



**WESTWOOD BOARD OF APPEALS
APPLICATION FOR HEARING**

1. Name of Applicant: Lisa and mark Wissmar
2. Applicant is (check one): Owner Tenant Abutter Purchaser Other **2018 MAY 23 A 9:57**
3. Mailing address of Applicant: 52 Westland Ave., Westwood, MA **TOWN CLERK
TOWN OF WESTWOOD**
4. Telephone - Home: _____ Business: _____
5. E-Mail Address of Applicant: 1
6. Address of Property subject to Hearing: 52 Westland Ave., Westwood
7. Owner of Property: Lisa and Mark Wissmar
8. Mailing Address of Property Owner: 52 Westland Ave., Westwood
9. Telephone - Home: 781-492-7023 Business: _____
10. Deed recorded in: Norfolk County Registry of Deeds: Book # 32636 Page # 282
or Land Court Registry: Certificate # _____ Book # _____ Page # _____
11. Property MAP # 28 LOT # 067 DISTRICT JRC
12. Has an appeal/application ever been filed with the ZBA on this property? (Y/N) N 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:

Request permission by special permit to build a new open, covered, front entry porch, inside the front setback on existing house on a small nonconformin lot in Zone SRC (front setback dimensional requirement are in the table in bylaw section 5.2. on line 5.2.3.

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: Lisa Wissmar *Lisa Wissmar* Date: 5/2/17
APPLICANT'S SIGNATURE (or Agent)

Signed: Lisa Wissmar and Mark Wissmar *Lisa Wissmar Mark Wissmar* Date: 5/2/17
PROPERTY OWNER (if different from applicant)

SCHEDULE OF FILING FEES FOR THE BOARD OF APPEALS	
Residential Properties - \$165.00	TOWN CLERK TOWN OF WESTWOOD 2018 MAY 23 A 9:58
Business Properties - \$330.00	
Comprehensive Permits - \$2530.00	

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.

PROPOSED ADDITION

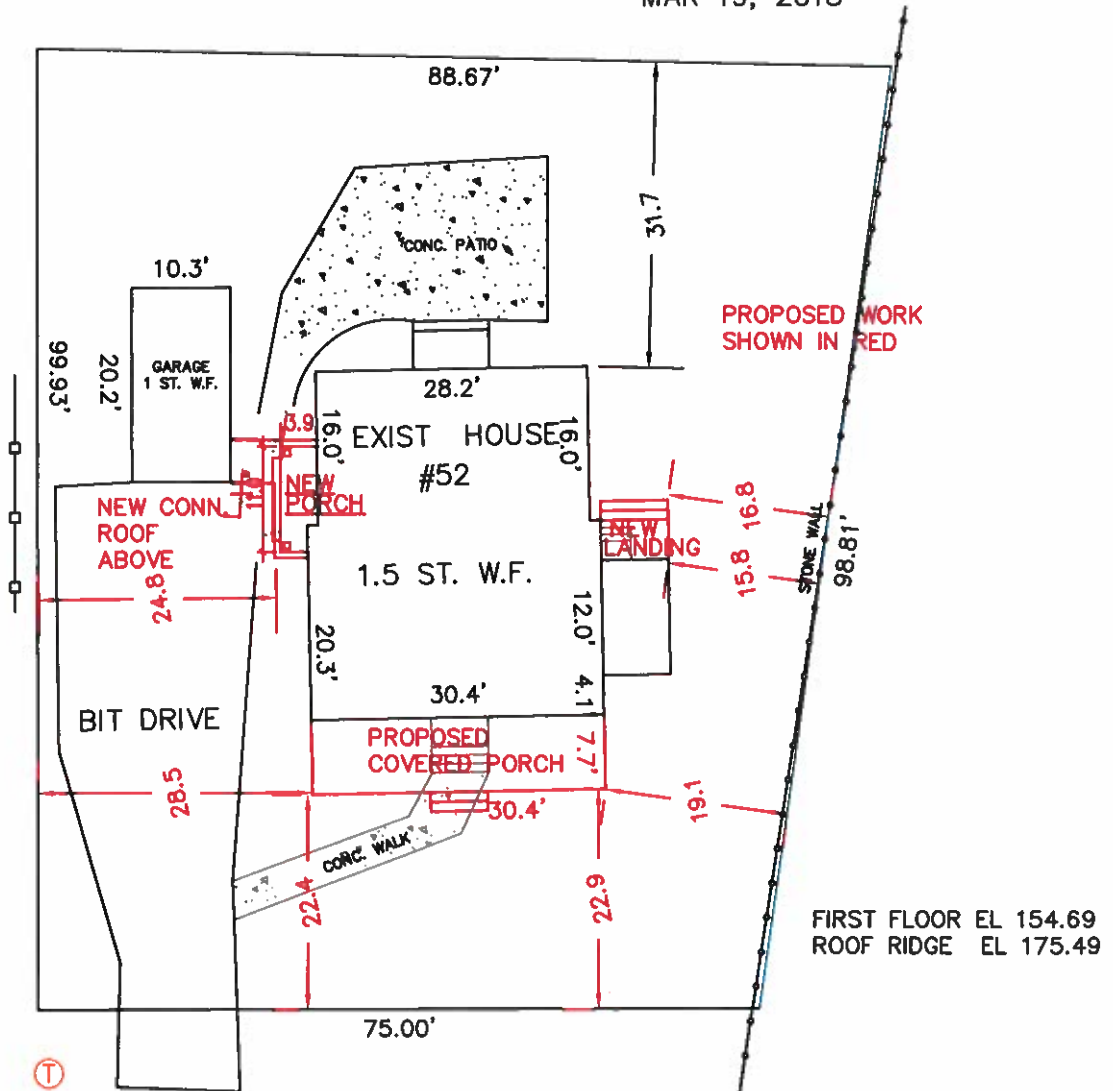
52 WESTLAND AVE

WESTWOOD, MA

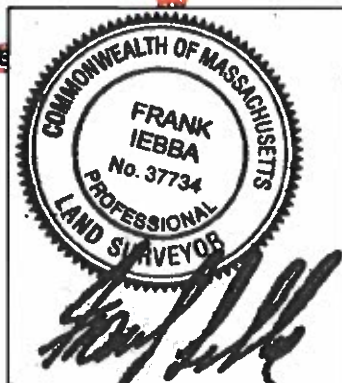
SCALE: 1 IN = 20 FT

MAR 24, 2017

MAR 19, 2018



WESTLAND AVENUE



ESSEX ENG. & SURVEY
PO BOX 650217 WEST NEWTON
MA. 02465

617-797-7342

FRANK.IEBBA@GMAIL.COM

RECORD AREA: 7850 SF

REFERENCE: BOOK 32636 PAGE 282

DELETED

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

APPLICATION FOR PERMIT TO BUILD

To the Building Commissioner:

Date: 5/2/17

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.

