



**WESTWOOD BOARD OF APPEALS
APPLICATION FOR HEARING**

1. **Name of Applicant:** Susan Saliba and Toni Choueiri
2. **Applicant is (check one):** Owner Tenant Abutter Purchaser Other
3. **Mailing address of Applicant:** 543 Canton Street, Westwood, MA 02090
4. **Telephone - Home:** _____ **Business:** _____
5. **E-Mail Address of Applicant:** suesaliba@sbcglobal.net
6. **Address of Property subject to Hearing:** 150 Porter Street, Westwood, MA 02090
7. **Owner of Property:** Susan Saliba and Toni Choueiri
8. **Mailing Address of Property Owner:** 543 Canton Street, Westwood, MA 02090
9. **Telephone - Home:** _____ **Business:** _____
10. **Deed recorded in: Norfolk County Registry of Deeds: Book #** 34624 **Page #** 25
or Land Court Registry: Certificate # _____ Book # _____ Page # _____
11. **Property MAP #** 32 137 **LOT #** 74 **DISTRICT** _____
12. Has an appeal/application ever been filed with the ZBA on this property? (Y/N) Nc If yes, when: _____
13. **NATURE of Application (check one):**
 Appeal in accordance with MA G.L.Ch. 40A, Sec. 8 as amended
 Special Permit in accordance with MA G.L.Ch.40A, Sec. 9 as amended
 Variance in accordance with MA G.L. Ch. 40A, Sec. 10 as amended

When applying for a Special Permit under Section 9.3 of the Westwood Zoning Bylaw, please make sure that you and/or your attorney refer to the specific bylaw regarding this section.

STATE the EXACT NATURE of this application including the applicable section number(s) of the Westwood Zoning Bylaw:


We are applying ^{ing} for an Accessory Apartment Permit.

Plan on a minimum of three months to complete the process.

I hereby request a hearing before the Westwood Board of Appeals with reference to the subject property.

I am aware that the **cost of legal advertising** will be billed to me directly as the Applicant, by the newspaper at a later date. I am also aware of the provisions in the Zoning Bylaw with regard to **Reimbursement for Consultants**, and I agree to reimburse the Board of Appeals and the Town of Westwood for all costs incurred by the Town or its' Boards for all fees, expenses and costs in connection with the review and evaluation of the Application for Special Permit and/or Variance.

I have reviewed the Zoning Board of Appeals Instructions and Information and understand the time requirements.

Signed: 
APPLICANT'S SIGNATURE (or Agent)

Date: 07/27/2017

Signed: 
PROPERTY OWNER (if different from applicant)

Date: 07/27/2017

<p style="text-align: center;">SCHEDULE OF FILING FEES FOR THE BOARD OF APPEALS</p> <p style="text-align: center;">Residential Properties - \$165.00</p> <p style="text-align: center;">Business Properties - \$330.00</p> <p style="text-align: center;">Comprehensive Permits - \$2530.00</p>

CHECKLIST:

- 6 copies of the Application
- 6 copies of the OPTIONAL Appendices (if completed)
- 6 copies of a Certified Plot Plan – size 11" x 17"
- 6 copies of the Building Plans (interior and/or exterior as applicable) – size 11" x 17"
- 6 copies of the Building Commissioner's denial of a building permit or equivalent

File the six (6) packets in the Town Clerk's office located at 580 High Street making sure to include a check for the filing fee in the correct amount.

Deliver one (1) electronic copy of the Application with attachments to the Office of the Board of Appeals at 50 Carby Street.

Plan on a minimum of three months to complete the process.

My husband (Toni) and I would like to build an accessory apartment for my parents (Eileen and Wahib Saliba), so that they can move in with us and live with us full-time. We have an eight-year old daughter and a six-year old son—they both currently attend the Downey School in Westwood. My parents live at 425 Canton Street in Westwood, and we would like for them to be able to sell their house so that they can live with us. My dad is 83 years old, and we would like to build an apartment for him that is handicap-accessible so that he can stay with us and live in our house for the remainder of his life. Fortunately he is still healthy and in good spirits—he spends lots of time with our children who love him.

