

Building Permit Application

Massachusetts State Building Code, 780 CMR, 9th Edition



TOWN OF TRURO

Building Department

24 Town Hall Rd.

PO Box 2030

Truro, MA 02666

Tel (508) 349-7004 x131 Fax (508) 349-5508

Permit #:

Fee:

SITE INFORMATION

Project Site: **9 Bay View Rd, Truro MA 02666**

Assessors Map & Parcel: **39-21-0**

Zoning District: **Residential**

Outside Flood Zone

Inside Flood Zone – Specify:

Setbacks:

Front:

Left Side:

Right Side:

Rear:

Lot Area (sq. ft.) **13,939 SF**

Frontage: **74**

Water Supply: Private Public

Subject to Policy 28: Curb Cut? Y N

If Yes, please attach a copy of the approval to this application.

SUBJECT TO NHESP/MESA REVIEW? Y N

* IF YES, PLEASE ATTACH A COPY OF THE APPROVAL.

PROPERTY OWNERSHIP

Owner of Record: **Sam Lessin**

Mailing Address: **400 Garden City Plaza, Ste 510, Garden City, NY 11530**

Phone: **617.213.0123**

E-mail: **lessin@gmail.com**

Property Owner Authorization

Signature: **See Attached**

Date: **2/28/24**

PROJECT INFORMATION

1 & 2 Family Home

Commercial / Other than
1 & 2 Family Home*

Change of
Use

DEMO - Subject to Chapter VI:
Historic Properties Bylaw? Y N

* **BUILDINGS IN EXCESS OF 35,000 CU. FT. MUST MEET CONTROL CONSTRUCTION REGULATIONS (780 CMR 116).
ADDENDUM TO PERMIT APPLICATION AVAILABLE IN BUILDING DEPARTMENT.**

New Dwelling: # of units **1**

Commercial Building

Addition

Alteration

Mechanical

Accessory Structure: (type) _____

Other: _____

Detailed Description of Proposed Work: **Cottage "B" 336 sqft**

The project consists of a gut remodel & Repair, replace or add Components of the structure to comply with current building code.

Scope: Replace windows & doors in kind, exterior siding, replace interior wall surfaces, replace plumbing fixtures, replace electrical fixtures.

New Foundations will be installed under existing Cottage with a matching foot print.

Estimated Construction Cost: \$210,000.00		Debris Disposal: Daniels Recycling, (Landfill or Company Name) Orleans, MA 02653	
Floor Area: (Proposed Work Only)		Basement: <input checked="" type="checkbox"/> unfinished 336 SF <input type="checkbox"/> finished N/A	
1 st flr: 336 SF	2 nd flr: N/A	Porch/Deck:	Other: -----
#fireplaces: -----	#chimneys: -----	#bathrooms: existing <u>1</u> proposed <u>1</u>	
#bedrooms: existing <u>1</u> proposed <u>1</u>			
Type of Heating System: Ducted		Type of Cooling System: Ducted mini split	
CONTRACTOR INFORMATION*			
*HOMEOWNER'S AFFIDAVIT REQUIRED IF OWNERS ARE DOING THEIR OWN WORK (RESIDENTIAL PROJECTS ONLY)			
Contractor Name: Mark P. Kinnane, Cape Associates, Inc.			
Address: PO Box 1858, North Eastham, MA 02651			
Phone: 508-255-1770		Email: mkinnane@capeassociates.com	
CSL#: CS-026665		HIC # 100110	
OFFICE USE			
HEALTH/CONSERVATION AGENT Review _____			

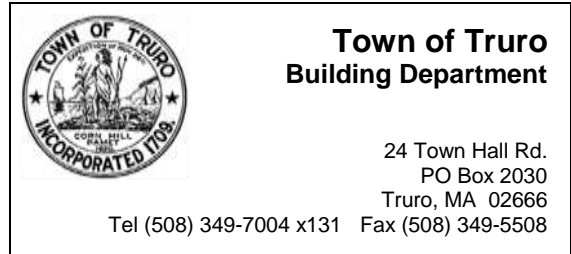
Signature:		Date:	
Other Comments: _____			

BUILDING COMMISSIONER Review & Approval: _____			

Signature:		Issuance Date:	

BUILDING PERMIT APPLICATION DOCUMENT CHECKLIST

This checklist is part of the permit application and must be completed. If not completed the application may be considered incomplete and cause the permit to be denied.



