy: **Two (2) car garage** No. of dwelling units (if residential) **N/A**
5. Proposed Gross Floor Area (see definition of Gross Floor Area in Article 2 of the Town of Arlington Zoning Bylaw and provide supporting documentation (worksheet) showing dimensions of GFA by floor): **1,359 square feet**

| | Present Conditions | Proposed Conditions | Min. or max Required by Zoning |
|---|--------------------|---------------------|--------------------------------|
| 6. Lot size (sq. ft.) | 10,323 sq. ft. | 10,323 sq. ft. | min. 10,000 sq. ft. |
| 7. Frontage (ft.) | 45.94 sq. ft. | 45.94 sq. ft. | min. 45 sq. ft. |
| 8. Floor area ratio | ----- | ----- | max. ----- |
| 9. Lot Coverage (%) | 16.6% | 29.7% | max ----- |
| 10. Lot Area per Dwelling Unit (Sq. ft.) | ----- | ----- | min. ----- |
| 11. Front Yard Depth (ft.) | ----- | ----- | min. ----- |
| 12. Left Side Yard Depth (ft.) | ----- | 1 ft. | min. 10 ft. |
| 13. Right Side Yard Depth (ft.) | ----- | ----- | min. ----- |
| 14. Rear Side Yard Depth (ft.) | ----- | 1 ft. | min. 10 ft. |
| 15. Height (stories) | ----- | 2 stories | max. 2 stories |
| 16. Height (ft.) | ----- | ----- | max. ----- |
| 17. Landscaped Open Space (% of GFA) Sq. ft. _____ | ----- | ----- | min. 10% |
| 18. Usable Open Space (% of GFA) Sq. ft. _____ | 45.2% | 42.0% | min. ----- |
| 19. Parking Spaces (number) | ----- | ----- | min. 2 |
| 20. Parking area setbacks | ----- | ----- | min. ----- |
| 21. Loading Spaces (if applicable) | ----- | ----- | min. ----- |
| 22. Type of construction | Wood | Wood | Wood |

OPEN SPACE/GROSS FLOOR AREA

Refer to Zoning Bylaw Article 2, Definitions and Article 6, Dimensional Regulations

Address: **339 Mass Avenue, Arlington, Massachusetts**

Zoning District: **R6**

| <u>OPEN SPACE</u> | EXISTING | PROPOSED |
|--------------------------|-----------------|-----------------|
| Total lot area | 10,323 sq. ft. | 10,323 sq. ft. |
| Open Space (Usable)* | 45.2% | 42.0% |
| Open Space (Landscaped) | | |

*Usable Open Space must be at least 75% open to the sky, free of automotive, traffic and parking, and readily accessible. Open space shall be deemed usable only if: 1) at least 75% of the area has a grade of less than 8% and no horizontal dimension less than 25 feet.

| <u>GROSS FLOOR AREA (GFA)</u> | | |
|---|-------|----------------------|
| Accessory building | ----- | ----- |
| Basement or cellar (>5' excluding mechanical area) | ----- | ----- |
| 1 st Floor | ----- | ----- |
| 2 nd Floor | ----- | ----- |
| 3 rd Floor | ----- | ----- |
| 4 th Floor | ----- | ----- |
| 5 th Floor | ----- | ----- |
| Attic (>7'3" in height, excluding elevator, mechanical) | ----- | ----- |
| Parking garages (except as used for accessory Parking garages or off street loading purposes) | ----- | 1,359 sq. ft. |
| All weather habitable porches and balconies | ----- | ----- |
| Total Gross Floor Area (GFA) | | 1,359 sq. ft. |

REQUIRED MINIMUM OPEN SPACE AREA

Proposed Usable Open Space Percent of GFA 42.0%

Proposed Landscaped Open Space Percent of GFA n/a

This worksheet applies to plans dated _____ designed by _____

Reviewed by Inspectional Services _____ Date: _____

TOWN OF ARLINGTON
 INSPECTORS OF BUILDING, PLUMBING AND WIRE
 51 GROVE STREET, ARLINGTON, MA 02476
 TELEPHONE: (781) 316-3390

No. 35273

Date 10 25 20 19

Rec'd From C. Delano Carpenter
 Address 23 Capron St
Uxbridge Ma

| By | AMOUNT | CASH |
|----------|---------------------|---------------|
| | | CHECK |
| <u>B</u> | <u>329 Mass Ave</u> | <u>3000 -</u> |
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| | | |

Customer - White Inspector - Blue

1394
 53-12/10 MA 265

DATE 10.17.19

PAY TO THE ORDER OF TOWN OF ARLINGTON \$ 3000 -
THREE THOUSAND and 00/100 DOLLARS



ACH RTT 011000138

FOR 339 PERMIT FEE CHANGE

[Handwritten Signature]

⑆001394⑆ ⑆011000138⑆ 004646483003⑆

This card must be visible from the street
and accessible for the inspector to sign.

TOWN OF ARLINGTON BUILDING CARD



Job Address: 339 MASSACHUSETTS AVENUE

Nature of Work: CONSTRUCT GARAGE

Conditions: SEE PLANS

Building Permit No.: B35273 Date Issued: 10-25-2019

Owner: COLIN BEATTY

Contractor: DELARDA CARPENTRY

Inspector must sign all applicable spaces

Inspection

Approved

Not Approved

| | | |
|--|--------------------|--|
| EXCAVATION, SETBACKS, & FOOTING FORMS | <i>[Signature]</i> | |
|--|--------------------|--|

Pour no concrete until above is signed

| | | |
|---|--|--|
| FOUNDATION, DAMPPROOFING, & PERIMETER DRAINS | | |
|---|--|--|

Do not frame until above is signed and checked,
as - built plot plan is filed with Building Dept.

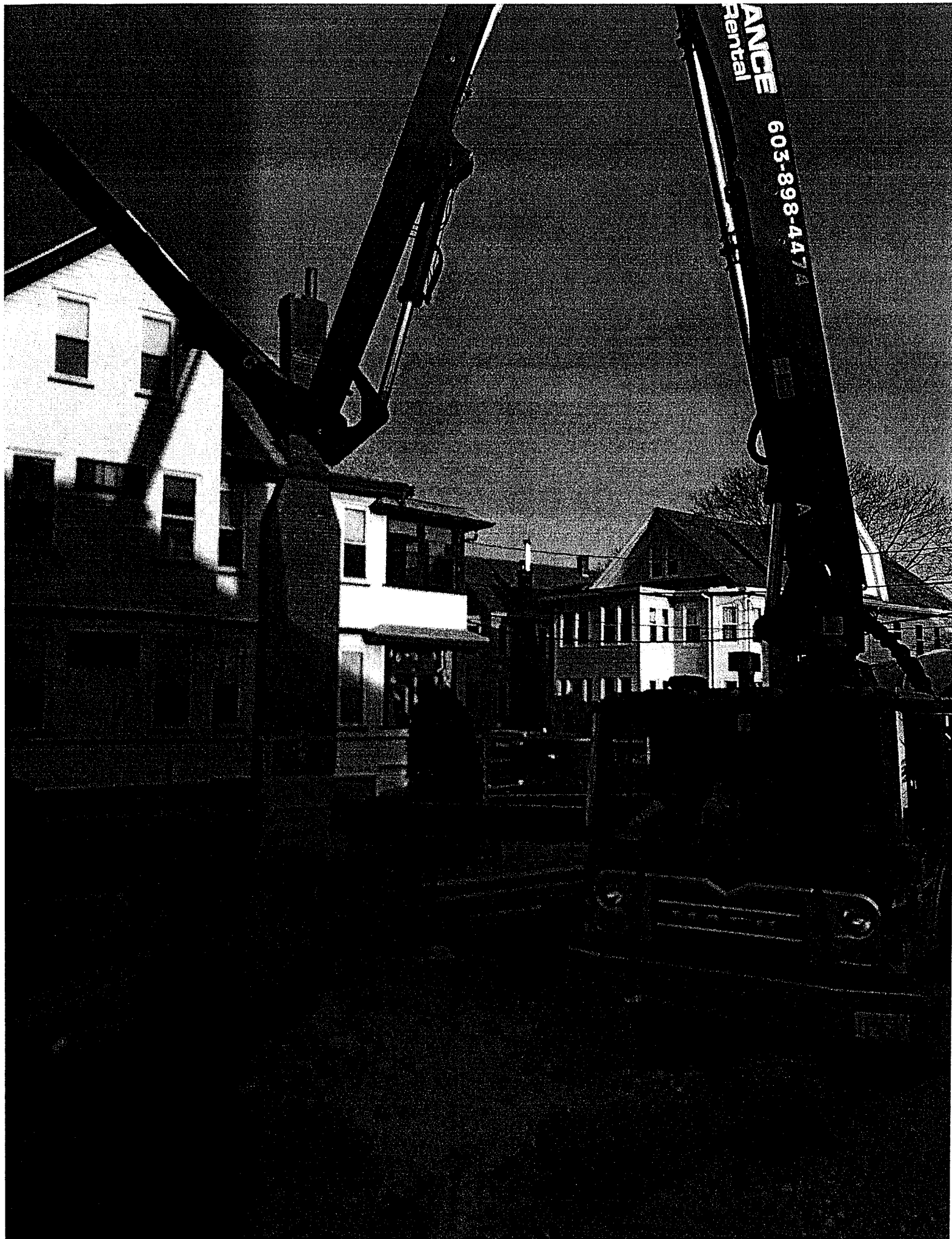
| | | |
|---|--|--|
| UNDERGROUND ELECTRICAL | | |
| UNDERGROUND PLUMBING/GAS | | |
| ROUGH ELECTRICAL | | |
| ROUGH PLUMBING | | |
| (Above must be signed prior to framing inspection) | | |
| FRAMING | | |
| INSULATION | | |

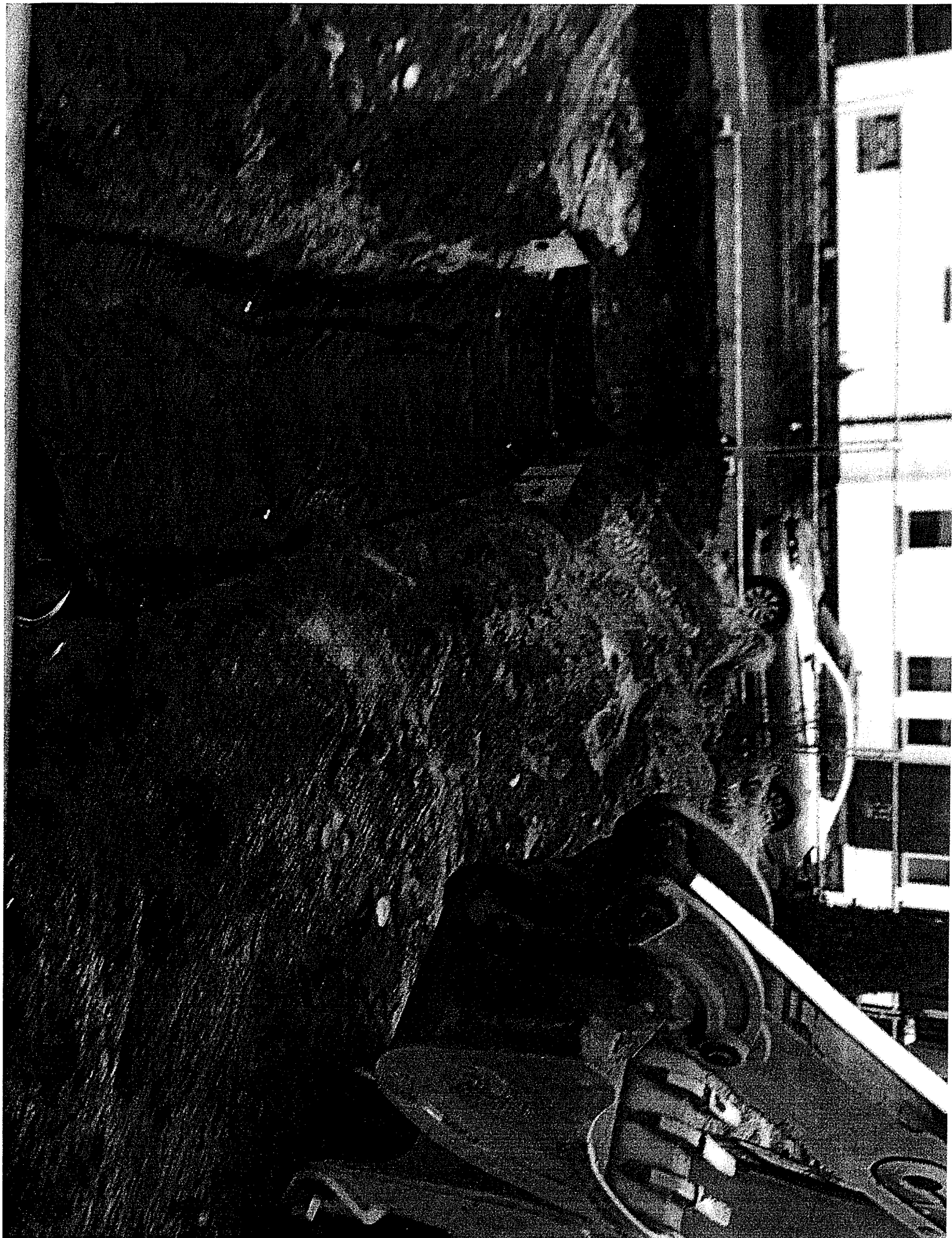
Cover no work until above has been signed

| | | |
|--|--|--|
| FINAL ELECTRICAL | | |
| FINAL PLUMBING | | |
| FINAL GAS | | |
| FINAL MECHANICAL | | |
| FIRE DEPARTMENT APPROVAL | | |
| (Above must be signed prior to final building inspection) | | |
| FINAL BUILDING INSPECTION | | |