My maternal grandmother died of Alzheimer's a few years back and my grandfather was not able to care for her at home by himself. At the time, my grandparents were living with my parents, so I witnessed firsthand the emotional hardship that my grandmother (and mother) faced when she (my grandmother) had to move out of our house. As her Alzheimer's progressed she remembered fewer things, however she never forgot that she wasn't at home. We visited her several times a week in the nursing home, but whenever it was time for us to leave she would get up and look for her coat to come with us because she wanted to go home. It was heartbreaking—I never left her once without crying. These memories still haunt me, and Toni and I would like to be in a position where we never have to make this decision. We believe in the value of multi-generational living, and we are lucky to be able to have four generations of our family living together in one house (my grandfather still lives with us, too).

Thank you for your consideration.

DE NIGRO

DATE ISSUED: _____ FEE PAID: _____ NO.: _____

APPLICATION FOR PERMIT TO BUILD

To the Building Commissioner:

Date: 5/15/17

The undersigned hereby applies for a permit to Build - Alter - Remodel, etc., according to information indicated in this application and plans and specifications submitted herewith.

PLEASE PRINT CLEARLY

IMPORTANT - Applicant to complete all items in sections I, II, III, IV, AND V

I. LOCATION OF BUILDING

STREET ADDRESS	<u>150 PORTER ST.</u>	R. SIDE YARD SETBACK	<u>22'</u>
	(NO.) (STREET)	L. SIDE YARD SETBACK	<u>22'</u>
ZONING DISTRICT	LOT FRONTAGE <u>130'</u>	REAR YARD SETBACK	<u>90'</u>
ASSESSORS MAP #	LOT# <u>74</u> LOT SIZE <u>40,244</u>	FRONT YARD SETBACK	<u>50'</u>

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D.

<p>A. TYPE OF IMPROVEMENT</p> <p><input checked="" type="radio"/> 1 New Building</p> <p>2 Addition</p> <p>3 Alteration</p> <p>4 Repair, replacement</p> <p>5 Wrecking</p> <p>6 Moving (relocation)</p> <p>7 Foundation only</p> <p>8 Pools, Fences, Towers Tennis Courts, etc.</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>RESIDENTIAL</p> <p><input checked="" type="radio"/> 13 One Family</p> <p>14 Two or more family - Enter number of units</p> <p>15 Transient hotel, motel, or dormitory - Enter number of units</p> <p>16 Garage</p> <p>17 Carport</p> <p>18 Other - Specify</p>	<p>NONRESIDENTIAL</p> <p>19 Amusement, recreational</p> <p>20 Church, other religious</p> <p>21 Industrial</p> <p>22 Parking garage</p> <p>23 Service station, repair garage</p> <p>24 Hospital, Institutional</p> <p>25 Office, bank, professional</p> <p>26 Public Utility</p> <p>27 School, library, other educational</p> <p>28 Stores, mercantile</p> <p>29 Tanks, towers</p> <p>30 Other - Specify</p>
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RECEIVED
MAY 15 2017

TOWN OF WESTWOOD
COMMISSIONER OF BUILDING

<p>B. OWNERSHIP</p> <p><input checked="" type="radio"/> 9 Private (Individual, Corporation, nonprofit Institution, ect.)</p> <p>10 Public (Federal, State or Local Government)</p>	<p>C. COST</p> <p>11 Cost of Basic Construction</p> <p>To be installed but not included in the above cost</p> <p>a. Electrical</p> <p>b. Plumbing</p> <p>c. Heating, air conditioning</p> <p>d. Other (elevator, etc.)</p> <p>12 TOTAL COST OF IMPROVEMENT</p>	<p>(Omit cents)</p> <p>\$ <u>750,000</u></p> <p>\$ <u>40,000</u></p> <p><u>45,000</u></p> <p><u>28,000</u></p> <p>\$ <u>863,000</u></p>	<p>E. TYPE OF OCCUPANCY OR USE; NEW HOME, ETC.</p> <p>Briefly outline scope and nature of work to be done.</p> <p><u>NEW HOME w/ 3 CAR GARAGE, 11LAW</u></p> <p><u>SUITE 5 BEDROOMS, 2 1/2 BATHS 5</u></p> <p><u>FULL BATHS</u></p>
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III. SELECTED CHARACTERISTICS OF BUILDING For new buildings and additions, complete Parts E-L; for wrecking, complete only Part J, for all others skip to IV.

