

Town of Sheffield Historical Commission Meeting of March 30, 2015

Present: Dennis Sears, Chair; Patricia Elsbach, Michael King, Catherine Miller, Jeffrey Waingrow

Absent: Kathy Orlando, Gay Tucker

The meeting was called to order at 6:00 pm.

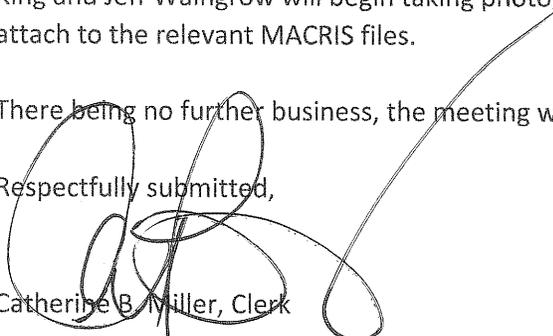
Minutes: On a motion duly made and seconded, (Waingrow/Elsbach) it was voted to accept the minutes of the meeting of February 23, 2015 as presented. (5-0-0)

Structure of Interest at 576 Lime Kiln Road: After a review of the particulars pertaining to a detached silo at 576 Lime Kiln Road, and on a motion duly made and seconded, (Miller/King) it was voted to allow the demolition to proceed in accordance with conditions established by the Building Commissioner. (5-0-0).

Form B Update: It was reported by the Chair that progress on updating MACRIS with information from the Town tax records and the books of previously developed Form B's is nearing completion. Michael King and Jeff Waingrow will begin taking photographs of all structures, at which point Beth Anstett will attach to the relevant MACRIS files.

There being no further business, the meeting was adjourned at 6:35.

Respectfully submitted,


Catherine B. Miller, Clerk

	The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR		Town of Sheffield Sheffield Town Hall PO Box 325 Sheffield, Massachusetts 01257 Phone: 413-229-7000, Ext.156 Fax: 413-229-7010 www.townofsheffield.com
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APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

THIS SECTION FOR OFFICIAL USE ONLY						
Application #:	Date Issued:	Permit #:	Fee Payable: (\$)	Fee Paid: (\$)	Receipt # :	Date Paid :
R-15-0636						

SECTION 1 - SITE INFORMATION

1.1 Property Address:	576 LIME KILN RD	1.2 Assessors Map & Parcel Number:			
		Map Number	267	Parcel Number	267 0330 0004 00050
		Current Use	U	Construction Type	V-B
Zoning District		R1			

1.3 Building or Structure Setbacks (ft) Not Applicable Dimensional Requirements

	Front (ft)	Side (ft)	Rear (ft)	Minimum Lot frontage (ft)	Minimum Lot width (ft)
Required		Left Side: Right Side:			
Provided		Left Side: Right Side:			
Square feet of area of work	50 <input type="checkbox"/> Not Applicable	Building or structure size	Length:	Width:	Height:

1.4 Water Supply (M.G.L.c.40,* 54) Public: <input type="checkbox"/> Private: <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	1.5 Flood Zone of Structure Zone: Elevation: Outside Flood Zone: <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	1.6 Sewage Disposal System: Municipal: <input type="checkbox"/> On Site Disposal System: System: <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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1.7 Description of Proposed Work

<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building	<input type="checkbox"/> Repair(s)	<input type="checkbox"/> Alteration(s)	<input type="checkbox"/> Addition
<input type="checkbox"/> Accessory Bldg	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Weatherization	<input type="checkbox"/> Shed/Barn
<input type="checkbox"/> Pool AG	<input type="checkbox"/> Pool IG	<input type="checkbox"/> Deck	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Tent
<input type="checkbox"/> Windows	<input type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Other Specify:	

Brief Description of Proposed Work:

Remove listing wood stave silo.

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT			
2.1 Owner of Record:			
Name <i>DELMOLINO FAMILY NOMINEE TRUS</i>		Address <i>576 LIME KILN ROAD</i>	
Telephone		City <i>GREAT BARRINGTON</i>	
State <i>MA</i>		Zip <i>01230-9113</i>	
2.2 Tenant Name (if other than the owner):			
Dumping Site Location (where any resulting debris will be disposed of (780 CMR 111.5))		<input checked="" type="checkbox"/> Not Applicable	
2.3 Authorized Agent/Owner:			
Name <i>William Conklin</i>	Address <i>203 Galvin Farm Trail</i>	Telephone <i>413 - 429 - 6372</i>	
SECTION 3 - CONSTRUCTION SERVICES			
3.1 Licensed Construction Supervisor:			
<input checked="" type="checkbox"/> I am the Contractor.			
Licensed Construction Supervisor	<i>William Conklin</i>	Address	<i>203 Galvin Farm Trail</i>
License Number	<i>CS-104118</i>	Expiration Date	<i>6/07/2015</i>
Telephone	<i>413 - 429 - 6372</i>	City	<i>Sheffield</i>
State	<i>MA</i>	Zip	<i>01257</i>
Email	<i>wconklin7@gmail.com</i>		
<input checked="" type="checkbox"/> I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.			
License Type			
<input checked="" type="checkbox"/> U or 00 – Unrestricted	<input type="checkbox"/> 1G - 1 & 2 Family Dwelling	<input type="checkbox"/> M – Masonry Only	<input type="checkbox"/> RC – Residential Roofing Covering
<input type="checkbox"/> WS – Residential Window & Siding	<input type="checkbox"/> SF – Residential Solid Fuel Burning Appliance Installation	<input type="checkbox"/> D – Residential Demolition	
3.2 Home Improvement Contractor:			
<input type="checkbox"/> I am the Contractor.			
Name			Address
Registration Number			Expiration Date
Telephone			City
State			Zip
Email			
<input type="checkbox"/> I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.			
Is the Licensed Construction Supervisor different from the applicant or the Home Improvement Contractor ? <input type="radio"/> Yes			
<input checked="" type="radio"/> No <input type="checkbox"/> Not Applicable			

3.3 Homeowners Permit:

SECTION 4- WORKER'S COMPENSATION INSURANCE(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 N/A

SECTION 5 REGISTERED 81-R/ ARCHITECT/ ENGINEER: Applicable Not Applicable

Name (Registrant):		Registration Number	
Address		Expiration Date	
Email		Telephone	

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Items	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	\$ 2,000.00
2. Electrical	
3. Plumbing	
4. Gas	
5. Mechanical (HVAC)	
6. Fire Protection	
Total = (1+2+3+4+5+6)	\$ 2,000.00
Fee to be calculated by building dept	

SECTION 7 - OWNER AUTHORIZATION-TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTORS APPLIES FOR BUILDING PERMIT

Owner Contractor / Agent

I, *DELMOLINO FAMILY NOMINEE TRUS*, as Owner of the subject property hereby authorize *William Conklin* to act on my behalf, in all matters relative to work authorized by this building permit application

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

Property Owner's Email: *nomail@nomail.com* OR Copy of Signed Contract to be attached after submitting application

I, *William Conklin*, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

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

SECTION 8 - ENERGY CONSERVATION

IECC 2012 and Mass. Amendments, Appendix AA: Stretch Energy Code

Not Applicable

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