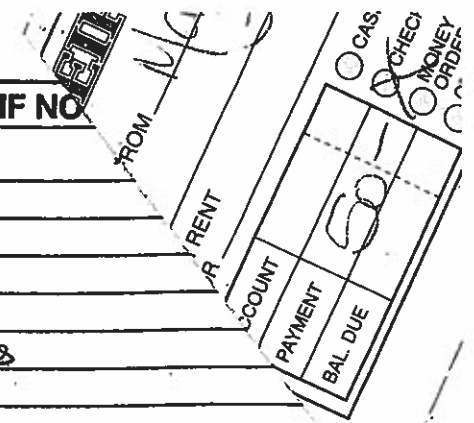
PLEASE PRINT CLEARLY		
IMPORTANT - Applicant to complete all items in sections I, II, III, IV, AND V		
I. LOCATION OF BUILDING		
STREET ADDRESS <u>52 Westland Ave.</u>	R. SIDE YARD SETBACK <u>15.8</u>	
(NO.) (STREET)	L. SIDE YARD SETBACK <u>28.5</u>	
ZONING DISTRICT <u>SRC</u> LOT FRONTAGE <u>75 ft.</u>	REAR YARD SETBACK <u>31.7</u>	
ASSESSORS MAP # <u>28</u> LOT# <u>067</u> LOT SIZE <u>7,850 sq. ft.</u>	FRONT YARD SETBACK <u>22.4</u>	
II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D.		
A. TYPE OF IMPROVEMENT 1 New Building ② Addition 3 Alteration 4 Repair, replacement 5 Wrecking 6 Moving (relocation) 7 Foundation only 8 Pools, Fences, Towers Tennis Courts, etc.	D. PROPOSED USE - For "Wrecking" most recent use RESIDENTIAL ⑬ One Family 14 Two or more family - Enter number of units 15 Transient hotel, motel, or dormitory - Enter number of units 16 Garage 17 Carport 18 Other - Specify <u>Front porch</u>	NONRESIDENTIAL 19 Amusement, recreational 20 Church, other religious 21 Industrial 22 Parking garage 23 Service station, repair garage 24 Hospital, institutional 25 Office, bank, professional 26 Public Utility 27 School, library, other educational 28 Stores, mercantile 29 Tanks, towers 30 Other - Specify
B. OWNERSHIP ⑨ Private (Individual, Corporation, nonprofit institution, ect.) 10 Public (Federal, State or Local Government)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 02 2017 <small>TOWN OF WESTWOOD</small> <small>COMMISSIONER OF BUILDING</small> </div>	
C. COST 11 Cost of Basic Construction To be installed but not included in the above cost a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 12 TOTAL COST OF IMPROVEMENT \$	(Omit cents) \$ _____ \$ _____ \$ _____ \$ _____	E. TYPE OF OCCUPANCY OR USE; NEW HOME, ETC. Briefly outline scope and nature of work to be done. <u>residential front porch addition</u>
III. SELECTED CHARACTERISTICS OF BUILDING		
F. PRINCIPAL TYPE OF FRAME 31 Masonry ③② Wood frame 33 Structural steel 34 Reinforced concrete 35 Other - Specify	H. TYPE OF SEWAGE DISPOSAL ④① Public Sewer 42 Private (septic tank, etc.) I. TYPE OF WATER SUPPLY ④③ Public or Private Company 44 Private (well)	K. DIMENSIONS 49 Number of stories <u>2</u> 50 Total sq.ft. of floor area, all floors, based on exterior dimensions <u>2073</u> 51 Total land area, sq.ft. <u>7,850</u> L. NUMBER OF OFF-STREET PARKING SPACES 52 Enclosed <u>2</u> 53 Outdoors <u>2</u> M. RESIDENTIAL BUILDINGS ONLY 54 No. of bedrooms <u>3</u> 55 No. of baths: Full <u>2</u> Partial <u>2</u>
G. PRINCIPAL TYPE OF HEATING FUEL 36 Gas 37 Oil 38 Electricity 39 Coal 40 Other - Specify	J. TYPE OF MECHANICAL Will there be air conditioning? 45 Yes ④⑥ No Will there be an elevator? 47 Yes ④⑧ No	

52 Westland

IV. TO BE COMPLETED BY ALL APPLICANTS

USE N/A IF NO

1. Will building be erected on solid or filled land _____ If filled land how long ago filled _____
2. Will foundation be laid on earth, rock, timber, piles _____
3. Foundation material concrete
4. Roof (flat, pitched) pitched
5. Roof covering asphalt / metal
6. Will all construction to be performed conform to State and Local Building Codes yes
7. Has the applicant complied with the Architectural Access Code N/A
8. Does this Building or Structure conform to the Zoning Bylaw NO
9. Has the applicant complied with the Energy Code N/A
10. Is this property in the FLOOD PLAIN AREA NO



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 <u>Lisa Wissmar</u>	<u>52 Westland Ave</u>	<u>781-492-7023</u>
Builder/ Contractor		
Architect/ Engineer		

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>Lisa Wissmar</u>	Address <u>52 Westland Ave.</u>	Application Date <u>5/2/17</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.	<u>N/A</u>
Sanitary Permit No. (Title V)	<u>N/A</u>
Highway Dept. Permit	<u>N/A</u>
Fire Dept. Permit	<u>N/A</u>
Water District Permit	<u>N/A</u>
CONTRACTOR LICENSING INFORMATION	
Construction Supervisor License No.	<u>N/A</u>
Date of Expiration	<u>N/A</u>
Home Improvement Contractor No.	<u>N/A</u>
Date of Expiration	<u>N/A</u>

COMMENTS - DEPARTMENT USE ONLY

BUILDING COMMISSIONER'S DENIAL

REQUIRES VARIANCE UNDER

4.5.3.3 - BUILDING IN

SET BACK

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

[Signature]
BUILDING COMMISSIONER

5/10/17

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

Signature: _____

Name of Insurance Company: _____

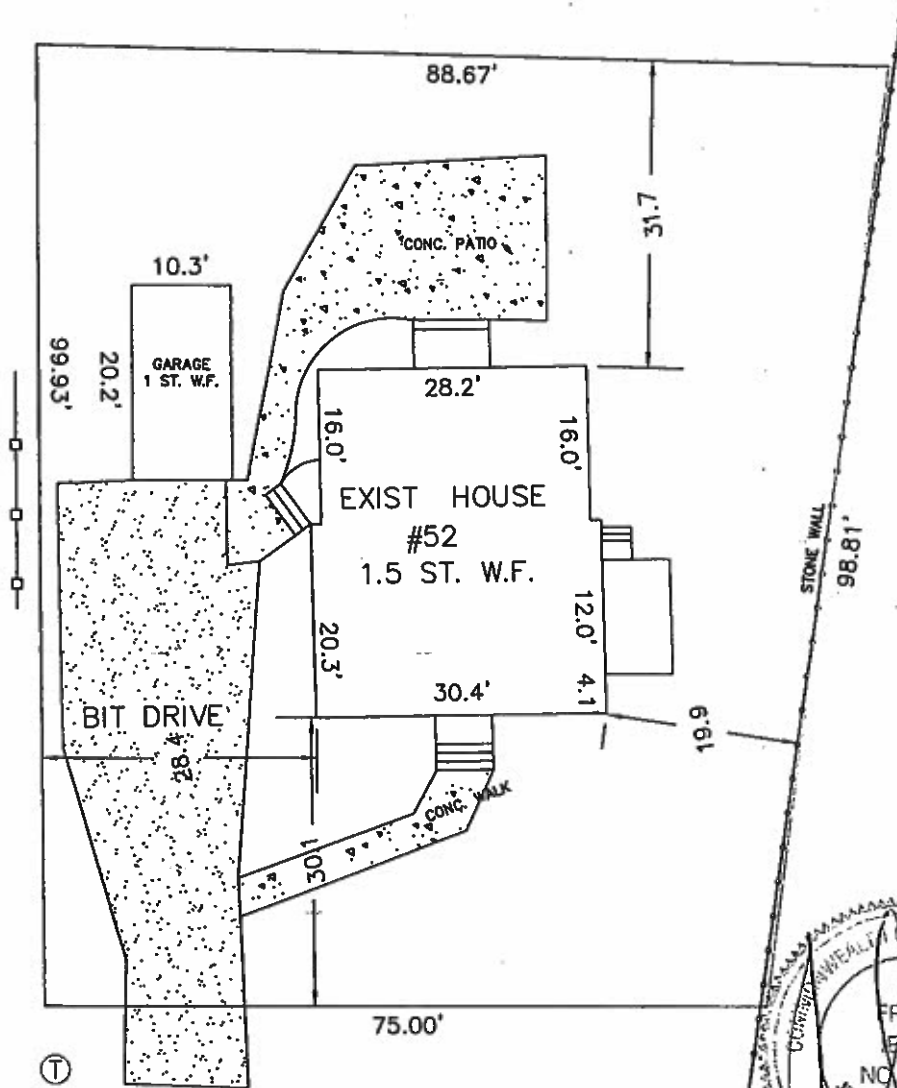
Policy Number: _____ Expiration Date: _____