<p>F. PRINCIPAL TYPE OF FRAME</p> <p>31 Masonry</p> <p><input checked="" type="radio"/> 32 Wood frame</p> <p>33 Structural steel</p> <p>34 Reinforced concrete</p> <p>35 Other - Specify</p>	<p>H. TYPE OF SEWAGE DISPOSAL</p> <p><input checked="" type="radio"/> 41 Public Sewer</p> <p>42 Private (septic tank, etc.)</p>	<p>K. DIMENSIONS</p> <p>49 Number of stories <u>2</u></p> <p>50 Total sq.ft. of floor area, all floors, based on exterior dimensions <u>7800</u></p> <p>51 Total land area, sq.ft. <u>40,244</u></p>
<p>G. PRINCIPAL TYPE OF HEATING FUEL</p> <p><input checked="" type="radio"/> 36 Gas</p> <p>37 Oil</p> <p>38 Electricity</p> <p>39 Coal</p> <p>40 Other - Specify</p>	<p>I. TYPE OF WATER SUPPLY</p> <p><input checked="" type="radio"/> 43 Public or Private Company</p> <p>44 Private (well)</p>	<p>L. NUMBER OF OFF - STREET PARKING SPACES</p> <p>52 Enclosed <u>3</u></p> <p>53 Outdoors <u>6</u></p>
<p>J. TYPE OF MECHANICAL</p> <p>Will there be air conditioning?</p> <p><input checked="" type="radio"/> 45 Yes <input type="radio"/> 46 No</p> <p>Will there be an elevator?</p> <p>47 Yes <input checked="" type="radio"/> 48 No</p>	<p>M. RESIDENTIAL BUILDINGS ONLY</p> <p>54 No. of bedrooms <u>5</u></p> <p>55 No. of baths: Full <u>5</u> Partial <u>2</u></p>	

150 Porter St

IV. TO BE COMPLETED BY ALL APPLICANTS USE DATE 5/15/17

- Will building be erected on solid or filled land YES. If filled land how long ago filled _____
- Will foundation be laid on earth, rock, timber, piles _____
- Foundation material POURED CONCRETE
- Roof (flat, pitched) PITCHED ROOF (HIP)
- Roof covering ASPHALT SHINGLES
- Will all construction to be performed conform to State and Local Building Codes YES
- Has the applicant complied with the Architectural Access Code YES
- Does this Building or Structure conform to the Zoning Bylaw _____
- Has the applicant complied with the Energy Code YES
- Is this property in the FLOOD PLAIN AREA NO

B

CASH CHECK MONEY ORDER CREDIT CARD

AMOUNT 50

DATE 5/15/17

THIS IS A TRUE STATEMENT SIGNED UNDER PENALTIES OF PERJURY

V. IDENTIFICATION - To be completed by all applicants - Complete street and mailing addresses

	NAME	COMPLETE ADDRESS	HOME & BUS. PHONE
Owner or Lessee	Susan Saliba	425 Canton St. Westwood MA 02090	(617) 699-0215 (cell) (781) 329-6140 (home)
Builder/ Contractor	JOHN M BRUNO	92 MILLBROOK AVE WARPOL MA 02081	781 254 3354
Architect/ Engineer	DAVID SHARFF	67 WEST ST. MEDFIELD MA 02052	(508) 359-5737

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent.

Signature of Applicant <u>J M Bruno</u>	Address <u>92 MILLBROOK AVE WARPOL MA 02081</u>	Application Date <u>5/15/17</u>
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This permit is approved subject to the provisions of all Federal and State Laws, Rules & Regulations and Con. Com. approval.

