## CITY OF CAMBRIDGE INSPECTIONAL SERVICES DEPARTMENT

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

Ranjit Singanayagam, Commissoner

## **DEMOLITION PERMIT APPLICATION**

Project start date:	12/01/2025	_ Project e	end date:	03/30/2027		
Permit No:		_ Fee:				
Date: 10//	4/2025	77 <b>3</b>				
Building location:	37-39 Essex St, Cam	bridge, MA, 02	139			
Description of proposed	d work: Demo	lition of the Exi	sting Struct	ure		
1						
Property Owner: AMELIA TAYLOR POUR-OVER TRUST						
Address: 37-39 Es	ssex St, Cambridge, I	MA, 02139				
Telephone Number:	Telephone Number: 240 -464-8405		Email Address:		bscyrus06@gmail.com	
Contractor: Jose P D	ovale					
Address: 14 Hillvie	ew Rd, North Reading	g MA 01864				
Telephone number:	617-593-7895	Ema	ail Address:	dseconstruction010@gmail.com		
Material of building:	Wood					
Type of building constru	iction (wood, concrete, s	teel, etc.):	Wood			
How is building occupie	d: <u>Vacant</u>			No. of stories:	2.5	
Number of residential u	nits demolished:	2.5 Story		_		
Is a Street Occupany permit (DPW) necessary?:			_Yes		No	
Is a Sidewalk Obstruction permit required?:			_Yes		 No	
Estimated cost of demo	lition (copy of contract m	ust be attached	):	\$30,000	0,00	

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 ordinaces 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 Permitee(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:

**Expiration Date:** 

City

2 <u>11/23/2026</u> North Reading, MA, 01864

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.

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Jose		Buy S. Coff			
Signature of Licensed Contractor		Signature of Owner			
Joseph P Dovale		BARRY S. CYRUS			
Print Name of Licensed Contractor		Print Name of bwner			
14 Hill View Rd		37 KSSEX ST.			
Contractor's Address		Owner's Address			
North Reading MA 01864 Contractor's City , State, ZipCode		CAMBIRIDGE MA 07/39 Owner's City, State, ZipCode			
617-593-7895	<u> </u>	240-464-8405			
Contractor's Telephone Number		Owner's Telephone Number			
License Number	CS-061439				
Class	Un Restricted				