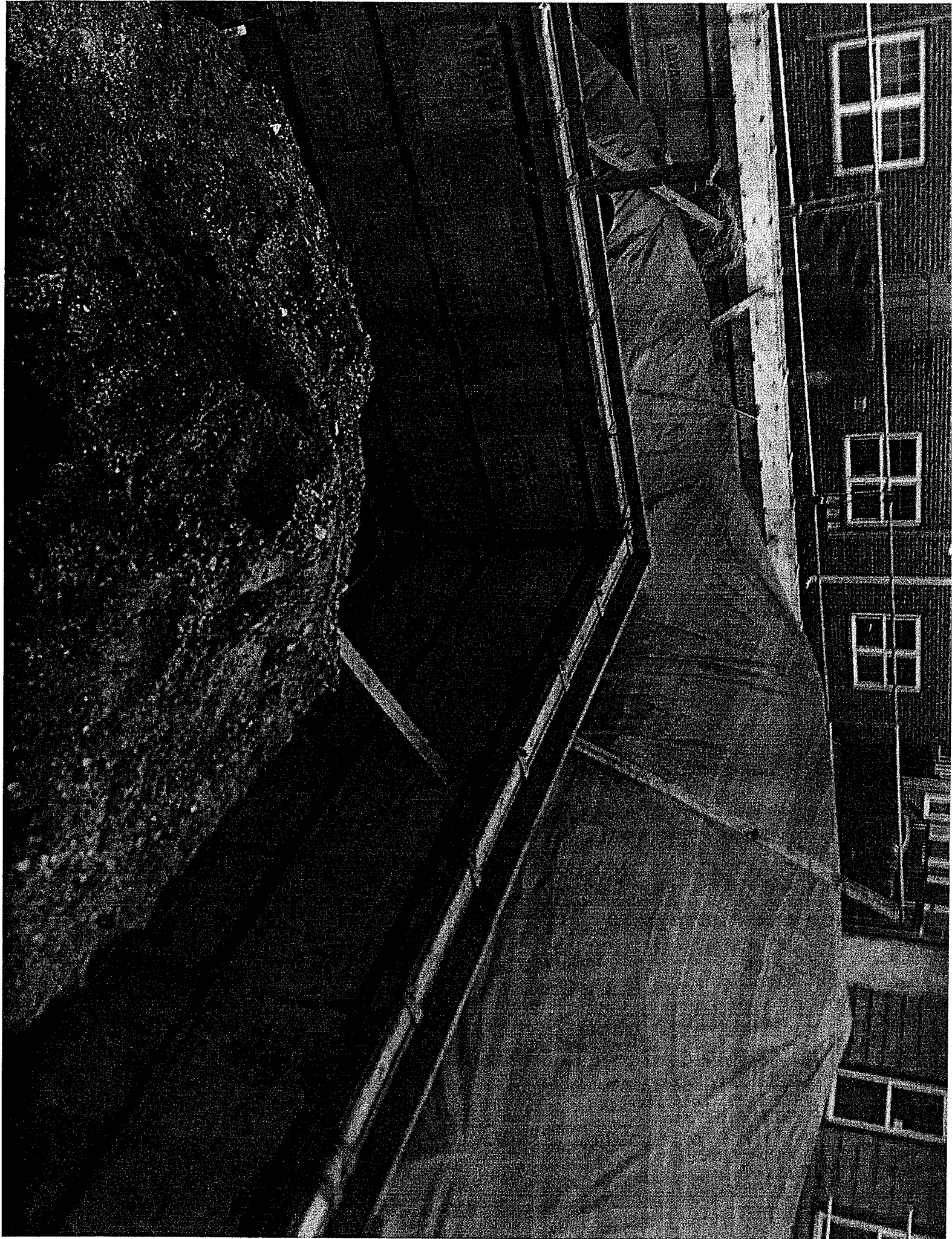
[Signature]
Inspector of Buildings or Local Building Inspector