Sewer Permit No.
Sanitary Permit No. (Title V)
Highway Dept. Permit
Fire Dept. Permit
Water District Permit
CONTRACTOR LICENSING INFORMATION
Construction Supervisor License No.
Date of Expiration
Home Improvement Contractor No.
Date of Expiration

COMMENTS - DEPARTMENT USE ONLY

BUILDING COMMISSIONER'S DENIAL

REQUIRES SPECIAL PERMIT UNDER SECTIONS 4.3.3.12 & 8.5 - ACC. ART

I have reviewed the applicant's request for a Building Permit and determined that it be forwarded to the Zoning Board of Appeals

J M Bruno
BUILDING COMMISSIONER

5/25/17

A. I hereby certify under penalty of perjury that I carry Workers' Compensation Insurance Coverage.

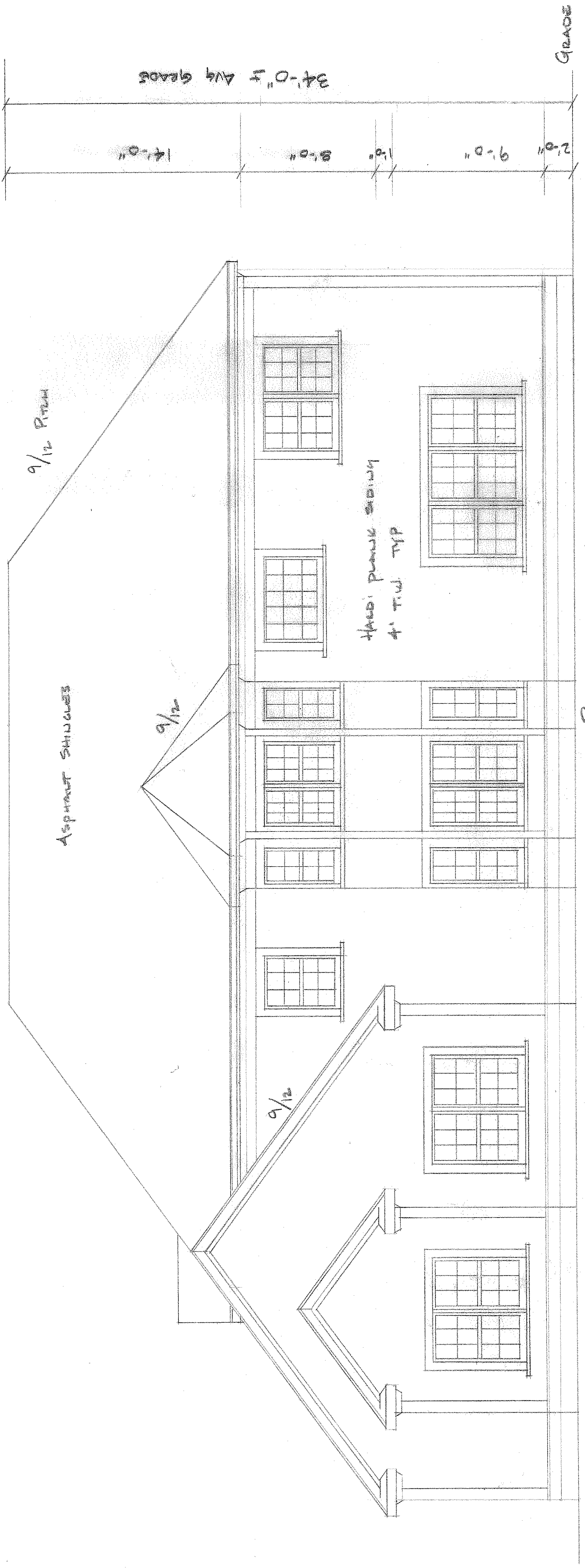
Signature: J M Bruno

