

CITY OF CAMBRIDGE  
INSPECTIONAL SERVICES DEPARTMENT  
831 Massachusetts Avenue  
Cambridge, Ma 02139  
617-349-6100

Ranjit Singanayagam, Commissioner

RECEIVED  
OCT 13 2020  
CAMBRIDGE HISTORICAL COMMISSION

DEMOLITION PERMIT APPLICATION

Project start date: November 2020 Project end date: June 2021  
Permit No: \_\_\_\_\_ Fee: \_\_\_\_\_  
Date: October 9, 2020  
Building location: 25 Jackson Street  
Description of proposed work: Demolition of existing structure. Construction of two new residential structures.  
\_\_\_\_\_  
\_\_\_\_\_  
Property Owner: 25 Jackson Street LLC  
Address: c/o DND Homes LLC, 271 Lincoln Street Suite 10 Lexington, MA 02421  
Telephone Number: 781-460-8437 Email Address: trina.murphy@dnd-homes.com  
Contractor: DND Homes LLC  
Address: 271 Lincoln Street, Suite 10 Lexington, MA 02421  
Telephone number: 781-460-8437 Email Address: trina.murphy@dnd-homes.com  
Material of building: hardboard siding - stone veneer  
Type of building construction (wood, concrete, steel, etc.): wood frame - concrete foundation  
How is building occupied: residential two family - currently unoccupied No. of stories: 2  
Number of residential units demolished: 2  
Is a Street Occupany permit (DPW) necessary?:        Yes         No  
Is a Sidewalk Obstruction permit required?:        Yes         No  
Estimated cost of demolition (copy of contract must be attached) : \$15,000.00

A copy of the plot plan showing extent of demolition is required with the filing of this application.

READ BEFORE SIGNING: A 24 hour notice prior to commencement of any work shall be given to applicable agencies. The undersigned hereby certifies that he/she has read and examined this application and that the proposed work subject to the provision of the Massachusetts State Building Code and the other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinance in force on the date of this applicaiton to the best of his/her ability.

**PLEASE NOTE:**

- a. Site will be inspected by the building official prior to demolition .
- b. A copy of any environmental assessments for the site may be required by this Department before the work is allowed to start.
- c. As a minimum, a narrative description of the demolition plan is required prior to issuance of the demolition permit.
- d. Applicant is required to submit evidence that demolition has been coordinated with abutting property owners. In addition, abutting property owners and the building inspector are to be notified 24 hours prior to start of demolition.
- e. Certification that the structure does not contain asbestos must be provided from a licensed contractor. Asbestos removal and disposal must be preformed by a licensed asbestos removal contractor. Permits are required by this Department and the State prior to asbestos removal.
  
- f. Certification must be provided by a licensed exterminator that the premises are free from rodent infestation.
- g. If the fire hydrant is used for dust control during demolition, a separate permit from the Water Department is required.

The following sections, quoted directly from the Massachusetts State Building Code 8th Edition, are requirements of this permit.

**105.5 Expiration of Permit:**

Any permit issued shall be deemed abandoned and invalid unless the work authorized by it shall have been commenced within 6 months after it's issuance.

**105.6 Revocation of Permits:**

The Building Commissioner shall evoke a permit or approval issued under the provisions of this code in the case of any false statements or misrepresentation of fact in the application or the plan on which the permit or approval was based.

**3303.4 Vacant Lot**

Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade or in accordance with the ordinances of the jurisdiction having authority.

**3303.6 Utility Connections:**

Service utility connections shall be disconnected and capped in accordance with the approved rules and the requirements of the applicable governing authority

**Construction Debris Affidavit (MGL c 40 § 54)**

As result of the provisions of MGL c § 54, I acknowledge that as a condition of the Demolition permit, all debris resulting from the construction activity governed by this Demolition permit shall be disposed of in a properly licensed waste disposal facility, as defind by MGL c § 150A.

The debris will be disposed at/by \_\_\_\_\_

Roll-off dumpster or container?  Yes  No Dumpster License# \_\_\_\_\_

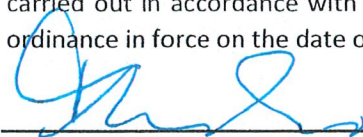
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hold Harmless Clause:**

The Permittee(s) by acceptance of this permit agree(s) to indemnify and hold harmless the City of Cambridge, and its employees from and against any and all claims, demands and actions for damages, and to assume the defense of the City of Cambridge, and its employees, against all such claims, demands and actions.

**Read Before Signing:**

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work subjected to the provisions of Massachusetts State building Code and other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinance in force on the date of this application to the best of his/her ability.

  
\_\_\_\_\_  
Signature of Licensed Contractor

DND Homes LLC  
\_\_\_\_\_  
Print Name of Licensed Contractor

271 Lincoln St Suite 10  
\_\_\_\_\_  
Contractor's Address

Lexington, MA 02421  
\_\_\_\_\_  
Contractor's City, State, ZipCode

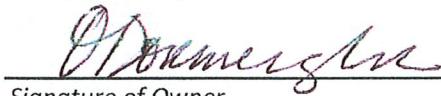
781-460-8437  
\_\_\_\_\_  
Contractor's Telephone Number

License Number 104635 (BRIAN SPARROW)

Class CS

Expiration Date: 12/22/2021

City LEXINGTON, MA

  
\_\_\_\_\_  
Signature of Owner

DND Homes LLC  
\_\_\_\_\_  
Print Name of owner

271 Lincoln St Suite 10  
\_\_\_\_\_  
Owner's Address

Lexington, MA 02421  
\_\_\_\_\_  
Owner's City, State, ZipCode

781-460-8437  
\_\_\_\_\_  
Owner's Telephone Number