

APPLICATION FOR SPECIAL PERMIT TO BUILD WITHIN 500 FEET
OF WATER SUPPLY

6.1.1

This application must be typewritten, filed in duplicate and
accompanied by a plan of the affected premises

Hearing July 10 2012

May 24, 2012

To the City Council of the City of Haverhill

The undersigned petitions the City Council for a special permit to build
within 500 feet of a water supply. CHADWICK POND

APPLICANT Sebastian C. Iacono 40 Meadowview Road North Andover, MA 01845
Full Name Address

OWNER Sebastian C. Iacono 40 Meadowview Road North Andover, MA 01845
Full Name Address

1. LOCATION OF PREMISES 42 South Lakeside Ave Haverhill, MA 01830

2. ASSESSORS PLAT MAP 753 Block 1, Lot 46

3. DIMENSIONS OF LOT 70.00 153.59 10,656
Frontage Depth Square Feet

4. ZONING DISTRICTS IN WHICH PREMISES ARE LOCATED RH SC

5. HOW LONG HAVE YOU OWNED ABOVE PREMISES? 50+ Years

6. HOW MANY BUILDINGS ARE NOW ON THE LOT? 1

7. GIVE SIZE OF EXISTING BUILDING 16' Wide x 37 1/2' Long

PROPOSED BUILDING 16' X 8' Deck Extension

8. STATE PRESENT USE OF PREMISES 16' x 8' Concrete Pad

9. STATE PROPOSED USE OF PREMISES 16' x 16' Deck

10. GIVE EXTENT OF PROPOSED ALTERATIONS Addition of a 16' x 8' Deck

to an existing 16' x 8' Concrete Pad. New deck would be 16' x 16'

11. STATE REASONS FOR SPECIAL PERMIT

No application will be acted upon unless the application has been reviewed
by the Building Inspector and all other requirements completed.

I hereby agree to pay the City Clerk any additional necessary fee connected
with this application.

Fee \$125.00

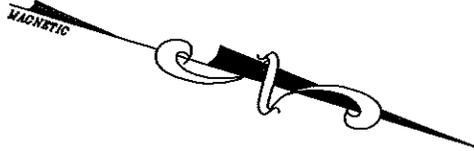
Sebastian C. Iacono
Signature

40 Meadowview Rd, N. Andover, Ma 01845
Address

978 686-2294
Phone No.