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 _____

EXISTING HOUSE
52 WESTLAND AVE
WESTWOOD, MA

SCALE: 1 IN = 20 FT
FEB 26, 2017



WESTLAND AVENUE

RECORD AREA: 7850 SF

REFERENCE: BOOK 32636 PAGE 282

ESSEX ENG. & SURVEY
PO BOX 620622 NEWTON LOWER FALLS
MA. 02462-0622

617-797-7342

FRANK.IEBBA@GMAIL.COM

OPTIONAL

APPENDIX A – Variance Worksheet

The Variance must be with respect to particular land or structures.

- Parcel of Land: _____
- Structures: Residential

There must be circumstances relating to soil conditions, shape, and topography of such land or structures and especially affecting such land or structures, but not affecting generally the zoning district in which it is located.

- Circumstances would be: Small non conforming lot. The rules have been designed for the 40K sq ft lot + ours is less than 8K sq ft.
- Literal enforcement of the provisions of the bylaw would involve substantial hardship, financial or otherwise, to the petitioner or appellant. We work full time + have packages delivered + they currently get wet + ruined
- Hardship would be: My parents are elderly + a 6'ft porch would help

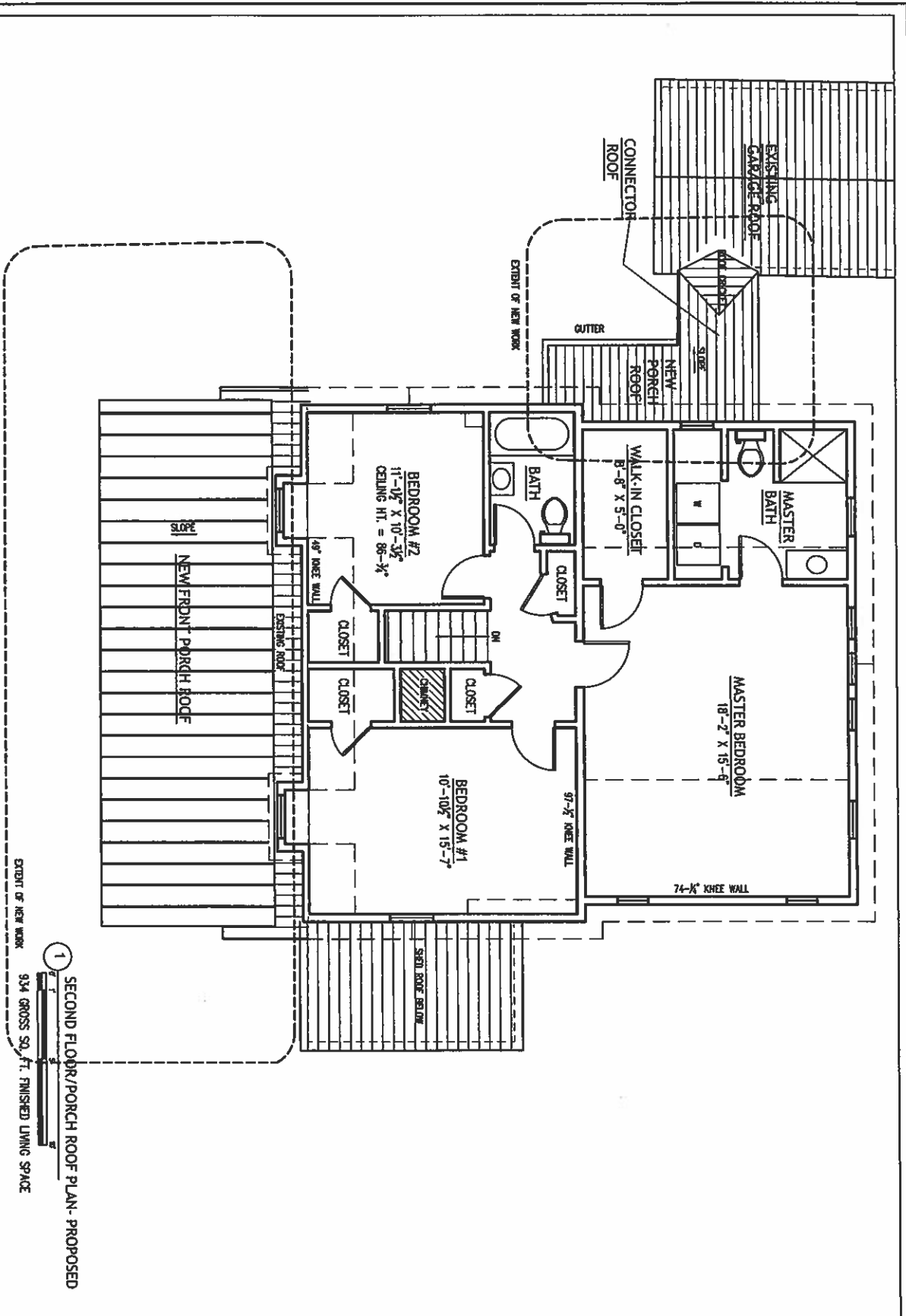
Desirable relief may be granted without detriment to the public good and without nullifying or substantially derogating from the intent or purpose of such bylaw.

- Relief would be: - Covered welcoming entry for guests
- Easier for my parents & elderly to visit
- keep packages dry - improve curbside appeal
- Detriment would be:

- Intent or purpose of Bylaw section?

- Would the Variance nullify intent or purpose above?

- Is there any substantial derogating (lessening) of the intent or purpose and if so, what is it?