Name of Insurance Company: BERKSHIRE HATHAWAY GUARD

Policy Number: R2W6742768 Expiration Date: 7/19/2017

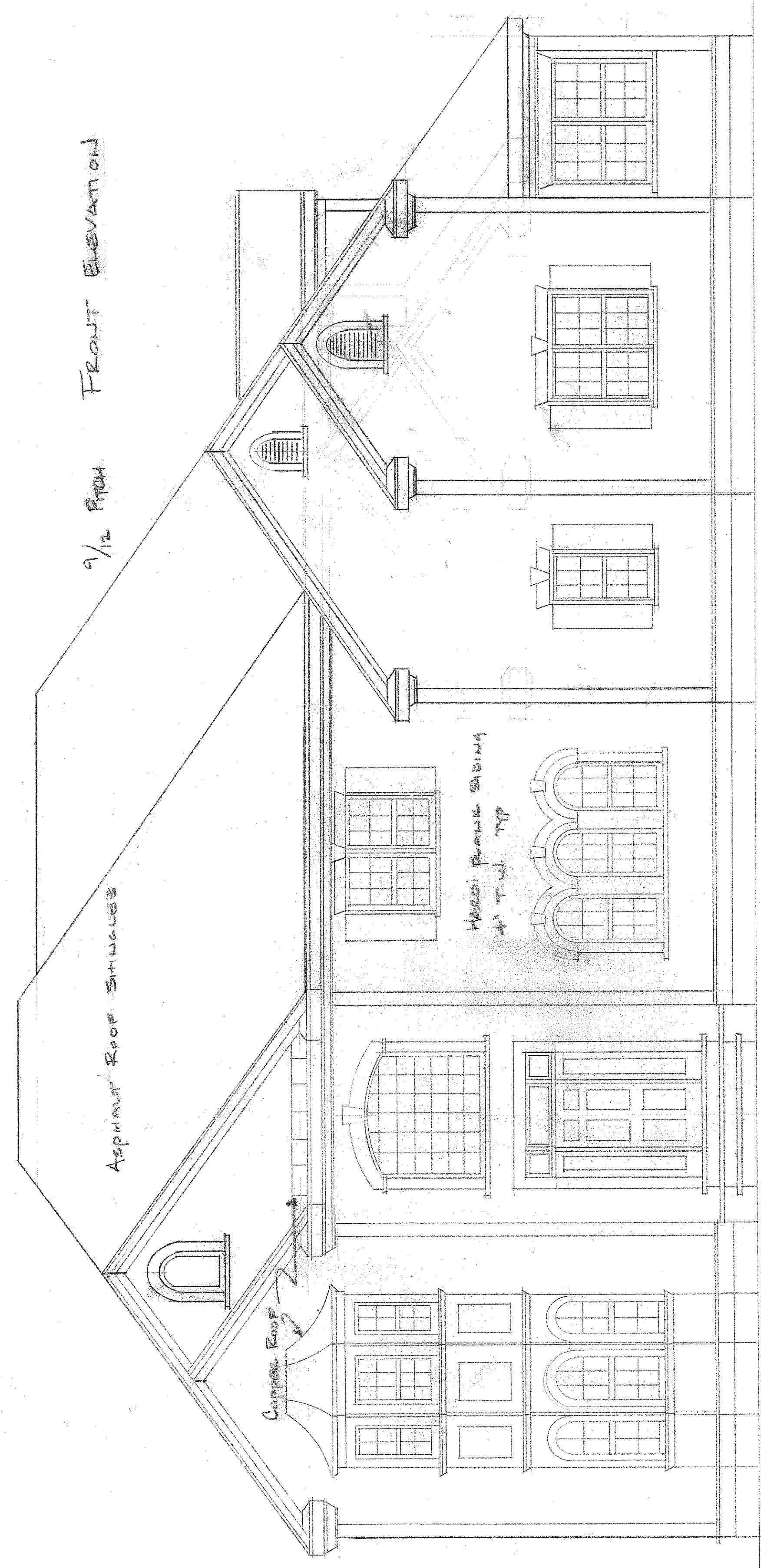
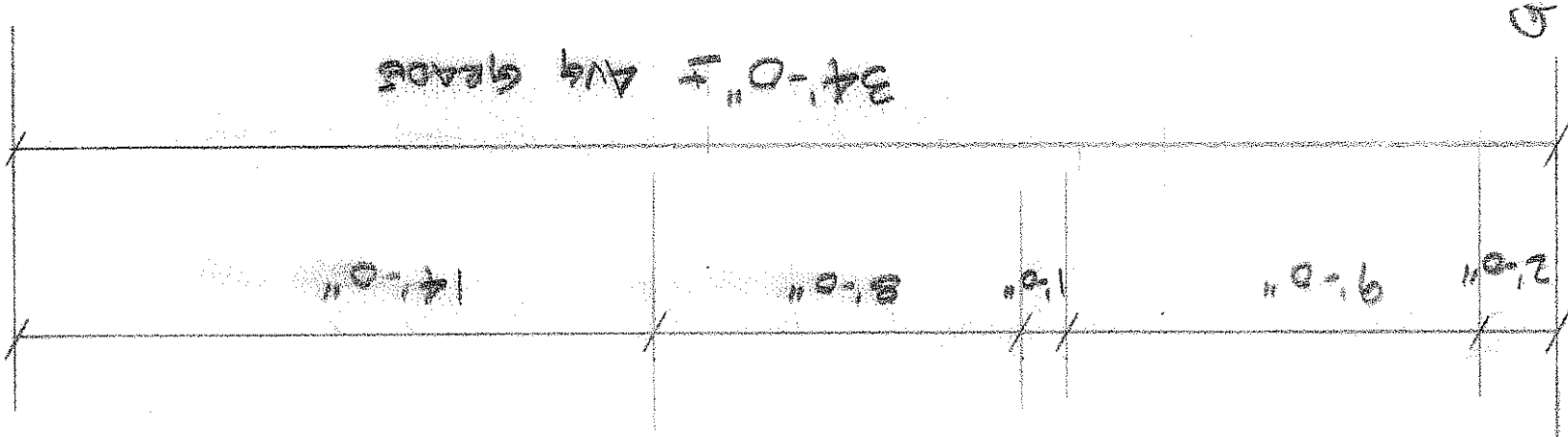
B. I do not carry Workers' Compensation Coverage as I am an unincorporated sole proprietorship with no employees, using other self-employed sub-contractors for all work.