[Signature]
Building Inspector

CHADWICK POND



ASSESSOR INFORMATION:
TAX MAP 753 BLOCK 1 LOT 46

% LOT COVERAGE

HOUSE: 723 S.F.±
PROP. DECK: 256 S.F.±

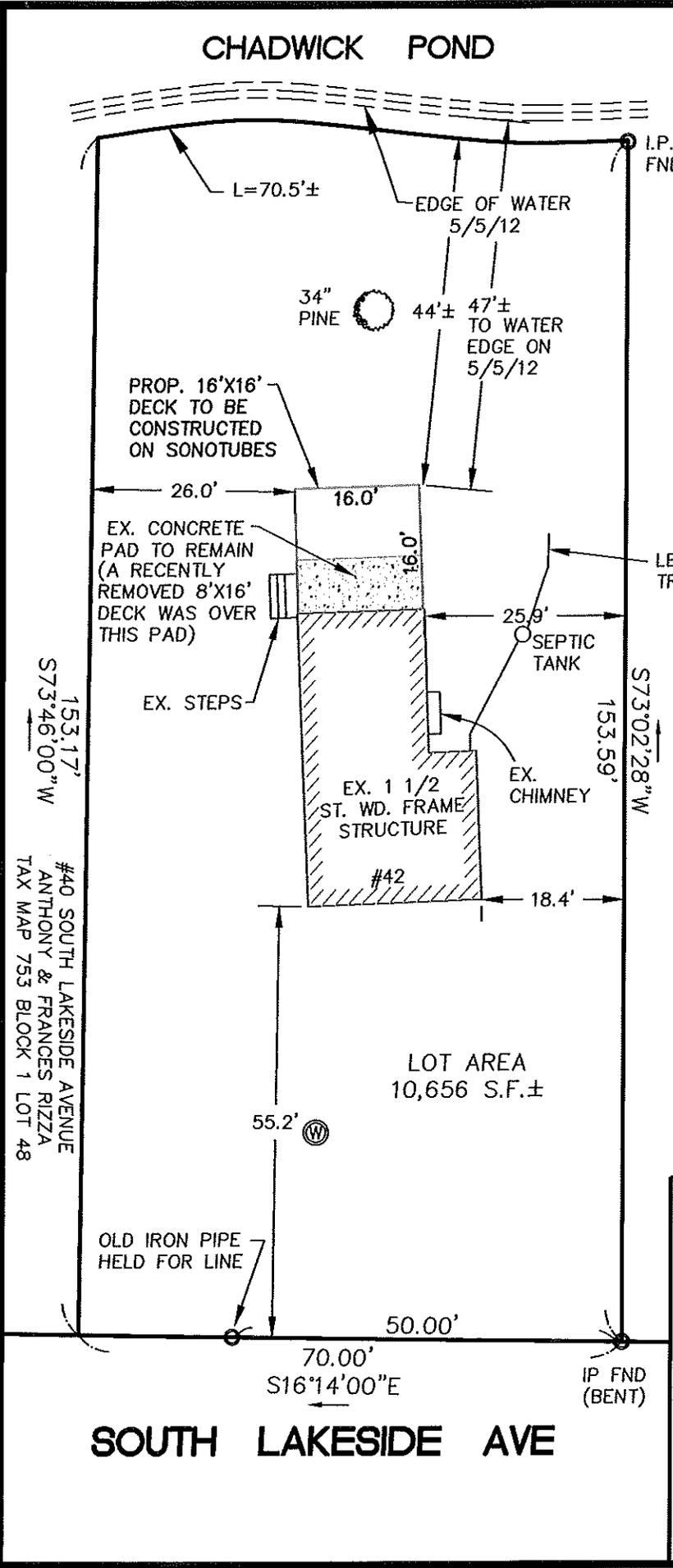
TOTAL: 979 S.F.± (9.2%)

I CERTIFY THAT THE STRUCTURES SHOWN WERE LOCATED BY AN INSTRUMENT SURVEY AND EXIST ON THE GROUND AS SHOWN.