Please note that marked-up archival drawings do not constitute acceptable documents for permitting purposes.

One and/or Two Family Home

Completed application form

1 copy original site plan showing building setbacks and grades.

2 (min.) copies building plans – One can be full size if greater than 11 x 17. One must be no greater than 11 x 17 for department filing. Electronic version is acceptable, in addition.

Drawings indicating all relevant information including but not limited to:

- Fully dimensioned foundation, floor and structural plans;
 - Building elevations showing finish materials and critical dimensions;
 - Building/wall sections describing building construction, energy related details and showing critical vertical dimensions.
- Smoke, CO and heat detectors must be shown.
 - Door and window information demonstrating conformance with minimum room and dwelling egress and emergency escape.
 - Exterior window and door information demonstrating conformance with light, ventilation and energy requirements.
 - Location and design of any required fire separation assemblies.

All structural conditions noted on plans – braced wall lines indicated and analysis shown and/or engineered solution with registered design professional's certification and/or other prescriptive solution allowed by Code.

1 copy Energy Code compliance documents (check only one below)

- HERS/performance rating document – new construction
- ResCheck (2015 MA) – additions/alterations- per 2015 IECC R502 & 503
- Prescriptive – values shown on plans – see 2015 IECC table R402.1.2 and other req's.

Photocopy of CSL and HIC (if applicable) shown on application form

Worker's Compensation Insurance Affidavit and copy of current certificate of insurance

Homeowner's License Exemption (if qualified and there is no CSL)

Copy of recorded approvals from local regulatory boards

If street access is required and property is on a Town road, copy of Curb Cut approval from the Board of Selectmen

For applications for Modular and other than 1&2 Family Structures see Checklist on next page.

Modular Home (Homeowner license exemption not allowed)

- 2 copies of foundation plan
- Approved plans by MA Board of Building Regulations & Standards with evidence of 3rd party inspection
- Manufacturer's certification of installer/set crew.

Structures Other than 1 & 2 Family Home

- Completed Application form
- Stamp and signature of registered design professional

2 (min.) copies building plans – One can be full size if greater than 11 x 17. One must be no greater than 11 x 17 for filing. Electronic version is acceptable, in addition. Drawings must indicate all relevant information including but not limited to: Fully dimensioned foundation, floor and structural plans; fire separation assemblies; door, window and room finish schedules; building elevations with critical dimensions; building/wall sections describing building construction and energy related details and showing critical vertical dimensions.

COMcheck Envelope, Lighting and Mechanical Compliance Certificates and Plan Review Inspection Checklist for the purposes of demonstrating compliance with the energy code.

Construction Control Document(s)

Tier 1 Fire Protection System document per section 902.2.1

Code analysis indicating (but not limited to) all use groups, construction types, allowable areas, fire separations, egress paths and distances. This analysis can be part of drawing set.

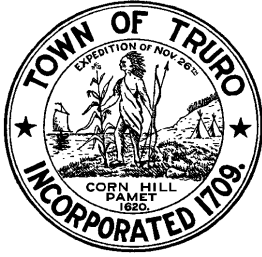
Contractor credentials

Worker's Compensation Insurance Affidavit and copy of current certificate of insurance

Recorded copy of any local regulatory board approvals

If modular construction see items above

Notes:



Town of Truro
Building Department
P.O. Box 2030
Truro, Massachusetts 02666
Phone:(508)349-7004 Ext. 31; Fax:(508)349-5508

At a duly held public hearing conducted by the Truro Board of Selectmen on Tuesday 22, February 2011, the board unanimously approved the following building permit application fee schedule. The fee schedule will take effect on February 23, 2011.