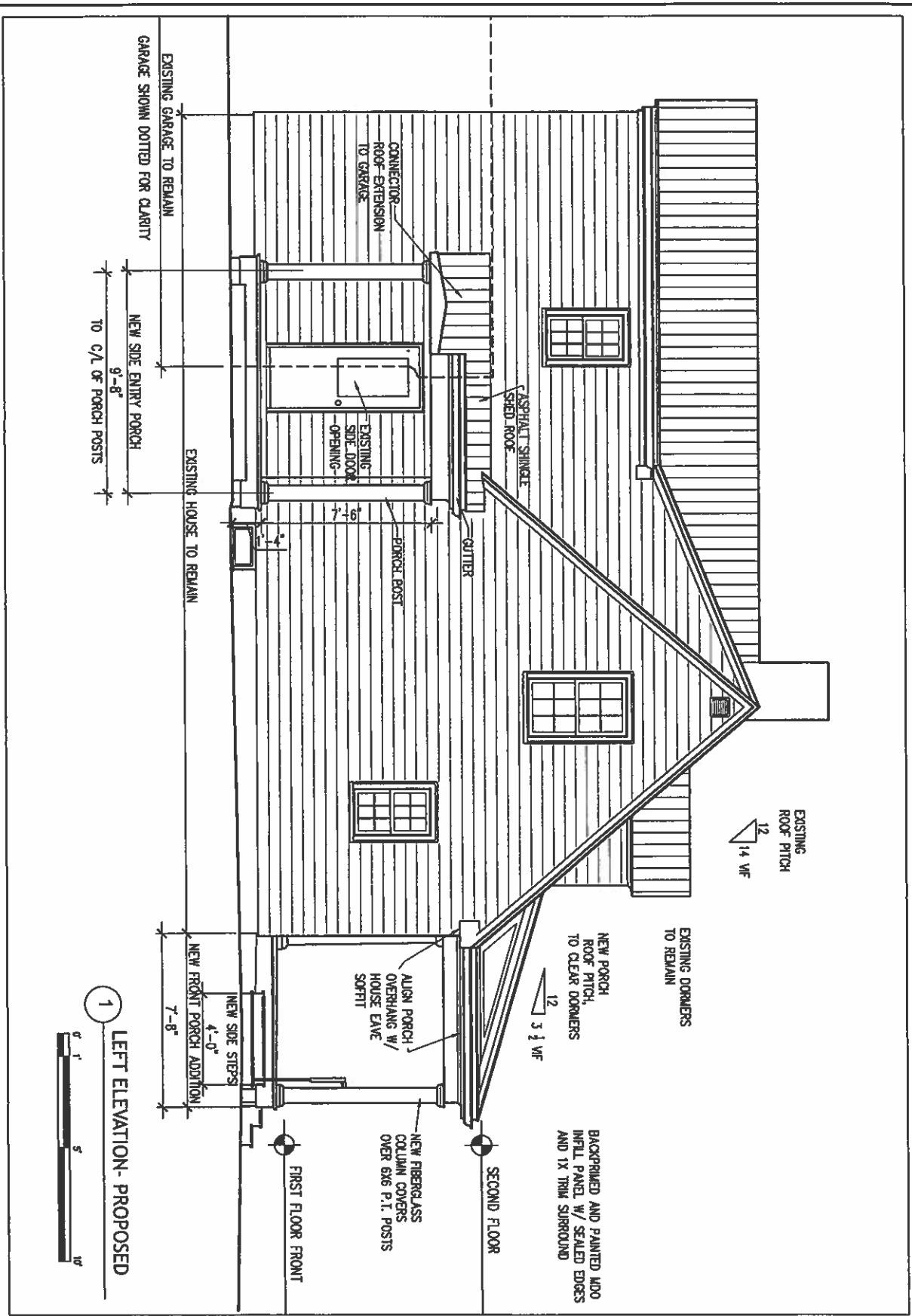
1 SECOND FLOOR/PORCH ROOF PLAN- PROPOSED
 934 GROSS SQ. FT. FINISHED LIVING SPACE

A1.2

DATE: 2/20/2018
 SCALE: 1/4" = 1'-0"
 SHEET NUMBER: 5
 PROJECT NUMBER: 17-00000

52 WESTLAND AVENUE, WESTWOOD, MA.
 2ND FL./PORCH ROOF PLAN- PROPOSED

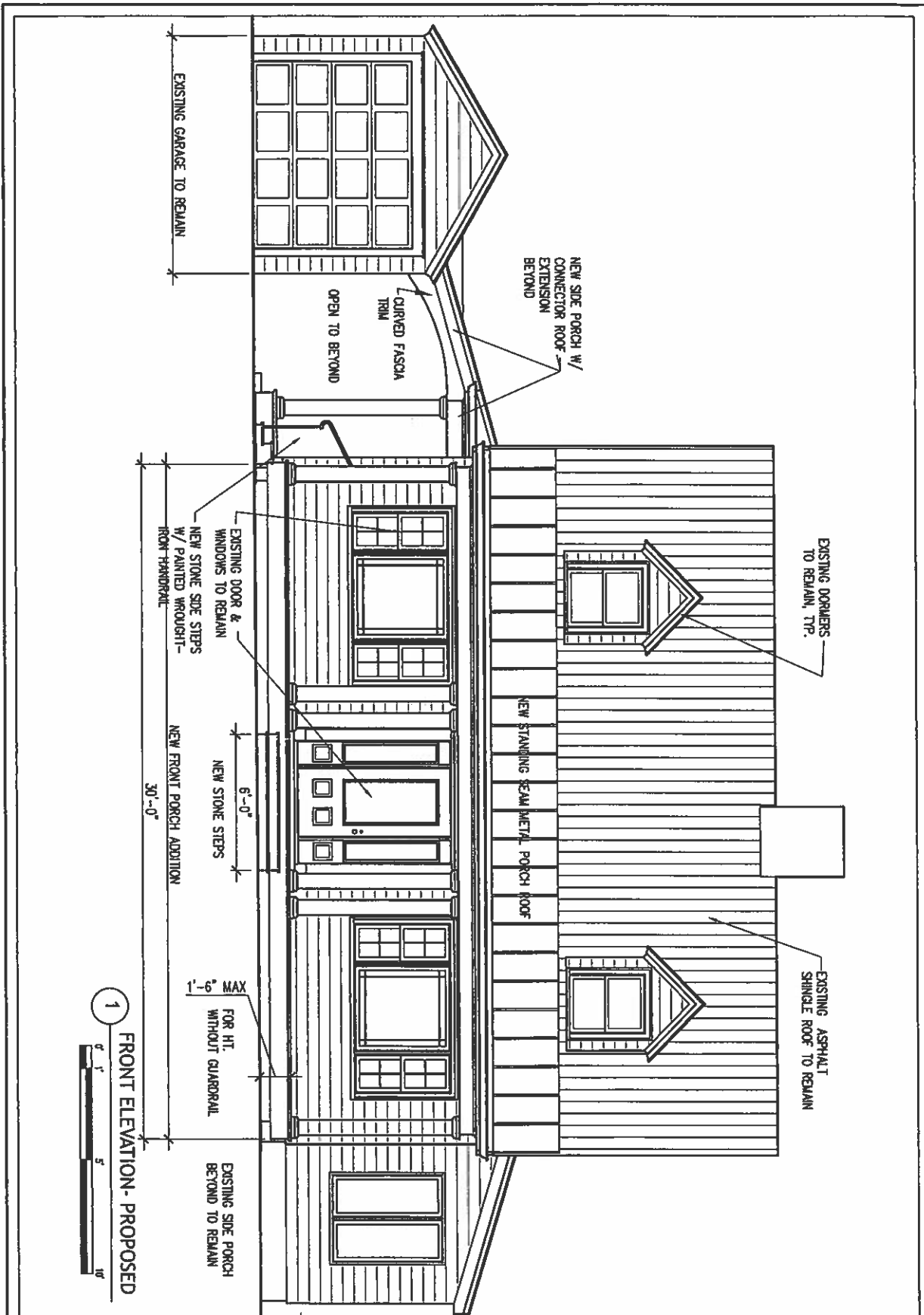
AMY SEMMES, A.I.A.
 120 AUBURN ST MEDFORD, MA 02155
 TEL: 781 507-6668
 WWW: amy@semmesdesign.com