#44 SOUTH LAKESIDE AVENUE
HARRY & DONNA SHAW
TAX MAP 753 BLOCK 1 LOT 44

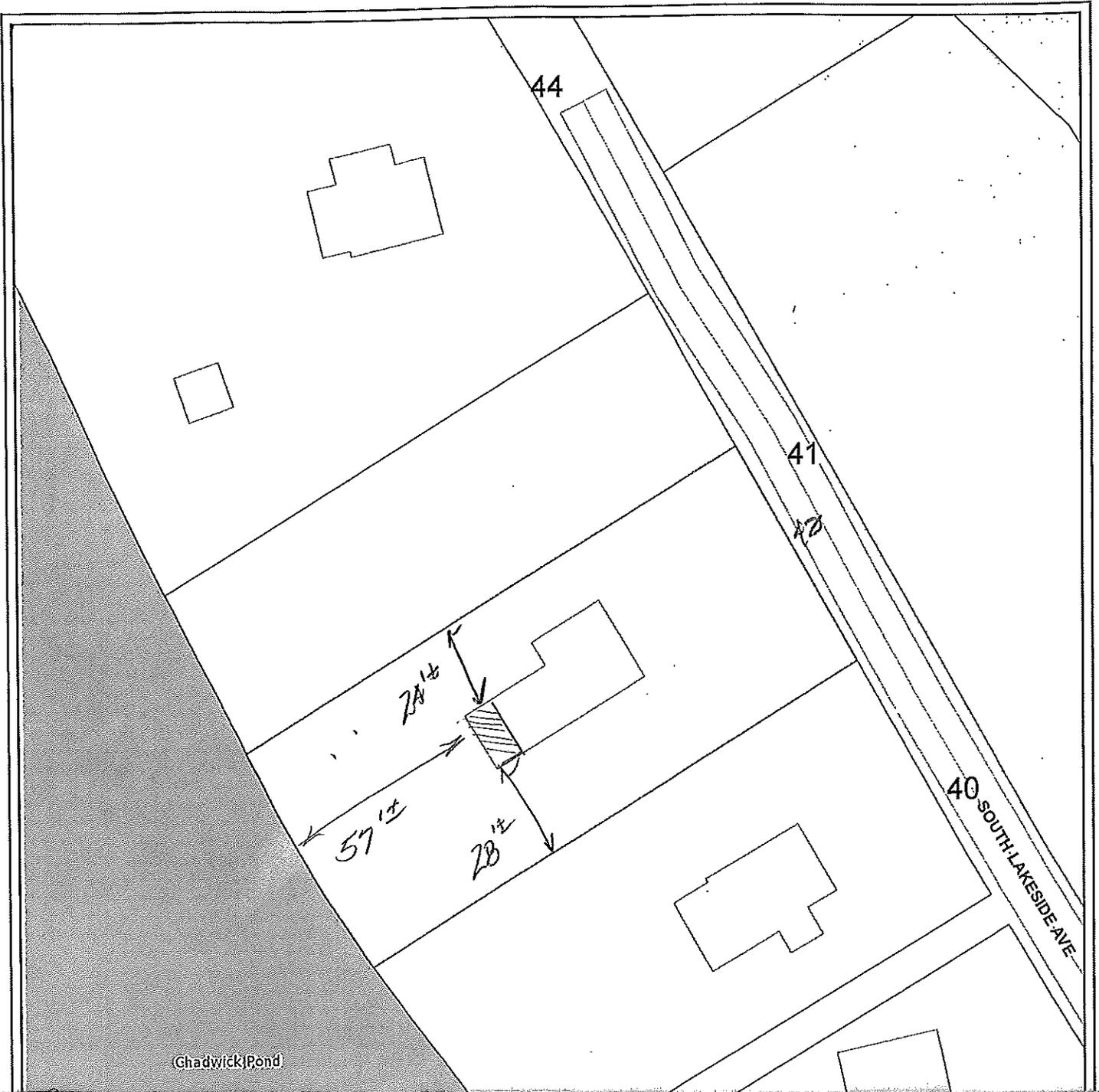
153.17'
S73°46'00"W
#40 SOUTH LAKESIDE AVENUE
ANTHONY & FRANCES RIZZA
TAX MAP 753 BLOCK 1 LOT 48



PLOT PLAN OF LAND
42 SOUTH LAKESIDE AVE
HAVERHILL, MASS

PREPARED BY:
JOHN D. SULLIVAN III, P.E.
22 MOUNT VERNON ROAD
BOXFORD, MA 01921
(978) 352-7871

SCALE: 1"=20' DATE: 5/7/12



PROPOSED DECK 8x16 OPEN DECK

Conservation Department Review

Health Department Review

L.G.
5-30-12

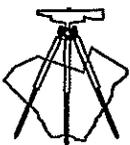
BUILDING PERMIT PLOT PLAN

Address 42 SOUTH LAKESIDE AVE

Plan 753 Block 1 Lot 40

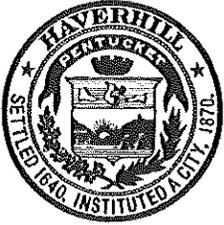
Zone _____ Scale 1 IN. = 40 FT.

© Date 31 211010 By TCL



This sketch is based on information on file in the City Engineer's Office. The applicant is responsible for all applicable information hereon.