BUILDING PERMITS

(WE HAVE A MINIMUM BUILDING PERMIT FEE OF \$50.00)

Residential

New Construction	\$0.65 per sq. ft.
Alteration	\$0.50 per sq. ft.
Foundation only	\$50 fee plus \$0.25 per linear ft.
Sustaining/Retaining wall	\$50 fee plus \$0.25 per linear ft.
Express Permit	\$50 fee

Commercial (Anything other than 1-2 family, R-4 & R-5)

Apply residential fees and add 15%

Miscellaneous

Signs, Zoning Permits	\$50 fee
Beach Stairs	\$50 fee
Mechanical/Sheet Metal	1% of construction cost

Re-inspection and/or Extra Inspection Fees

\$40 fee Residential
\$60 fee Commercial

** For any work with out a permit, the fees will be tripled.

***Any work not covered by the above fee schedule will be assessed a fee of 1% of construction cost

**** Fees are non-refundable once permit has been issued.



Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Building Regulations and Standards

Construction Supervisor

CS-026665

Expires: 01/21/2026

MARK P KINNANE
PO BOX 1318
NORTH EASTHAM MA 02651



Commissioner

Sarah R. Wilkinson

Construction Supervisor
Unrestricted - Buildings of any use group which contain less than
35,000 cubic feet (991 cubic meters) of enclosed space.

Mark Kinnane

Failure to possess a current edition of the Massachusetts State
Building Code is cause for revocation of this license.
Contact OPSI: (617) 727-3200 or visit www.mass.gov/dpl/opsi

THE COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
1000 Washington Street - Suite 710
Boston, Massachusetts 02118
Home Improvement Contractor Registration

CAPE ASSOCIATES, INC.
PO BOX 1858
N. EASTHAM, MA 02651



Type: Corporation
Registration: 100110
Expiration: 06/08/2024

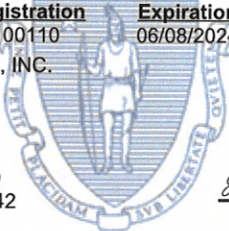
Update Address and Return Card.

THE COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs & Business Regulation
HOME IMPROVEMENT CONTRACTOR
TYPE: Corporation

Registration: 100110
Expiration: 06/08/2024

CAPE ASSOCIATES, INC.

MATTHEW H. COLE
345 MASSASOIT RD
EASTHAM, MA 02642



Edward A. Paderick
Undersecretary

Registration valid for individual use only before the expiration date. If found return to:
Office of Consumer Affairs and Business Regulation
1000 Washington Street - Suite 710
Boston, MA 02118

Not valid without signature

9 Bay View Rd Truro, MA.

8/17/22

Dear Sir,

I Sam Lessin hereby authorize Mark P. Kinnane (Cape Associates Inc.) to act on my behalf and to make changes in specifications or the plans contained in this application and in any other applications or board approvals in order to comply with Building department regulations, and act on my behalf to obtain a building permit

DocuSigned by:
Samuel W. Lessin
B497A1D252A243E...

Sam Lessin

8/17/22



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): _____

Address: _____

City/State/Zip: _____ Phone #: _____

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 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 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: Christine Bezio Date: 2/28/24

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 #: _____

Key: 1156

Town of TRURO - Fiscal Year 2022

9/15/2021 10:15 am SEQ #: 1.134

LEGAL

CURRENT OWNER				PARCEL ID				LOCATION				
SEA SIBLINGS THREE LLC MGR: CHRISTOPHER H MILTON C/O NKSFB LLC 400 GARDEN CITY PLAZA, STE 510 GARDEN CITY, NY 11530				39-21-0				9 BAY VIEW RD				
TRANSFER HISTORY				DOS	T	SALE PRICE	BK-PG (Cert)					
SEA SIBLINGS THREE LLC				01/02/2020	U	1,000,000	32595-147					
CORKIN STEVEN				10/28/2009	QS	800,000	24123-315					
FRANK DOUGLAS G & ELAINE				10/08/2003	J	100,000	17767-336+					
CD	T	AC/SF/UN	Nbhd	Inf1	Inf2	ADJ BASE	SAF	Inf3	Lpi	VC	CREDIT AMT	ADJ VALUE
100	A	0.320	11	1.00	1	863,680	1.85	1	1.00	V15	3.20	510,410

LAND

TOTAL	13,939 SF	ZONING	RES	FRNT	74	ASSESSED	CURRENT	PREVIOUS
Nbhd	NORTH TRURO	N O T E	SHED IS BETWEEN BLDGS 2 & 3.			LAND	510,400	510,400
Inf1	NO ADJ		BUILDING	137,200	118,800			
Inf2	NO ADJ		DETACHED	800	800			
			OTHER	115,000	89,100			
			TOTAL	763,400	719,100			