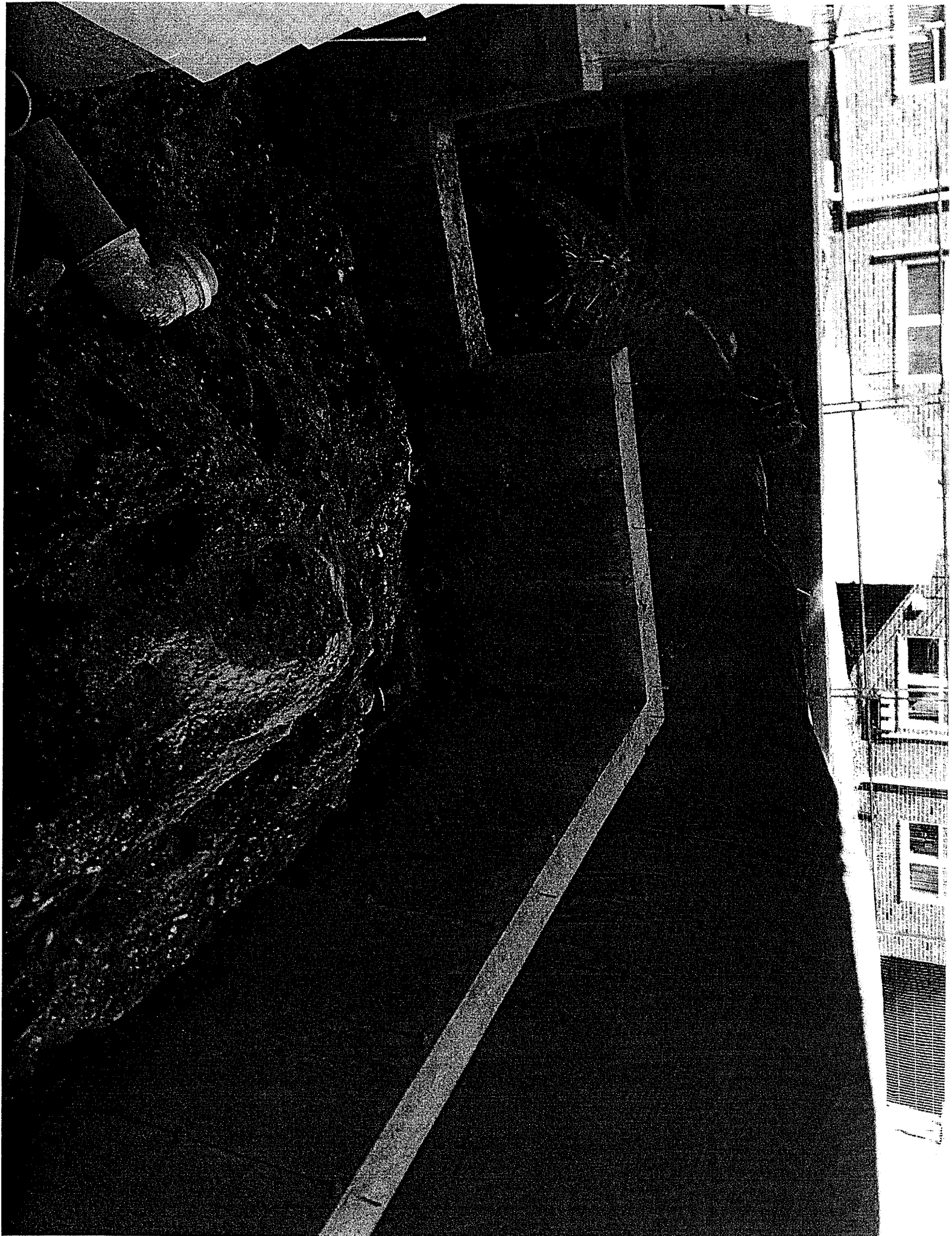


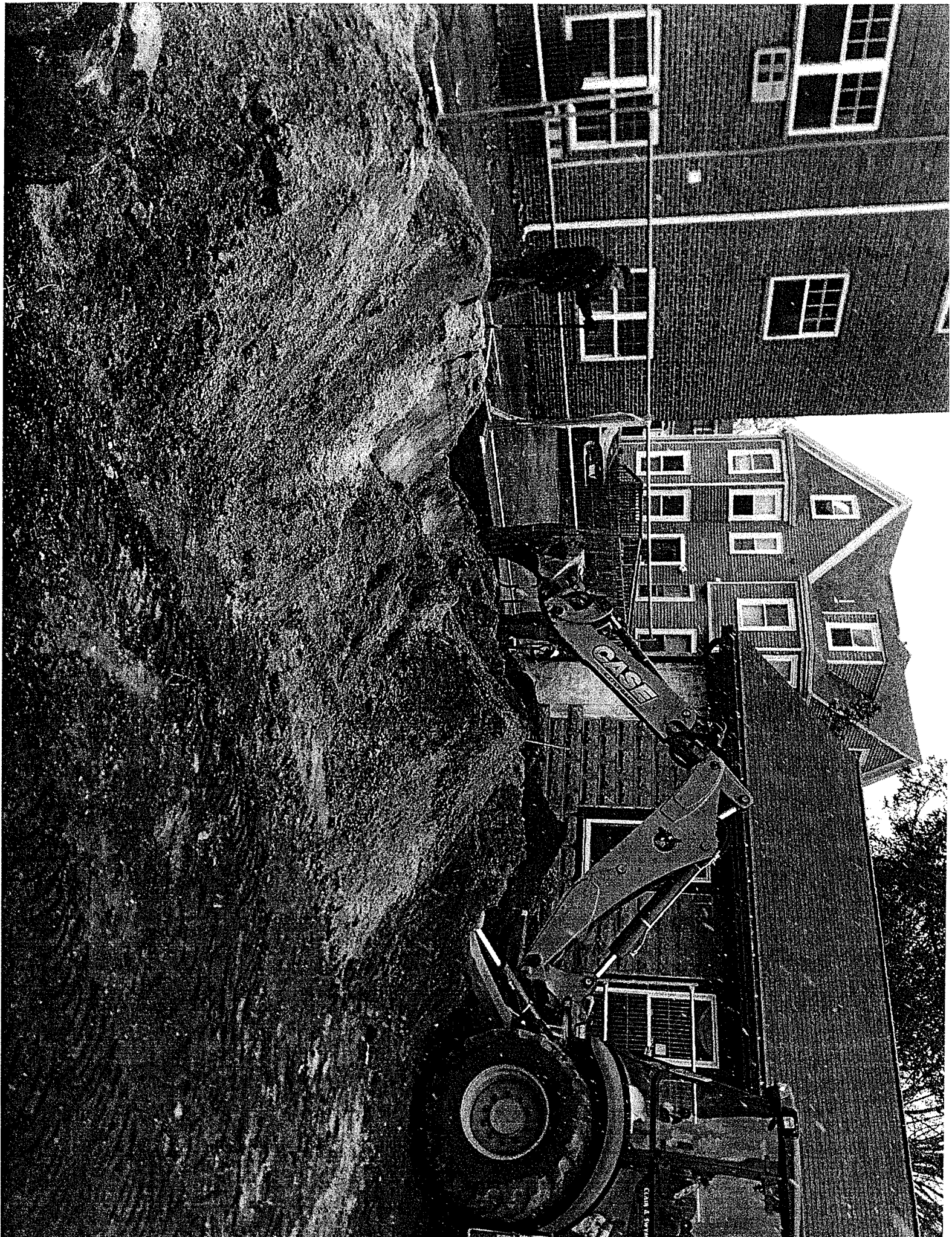


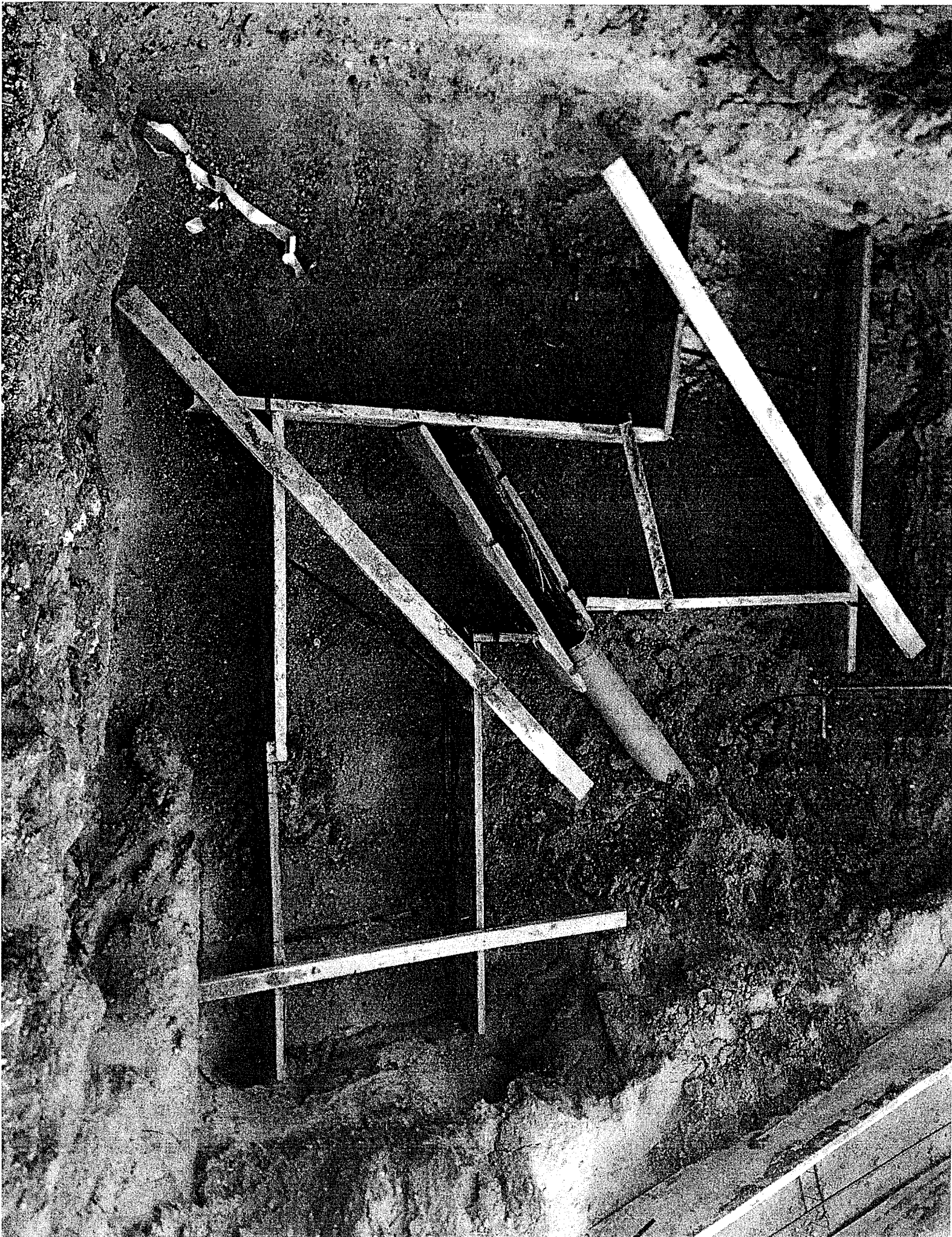


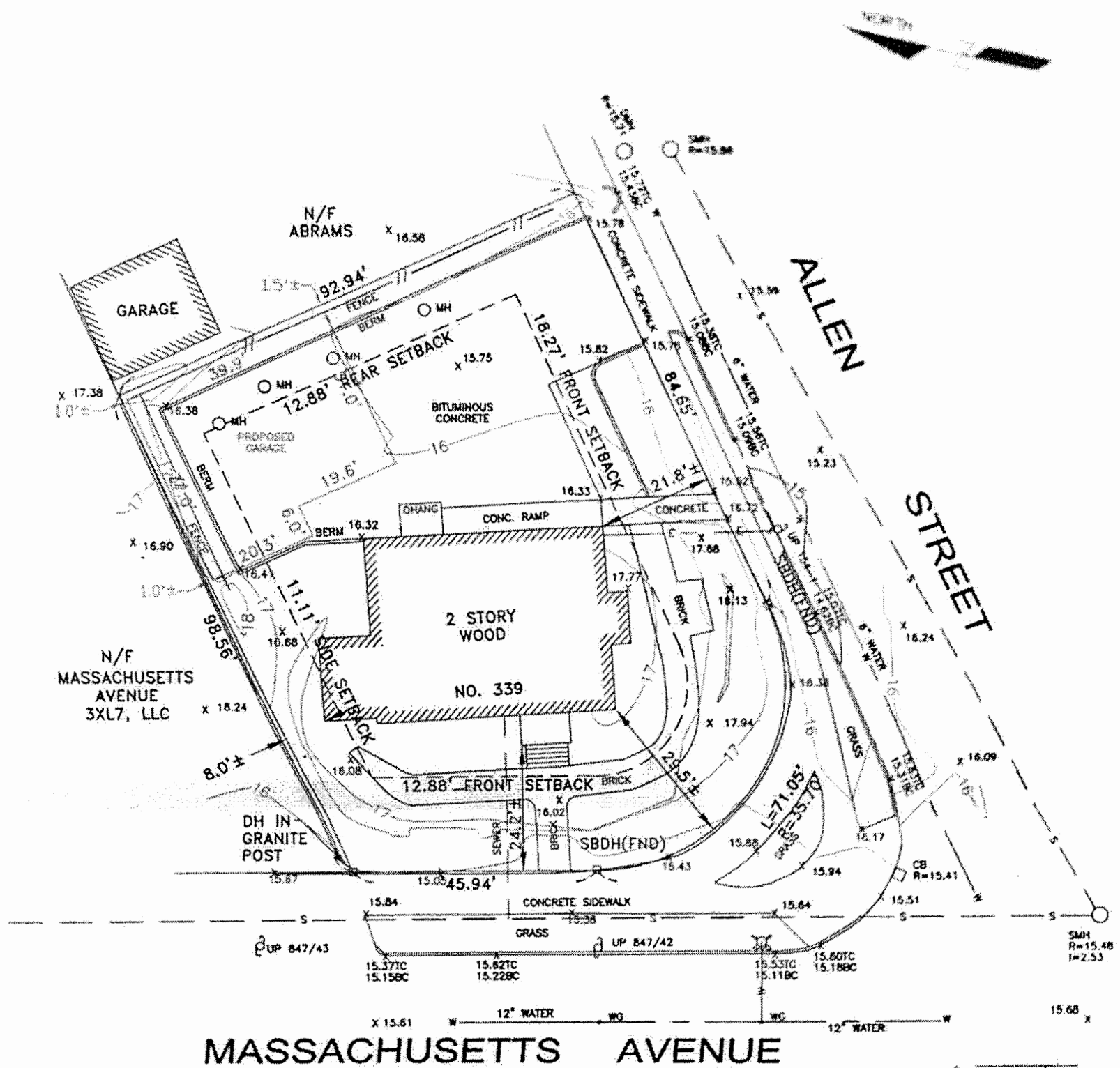






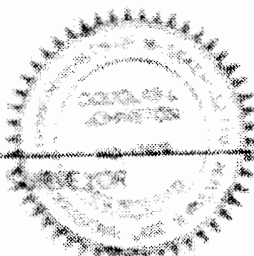


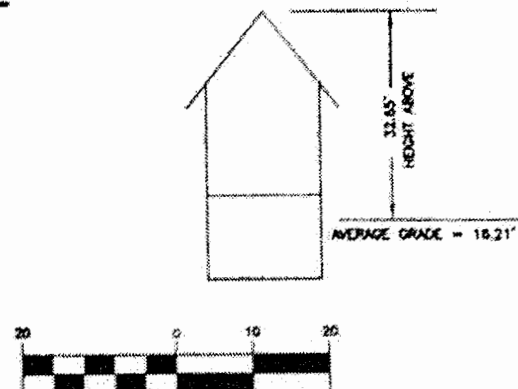




LOT AREA = 10,323 S.F.±
 EXISTING BUILDING = 1,711 S.F.±
 EXISTING PAVEMENT + WALK = 3,945 S.F.±
 PROPOSED ADDITION = 1,359 S.F.±
 EXISTING LOT COVERAGE = 16.6%
 PROPOSED LOT COVERAGE = 29.7%
 EXISTING OPEN SPACE = 45.2%
 PROPOSED OPEN SPACE = 42.0%

- NOTES
1. SEE DEED RECORDED IN MIDDLESEX COUNTY REGISTRY OF DEEDS IN DEED BOOK 84673, PAGE 52B.
 2. SEE PLAN RECORDED IN MIDDLESEX COUNTY REGISTRY OF DEEDS IN PLAN BOOK 283, PAGE 17.
 3. SUBJECT PARCEL IS LOCATED IN ZONE R6.


 David J. Geomatics
 PROFESSIONAL LAND SURVEYOR
 DATE 11-26-19



(IN FEET)
1 inch = 20 ft.

CERTIFIED PLOT PLAN
IN
ARLINGTON, MA

SCALE: 1" = 20' OCTOBER 18, 2019

DLJ GEOMATICS
 PROFESSIONAL LAND SURVEYING
 276 NORTH STREET
 WEYMOUTH, MA 02191
 (781) 812-0457

339 MASS AVE ARLINGTON.dwg

PROPOSED COLUMN HEALTH GARAGE

339 MASSACHUSETTS AVEUNE, ARLINGTON, MA 02474

PERMIT SET
10-16-2019



PREPARED BY:

ARCHITECT
KHALSA DESIGN INC.
17 IVALOO STREET, SUITE 400
SOMERVILLE, MA 02143
T:(617)-591-8682

CIVIL
DLJ GEOMATICS
276 NORTH STREET
WEYMOTH, MA 02191
T:(781)-812-0457

CLIENT
COLUMN HEALTHCARE
339 MASSACHUSETTS AVE
ARLINGTON, MA 02474

| Architectural Drawing List | | |
|----------------------------|---------------------------------|------------------|
| Sheet Number | Sheet Name | Sheet Issue Date |
| A-000 | Cover Sheet | 10/08/19 |
| C-1 | Existing Site Plan | 10/08/19 |
| A-001 | General notes and Abbreviations | 10/08/19 |
| A-020 | Architectural Site Plan | 10/08/19 |
| A-101 | Floor Plans | 10/08/19 |
| A-102 | Lift & Stair Plans & Sections | 10/08/19 |
| A-103 | Roof Plan | 10/08/19 |
| A-300 | Elevations | 10/08/19 |
| A-400 | Building Sections & Wall Types | 10/15/19 |
| AV-1 | Perspective | 10/08/19 |

PROJECT NAME

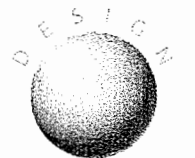
Column Health

PROJECT ADDRESS
339 Mass Ave Arlington,
MA

CLIENT

Column Health

ARCHITECT



KHALSA

17 IVALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8682 FAX:
617-591-2085

CONSULTANTS:

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REMAIN THE SOLE PROPERTY OF KHALSA
DESIGN INC. USE OF THESE PLANS OR ANY
FORM OF REPRODUCTION OF THIS DESIGN
IN WHOLE OR IN PART WITHOUT EXPRESS
WRITTEN CONSENT IS PROHIBITED AND
SHALL RESULT IN THE FULLEST EXTENT
OF PROSECUTION UNDER LAW

REGISTRATION



Project number 19109
Date 9/17/2019
Drawn by CMH
Checked by KDJ
Scale

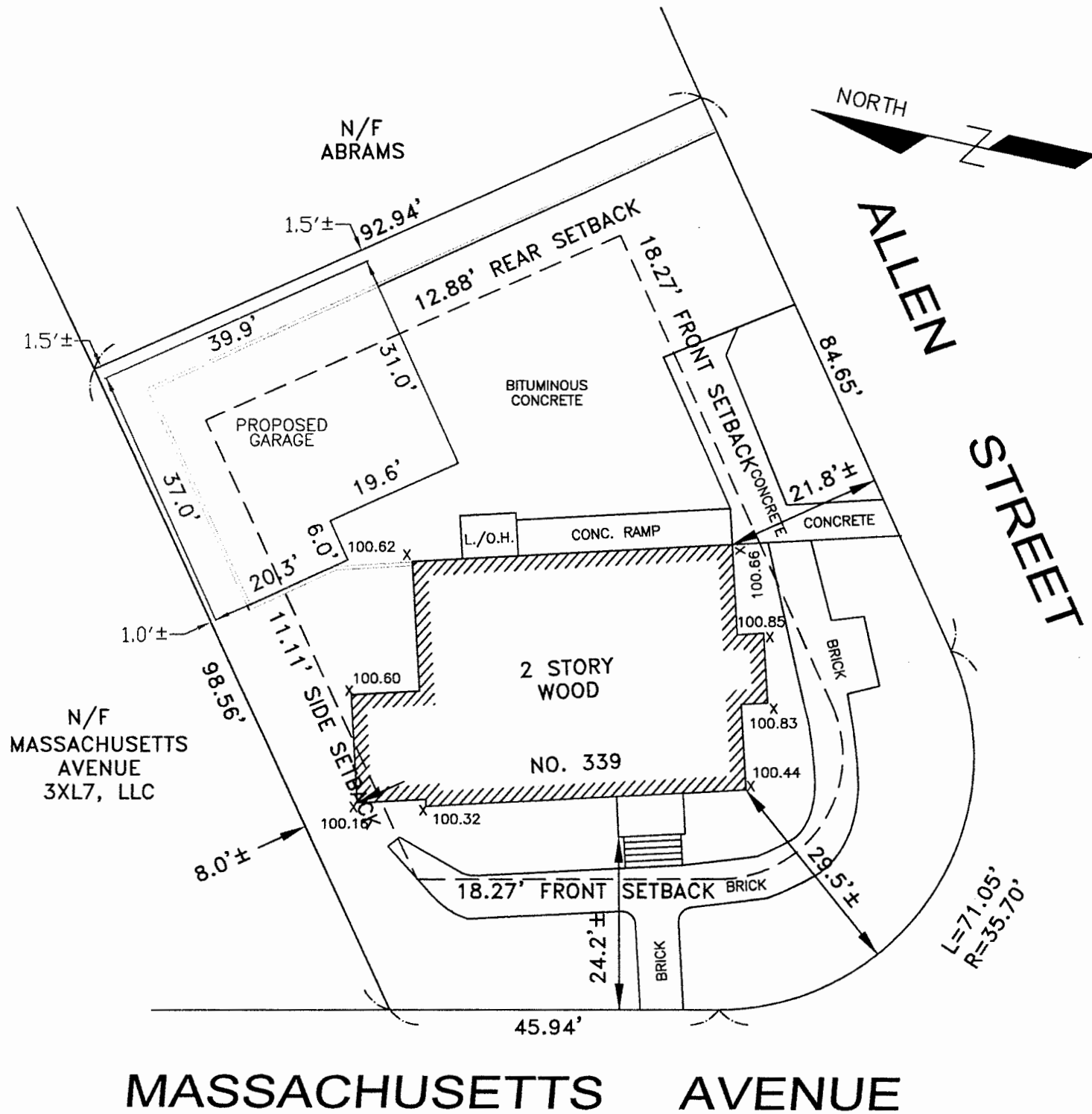
REVISIONS

| No. | Description | Date |
|-----|-------------|------|
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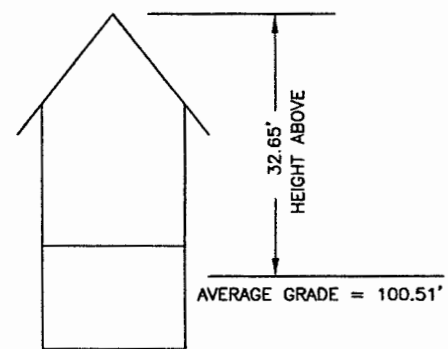
Cover Sheet

A-000

Column Health



LOT AREA = 10,323 S.F.±
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(IN FEET)
 1 inch = 20 ft.

NOTES

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2. SEE PLAN RECORDED IN MIDDLESEX COUNTY REGISTRY OF DEEDS IN PLAN BOOK 283, PAGE 17.
3. SUBJECT PARCEL IS LOCATED IN ZONE R6.