Revised 3-30-2012 KPS



Haverhill

Board of Health
Inspection Services
School Nurse Leader
Community Health Coordinator
Phone: 978-374-2325
978-374-2341
978-374-2338
978-374-2430
Fax: 978-374-2337
bdufresne@cityofhaverhill.com

5/30/2012

MEMO:

To: Richard Osborne – Building Inspector
From: Les Godin – Health Department

Re: Application for Special Permit for 42 South Lakeside Ave

I have reviewed the proposal for the construction of an open season porch at the above location. The septic system and well locations have been documented and a limited inspection has been performed on the septic system.

I expect no conflict with the septic system with regard to the proposed deck. This Department has no objections regarding the proposed deck at this time.

INVOICE

May 7, 2012

John (Jack) Sullivan
22 Mount Vernon Road
Boxford, MA 01921
(978) 352-7871

Sam Iacono
40 Meadowview Road
North Andover, MA 01845

Project: 42 South Lakeside Avenue, Haverhill

Sam;

Enclosed are two (2) copies of the Certified Plot Plan for the above referenced property. If you have any questions or need any assistance with the City just let me know.

The following is a breakdown of engineering and survey services provided to date.

<u>Task:</u>	<u>Cost:</u>
1) Prepare Certified Plot Plan showing proposed deck (16'x16')	\$800.00
Total Due:	\$800.00

Please make check payable to: John Sullivan
And mail to the above address within 30 days

Thank you

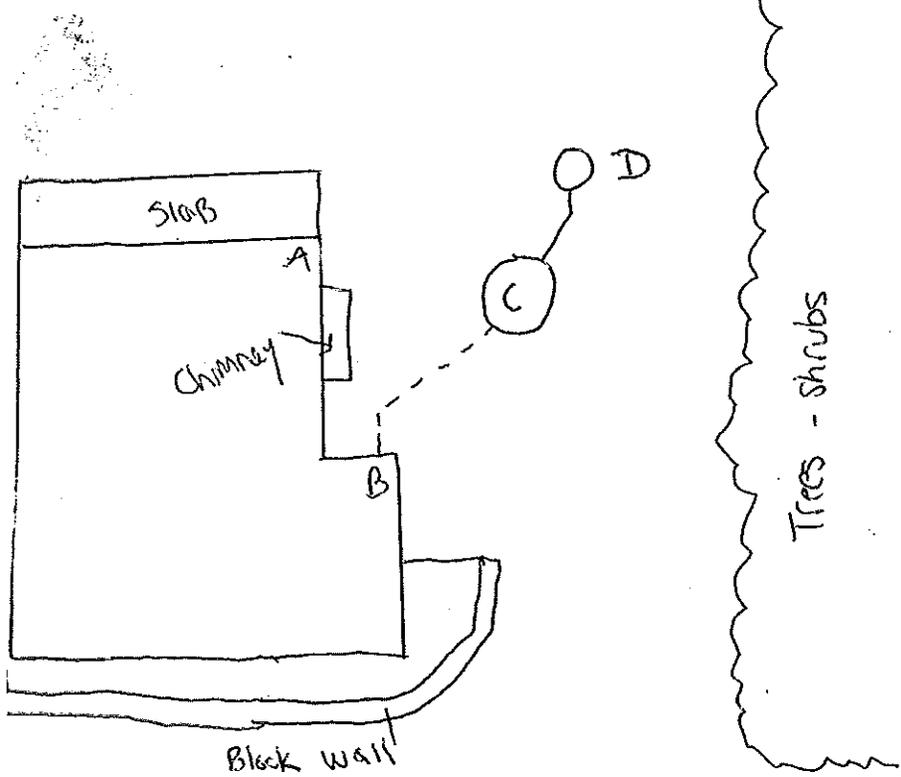
J and S Development Corp

DbA / Stewart's Septic Service

58 South Kimball Street

Bradford, MA 01835

42 SO. LAKESIDE AVE
HAVERHILL



- B - C 16
- A - C 13
- A - D 14
- B - D 30'

