

APPLICANT/CONTACT PERSON ANTHONY E NOTZ
ADDRESS/PHONE 780 RESERVOIR AVE CRANSTON (401) 464-4800 ()

401-634-9247 cell

PROPERTY LOCATION 135 KING ST
MAP 31B PARCEL 051 001 ZONE HB

THIS SECTION FOR OFFICIAL USE ONLY:
PERMIT APPLICATION CHECKLIST

ZONING FORM FILLED OUT	ENCLOSED	REQUIRED	DATE
Fee Paid			
Building Permit Filled out			
Fee Paid			
Type of Construction: CONSTRUCT PARTITIONS, NEW BATHROOMS & CEILING IN RETAIL AREA, NEW HVAC			
New Construction			
Non Structural interior renovations			
Addition to Existing			
Accessory Structure			
Building Plans Included:			
Owner/ Statement or License 042250			
3 sets of Plans / Plot Plan			

1211 \$135

rolled plans

THE FOLLOWING ACTION HAS BEEN TAKEN ON THIS APPLICATION BASED ON INFORMATION PRESENTED:

Approved Additional permits required (see below)

PLANNING BOARD PERMIT REQUIRED UNDER: § _____

Intermediate Project: _____ Site Plan AND/OR _____ Special Permit With Site Plan
Major Project: _____ Site Plan AND/OR _____ Special Permit With Site Plan

ZONING BOARD PERMIT REQUIRED UNDER: § _____

Finding _____ Special Permit _____ Variance* _____

_____ Received & Recorded at Registry of Deeds Proof Enclosed _____

Other Permits Required:

_____ Curb Cut from DPW _____ Water Availability _____ Sewer Availability

_____ Septic Approval Board of Health _____ Well Water Potability Board of Health

_____ Permit from Conservation Commission _____ Permit from CB Architecture Committee

_____ Permit from Elm Street Commission

Signature of Building Official _____

Date _____

Note: Issuance of a Zoning permit does not relieve a applicant's burden to comply with all zoning requirements and obtain all required permits from Board of Health, Conservation Commission, Department of public works and other applicable permit granting authorities.

* Variances are granted only to those applicants who meet the strict standards of MGL 40A. Contact Office of Planning & Development for more information.

RECEIVED JUN 22 2006 DEPT. OF BUILDING INSPECTION NORTHAMPTON, MA 01060	City of Northampton Building Department 212 Main Street Room 100 Northampton, MA 01060 phone 413-587-1240 Fax 413-587-1272	RECEIVED AUG - 3 2006 INSPECTION NORTHAMPTON, MA 01060	Department use only Status of Permit _____ Curb Cut/Driveway Permit _____ Sewer/Septic Availability _____ Water/Well Availability _____ Two Sets of Structural Plans _____ Plot Site Plans _____ Other Specify _____
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APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

SECTION 1 - SITE INFORMATION		This section to be completed by office	
1.1 Property Address: 135 King St.		Map 31B Lot 051 Unit 001	Zone _____ Overlay District _____ Elm St. District _____ CE District _____

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT	
2.1 Owner of Record: Name (Print) Barry G Goldberg	
Current Mailing Address: 320 Green Hill Rd., Longmeadow Ma. 01106	
Telephone _____	
Signature _____	
2.2 Authorized Agent: Name (Print) Anthony E Notz	
Current Mailing Address: 780 Reservoir Ave., Cranston, R.I. 02910	
Telephone 401-464-4800 - Contact # 401-639-9247	
Signature <i>Anthony E Notz</i>	

SECTION 3 - ESTIMATED CONSTRUCTION COSTS		Official Use Only	
Item	Estimated Cost (Dollars) to be completed by permit applicant	(a) Building Permit Fee	
1. Building	\$20,000.00		
2. Electrical	8,000.00	(b) Estimated Total Cost of Construction from (c)	
3. Plumbing	3,000.00	Building Permit Fee	
4. Mechanical (HVAC)	10,000.00		
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)	\$41,000.00	Check Number 1211	\$150.00

Building Permit Number Added plans		Date Issued _____	
Signature: _____		Date _____	
Building Commissioner/Inspector of Buildings		Date	

SECTION 4 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Interior Alterations Existing Wall Signs Demolition Repairs Additions Accessory Building

Exterior Alteration Existing Ground Sign New Signs Roofing Change of Use Other

Brief Description
Of Proposed Work:

Enter a brief description here. *Erect new partitions, new bathrooms, ceiling in retail area. New HVAC system.*

SECTION 5 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)

CONSTRUCTION TYPE

A Assembly <input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A <input type="checkbox"/>	1B <input type="checkbox"/>
B Business <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		2A <input type="checkbox"/>	2B <input type="checkbox"/>
E Educational <input type="checkbox"/>				2C <input type="checkbox"/>	
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		3A <input type="checkbox"/>	3B <input type="checkbox"/>
H High Hazard <input type="checkbox"/>				4 <input checked="" type="checkbox"/>	
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	5A <input type="checkbox"/>	5B <input type="checkbox"/>
M Mercantile <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>		
R Residential <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>			
S Storage <input type="checkbox"/>					
U Utility <input type="checkbox"/>	Specify: <i>DVD, Video, Novelty, Boutique products all of Adult theme.</i>				
M Mixed Use <input type="checkbox"/>	Specify: _____				
S Special Use <input type="checkbox"/>	Specify: _____				

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group: Mercantile Proposed Use Group: Mercantile
 Existing Hazard Index 780 CMR 34): _____ Proposed Hazard Index 780 CMR 34): _____

SECTION 6 BUILDING HEIGHT AND AREA

BUILDING AREA EXISTING

PROPOSED NEW CONSTRUCTION

OFFICE USE ONLY

Floor Area per Floor (sf)