1 LEFT ELEVATION- PROPOSED



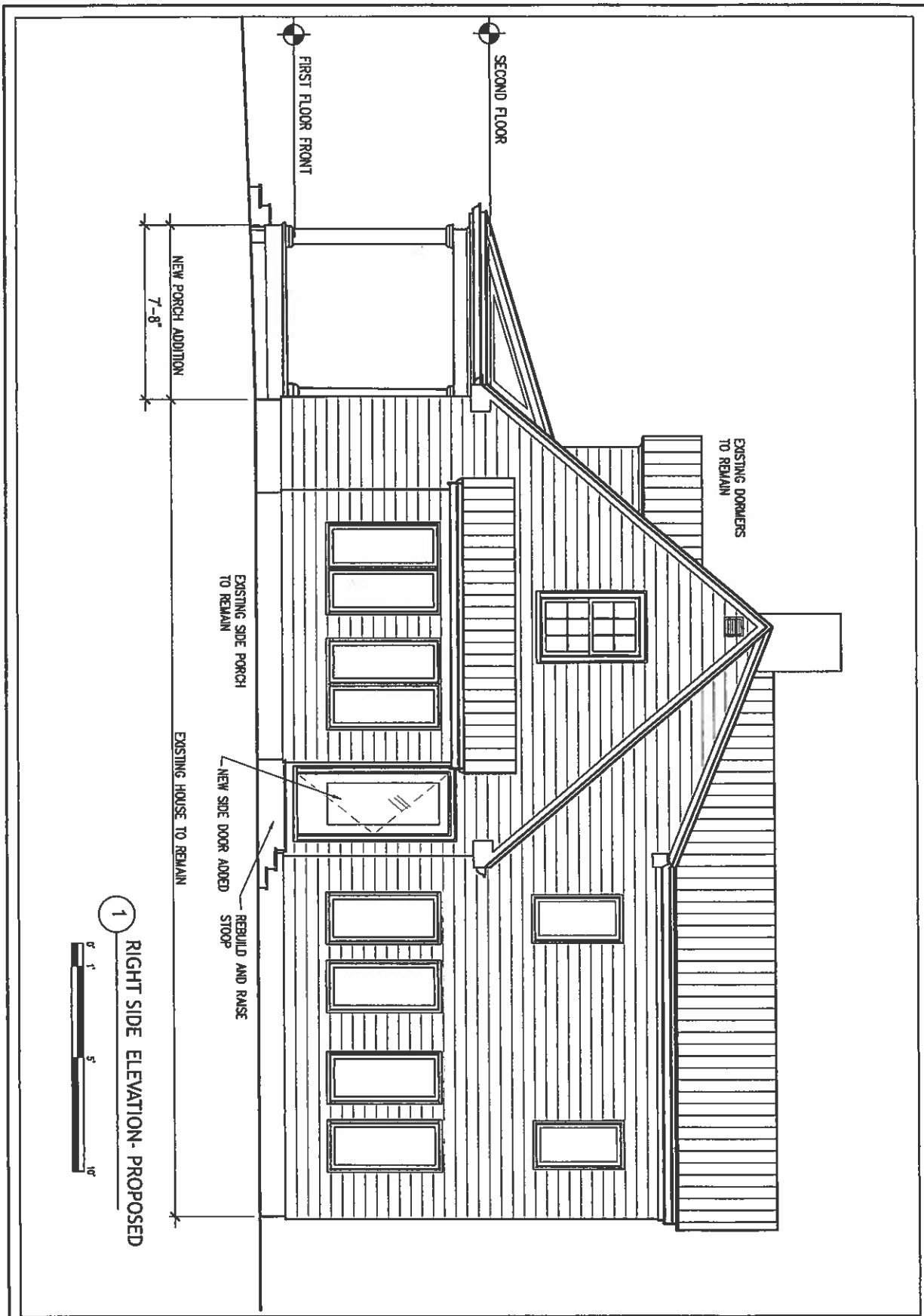
<p>A2.0</p>	<p>DATE: 2/20/2018 SCALE: 1/4"=1'-0" SHEET NUMBER: 12 OF 18</p>	<p>PROJECT NAME: 52 WESTLAND AVENUE, WESTWOOD, MA. SHEET TITLE: LEFT ELEVATION- PROPOSED</p>	<p>AMY SEMMES, A.I.A. 120 AUBURN ST MEDFORD, MA 02155 TEL: 781 507-6668 EMAIL: amy@semmesdesign.com</p>
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A2.1

52 WESTLAND AVENUE, WESTWOOD, MA.
FRONT ELEVATION- PROPOSED

AMY SEMMES, A.I.A.
120 AUBURN ST MEDFORD, MA 02155
PHONE 781 507-6668
EMAIL amy @ semmesdesign.com

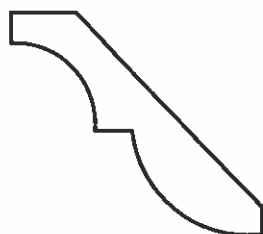


A2.2

PROJECT FILE: 52 WESTLAND AVENUE, WESTWOOD, MA.
 DATE: 2/20/2018
 SCALE: 1/4"=1'-0"

RIGHT SIDE ELEVATION- PROPOSED

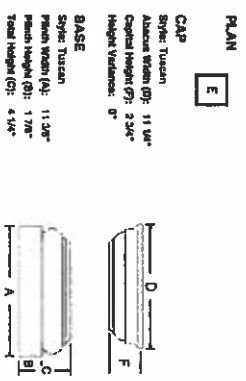
AMY SEMMES, A.I.A.
 120 AUBURN ST MEDFORD, MA 02155
 PHONE: 781 507-6668
 EMAIL: amy @ semmesdesign.com



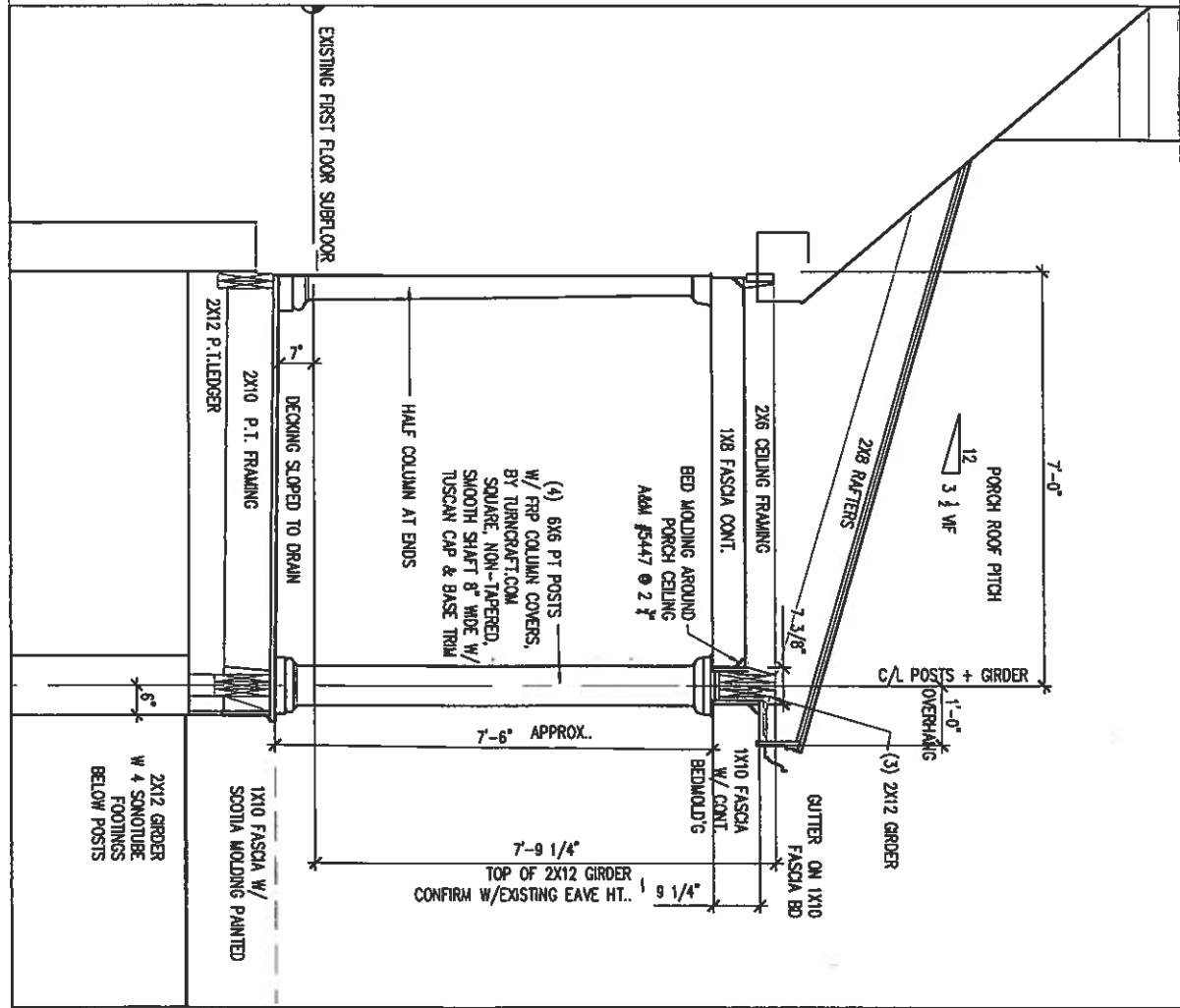
Bedmolding profile at actual size, Anderson McQuaid #5447 @ 9/16" x 2 3/4" in Spanish cedar, or equal