CERTIFIED PLOT PLAN
 IN
 ARLINGTON, MA

SCALE: 1" = 20' OCTOBER 2, 2019

DLJ GEOMATICS
 PROFESSIONAL LAND SURVEYING
 276 NORTH STREET
 WEYMOUTH, MA 02191
 (781) 812-0457

PROFESSIONAL LAND SURVEYOR _____ DATE _____

339 MASS AVE ARLINGTON.dwg

ARCHITECTURAL ABBREVIATIONS

| | | | | | | | | | |
|--|--|--|--|---|--|--|---|---|--|
| A | AND | C | E | F | J | N | R | S | W |
| AR ANCHOR BOLT ACFL ACFL ACOUS ACOUSTICAL ACT ACT AD AREA DRAIN ADD ADDENDUM ADL ADDITIONAL ADJ ADJUSTABLE ADUC ADUCENT ADMIN ADMINISTRATION AFF ABOVE FINISH FLOOR AFU AIR HANDLING UNIT ALT ALTERNATE ALUM ALUMINUM ANNUN ANNUNCIATOR AP ACCESS PANEL APC ARCHITECTURAL PRECAST APROX APPROXIMATE ARCH ARCHITECTURAL AUT AUTOMATIC AWT ACOUSTICAL WALL TREATMENT | CD COILING DOOR CLD COILING DRAPE CLL CENTER LINE CLS CLASS CLR CLEAR CMU CONSTRUCTION MANAGER CON CONCRETE MASONRY UNIT CO CLEANOUT COOP CASE OPENING COL COLUMN COMB COMBINATION/ED CONC CONCRETE CONN CONNECTION CONST CONSTRUCTION CONT CONTINUOUS CONTR CONTRACTOR COORD COORDINATE CORR CORRUGATED COT CERAMIC TILE CTR CENTER CUN COUNTERSINK CWB CURTAIN WALL CWD COLD WATER CYL CYLINDER | EIT EXPANSION JOINT EL ELEVATION ELEC ELECTRICAL ENCL ENCLOSURE EMERG EMERGENCY ENTR ENTRANCE EOT ELECTRICAL OUTLET EPOF EPOXY FLOORING EQ EQUIPMENT ES END SECTION EWC ELECTRIC WATER COOLER EXA EXHAUST AIR EXC EXCAVATE/ED/ION EXH EXHAUST HOOD EXIST EXISTING EXP EXPANSION EXT EXTERIOR EFC EXHAUST FAN EFS EXTERIOR INSULATION AND FINISH SYSTEM EL ELEVATION EIT EXPANSION JOINT ELEV ELEVATION EMERG EMERGENCY ENCL ENCLOSURE ENTR ENTRANCE EQ EQUIPMENT EPOF EPOXY FLOORING EWC ELECTRIC WATER COOLER EXA EXHAUST AIR EXC EXCAVATE/ED/ION EXH EXHAUST HOOD EXIST EXISTING EXP EXPANSION EXT EXTERIOR | GA GAUGE GAL GALLONS GALV GALVANIZED GB GRAB BAR GB GRADE BEAM GC GENERAL CONTRACTOR GEN GENERATOR GEN GENERAL GL GLASS GLM GLASS MASONRY UNIT GR GRADE GWB GYPSUM BOARD GWSK GYPSUM BOARD W/ PLASTER SKIM COAT GYP SHOT GYPSUM SHEATHING | JAN JANITOR JB JUNCTION BOX JST JOIST | NA NOT APPLICABLE NIC NOT IN LAYOUT NO NUMBER NOM NOMINAL NRG NOISE REDUCTION COEFFICIENT NT NOTE NTS NOT TO SCALE | RA RADIUS RA RISER RA RETURN AIR RAD RADIATION RB RESILIENT BASE RCD ROOF DRAIN RE RELOCATE EXISTING REC RECESSED REF REFERENCE REFR REFRIGERATOR REG REGISTER REIN REINFORCE/ED-ING REM REMOVE REQ REQUIRED REV REVERSE REV RETAINING REV REVERSE RH ROOF HATCH RHS RESILIENT FLOOR RHS ROOF HATCH RM ROOM RO ROUGH OPENING RS ROUGH SLAB RWC RAIN WATER CONDUCTOR | STS STEEL STRUCTURE SUPV SUPERVISOR SUSP SUSPENDED SWP STEEL WINDOWS SWITCH SWM SOFTWOOD SYN SYMMETRICAL | T TOP TAN TANGENT TBD TACKBOARD TG TIME CLOCK TCAB TOWEL CABINET TDSP TISSUE DISPENSER TOR TRENCH DRAIN TEL TELEPHONE TEMP TEMPERATURE TER TERRAZZO TONGUE & GROOVE THRES THRESHOLD TRP TEMPERED PLATE GLASS TRH TOILET PAPER HOLDER T TREAD TRANSF TRANSFORMER TS TUBE SECTION TV TELEVISION TYP TYPICAL | W WIDTHWISE WF WIDE FLANGE WV WITH W/O WITHOUT WC WATER CLOSET WALL WALL COVERING WD WOOD WEDW WINDOW WG WALL GUARD WH WALL HYDRANT WH WHEELCHAIR WHTR WATER HEATER WP WATERPROOF WR WASTE RECEPTACLE WS WASTERSTRIP WSTC WEIGHT WT WINDOW TREATMENT WW WOOD WINDOW WWF WELDED WIRE FABRIC |

SYMBOLS

| | | | |
|--|--|-----------|--|
| | LEVEL LINE, CONTROL OR DATUM ELEVATION | | DETAIL REFERENCE DRAWING NUMBER |
| | REVISION NUMBER | | EXTERIOR ELEVATION NUMBER |
| | PARTITION TYPE | | INTERIOR ELEVATION KEY |
| | CASEWORK TYPE | [141] | ROOM/SPACE NUMBER |
| | INTERIOR WINDOW TYPE | (11B) | DOOR NUMBER |
| | WINDOW TYPE | | SEALANT AND BACKER ROD JOINT |
| | COLUMN REFERENCE GRID | - - - - - | DASH AND DOT CENTER LINE |
| | BUILDING SECTION REFERENCE DRAWING NUMBER | - - - - - | DASH AND DOUBLE DOT LINES PROPERTY LINES, BOUNDARY LINES |
| | WALL SECTION REFERENCE DRAWING NUMBER | - - - - - | DASH AND DOT LINES PROPERTY LINES, BOUNDARY LINES |
| | SECTION DETAIL REFERENCE DRAWING NUMBER | - - - - - | DASH AND DOUBLE DOT LINES PROPERTY LINES, BOUNDARY LINES |
| | DIMENSION LINE | 1 1/2" | |
| | BREAK LINE TO BREAK OFF PARTS OF A DRAWING | | |
| | DOTTED LINE HIDDEN OR CONSTRUCTION ABOVE, BEYOND | | |

INDICATION OF MATERIALS

| | | | |
|--|--------------------|--|-----------------------|
| | EARTH/COMPACT FILL | | POROUS FILL/ GRAVEL |
| | CONCRETE | | SAND MORTAR |
| | MASONRY | | BRICK |
| | STONE | | CONCRETE MASONRY UNIT |
| | RUBBLE | | MARBLE |
| | STEEL/IRON | | ALUMINUM |
| | WOOD SHIM | | CONTINUOUS BLOCKING |
| | PLYWOOD | | FINISH |
| | GLASS | | GLASS BLOCK |
| | INSULATION | | BATT/ LOOSE FILL |
| | RIGID | | FIRE SAFFNG |
| | FINISHES | | GYPSUM WALL BOARD |
| | | | ACOUSTICAL TILE |

GENERAL NOTES

- GENERAL CONDITIONS: THE GENERAL CONDITIONS FOR THIS CONTRACT SHALL BE AIA DOCUMENT A201 (1987 EDITION) EXCEPT AS HEREIN AMENDED.
- SCOPE: WORK TO INCLUDE DEMOLITION AND CONSTRUCTION AS INDICATED ON THE DRAWINGS NECESSARY FOR A COMPLETE INSTALLATION. EACH CONTRACTOR SHALL RESPECT THE WORK OF OTHER CONTRACTORS AND ARE RESPONSIBLE FOR AND LIABLE TO REPAIR OR REPLACE ANY DAMAGE CAUSED BY THEIR WORK.
- CODES: ALL WORK SHALL BE PERFORMED IN STRICT COMPLIANCE WITH LOCAL AND STATE CODES AND REGULATIONS HAVING JURISDICTION. THE CONTRACTOR SHALL PROTECT AND INDEMNIFY THE OWNER AND ARCHITECT AGAINST ANY CLAIM OR LIABILITY ARISING FROM ANY SUCH CODE OR REGULATION.
- THE CONTRACTOR SHALL OBTAIN AND PAY FOR ALL REQUIRED PERMITS, INSPECTIONS AND APPROVALS.
- QUALITY: WORKMANSHIP SHALL BE OF THE HIGHEST TYPE, AND MATERIALS USED OR SPECIFIED OF THE BEST QUALITY THAT THE MARKET AFFORDS. ALL INSTALLATIONS AND APPLICATIONS SHALL CONFORM TO THE MANUFACTURERS SPECIFICATIONS.
- COORDINATION OF THE WORK: THE GENERAL CONTRACTOR SHALL COORDINATE THE WORK CONTRACT FROM THE CONTRACTOR OR THE OWNER. THE CONTRACTORS INSTRUCTIONS SHALL BE FOLLOWED BY ALL TRADES.
- MECHANICAL TRADES: THE MECHANICAL AND ELECTRICAL TRADES SHALL INSTALL THEIR WORK AS RAPIDLY AS THE OTHER WORK PERMITS AND SHALL COMPLETE THIS WORK BY THE TIME THE OTHER TRADES HAVE FINISHED.
- EXAMINATION OF THE SITE AND DOCUMENTS: THE CONTRACTOR, BEFORE SUBMITTING HIS PROPOSAL, SHALL VISIT THE SITE AND EXAMINE FOR HIMSELF ALL CONDITIONS AND LIMITATIONS WHICH EFFECT THE CONTRACT. THE CONTRACTOR SHALL CAREFULLY EXAMINE ALL CONTRACT DOCUMENTS, TITLES AND SUBDIVISIONS IN THESE DOCUMENTS ARE FOR CONVENIENCE, AND NO REAL OR ALLEGED ERRORS, IN ARRANGEMENT OF MATTER SHALL BE REASON FOR OMISSION OR DUPLICATION BY ANY CONTRACTOR.
- SEPARATE CONTRACTS: THE OWNER RESERVES THE RIGHT TO LET OTHER CONTRACTS IN CONNECTION WITH THE WORK. THE GENERAL CONTRACTOR SHALL AFFORD OTHER CONTRACTORS REASONABLE OPPORTUNITY FOR THE EXECUTION OF THEIR WORK AND SHALL PROPERLY CONNECT AND COORDINATE HIS WORK WITH THEIRS.
- QUARANTEE: ALL MATERIALS AND WORKMANSHIP SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM THE DATE OF FINAL ACCEPTANCE UNLESS SPECIFIED OTHERWISE FOR A LONGER PERIOD OF TIME ON CERTAIN ITEMS.
- TRASH REMOVAL: PRIOR TO STARTING WORK, THE GENERAL CONTRACTOR SHALL PROVIDE A CONSTRUCTION DUMPSTER AND PICKUP SERVICE FOR ALL CONSTRUCTION DEBRIS (DUMPSTER LOCATION TO BE COORDINATED WITH THE OWNER). AT THE END OF EACH DAY, THE GENERAL CONTRACTOR SHALL REMOVE ALL TRASH AND DEBRIS FROM THE SITE AND OR WITHIN THE BUILDING. IF TRASH AND DEBRIS ARE NOT REMOVED, THE OWNER MAY (AT HIS OPTION) PAY FOR THE REMOVAL AND BACK CHARGE THE CONTRACTOR.
- THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT THE SITE AND REPORT ANY DISCREPANCIES TO THE ARCHITECT BEFORE PROCEEDING WITH THE WORK.
- ALL SECTIONS, DETAILS, MATERIALS, METHODS, ETC. SHOWN AND/OR NOTED ON ANY PLAN OR SECTION SHALL APPLY TO ALL OTHER SIMILAR LOCATIONS UNLESS OTHERWISE NOTED.
- THE GENERAL CONTRACTOR SHALL SAFELY SHORE, BRACE, OR SUPPORT ALL WORK AS REQUIRED. THIS WORK SHALL BE THE FULL RESPONSIBILITY OF THE CONTRACTOR AND NO ACT, DIRECTION, OR REVIEW OF ANY SYSTEM OR METHOD BY THE ARCHITECT SHALL RELIEVE THE CONTRACTOR OF THIS RESPONSIBILITY.
- IT IS NOT THE INTENT OF THESE DRAWINGS TO SHOW NOR INDICATE ANY OR ALL FASTENING OR FRAMING TECHNIQUES/DEVICES, NOR BE ABLE TO SHOW ALL CONDITIONS PRESENT.
- ALL WORK IS NEW UNLESS OTHERWISE NOTED.
- ALL WALLS AND CEILINGS TO BE 5/8" FIRE CODE OR 1/2" GYPSUM BOARD, 5/8" MOISTURE RESISTANT TYPE X OR 5/8" CEMENT BOARD. FINISH AND TEXTURE TO BE SELECTED BY OWNER. MATERIAL AS MANUFACTURED BY U.S. GYPSUM OR EQUAL FINISH (CEMENT ACCESSORIES AND TAPE OR SKIM COAT). ALL JOINTS AND NAIL HEADS READY FOR PAINT, TILE, WOOD TRIM, VVG, OR PANELING.
- STORAGE: THE CONTRACTOR SHALL PROVIDE ON SITE WEATHER PROTECTED STORAGE SPACE, I.E.: TRAILER. STORAGE OF CONSTRUCTION MATERIALS IN THE EXISTING BUILDING WILL NOT BE PERMITTED.
- PROTECTION: THE CONTRACTOR SHALL PROTECT ALL PUBLIC AND ADJACENT AREAS FROM DAMAGE DURING CONSTRUCTION.
- TEMPORARY SERVICES: THE CONTRACTOR WILL PAY FOR EXISTING SERVICES (WATER, TELEPHONE AND ELECTRICITY) AND WILL TURN OVER THESE SERVICES TO THE OWNER UPON FINAL ACCEPTANCE OF THIS PROJECT.
- THE CONTRACTOR SHALL VERIFY LOCATION AND ACTUAL DEPTH OF ALL EXISTING SANITARY PIPING, STORM DRAINS, GAS AND WATER MAINS, ELECTRIC LINES AND PIPES. HE IS ALSO ADVISED TO VERIFY ACTUAL INVERTS OF SANITARY AND STORM LINES BY HAND DUG TEST PITS WELL IN ADVANCE OF TRENCHING AND CONSTRUCTION. ANY DISCREPANCY IN THIS PLAN AND ACTUAL FIELD CONDITIONS SHALL BE REPORTED TO THE ARCHITECT. ALL NECESSARY PERMITS AND APPROVALS MUST BE OBTAINED FROM PROPER AUTHORITIES.
- ARCHITECTURAL, MECHANICAL, ELECTRICAL, ELEVATOR, & SPRINKLER: EACH CONTRACTOR SHALL SUBMIT SHOP DRAWINGS TO THE ARCHITECT FOR APPROVAL PRIOR TO FABRICATION.
- ALL WORK IS NEW UNLESS OTHERWISE NOTED.
- DAMAGE: THE GENERAL CONTRACTOR IS RESPONSIBLE FOR ANY DAMAGE TO EXISTING BUILDING, WALLS, CEILINGS, FLOORS, FURNITURE AND FURNISHINGS. DAMAGED SURFACES DUE TO CONSTRUCTION TO BE PATCHED, REPAIRED AND/OR REPLACED AS REQUIRED AND BLEND TO MATCH EXISTING ADJACENT SURFACES AT NO ADDITIONAL COST TO OWNER.
- THE GENERAL CONTRACTOR SHALL PREPARE A BOOKLET CONTAINING: LIST OF SUBCONTRACTORS USED ON THIS JOB WITH NAMES, ADDRESSES AND TELEPHONE NUMBERS. ALL WARRANTIES AND INSTRUCTION MANUALS FOR EQUIPMENT AND MATERIALS INSTALLED WILL BE ISSUED TO THE OWNER PRIOR TO FINAL ACCEPTANCE OF BUILDING, AND PRESENT BOOKLET TO OWNER PRIOR TO FINAL ACCEPTANCE OF OWNER.
- CARPET AND/OR TILE: CARPET AND/OR TILE AS SELECTED AS PER DRAWINGS.
- HANDICAPPED REQUIREMENTS: THE GENERAL CONTRACTOR WILL ACQUAINT HIMSELF WITH THE ARCHITECTURAL ACCESS BOARD (AAB) CODE FOR THE STATE OF MASSACHUSETTS AND THE ADA (AMERICANS WITH DISABILITIES ACT) TO ENSURE THAT THIS FACILITY WILL BE ACCESSIBLE.
- SPRINKLER HEAD LOCATION: REFER TO N.F.P.A. STANDARDS. SPRINKLER HEADS TO BE LOCATED PER CODE. SHOP DRAWINGS ARE REQUIRED TO BE SUBMITTED TO THE CONTRACTOR FOR APPROVAL PRIOR TO INSTALLATION.
- THE GENERAL CONTRACTOR SHALL COORDINATE THE LOCATION AND SIZE OF OPENINGS FOR VENTS, PIPES, INSERTS, BOXES, HANGERS, ETC.
- ALL INTERIOR FINISHES AND FURNISHINGS FOR CEILINGS, WALL AND FLOORS SHALL BE CLASS 1 IN WITH A FLAME SPREAD RATING OF 0 TO 25
- SUBMIT SAMPLES OF ALL PAINTS AND STAINS FOR APPROVAL PRIOR TO APPLICATION.
- BEFORE COMMENCING WORK, THE GENERAL CONTRACTOR WILL MEET WITH THE APPOINTED COMPANY REPRESENTATIVE TO OUTLINE PHASING OF CONSTRUCTION AND DISPOSITION OF EXISTING CONSTRUCTION MATERIALS AND/OR EQUIPMENT.
- ALL WOODS BLOCKING TO BE PRESSURE TREATED, FIRE RETARDANT.