1st 6,222 sf
 2nd 2,652 sf
 3rd _____
 4th _____

Total Area (sf) 8,874

Total Height (ft) 17'

1st _____
 2nd _____
 3rd _____
 4th _____

Total Proposed New Construction (sf) _____

Total Height ft _____

7. Water Supply (M.G.L. c. 40, § 54)
 Public Private

7.1 Flood Zone Information:
 Zone _____ Outside Flood Zone

7.3 Sewage Disposal System:
 Municipal On site disposal system

8 NORTHAMPTON ZONING

	Existing	Proposed	Required by Zoning This column to be filled in by Building Department
Lot Size	.422 acres		
Frontage	69.1'		
Setbacks <u>Front</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Side</u>	L: <input type="text"/> R: <input type="text"/>	L: <input type="text"/> R: <input type="text"/>	<input type="text"/> <input type="text"/>
<u>Rear</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Building Height	17'	<input type="text"/>	<input type="text"/>
Bldg. Square Footage	6,222 <input type="text"/> %	<input type="text"/> <input type="text"/>	<input type="text"/>
Open Space Footage (Lot area minus bldg & paved parking)	1,000 <input type="text"/> %	<input type="text"/> <input type="text"/>	<input type="text"/>
# of Parking Spaces	25	<input type="text"/>	<input type="text"/>
Fill: (volume & Location)	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. Has a Special Permit/Variance/Finding ever been issued for/on the site?

NO DON'T KNOW YES

IF YES, date issued:

IF YES: Was the permit recorded at the Registry of Deeds?

NO DON'T KNOW YES

IF YES: enter Book Page and/or Document #

B. Does the site contain a brook, body of water or wetlands? NO DON'T KNOW YES

IF YES, has a permit been or need to be obtained from the Conservation Commission?

Needs to be obtained Obtained Date Issued:

C. Do any signs exist on the property? YES NO

IF YES, describe size, type and location:

D. Are there any proposed changes to or additions of signs intended for the property? YES NO

IF YES, describe size, type and location:

E. Will the construction activity disturb (clearing, grading, excavation, or filling) over 1 acre or is it part of a common plan that will disturb over 1 acre? YES NO

IF YES, then a Northampton Storm Water Management Permit from the DPW is required.

SECTION 9- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

9.1 Registered Architect:

<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Name (Registrant):</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> </div> <p>Signature Telephone</p>	<p>Not Applicable <input type="checkbox"/></p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Registration Number</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Expiration Date</p>
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9.2 Registered Professional Engineer(s):

<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Name</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> </div> <p>Signature Telephone</p>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Area of Responsibility</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Registration Number</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Expiration Date</p>
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9.3 General Contractor

<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Company Name:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Responsible In Charge of Construction</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px; display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> </div> <p>Signature Telephone</p>	<p>Not Applicable <input type="checkbox"/></p>
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SECTION 10 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required Yes No

SECTION 11 - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, Barry G. Goldberg, as Owner of the subject property

hereby authorize Anthony E Nota of Capital Video Corp to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner

Barry G. Goldberg

Date

6/29/06

I, Anthony E Nota of Capital Video Corp., 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.

Signed under the pains and penalties of perjury.

Anthony E Nota

Print Name

Anthony E Nota

6-20-06

Signature of Owner/Agent

Date

SECTION 12 - CONSTRUCTION SERVICES

10.1 Licensed Construction Supervisor: GIMGI Group, Inc.

Name of License Holder: ETTORE GUARRACINO

Address P.O. Box 935 Lynnfield MA. 01940

781-596-2781

Signature

Ettore Guarracino

Telephone

Not Applicable

License Number

042250

Expiration Date

01-15-2008

SECTION 13 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (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

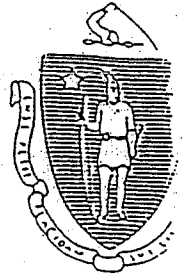


City of Northampton

Massachusetts

DEPARTMENT OF BUILDING INSPECTIONS

212 Main Street * Municipal Building
Northampton, Mass. 01060



WORKER'S COMPENSATION INSURANCE AFFIDAVIT

I, _____
(licensee/permittee)

with a principal place of business/residence at: _____

_____ (phone#) _____
(street/city/state/zip)

do hereby certify, under the pains and penalties of perjury, that

() I am an employer providing the following worker's compensation coverage for my employees working on this job:

St Paul Mercury Ins. BW02178247 5-31-07
(Insurance Company) (Policy Number) (Expiration Date)

I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following worker's compensation policies:

<u>GMB Group</u> (Name of Contractor)	_____ (Insurance Company/Policy Number)	_____ (Expiration Date)
_____ (Name of Contractor)	_____ (Insurance Company/Policy Number)	_____ (Expiration Date)
_____ (Name of Contractor)	_____ (Insurance Company/Policy Number)	_____ (Expiration Date)
_____ (Name of Contractor)	_____ (Insurance Company/Policy Number)	_____ (Expiration Date)

(attach additional sheet if necessary to include information pertaining to all contractors)

() I am a sole proprietor and have no one working for me.
() I am a home owner performing all the work myself.

NOTE: please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner resides or on the grounds appurtenant thereto are not generally considered to be employers under the worker's compensation Act (GL 152, § 1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Worker's Compensation Act.

I understand that a copy of this statement may be forwarded to the Department of Industrial Accident Office of Insurance for the coverage verification and that failure to secure coverage under section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1,500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Etore Operations 6-14-06
Signature of Licensee/Permittee Date

For departmental use only	
Permit Number _____	
Map# _____	Lot # _____