



1 to 2 Family   
 1 to 4 Family   
 Multi Family   
 Commercial   
 Mixed Use   
 Other

**Section 4-Legal Occupancy**  
 (other explain:) store & office doc# 1628/1991

**Section 5-Description of Work**  
 Complete Demolition   
 Accessory Building   
 Prep Demolition   
 Special Event   
 Repair(s)   
 Other  
 Brief Description of Proposed Work: (other explain:)  
 Test borings on sidewalk of building and through alley-way

**Section 6-Estimated Cost**

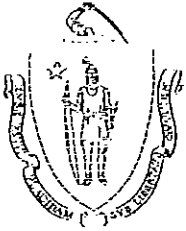
| Item                   | Estimated Cost (Dollars) | Official Use Only   |            |
|------------------------|--------------------------|---|------------|
| 1. Building            | 5 0 0 0                  | (a) Building Permit Fee Multiplier:                                   | \$ 1 0     |
| 2. Electrical          | 0                        | (b) Estimated total Cost of Construction From (6)                     | \$ 5 0 0 0 |
| 3. Plumbing            | 0                        | Building Permit Fee(\$10.00 for each 1000) plus a \$7.00 primary fee. | \$ 5 7     |
| 4. Fire Protection     | 0                        |   |            |
| 5. Mechanical          | 0                        |   |            |
| 6. TOTAL (1 through 5) | 5 0 0 0                  |   |            |

**Section 7a-Agent Authorization**  
 I \_\_\_\_\_ As owner of the subject property hereby authorize  
 \_\_\_\_\_ To act on my behalf, in all matters relative to work  
 Authorized by this building permit application.  
 \_\_\_\_\_  
 Signature of Owner Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 7b-Owner Authorization**  
 I \_\_\_\_\_ 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.  
 \_\_\_\_\_  
 Signature of Owner/Agent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_  
 Print Name

**Official Use Only**  
 \_\_\_\_\_  
 Approval Signature Inspector ID Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_  
 Inspector ID Date: 3/22/06





The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** Please Print Legibly

Name (Business/Organization/Individual): Haley & Aldrich, Inc.  
 Address: 465 Medford Street, suite 2200  
 City/State/Zip: Charlestown, MA 02129 Phone #: (617) 886-7452

|   |   |
|---|---|
| <p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input checked="" type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> | <p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input checked="" type="checkbox"/> Other <u>Geotech.</u></p> |
|---|---|

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.  
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.*

Insurance Company Name: \_\_\_\_\_  
 Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*Job Site Address: 815 Boylston City/State/Zip: MA - Boston

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: [Signature] Date: 2/24/06  
 Phone #: (617) 886-7453

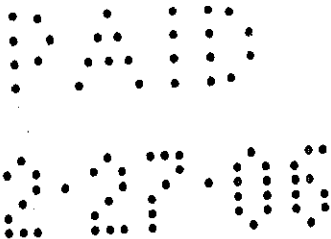
*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: BOSTON Permit/License # \_\_\_\_\_

Issuing Authority (circle one):  
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
 6. Other \_\_\_\_\_

Contact Person: JIM KENNEDY Phone #: \_\_\_\_\_

Attachment A



Address: 815 Boyston St  
Date: 2/24/06  
Permit Number:

Part I

To be completed at time of issuance of permit.

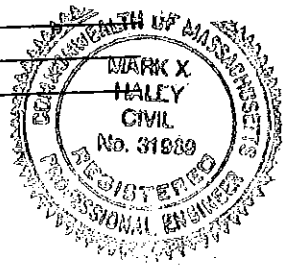
The undersigned is providing oversight for the subsurface exploration program being permitted. Appropriate "site safety provisions" to protect the public and adjacent structures will be implemented during the exploration program.