PROJECT NAME
Column Health

PROJECT ADDRESS
339 Mass Ave Arlington, MA

CLIENT
Column Health

ARCHITECT

KHALSA

17 VALOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-591-8882 FAX: 617-591-2086

CONSULTANTS:

REGISTRATION

Project number 19109
Date 9/17/2019
Drawn by Author
Checked by Checker
Scale 1:1

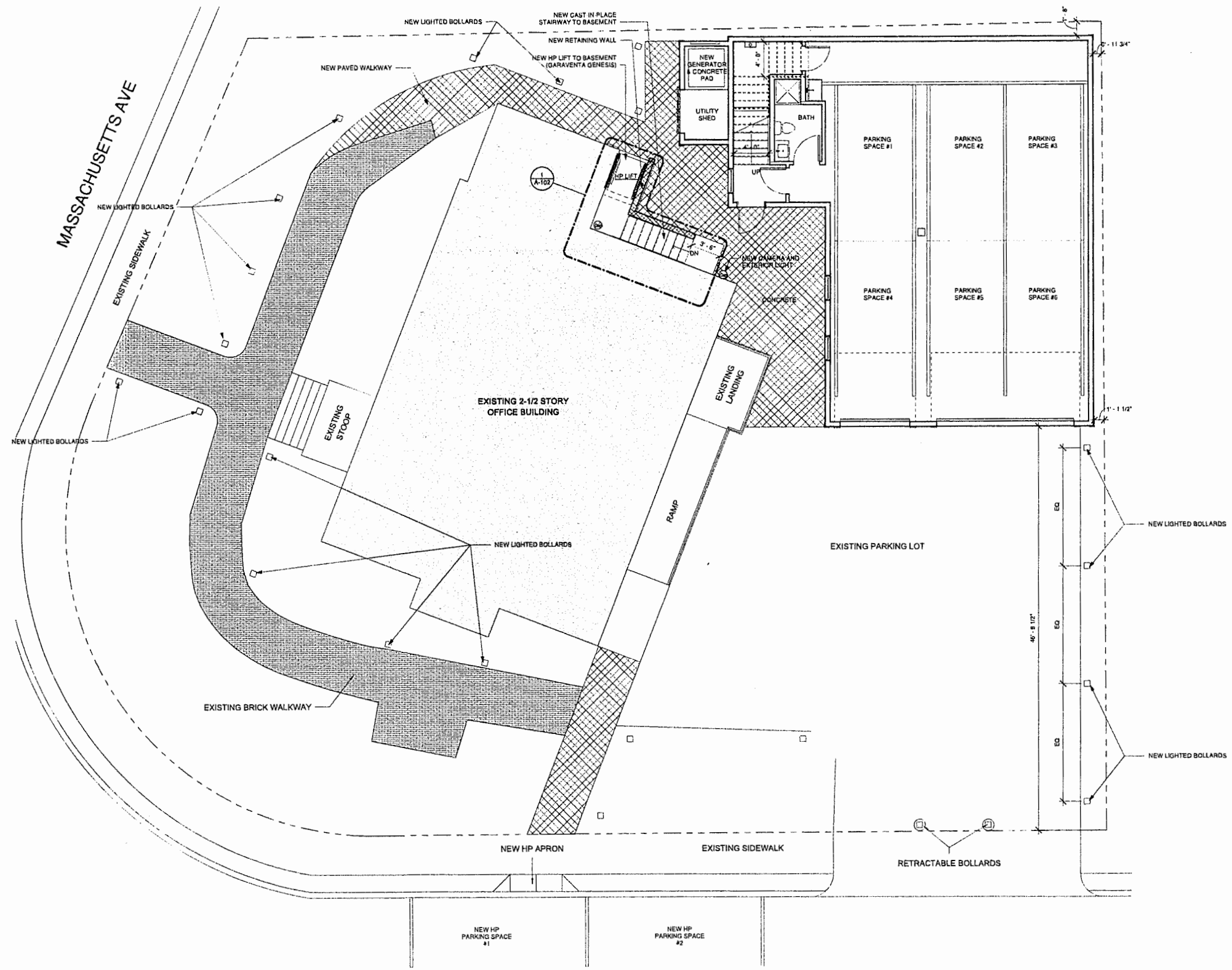
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General notes and Abbreviations

A-001

Column Health



1 Site Plan
3/16" = 1'-0"

PROJECT NAME
Column Health

PROJECT ADDRESS
339 Mass Ave Arlington, MA


CLIENT
Column Health

ARCHITECT

 KHALSA
 17 VALOO STREET SUITE 400
 SOMERVILLE, MA 02143
 TELEPHONE: 617-581-8882 FAX: 617-581-2588

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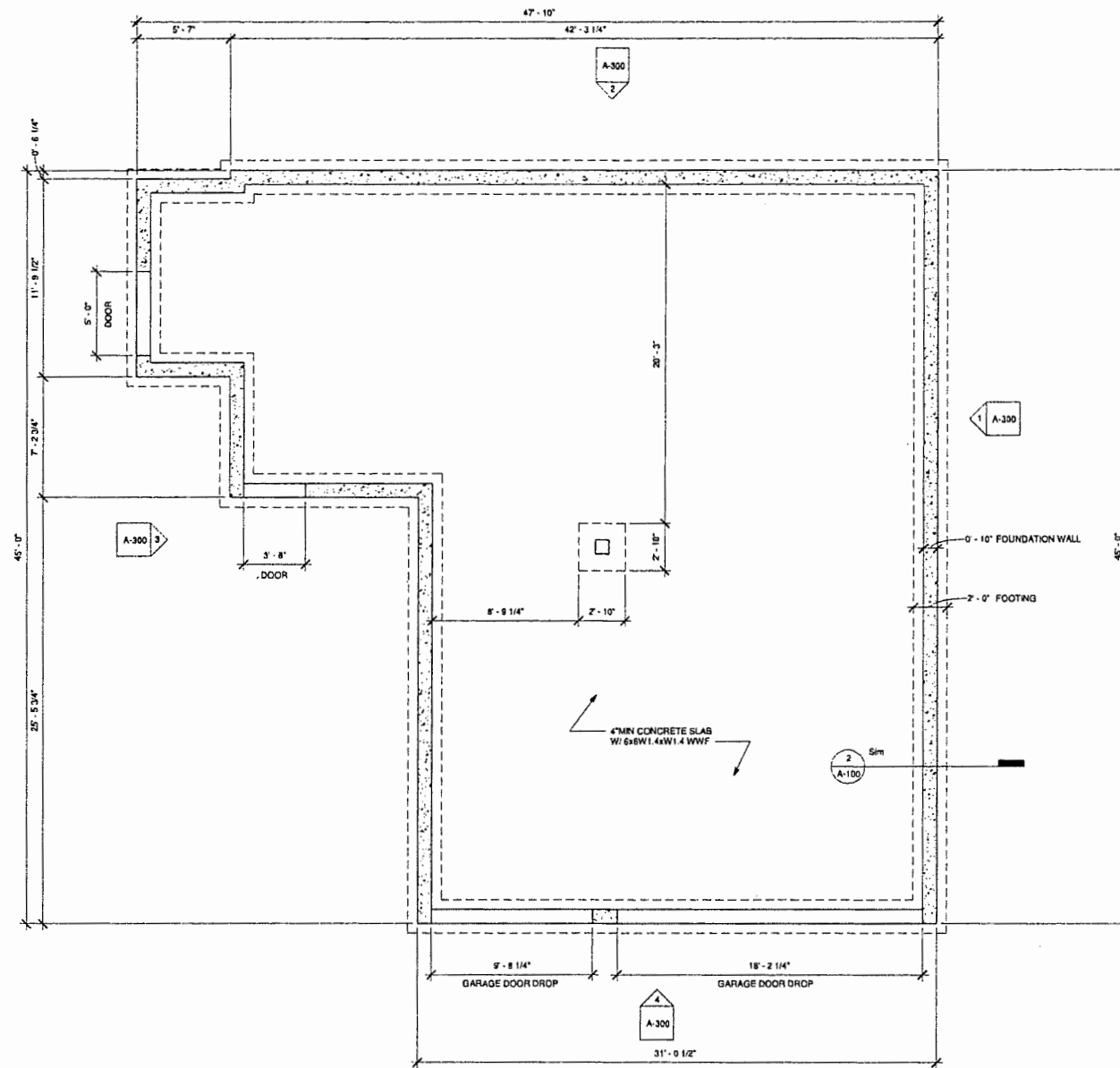
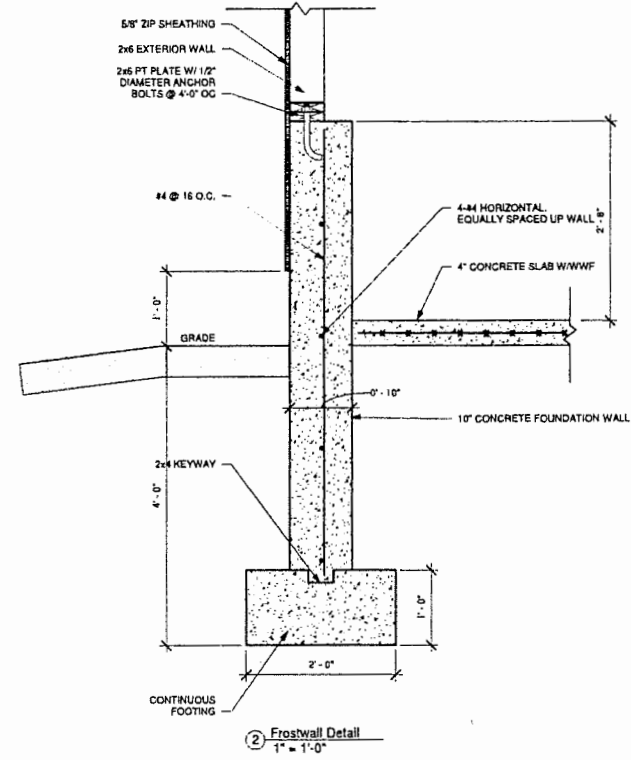
REGISTRATION


Project number 19109
 Date 9/17/2019
 Drawn by WJC
 Checked by JSK
 Scale 3/16" = 1'-0"