Front

D is end of leaching trench
C is septic tank

Stewart's Septic Service
(978) 372-7471

Andover Septic
(978) 475-2593

Stratham Hill Septic
(603) 772-5548

Roto-Ram
(978) 452-9022

58 South Kimball Street, Bradford, MA 01835

Date of Service 4/12/12		PAY FROM THIS BILL	
Customer Name: Tacono		<input type="checkbox"/> Reg. <input type="checkbox"/> N/C	Nature of Service <input type="checkbox"/> Reg. Maint. <input type="checkbox"/> Emergency <input type="checkbox"/> Day <input type="checkbox"/> Night
Service Location: 42 SO. Lakeside Ave		Septic Tank Pumping and Cleaning <i>"Done the Right Way"</i> Not Responsible for Covers or Irrigation Systems	
Phone: 978 686 2294			
Contact:			
Billing Address:			
City: Haverhill, MA	Zip:		
Special Instructions		<input type="checkbox"/> Completed <input type="checkbox"/> Incomplete Reason: check # 883	
Per: _____			
AM/PM			
Services Rendered			
Vacuum Pumping <input type="checkbox"/> Septic Tank <input type="checkbox"/> Drywell <input type="checkbox"/> Leech Pit / Overflow <input type="checkbox"/> D-Box <input type="checkbox"/> Pump Chamber <input type="checkbox"/> Grease Trap <input type="checkbox"/> Catch Basin <input type="checkbox"/> Portable Toilet <input type="checkbox"/> Other _____ Qty: _____ Size: <input type="checkbox"/> Under 1000 gallons <input type="checkbox"/> 1000 gallons <input type="checkbox"/> 1500 gallons <input type="checkbox"/> 2000 gallons <input type="checkbox"/> 3000 gallons <input type="checkbox"/> 4000 gallons <input type="checkbox"/> 5000 gallons <input type="checkbox"/> Other _____	Observations <input type="checkbox"/> Good Condition <input type="checkbox"/> Leechfield Runback <input type="checkbox"/> Ridding High (liquid level) <input type="checkbox"/> Full to Cover <input type="checkbox"/> Excessive Solids Top / Bottom <input type="checkbox"/> Use No Powdered Soap <input type="checkbox"/> Heavy Grease <input type="checkbox"/> Roots <input type="checkbox"/> Suggest Electric Rootering <input type="checkbox"/> Van Called <input type="checkbox"/> Other _____	Drain Cleaning <input type="checkbox"/> Main Line <input type="checkbox"/> Toilet Bowl <input type="checkbox"/> Kitchen Sink <input type="checkbox"/> Bathtub / Shower <input type="checkbox"/> Vanity <input type="checkbox"/> Floor Drain <input type="checkbox"/> Vent <input type="checkbox"/> Sewer Jet <input type="checkbox"/> Other _____ Footage: _____	
Misc.			
<input type="checkbox"/> Digging Charge _____ ft./in. * <input type="checkbox"/> Location <input type="checkbox"/> Service Call <input type="checkbox"/> Labor <input type="checkbox"/> Waiting Time * Digging Charge is Per Driver Discretion	<input type="checkbox"/> Backhoe _____ hrs. <input type="checkbox"/> Consultation _____ hrs. <input type="checkbox"/> Estimate <input type="checkbox"/> Portable Toilet Rental <input type="checkbox"/> Baffle	<input type="checkbox"/> Inspection <input type="checkbox"/> Certification: P/F Reason: _____ <input type="checkbox"/> Pump Repair <input type="checkbox"/> Repair <input type="checkbox"/> Chemical Treatment <input type="checkbox"/> Other _____	
Description of work Locate System			
Recommendations		Terms of Payment	
Vacuum Pumping _____ Yr. _____ Month Drain Cleaning _____ Yr. _____ Month		NET 15 DAYS	
Terms & Conditions		Parts	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit _____		Tax	
1. Not responsible for damage beyond curb line. 2. All complaints shall be reported within 48 hours.		Discount	
3. 1.5% per month will be charged to accounts past due. 4. The purchaser agrees to pay all cost of collection.		Total \$ 400.00	

Customer Signature *[Signature]*

Serviceman *[Signature]*