DETACHED

TY	QUAL	COND	DIM/NOTE	YB	UNITS	ADJ PRICE	RCNLD
SHF	A	1.00	A 0.75 6*12	2002	72	14.91	800



BLDG COMMENTS

BUILDING

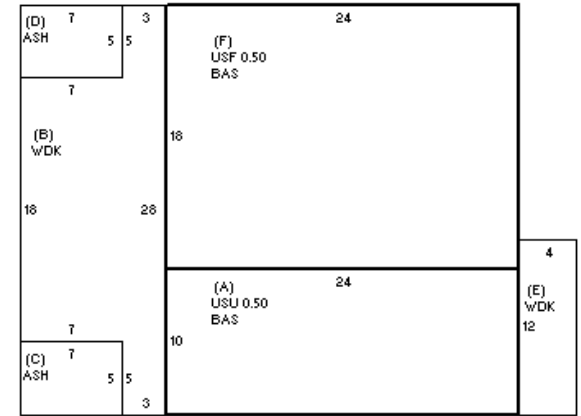
BUILDING	CD	ADJ	DESC	MEASURE	1/14/2013	FC
MODEL	1		RESIDENTIAL	LIST	11/24/2009	FC
STYLE	4	1.10	CAPE [100%]	REVIEW	5/25/2011	MR
QUALITY	A	1.00	AVERAGE [100%]			
FRAME	1	1.00	WOOD FRAME [100%]			

G

YEAR BLT	1900	SIZE ADJ	1.050	ELEMENT	CD	DESCRIPTION	ADJ
NET AREA	888	DETAIL ADJ	1.000	FOUNDATION			1.00
\$NLA(RCN)	\$224	OVERALL	1.030	EXT. COVER	1	WOOD SHINGLES	1.00
CAPACITY				ROOF SHAPE	1	GABLE	1.00
STORIES(FAR)	1	1.00		ROOF COVER	1	ASPHALT SHINGLE	1.00
ROOMS	5	1.00		FLOOR COVER	5	VINYL	1.00
BEDROOMS	3	1.00		INT. FINISH	4	WALL BOARD	1.00
BATHROOMS	1	1.00		HEATING/COOLING	13	NO HEAT	0.93
FIXTURES	3	\$2,100		FUEL SOURCE	8	NONE	1.00
UNITS	0	1.00					

CLASS	CLASS%	DESCRIPTION		BN ID	BN	CARD		
1090	100	MULTIPLE HSES			1	1 of 3		
PMT NO	PMT DT	TY	DESC	AMOUNT	INSP	BY	1st	%
12-020	02/10/2012	3	REPAIR/REMOD	5,500	01/14/2013	FC	100	100
10-010	02/02/2010	3	REPAIR/REMOD	25,000	05/02/2011	MR	100	100
10-011	02/02/2010	3	REPAIR/REMOD		05/02/2011	MR	100	100
10-012	02/02/2010	90	BP NVC		05/02/2011	MR	100	100
02-183	09/23/2002	9	DECK	1,800	03/22/2003	BT	100	100

PER 11/03 LIST: USF=BR+LOFT



UNIT 3 ("EL-LIN")=CLOSEST TO STREET

TOTAL RCN	198,822
CONDITION ELEM	CD
EFF.YR/AGE	1983 / 37
COND	31 31 %
FUNC	0
ECON	0
DEPR	31 % GD 69
RCNLD	\$137,200

Key: 1156

Town of TRURO - Fiscal Year 2022

9/15/2021 10:15 am SEQ #: 1.136

LEGAL

CURRENT OWNER		PARCEL ID	LOCATION			
SEA SIBLINGS THREE LLC MGR: CHRISTOPHER H MILTON C/O NKSFB LLC 400 GARDEN CITY PLAZA, STE 510 GARDEN CITY, NY 11530		39-21-0	9 BAY VIEW RD			
TRANSFER HISTORY		DOS	T	SALE PRICE	BK-PG (Cert)	