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Architectural Site Plan
A-020
 Column Health

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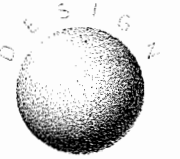


① Foundation Plan
 1/4" = 1'-0"

PROJECT NAME
Column Health

PROJECT ADDRESS
 339 Mass Ave Arlington, MA

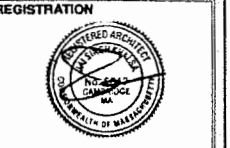
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Column Health

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Project number 19109
 Date 11/21/2019
 Drawn by WC
 Checked by JSK
 Scale As indicated

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Foundation Plan
A-100
 Column Health

LEGEND

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|--|--------------------------|--|----------------------------|
| | NEW WALL | | CARBON MONOXIDE DETECTOR |
| | EXISTING TO REMAIN | | SMOKE DETECTOR |
| | WALL TYPE | | DEDICATED 220 VOLTS OUTLET |
| | STANDARD ELECTRIC OUTLET | | SECURITY CAMERA |

GENERAL FLOOR PLAN NOTES

- ALL SMOKE ALARMS TO BE INTERCONNECTED AND HARD WIRED. SEE FLOOR PLANS FOR LOCATIONS.
- ALL INTERIOR FINISHES TO BE DETERMINED BY OWNER.
- SEE EXTERIOR ELEVATIONS FOR WINDOW TYPES & CLADDING MATERIALS.
- ALL INTERIOR DIMENSIONS ARE FROM FACE OF GWB TO FACE GWB.
- ALL EXTERIOR DIMENSIONS ARE FROM EXTERIOR FACE OF PLYWOOD SHEATHING, TYP. U.N.D.
- SEE STRUCTURAL DRAWINGS FOR ADDITIONAL NOTES.
- CONTRACTOR TO COORDINATE DESIGN-BUILD DRAWINGS FOR MECHANICAL, ELECTRICAL, PLUMBING & FIRE PROTECTION WITH SUBCONTRACTORS PRIOR TO CONSTRUCTION.
- ELECTRICAL OUTLETS ON OPPOSITE SIDE OF WALL SHOULD BE INSTALLED AT LEAST 2'-0" FROM EACH OTHER.
- CONTRACTOR TO VERIFY EXISTING CONDITIONS IN THE FIELD PRIOR TO CONSTRUCTION.

PROJECT NAME
Column Health

PROJECT ADDRESS
 339 Mass Ave Arlington, MA

CLIENT
 Column Health

ARCHITECT

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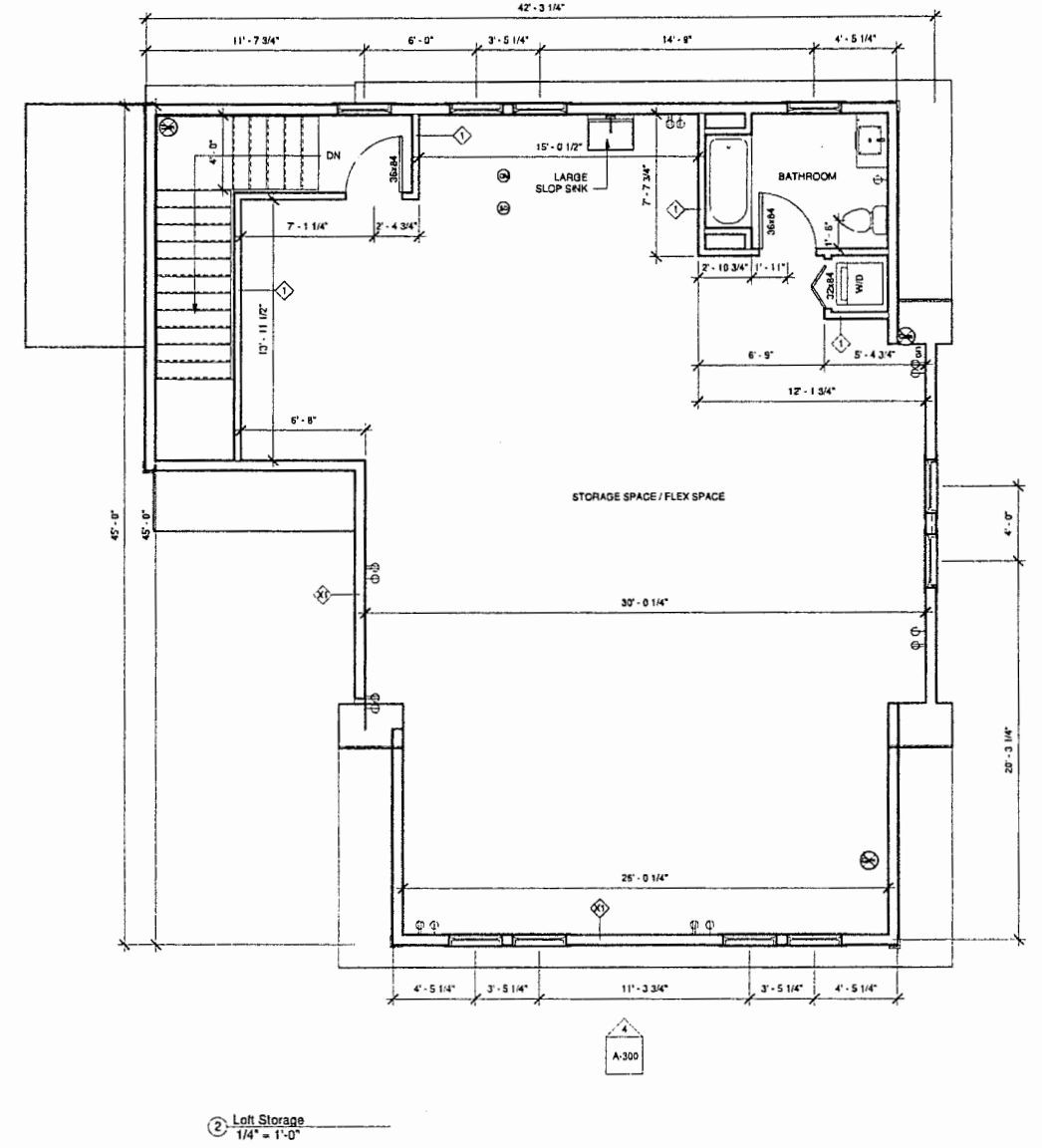
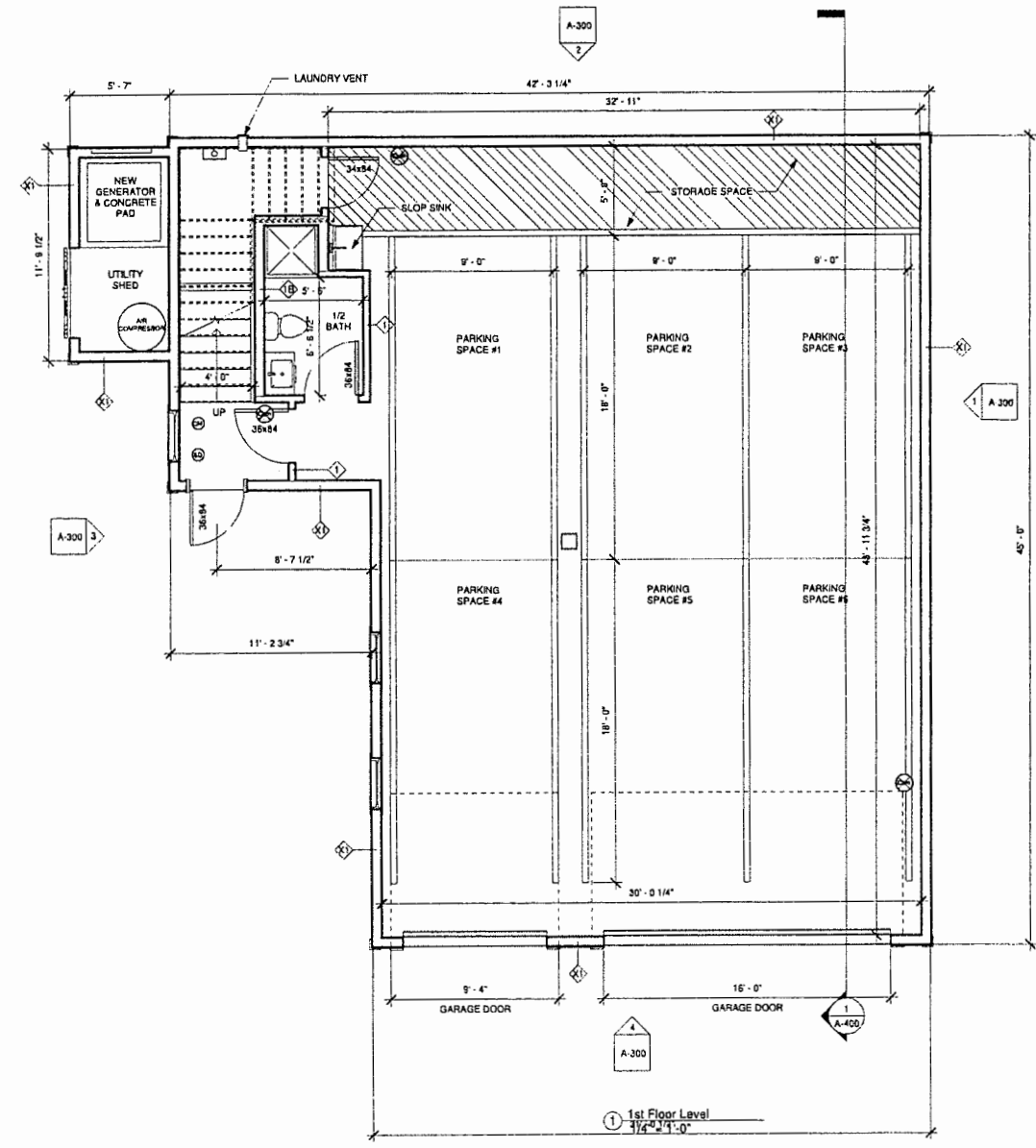
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 Checked by: KDI
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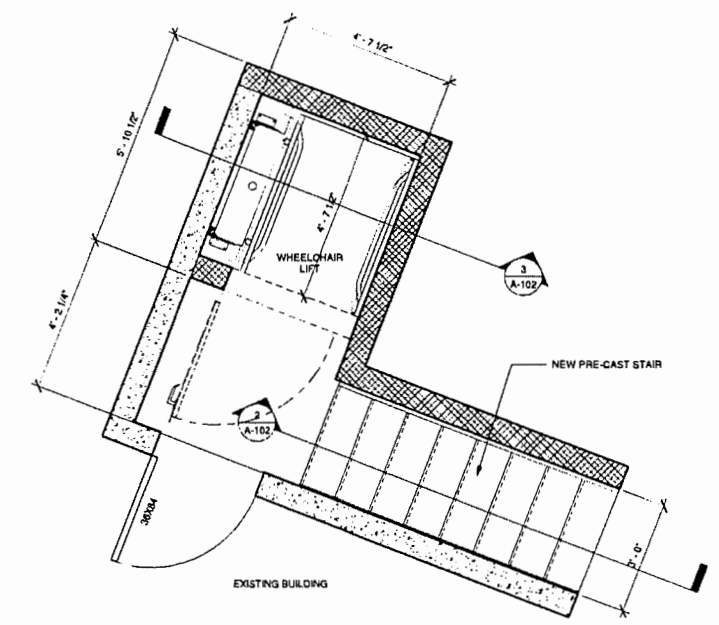
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Floor Plans

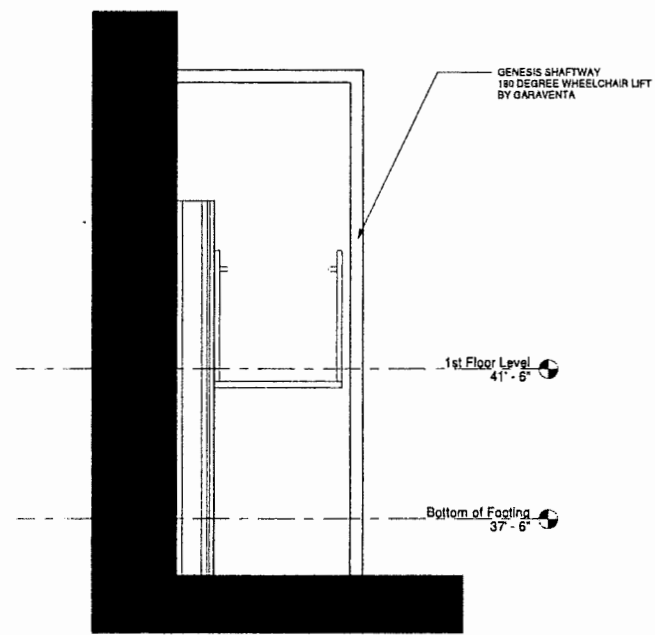
A-101
 Column Health



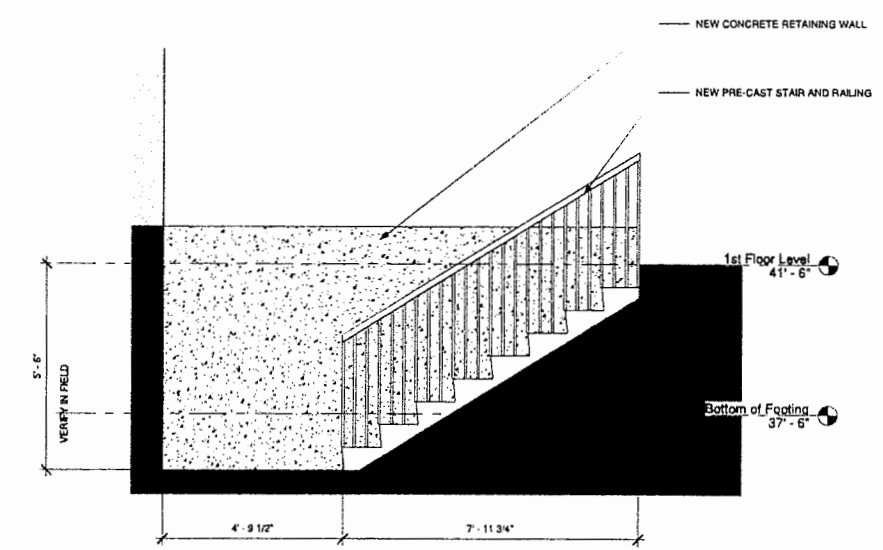
**GARAVENTA GENESIS SHAFTWAY:
STRAIGHT THROUGH (180 DEGREE)
Massachusetts Specific Configuration**