COLUMN
 Type: Poly-Graic FRP Columns
 Style: Non-Tapered Square
 Start Horizontal Bottom Diameter: 8"
 Total Height: 8"
 Bottom Top O.D.: 7 7/8"
 Bottom Int. L.D.: 5 3/4"
 Top Int. O.D.: 7 7/8"
 Top Int. L.D.: 1 3/4"
 Max. Used Capacity: 10,000 lbs.
 Additional Notes: Also available in Powdered & Stained Finish



The drawing provided here is subject to movement & this is the general, it is not intended to be a substitute for your contractor's permit info.
 For more information, call 800 423 3211
 © 2018 Turncraft

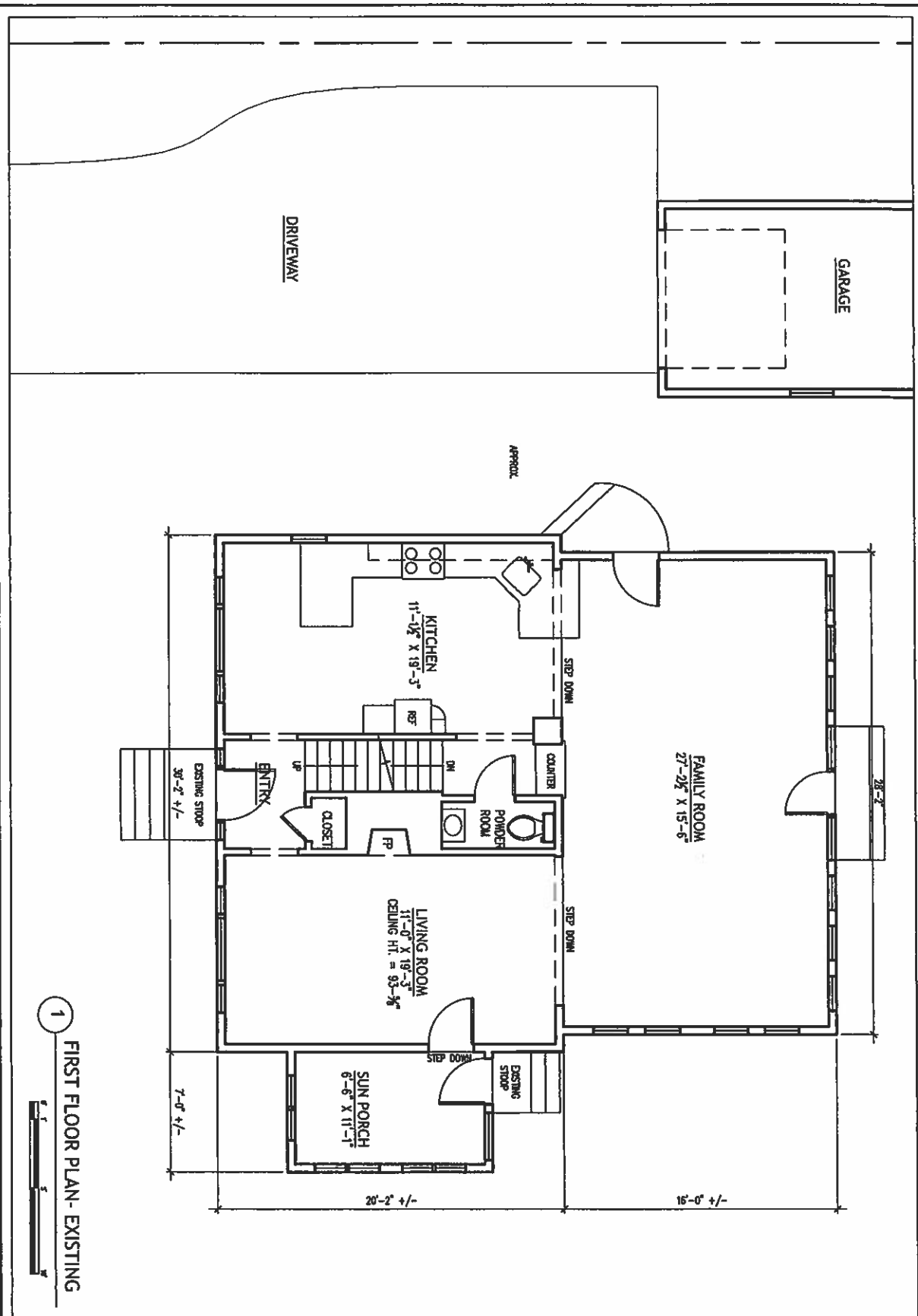


A3.0

DATE: 4/4/2017
 SCALE: 1/2"=1'-0"
 SHEET NUMBER: 3 OF 3

52 WESTLAND AVENUE, WESTWOOD, MA.
 PORCH DETAILS- PROPOSED

AMY SEMMES, A.I.A.
 120 AUBURN ST MEDFORD, MA 02155
 TEL: 781 507-6668
 EMAIL: amy@semmesdesign.com



1 FIRST FLOOR PLAN- EXISTING

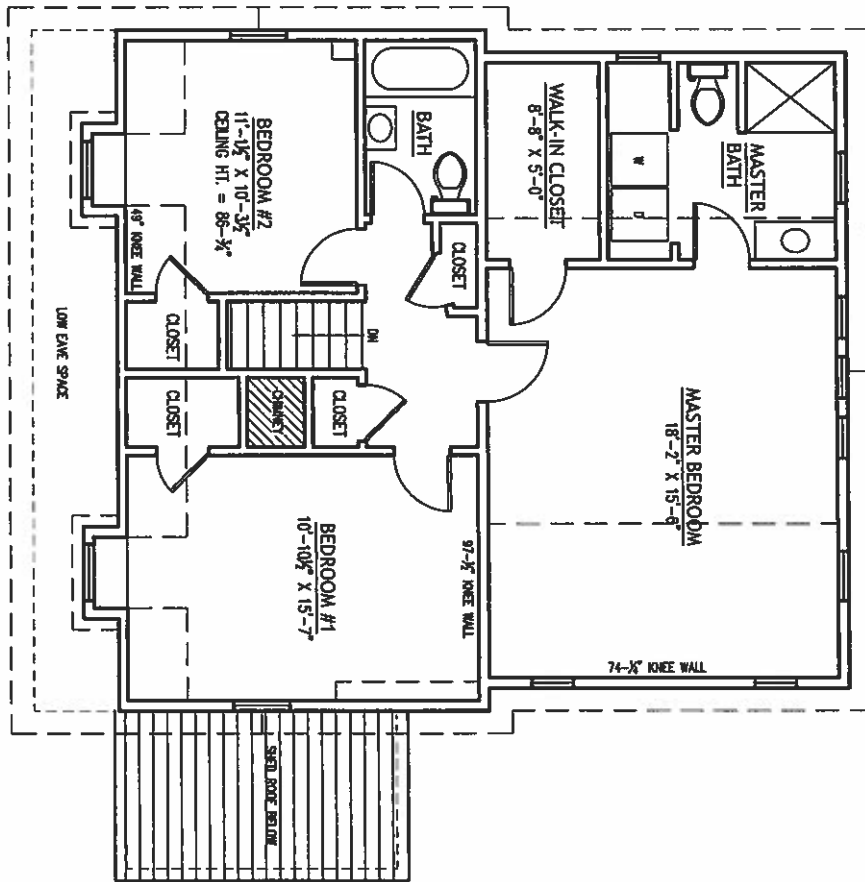


DATE 4/4/2017
 SCALE 3/16" = 1'-0"
 SHEET NUMBER 5
 PROJECT NUMBER 2017-011-00 ARCHIT.