Signature _____



REAR ELEVATION

GRADE



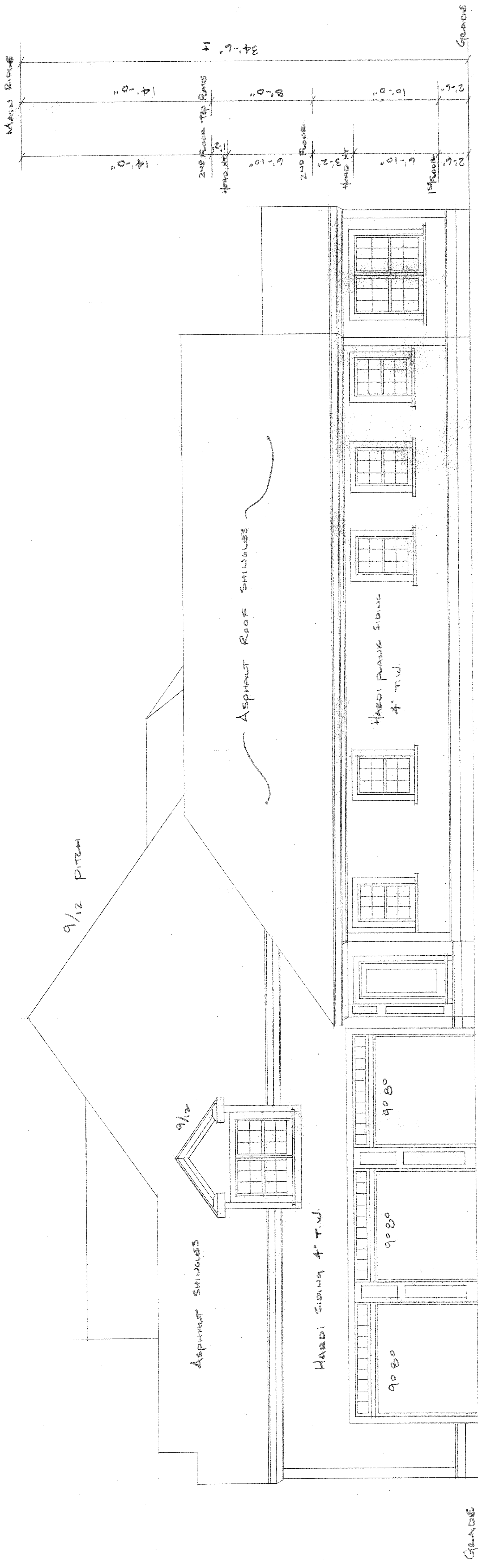
FRONT ELEVATION

GRADE

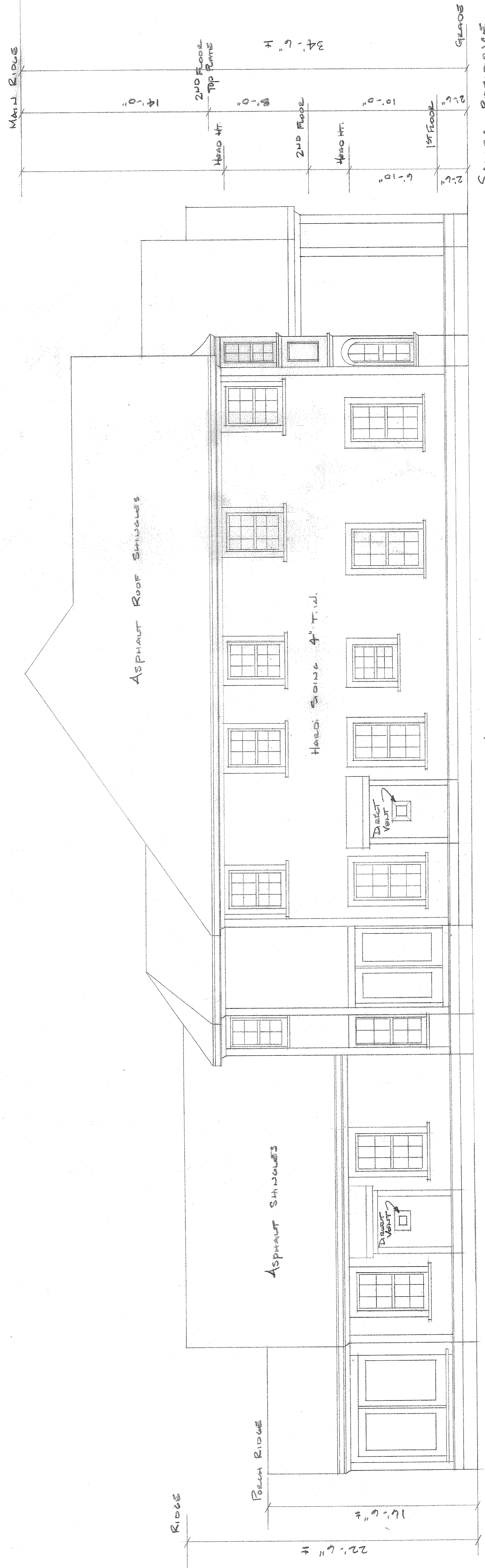
APPROVED
 These drawings will be subject to change without notice. The contractor shall be responsible for obtaining all necessary permits and for complying with all applicable codes and regulations. The contractor shall be responsible for the accuracy of the information provided on these drawings. The contractor shall be responsible for the accuracy of the information provided on these drawings. The contractor shall be responsible for the accuracy of the information provided on these drawings.

SALIBA RESIDENCE
 LOT 150 PATERL ST.
 0.1.17 SCALE 1/4" = 1'-0"

FLOOR / REAR ELEVATION



RIGHT SIDE ELEVATION



LEFT SIDE ELEVATION