CLASS	CLASS%	DESCRIPTION			BN ID	BN	CARD
1090	100	MULTIPLE HSES				3	3 of 3
PMT NO	PMT DT	TY	DESC	AMOUNT	INSP	BY	1st %

LAND

CD	T	AC/SF/UN	Nbhd	Inf1	Inf2	ADJ BASE	SAF	Inf3	Lpi	VC	CREDIT AMT	ADJ VALUE

TOTAL	ZONING	FRNT	ASSESSED	CURRENT	PREVIOUS
				76,700	
Nbhd	Inf1	Inf2	LAND BUILDING DETACHED OTHER TOTAL		

DETACHED

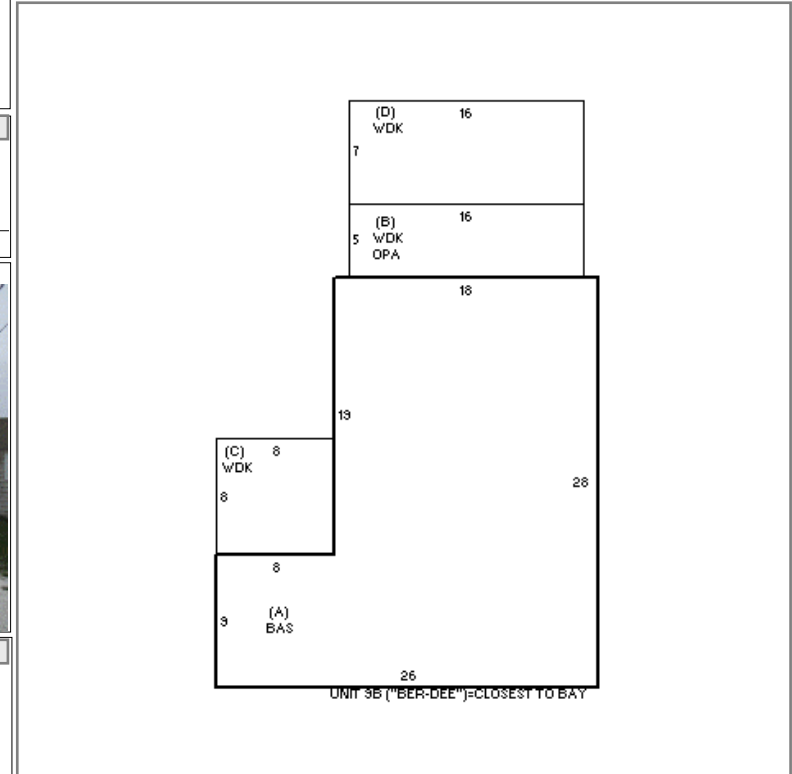
TY	QUAL	COND	DIM/NOTE	YB	UNITS	ADJ PRICE	RCNLD



BLDG COMMENTS

BUILDING

BUILDING	CD	ADJ	DESC	MEASURE	1/14/2013	FC
MODEL	1		RESIDENTIAL	LIST	11/24/2009	FC
STYLE	6	0.90	COTTAGE/BUNG [100%]	REVIEW	11/15/2010	MR
QUALITY	A	1.00	AVERAGE [100%]			
FRAME	1	1.00	WOOD FRAME [100%]			



YEAR BLT	1900	SIZE ADJ	1.060
NET AREA	576	DETAIL ADJ	1.000
\$NLA(RCN)	\$193	OVERALL	0.830
CAPACITY		UNITS	ADJ
STORIES(FAR)	1	1.00	
ROOMS	4	1.00	
BEDROOMS	2	1.00	
BATHROOMS	1	1.00	
FIXTURES	3	\$2,100	
UNITS	0	1.00	

ELEMENT	CD	DESCRIPTION	ADJ
FOUNDATION			1.00
EXT. COVER	1	WOOD SHINGLES	1.00
ROOF SHAPE	1	GABLE	1.00
ROOF COVER	1	ASPHALT SHINGLE	1.00
FLOOR COVER	2	SOFTWOOD	1.00
INT. FINISH	4	WALL BOARD	1.00
HEATING/COOLING	13	NO HEAT	0.93
FUEL SOURCE	8	NONE	1.00

S	BAT	T	DESCRIPTION	UNITS	YB	ADJ PRICE	RCN
A	BAS	L	BAS AREA	576	1900	166.56	95,937
B	OPA	N	OPEN PORCH	80		49.17	3,934
+	WDK	N	ATT WOOD DECK	256		29.61	7,581
	MST	O	MASONRY STACK	1		1,649.60	1,650

TOTAL RCN	111,201
CONDITION ELEM	CD
EFF.YR/AGE	1983 / 37
COND	31 31 %
FUNC	0
ECON	0
DEPR	31 % GD 69
RCNLD	\$76,700