PROJECT TITLE 52 WESTLAND AVENUE, WESTWOOD, MA.
 SHEET TITLE FIRST FLOOR PLAN- EXISTING

AMY SEMMES, A.I.A.
 120 AUBURN ST MEDFORD, MA 02155
 TEL: 781 507-6668
 FAX: amy@semmesdesign.com

EX1.1



1 SECOND FLOOR PLAN- EXISTING



EX1.2

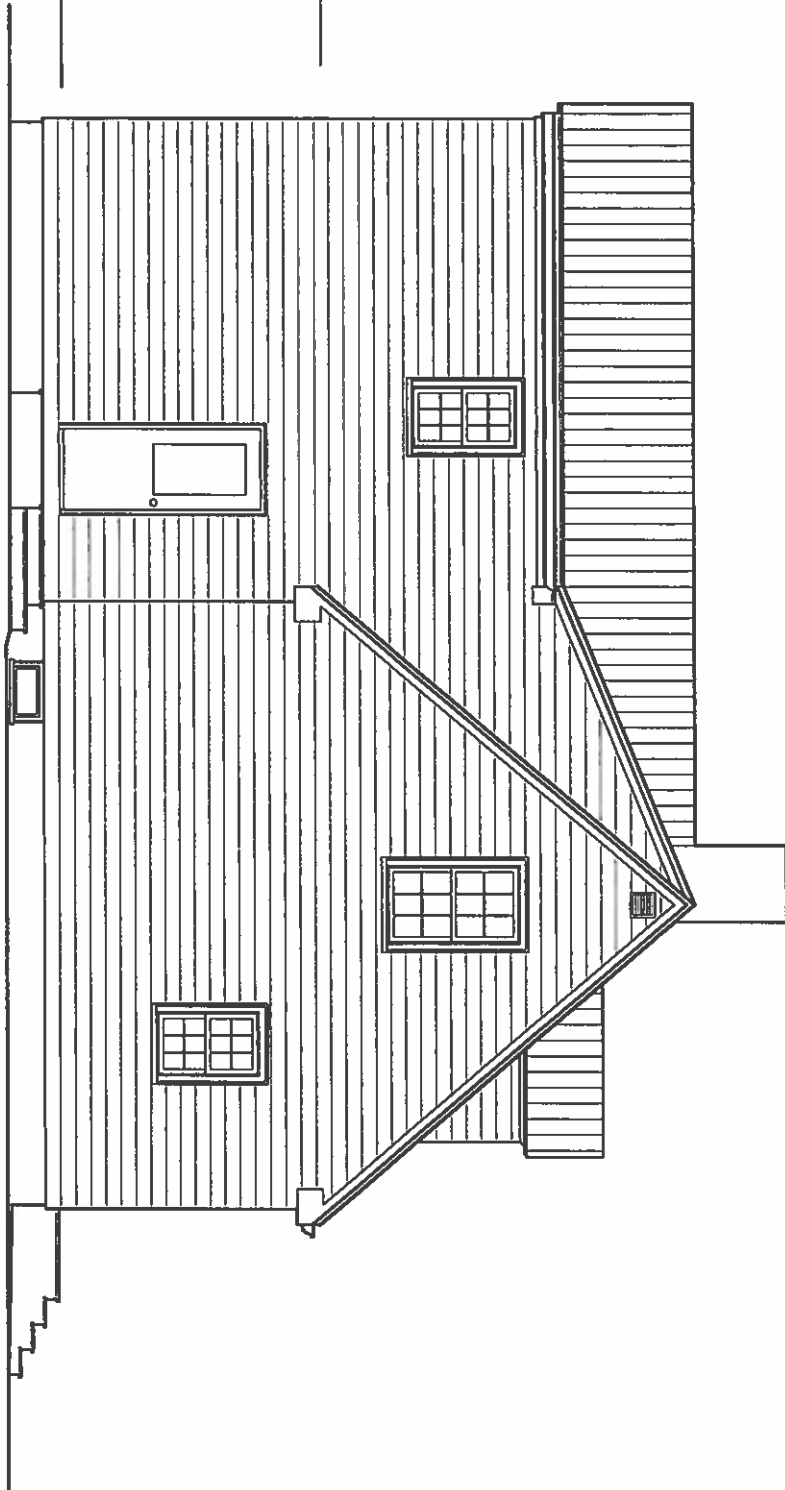
DATE 4/4/2017
 SCALE 3/16"=1'-0"
 DRAWN BY
 CHECKED BY

PROJECT NAME 52 WESTLAND AVENUE, WESTWOOD, MA.
 DRAWING TITLE SECOND FLOOR PLAN- EXISTING

ARCHITECT AMY SEMMES, A.I.A.
 120 AUBURN ST MEDFORD, MA 02155
 PHONE 781 507-6668
 EMAIL amy@semmesdesign.com