① HP LIFT & STAIR PLAN
1/2" = 1'-0"



③ Wheelchair Lift
1/2" = 1'-0"



② Stair Section
1/2" = 1'-0"

PROJECT NAME
Column Health

PROJECT ADDRESS
339 Mass Ave Arlington, MA

CLIENT
Column Health

ARCHITECT
DESIGN KHALSA

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SOMERVILLE, MA 02143
TELEPHONE: 617-591-8688 FAX: 617-591-2086

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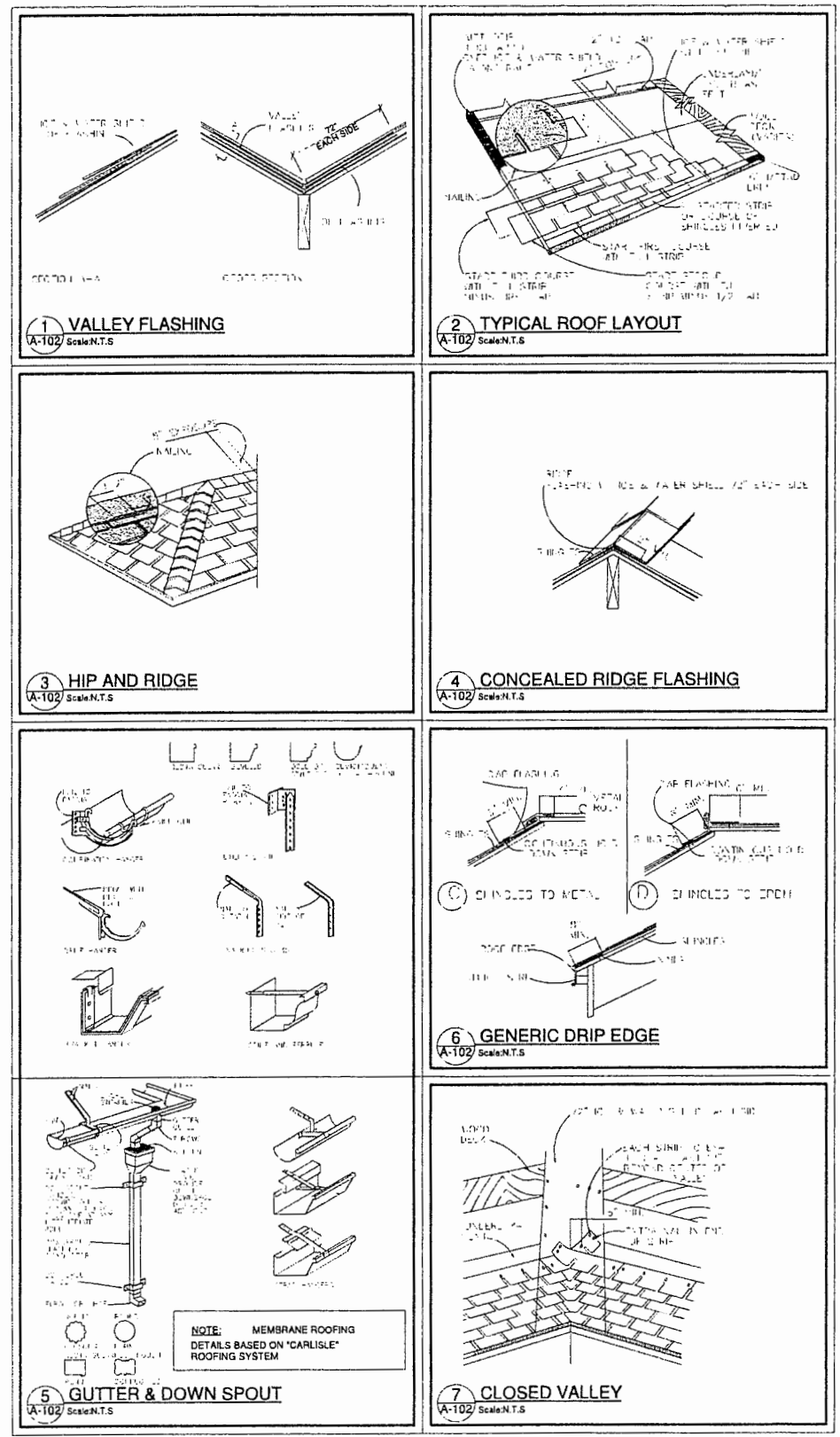
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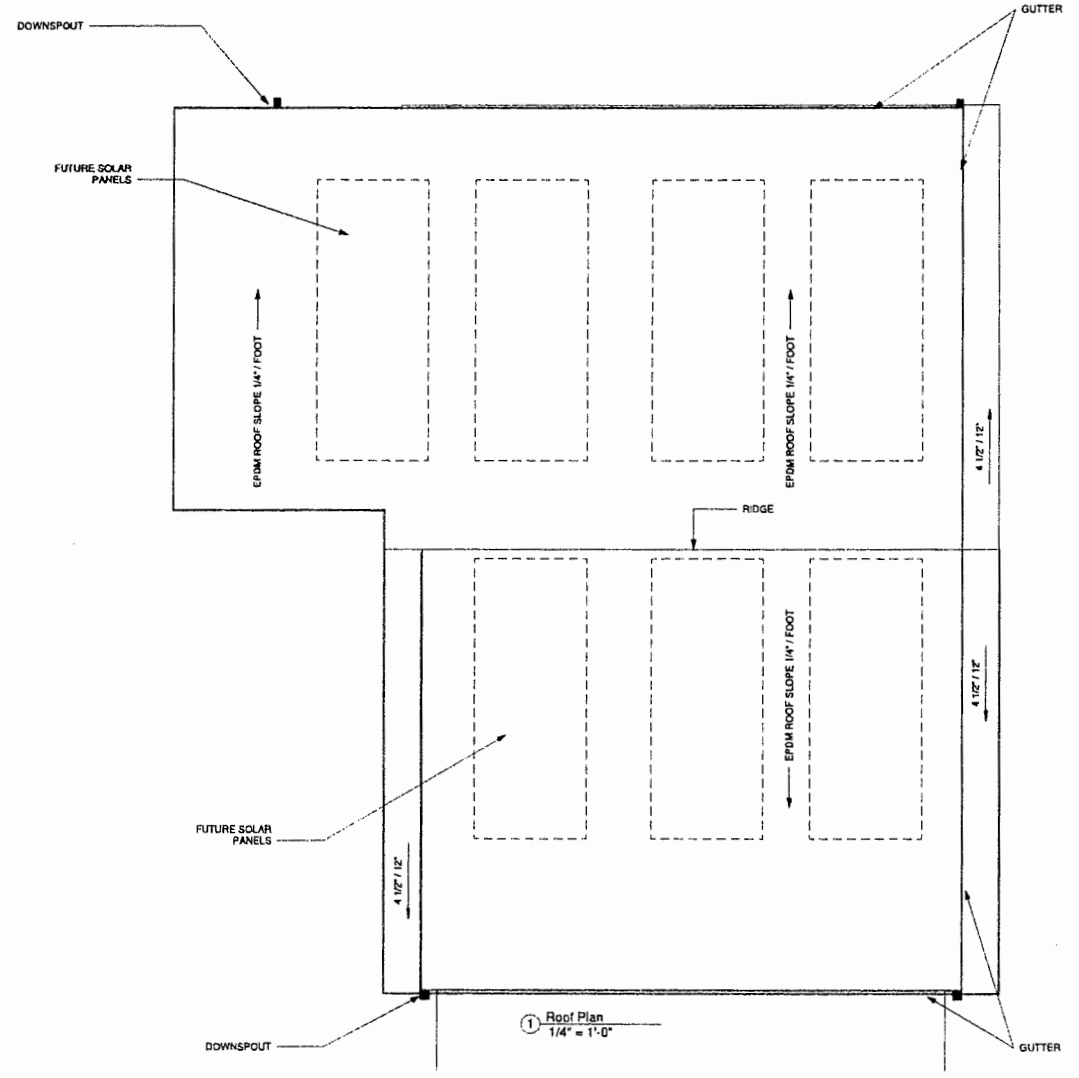
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Date 8/17/2019
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Scale 1/2" = 1'-0"

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Lift & Stair Plans & Sections
A-102
Column Health

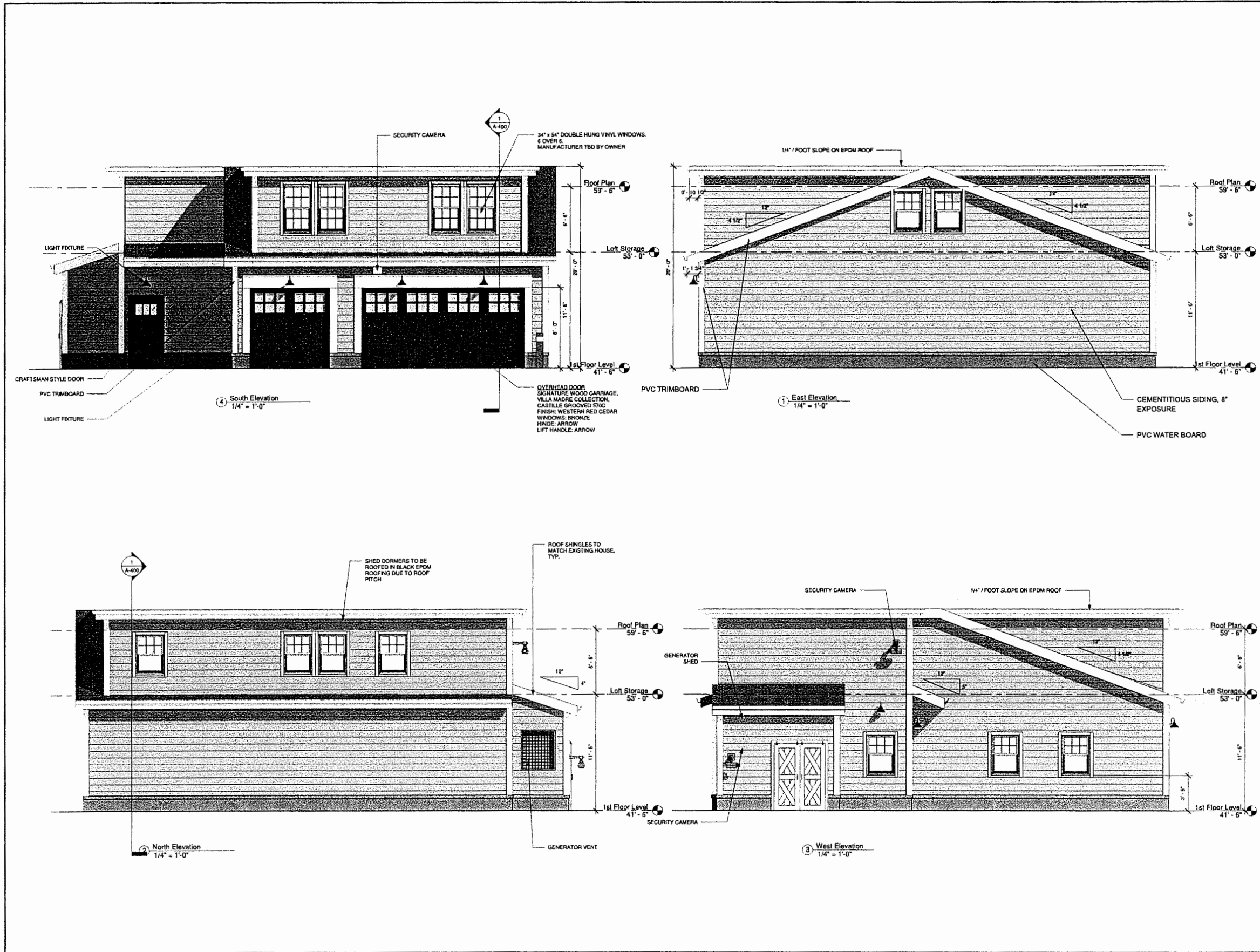


2 Roof Details
1" = 1'-0"



1 Roof Plan
1/4" = 1'-0"

| |
|---|
| PROJECT NAME Column Health |
| PROJECT ADDRESS 339 Mass Ave Arlington, MA |
| CLIENT Column Health |
| ARCHITECT  KHALSA |
| 17 WALDOO STREET SUITE 400 SOMERVILLE, MA 02143 TELEPHONE: 617-521-8662 FAX: 617-521-2285 |
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| Project number 19109 Date 8/17/2019 Drawn by Author Checked by Checker Scale As Indicated |
| REVISIONS No. Description Date |
| Roof Plan |
| A-103 Column Health |



PROJECT NAME
Column Health

PROJECT ADDRESS
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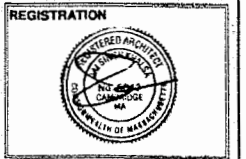
CLIENT
Column Health