The site of the proposed subsurface explorations has been reviewed for both below grade and above grade hazards. <sup>(1)</sup>

"Special site safety provisions" required to protect workers and the public are as follows:

None

Mark X Haley  
Signed By Licensed Builder or Registered Engineer



<sup>(1)</sup> This review is based on visual observations of site conditions relative to potential adverse impacts to overhead and adjacent structures from conducting subsurface explorations. To evaluate subsurface hazards "Dig-Safe" and BWSC will be notified prior to conducting the explorations.

Part II

To be completed at time of completion of project.

The drilling was completed on \_\_\_\_\_

Based on visual observations following completion of the subsurface exploration program, the field work has not adversely impacted adjacent facilities and exploration locations have been restored to the condition required in the permit.

\_\_\_\_\_  
Signed By Licensed Builder or Registered Engineer

Once completed  
Note: This form is to be mailed to: Inspector of Buildings  
City of Boston  
Inspectional Services Department  
1010 Massachusetts Avenue, 5<sup>th</sup> Floor  
Boston, MA 02118



**City of Boston**  
**INSPECTIONAL SERVICES DEPARTMENT**  
 1010 MASSACHUSETTS AVENUE  
 BOSTON, MA 02118 (617) 635-5300

002376

Office Use Only

Permit Number:  -

Approval Date:  /  /

Permit Fee: \$

**APPLICATION FOR MINOR REPAIR, RENOVATE, OR DEMOLISH AN EXISTING STRUCTURE**

**Section 1-Site Information**

8 1 5 - 8 2 5 BOYLSTON  
 Primary St.No.-Suffix, Secondary St.No.-Suffix Street Name


Ward: 0 5 Parcel: 0 3 1 3 0 0 0 0 Unit: 1

**Section 2-Property Owner/Authorized Agent**

H E R T I A G E L E G A C Y L L C  
 Owner's Name

5 P I P P I N S  
 Owner's Address (Street No. & Street Name)

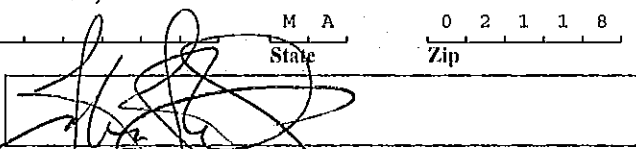
M O R R I S T O W N N J 0 7 9 0 6  
 City State Zip Phone

Owner's Signature:  Home Owner Waiver Yes  No

J A C K M O R I A R T Y / S H A W M U T D E S I G N F O R A P  
 Authorized Agent

5 6 0 H A R R I S O N  
 Agent Address (Street No. & Street Name)

B O S T O N M A 0 2 1 1 8 6 1 7 - 6 2 2 - 7 0 0 0  
 City State Zip Phone

Authorized Agent's Signature: 

**Section 3-Contractor Information**

A J C K M O R I A R T Y / S H A W M U T D E S  
 Licensed Contractor License Type

5 6 0 H A R R I S O N  
 Contractor Address (Street No. & Street Name) License Number

B O S T O N M A 0 2 1 1 8 6 1 7 - 6 2 2 - 7 0 0 0  
 City State Zip Phone

Registered Home Improvement Contractor

Address (Street No. & Street Name) Registration Number

City State Zip Phone

**Landmarks Commission**

I swear that this application conforms to the issued certificate of:

Appropriate Design Approval:

Or Exemption Applicability:

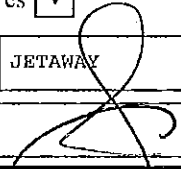
Or No Exterior Work is Involved:

**Mass. Debris Disposal Law**

MGL c40 S54, c584, S9 all S150A

Will work result in any debris?  
 Yes  No

Debris Site: JETAWAY

Signed: 

**Application Waivers**

Home Owner: Yes  No

License: Yes  No

Workers Compensation Submitted: Yes  No



1 to 2 Family   
 1 to 4 Family   
 Multi Family   
 Commercial   
 Mixed UseOt   
 her

(other explain):

**Section 4-Legal Occupancy**

STORE, OFFICES DOC# 1628/1991

**Section 5-Description of Work**

Complete Demolition   
 Accessory Building   
 Prep Demoliton   
 Special Event   
 Repair(s)   
 Other

Brief Description of Proposed Work: (other explain):

REMOVAL OF NON-STRUCTURAL BUILDING COMPONENTS, ABATEMENT AND ROOFING MATERIALS. INSTALL GROUND WATERER MONITORING AS REQUIRED UNDER CHAPTER 32. MAKE SAFE AND PERPAIR FOR STRUCTURAL DEMOLITION UNDER SEPERATE PERMIT.

**Section 6-Estimated Cost**

| Item                   | Estimated Cost (Dollars) | Official Use Only   |              |
|------------------------|--------------------------|---|--------------|
| 1. Building            | 2 5 0 0 0                | (a) Building Permit Fee Multiplier:                                   | \$ 1 0       |
| 2. Electrical          | 0                        |   |              |
| 3. Plumbing            | 0                        | (b) Estimated total Cost of Construction From (6)                     | \$ 2 5 0 0 0 |
| 4. Fire Protection     | 0                        |   |              |
| 5. Mechanical          | 0                        | Building Permit Fee(\$10.00 for each 1000) plus a \$7.00 primary fee. | \$ 2 5 7     |
| 6. TOTAL (1 through 5) | 2 5 0 0 0                |   |              |

**Section 7a-Agent Authorization**

I H E R T I A G E L E G A C Y L L C  
J A C K M O R P A R T Y / S H A W M U T D

As owner of the subject property hereby authorize To act on my behalf, in all maters relative to work

Authorized by this building permit application.

Signature of Owner

0 9 / 1 5 / 0 6  
Date:

**Section 7b-Owner Authorization**

I \_\_\_\_\_ 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.

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.

Signature of Owner/Agent

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date:

Print Name

**Official Use Only**

Approval Signature

Inspector ID

21/15/06  
Date:





CITY OF BOSTON  
THE ENVIRONMENT DEPARTMENT

Boston City Hall, Room 805 • Boston, MA 02201 • 617/635-3850 • FAX: 617/635-3435

6 September 2006

BACK BAY ARCHITECTURAL COMMISSION

Apple Computer, Inc.  
1 Infinite Loop  
Cupertino, CA 95014  
ATTN: Bob Bridger

CERTIFICATE OF APPROPRIATENESS

NOTICE OF DECISION  
Application 06.776 (BB)  
815 Boylston Street

Dear Mr. Bridger:

At a public hearing held at Boston City Hall on 9 August 2006 the Back Bay Architectural Commission reviewed your continued application for a Certificate of Appropriateness to demolish an existing two-story building and to construct a new three-story building on its site, at 815 Boylston Street. The subject property is a pier-and-spandrel commercial building dating from the first decade of the twentieth century; its architect is unknown.

This project was initially reviewed by the commission on an advisory basis in March of this year, at which time historical and structural information relating to the existing building and drawings reflecting its proposed replacement had been presented to the commission for comment in anticipation of the subsequent filing of a formal application. Commissioners present at the March advisory hearing had noted that demolition is seldom proposed within the district and expressed reservations regarding the new building's fully glazed expression which, in tandem with the horizontal orientation of the façade, it found to be at odds with the bearing-wall construction and vertical fenestration of the existing building and its context alike. Thus at the 14 June hearing of the formal application the commission was pleased to observe the introduction of vertical structural elements, in the form of columns or pillars underpinning floor plates previously cantilevered without visible support (other than from the party walls), and additionally promoted by the use of glass fins. The commission observed that the former elements evoked the pier-and-spandrel construction of the existing building while the latter, carried upward through the façade and returning horizontally above the roof plane, served as an aesthetic culmination akin to a traditional parapet.

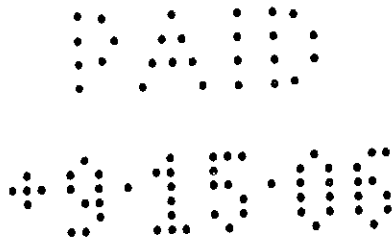
Considering the intrinsic and contextual significance of the existing building, the commission observed that it was not known to have been designed by a noted architect and that, being neither a rare nor a quintessential example of its type, its aesthetic merit appeared to be of a lesser order relative to the majority of nineteenth- and early twentieth-century buildings of Boylston Street. The commission also noted that at two stories the building is quite low relative to the general scale of the street. Concluding therefore that the existing building lacked distinction both in itself and in relation to the streetscape as a whole, the commission accordingly voted to approve its demolition in concept. In order to ensure that the site will be cleared only upon the resolution of the new building's design, the commission in its decision attached the proviso that issuance of a Certificate of Appropriateness allowing the demolition to proceed will be deferred pending the approval of the aesthetically promising replacement building, which it voted, as a separate motion, to deny without prejudice. In order to assist you with the design development of the application, the commission at its June hearing constituted a subcommittee of its members and alternates to advise you on the appropriate revision of the design in anticipation of its further review by the full commission at a subsequent public hearing.

At its hearing of 9 August, the commission accordingly reviewed plan, elevation and section drawings reflecting the guidance provided by the subcommittee. Thus it was pleased to note that the pillars now project forward of the floor plates they support and that the primary (glass) and secondary (metal) planes are layered so as to evoke the depth of a traditional masonry wall. The reduction in height of the mechanical penthouse, aligning with the adjacent building to the east, as well as the introduction

D. Bryan Glascock, Director

PRINTED ON RECYCLED PAPER

Thomas M. Menino, Mayor



Bob Bridger  
6 September 2006  
RE: Application 06.776  
815 Boylston Street  
(continued)

of a fenestration pattern (comprising window openings, mechanical louvers and solid panels of stone), were also regarded as improvements relative to the prior scheme; the commission also noted that plant material is to be sustained upon a "green" roof, the first to be introduced within the district. While not yet resolved to its satisfaction in subcommittee the commission anticipated that the final selection of materials, issues of lighting and display, and the refinement of certain details, including but not limited to the juncture of the façade glazing with the sidewalk pavement (whose materials and modules shall conform with the Boylston Street Master Plan), could yet be concluded with the applicants' cooperation.

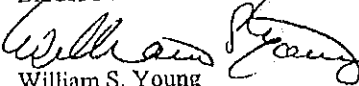
Concluding that the applicants had addressed the concerns voiced at previous hearings and thereafter in subcommittee in a responsive and responsible fashion, the commission accordingly voted to approve the application substantially as presented. In its decision the commission attached the proviso that this determination is not to be construed as a general precedent but rather, understood to reflect the specific interrelationship of the visual qualities of the existing and replacement buildings, and the immediate environment of its location within the Fairfield-to-Gloucester block of Boylston Street. In order to ensure that the site not become a vacant lot for an indefinite period, the commission stipulated that the existing building shall be demolished only in order that new construction may begin immediately thereafter. The commission also remanded to the previously constituted subcommittee the review and approval of all project materials and details with the understanding that any item it might be unable to endorse must return to the full commission for further review at a subsequent public hearing.

Commissioners who were unable to support the motion to approve the application cited their reservations regarding the appropriateness of a glass curtain-wall façade to the context as well as the rigorous standards of maintenance and retail display that such an aesthetic may, for all its acknowledged elegance, prove in practice to demand. Understanding the new building's design to have been tailored to suit a particular commercial program, those opposed to the motion also questioned its adaptability as patterns of use and occupancy may change over time. Emphasizing that their concerns were interpretive in nature, however, all expressed appreciation of the applicants' cooperative engagement throughout the review process.

This determination is based solely on documentation presented at the hearing. Statutory reviews by other agencies in conflict with this decision may affect the status of this certificate, which is valid for one year from its date of issue. The applicant is required to consult the subcommittee regarding those items deferred to its further review, as summarized above. In addition, the applicant must notify the commission of any changes to this proposal, and failure to do so may affect the status of this certificate. Please present this letter at the Inspectional Services Department (1010 Massachusetts Avenue) when applying for permits. Finally, kindly submit photographs of the completed work to confirm compliance with the terms of this certificate.

Thanking you for your cooperation, | |

BACK BAY ARCHITECTURAL COMMISSION

  
William S. Young  
Senior Preservation Planner

RECORD OF VOTE ON APPLICATION 06.776

MOTION by Christiansen; SECOND by Moraitis

AFFIRMATIVE: Casendino, Christiansen, Moraitis, Tutunjian, Prince, Rooney

NEGATIVE: Mitchell, Rizvi, Duffly

cc: A. Casendino, Chairman

ARNOLD L. BARRON  
5 PIPPEY'S WAY  
MORRISTOWN, NEW JERSEY  
07960

CONVENT STATION

City of Boston  
Inspectional Services Division  
1010 Massachusetts Avenue  
Boston, MA 02118

September 13, 2006

To whom it may concern:

Heritage Legacy LLC and its tenant Apple Computer have entered into a contract with Shawmut Design and Construction to provide Construction Management services for the demolition of 815 Boylston Street for the sum of \$200,000.00.

Very truly yours,



Arnold L. Barron, Managing Partner  
Heritage Legacy LLC

*Joan Stolzar - 9/13/06*

JOAN A. STOLZAR  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 3 / 24 / 2010



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Worker's Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** Please Print Legibly

Name (Business/Organization/Individual): Shawmut Design & Construction  
 Address: 560 Harrison Ave  
 City/State/Zip: Boston, MA 02118 Phone #: 617-622-7000

|   |  |  |
|---|--|--|
| <b>Are you an employer? Check the appropriate box:</b>  |  | <b>Type of project(required):</b>                            |
| 1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*  | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. † These sub-contractors have workers' comp. insurance.                    | 6. <input type="checkbox"/> New construction                 |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] | 7. <input type="checkbox"/> Remodeling                       |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †   |  | 8. <input type="checkbox"/> Demolition                       |
|   |  | 9. <input type="checkbox"/> Building addition                |
|   |  | 10. <input type="checkbox"/> Electrical repairs or additions |
|   |  | 11. <input type="checkbox"/> Plumbing repairs or additions   |
|   |  | 12. <input type="checkbox"/> Roof repairs                    |
|   |  | 13. <input type="checkbox"/> Other _____                     |

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating each.  
 † Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.*

Insurance Company Name: St. Paul Travelers Insurance Co.  
 Policy # or Self-ins. Lic. #: RTRJUB2398A46504 Expiration Date: 11/1/2006

\*Job Site Address: 815-825 BOYLSTON ST City/State/Zip: BOSTON

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).  
 Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: [Handwritten Signature] Date: 9.15.06  
 Phone #: 617-839-1073

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: BOSTON Permit/License #: \_\_\_\_\_

Issuing Authority (circle one):  
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
 6. Other \_\_\_\_\_

Contact Person: SIM KENNEDY Phone #: \_\_\_\_\_









City of Boston  
INSPECTIONAL SERVICES DEPARTMENT  
1010 MASSACHUSETTS AVENUE  
BOSTON, MA 02118 (617) 635-5300

4978

Office Use Only

Permit Number:  -

Approval Date:  /  /

Permit Fee: \$

APPLICATION FOR MINOR REPAIR, RENOVATE, OR DEMOLISH AN EXISTING STRUCTURE

Section 1-Site Information

8 1 5 - 8 2 5 BOYLSTON  
Primary St.No.-Suffix, Secondary St.No.-Suffix Street Name

Ward: 0 5 Parcel: 0 3 1 3 0 0 0 0 Unit: R E T A I L

Review Required By  
Pest Control Div.  
Control # Q1-295

Section 2-Property Owner/Authorized Agent

H E R T I A G E L E G A C Y L L C  
Owner's Name

5 P I P P I N S  
Owner's Address (Street No. & Street Name)

M O R R I S T O W N N J 0 7 9 0 6  
City State Zip Phone

Home Owner Waiver Yes  No

Owner's Signature:

J A C K M O R I A R T Y / S H A W M U T D E S I G N  
Authorized Agent

5 6 0 H A R R I S O N  
Agent Address (Street No. & Street Name)

B O S T O N M A 0 2 1 1 8 6 1 7 - 6 2 2 - 7 0 0 0  
City State Zip Phone

Authorized Agent's Signature:

Section 3-Contractor Information

J A C K M O R I A R T Y / L E N N Y R O E A N /  
Licensed Contractor License Type: A B C

5 6 0 H A R R I S O N  
Contractor Address (Street No. & Street Name) License Number: B 1 8 8 0 8

B O S T O N M A 0 2 1 1 8 6 1 7 - 6 2 2 - 7 0 0 0  
City State Zip Phone

Registered Home Improvement Contractor

Address (Street No. & Street Name) Registration Number

City State Zip Phone

**Landmarks Commission**

I swear that this application conforms to the issued certificate of:

Appropriate Design Approval:

Or Exemption Applicability:

Or No Exterior Work is Involved:

06-776 BB

**Mass. Debris Disposal Law**

MGL c40 S54, c584, S9 all S150A

Will work result in any debris?  
Yes  No

Debris Site: JETAWAY

Signed:

**Application Waivers**

Home Owner: Yes  No

License: Yes  No

Workers Compensation Submitted: Yes  No



1 to 2 Family   
 1 to 4 Family   
 Multi Family   
 Commercial   
 Mixed Use   
 Other

**Section 4-Legal Occupancy**

(other explain)

doc#1628/1991 stores & offices

**Section 5-Description of Work**

Complete Demolition   
 Accessory Building   
 Prep Demolition   
 Special Event   
 Repair(s)   
 Other

Brief Description of Proposed Work:

(other explain)

DEMOLITION OF EXISTING TWO STORY MASONRY AND STRREL BUILDING WITH FULL BASEMENT. DEMOLITION OF THE BUILDING WAS APPROVED BY THE CITY OF BOSTON ENVIRONMENTAL DEPARTMENT BACK BAY ARCHITECTURAL COMMISSION WITH A CERTIFICATE OF APPROPRIATENESS NOTICE OF DECISION APPLICATION 06.776 (BB) DATED 6 SEPTEMBER 2006.

**Section 6-Estimated Cost**

| Item                   | Estimated Cost (Dollars) | Official Use Only   |   |
|------------------------|--------------------------|---|---|
| 1. Building            | 2 0 0 0 0 0              | (a) Building Permit Fee Multiplier:                                   | \$ 1 0  |
| 2. Electrical          | 0                        |   | (b) Estimated total Cost of Construction From (6) |
| 3. Plumbing            | 0                        | Building Permit Fee(\$10.00 for each 1000) plus a \$7.00 primary fee. |   |
| 4. Fire Protection     | 0                        |   |   |
| 5. Mechanical          | 0                        |   |   |
| 6. TOTAL (1 through 5) | 2 0 0 0 0 0              |   |   |

**Section 7a-Agent Authorization**

HERITAGE LEGACY LLC  
JACK MORTIMORTY / SHAWMUT D

As owner of the subject property hereby authorize To act on my behalf, in all matters relative to work

Authorized by this building permit application.

Signature of Owner

1 2 / 1 8 / 0 6  
Date:

**Section 7b-Owner Authorization**

I \_\_\_\_\_ statements and information on the foregoing application are true and accurate to the best of my knowledge and belief.

As owner/authorized agent hereby declare that the

Signature of Owner/Agent

Date:

Print Name

**Official Use Only**

Approval Signature

Inspector ID

Date:

222

12/18/06