FIRST FLOOR FRONT

SECOND FLOOR



1
LEFT ELEVATION
Scale: 1/8" = 1'-0"
DATE: 4/4/2017
DRAWN BY: A.S.
CHECKED BY: J.S.

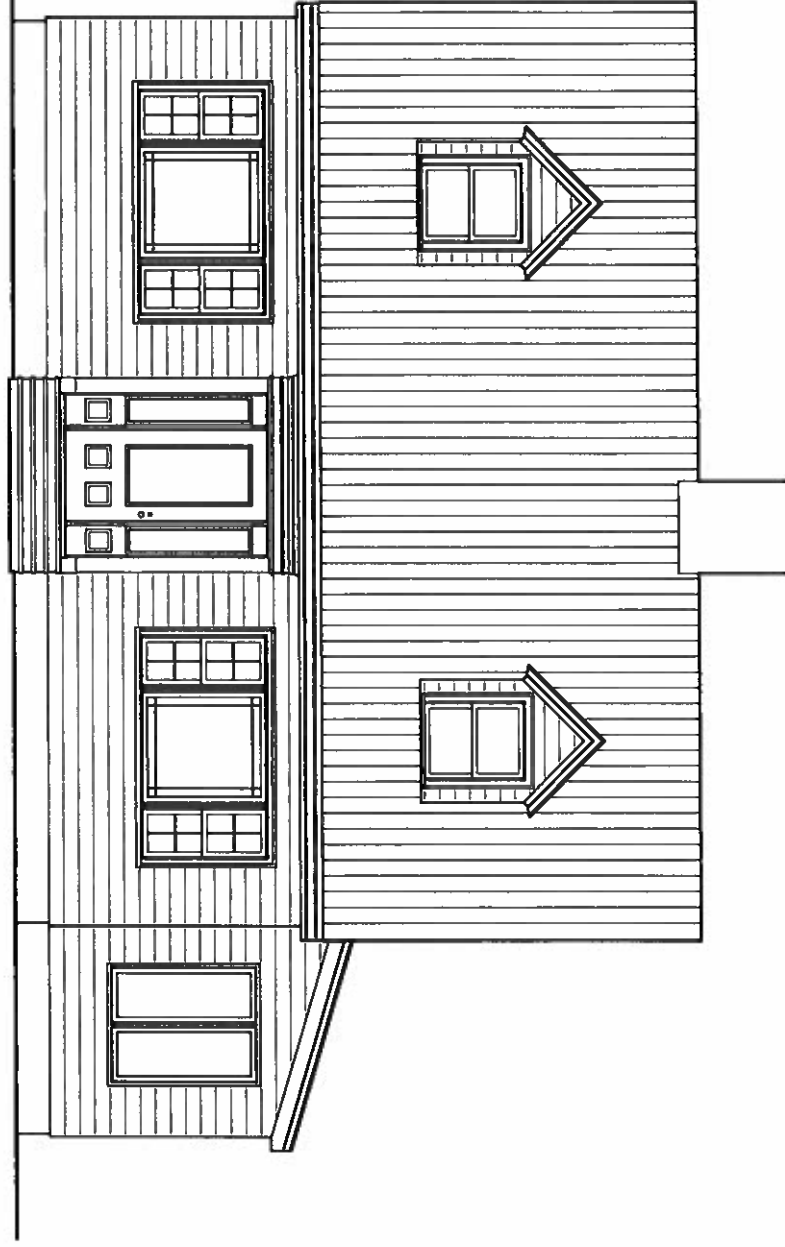
EX2.0

PROJECT TITLE: 52 WESTLAND AVENUE, WESTWOOD, MA.
DRAWING TITLE: LEFT SIDE ELEVATION- EXISTING

AMY SEMMES, A.I.A.
120 AUBURN ST. MEDFORD, MA 02155
TELEPHONE: 781 507-6668
EMAIL: amy@semmesdesign.com

1 FLOOR FRONT

2ND FLOOR



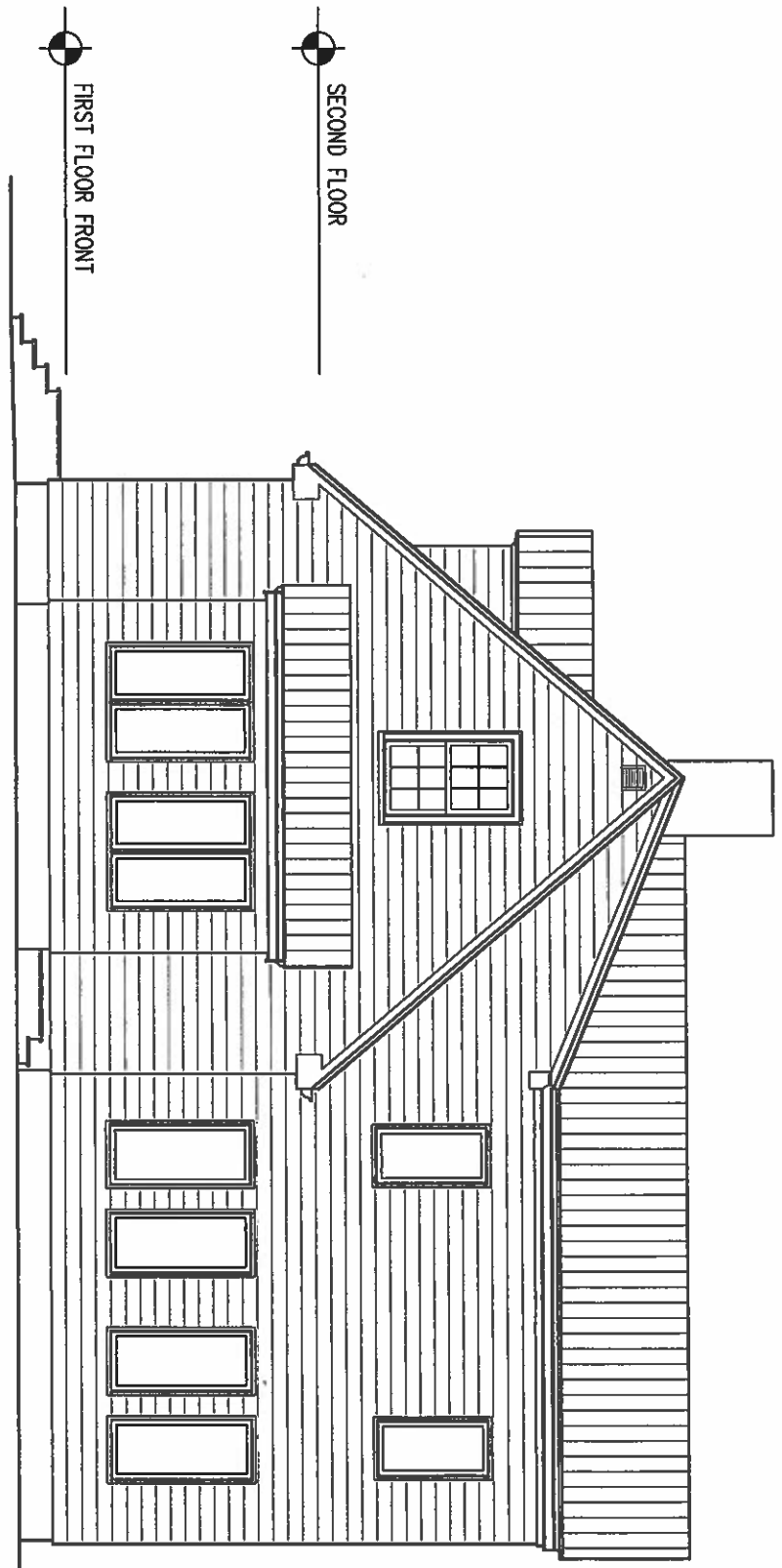
1 FRONT ELEVATION- EXISTING



EX2.1

PROJECT TITLE: 52 WESTLAND AVENUE, WESTWOOD, MA.
 DRAWING TITLE: FRONT ELEVATION- EXISTING

AMY SEMMES, A.I.A.
 120 AUBURN ST MEDFORD, MA 02155
 TELEPHONE: 781 507-6668
 EMAIL: amy@semmesdesign.com



FIRST FLOOR FRONT

SECOND FLOOR

1
RIGHT

EX2.2

DATE 4/4/2017
SCALE 1/8" = 1'-0"
DRAWN BY: [unclear]

PROJECT: 52 WESTLAND AVENUE, WESTWOOD, MA.
ELEVATION: RIGHT SIDE ELEVATION- EXISTING

AMY SEMMES, A.I.A.
120 AUBURN ST MEDFORD, MA 02155
PHONE 781 507-6668
EMAIL amy@semmesdesign.com



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): Lisa Wissmar

Address: 52 Westland Ave.

City/State/Zip: Westwood, MA Phone #: 781-492-7023

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input 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 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.</p> <p>5. <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>6. <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>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
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*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: Lisa Wissmar Date: _____

Phone #: 781-492-7023

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: WESTWOOD 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: JOE DOYLE Phone #: 781-320-1091



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): LISA WISSMAR

Address: 52 Westland Ave.

City/State/Zip: Westwood, MA Phone #: 781-492-7023

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 _____

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Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

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

Signature: Lisa Wissmar Date: _____

Phone #: 781-492-7023

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: WESTWOOD 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: JOE DOYLE Phone #: 781-320-1091