ARCHITECT

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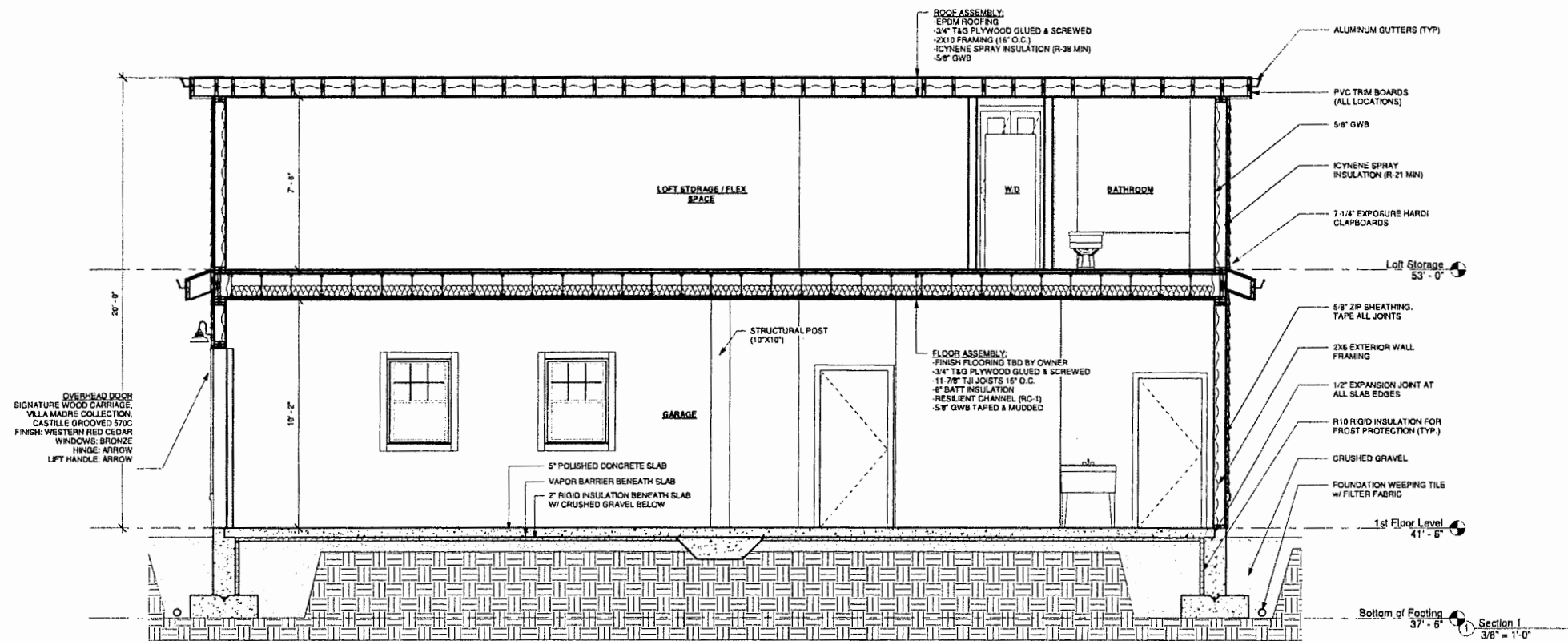
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 Checked by: KDI
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Elevations

A-300
 Column Health



PROJECT NAME
Column Health

PROJECT ADDRESS
 339 Mass Ave Arlington, MA

CLIENT
Column Health

ARCHITECT

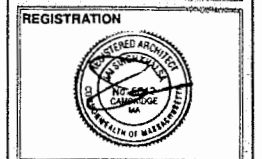
DESIGN

KHALSA

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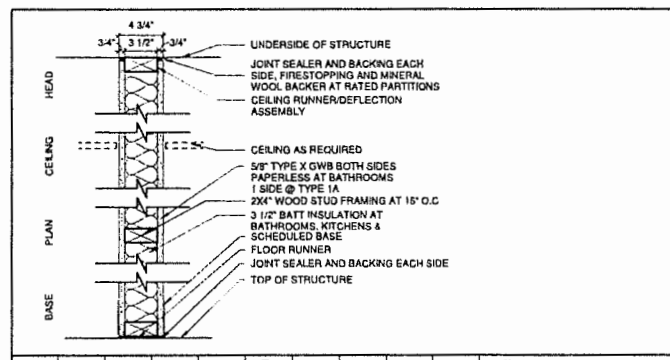
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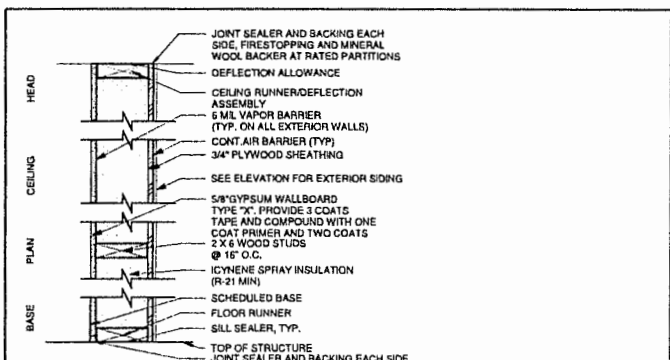
Building Sections & Wall Types

A-400
 Column Health



| PARTITION TYPE | STUD TYPE | SHEATHING TYPE | ACTUAL WIDTH | FILL | FIRE TEST (UL #) | FIRE RESISTANT E | STC RATING | IC RATING | LIMITING HEIGHT | OTHER REQUIREMENTS |
|----------------|-----------|----------------|--------------|------|------------------|------------------|------------|-----------|-----------------|--------------------|
| 1 | 2X4 | 5/8\"/> | | | | | | | | |

1 PARTITION TYPE 1 - INTERIOR WALL
 SCALE: 1 1/2\"/>

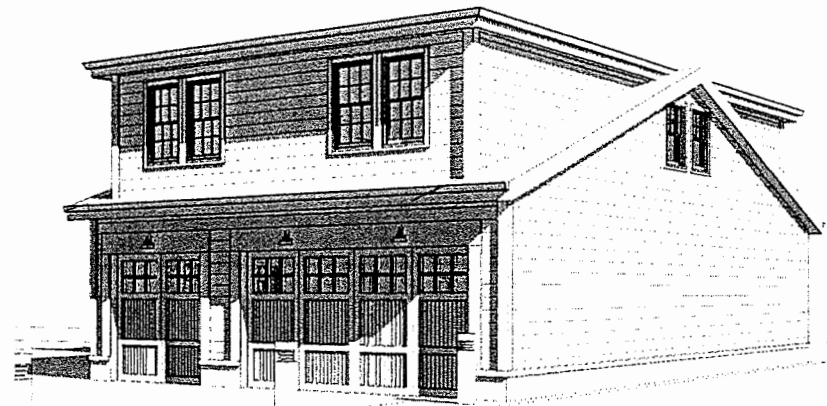


| PARTITION TYPE | STUD TYPE | SHEATHING TYPE | ACTUAL WIDTH | FILL | FIRE TEST (UL #) | FIRE RESISTANT E | STC RATING | IC RATING | LIMITING HEIGHT | OTHER REQUIREMENTS |
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| X1 | 2X6 | 5/8\"/> | | | | | | | | |

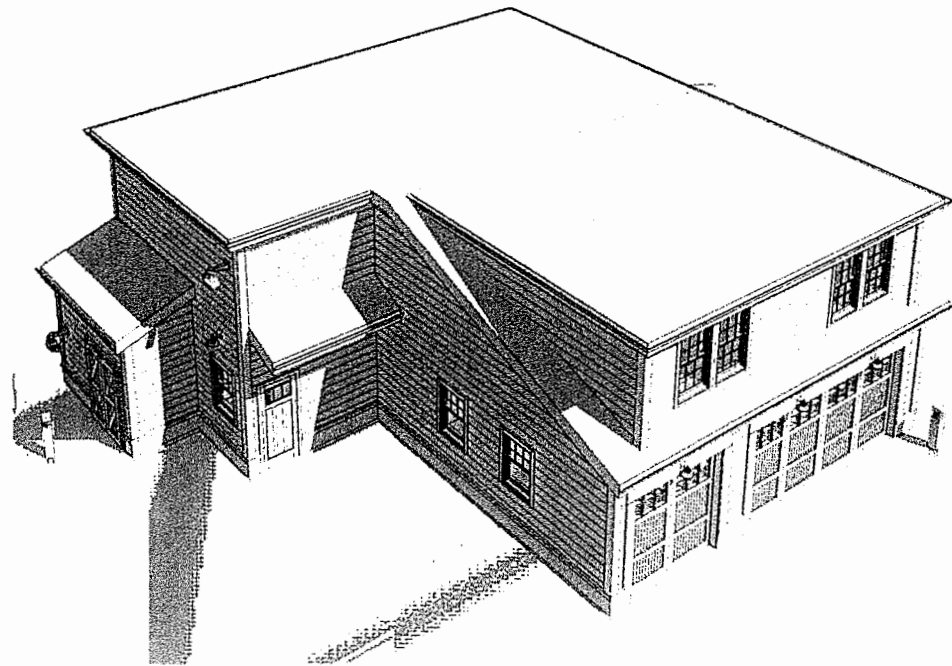
X1 EXTERIOR WALL
 SCALE: 1 1/2\"/>



② Allen St View



① Abutters View



④ Aerial



③ 3D View 2

PROJECT NAME

Column Health

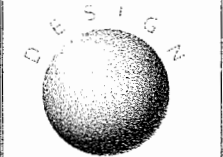
PROJECT ADDRESS

339 Mass Ave Arlington, MA

CLIENT

Column Health

ARCHITECT



KHALSA

17 WALDOO STREET SUITE 400
SOMERVILLE, MA 02143
TELEPHONE: 617-531-8662 FAX: 617-531-2586

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Project number: 19109
Date: 9/17/2019
Drawn by: CMH
Checked by: KDI
Scale:

REVISIONS

| No. | Description | Date |
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Perspective

AV-1

Column Health

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

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

Name (Business/Organization/Individual): Christopher Delarda

Address: 23 Capron st

City/State/Zip: Uxbridge, MA 01569 Phone #: 508-509-7596

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|---|

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 attached 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: _____

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: 10/17/19

Phone #: 508-509-7596

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 #: _____



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

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

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Official: _____

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

339 mass ave Arlington MA 02474
No. and Street City /Town Zip Code Name of Building (if applicable)

SECTION 2: PROPOSED WORK

Edition of MA State Code used 2015 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: New Construction Garage

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: Construct New garage as shown in attached drawings and plot plans

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

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): _____ Proposed Use Group(s): _____

SECTION 4: BUILDING HEIGHT AND AREA

| | Existing | Proposed |
|--|----------|----------|
| No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.) | | |
| Total Area (sq. ft.) and Total Height (ft.) | | |

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 Nightclub 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:

Special Use:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

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

| | | | | |
|---|--|--|--|--|
| Water Supply: Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> | Flood Zone Information: Check if outside Flood Zone <input checked="" type="checkbox"/> or indentify Zone: _____ | Sewage Disposal: Indicate municipal <input checked="" type="checkbox"/> or on site system <input type="checkbox"/> | Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/> | Debris Removal: Licensed Disposal Site <input checked="" type="checkbox"/> or specify: _____ |
|---|--|--|--|--|

Railroad right-of-way:
Not Applicable
or Consent to Build enclosed

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: 2015 Use Group(s): Utility Type of Construction: 5 Occupant Load per Floor: _____

Does the building contain an Sprinkler System?: no Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner
339 Mass Avenue LLC. **339 Mass ave,** **Arlington** **02407**

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

CEO Colin Beatty *617-710-6488* *617-710-6488* *cbeatty@columbhealth.com*

Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes

Christopher Delarda **23 Capron st** **Uxbridge** **MA** **01569**

Name Street Address City/Town State Zip

to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

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 (Registrant) | Telephone No. | e-mail address | Registration Number |
| Street Address | City/Town | State Zip | Discipline Expiration Date |

10.2 General Contractor

Christopher Delarda Carpentry

Company Name

Christopher Delarda

CS-112688 Unrestricted CSL

Name of Person Responsible for Construction

23 Capron St.

License No. and Type if Applicable

Uxbridge

MA 01569

Street Address

City/Town

State Zip

508 509 7596

Cdelarda@gmail.com

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) = \$ <u>225,000</u> |
|-----------------------|--|--|
| 1. Building | \$ <u>150,000.⁰⁰</u> | Building Permit Fee = Total Construction Cost x ____ (Insert here appropriate municipal factor) = \$ ____. |
| 2. Electrical | \$ <u>30,000.⁰⁰</u> | |
| 3. Plumbing | \$ <u>30,000.⁰⁰</u> | |
| 4. Mechanical (HVAC) | \$ <u>15,000.⁰⁰</u> | |
| 5. Mechanical (Other) | \$ _____ | |
| 6. Total Cost | \$ <u>225,000</u> | Note: Minimum fee = \$ ____ (contact municipality) |

Enclose check payable to _____ (contact municipality) and write check number here 1394

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.

Christopher Delarda 

508 509 7596 10/17/19

Please print and sign name

23 Capron St.

Title

Uxbridge

Telephone No.

MA 01569

Date

Street Address

City/Town

State Zip

Municipal Inspector to fill out this section upon application approval: _____

Name

Date

COLUMN HEALTH, LLC
339 MASSACHUSETTS AVE
ARLINGTON MA 02474-6718

1394

53-13/110 MA
255

DATE 10-17-19

PAY TO THE ORDER OF

Town of ARLINGTON

\$ 3000 -

THREE THOUSAND and 00/100

DOLLARS



Bank of America

ACH R/T 011000138

FOR 339 PERMIT FOR GARAGE

⑈001394⑈ ⑈011000138⑈ 004646483003⑈

TOWN OF ARLINGTON
INSPECTORS OF BUILDING, PLUMBING AND WIRE
51 GROVE STREET, ARLINGTON, MA 02476
TELEPHONE: (781) 316-3390

No. 35273

Date 10-25 2019

Rec'd From

City of Arlington

Address

229 Avenue A
Woburn MA

By

CASH
CHECK

AMOUNT

| By | AMOUNT | CASH | CHECK |
|----------|-------------|------|-------|
| <u>R</u> | <u>3000</u> | | |
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Customer - White

Inspector - Blue



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|---|----------------|
| PRODUCER Knight-Dik Insurance Agency, Inc. 446 Main St 9th Floor Worcester MA 01608 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): (508) 753-6353 | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Atlantic Casualty Insurance Co | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

INSURED
Chris Delarda

23 Capron Street

Uxbridge MA 01569

COVERAGES CERTIFICATE NUMBER: Cert ID 11662 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------------------|--------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | L2050021120 10/22/2018 | 10/22/2019 10/22/2019 | 10/22/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | |
|-----------------------------------|--|
| CERTIFICATE HOLDER Renewal | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |