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NOV 08 2019

CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT

831 Massachusetts Avenue
Cambridge, Ma 02139
617-349-6100

CAMBRIDGE HISTORICAL COMMISSION

Ranjit Singanayagam, Commissioner

DEMOLITION PERMIT APPLICATION

Project start date: _____ Project end date: _____

Permit No: _____ Fee: _____

Date: NOV 8 2019

Building location: 9 PINE STREET

Description of proposed work: DEMOLISH EXIST HOUSE FOR
CONSTRUCTION OF 2 ATTACHED SF

Property Owner: NINE PINE CAMBRIDGE LLC

Address: PO BOX 271 BELMONT, MA 02478

Telephone Number: 617-671-4331 Email Address: SK-CONSULT@YAHOO.COM

Contractor: SKC PROPERTIES

Address: PO BOX 271 BELMONT, MA 02478

Telephone number: 617 671 4331 Email Address: SK-CONSULT@YAHOO.COM

Material of building: WOOD FRAME

Type of building construction (wood, concrete, steel, etc.): WOOD

How is building occupied: SINGLE FAMILY No. of stories: 2.5

Number of residential units demolished: 1

Is a Street Occupancy permit (DPW) necessary?: _____ Yes No

Is a Sidewalk Obstruction permit required?: _____ Yes No

Estimated cost of demolition (copy of contract must be attached): \$ 11,900

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 application to the best of his/her ability.

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



Signature of Owner

Print Name of Licensed Contractor

SCOTT KENTON FOR NINE PINE CAMBRIDGE

Print Name of owner

PO BOX 271

Contractor's Address

PO BOX 271 BELMONT

Owner's Address

BELMONT, MA 02478

Contractor's City, State, ZipCode

BELMONT, MA 02478

Owner's City, State, ZipCode

(617 671 4381)

Contractor's Telephone Number

617 671 4381

Owner's Telephone Number

License Number 416

Class V

Expiration Date: 4-11-20

City CAMB.