

Town of Winchendon
109 Front Street
Winchendon, MA 01475



Land Use
Conservation
Planning and Development
Zoning Board of Appeals

11/21/23

16 Second Street
Winchendon, MA 01475
Map 7, Parcel 4

Dear Mr. Matewsky,

I have reviewed your application to raze and rebuild the single-family residence located at 16 Second Street, Winchendon identified as Assessors Map 7, Parcel 4. I am denying your application per the Town of Winchendon Zoning Bylaws, Section 6.2.3, as you are increasing the non-conformity of the existing structure by over fifty (50%) percent.

6.2.3 Pre-existing Non-conforming Structures or Uses

- A. Any lawful pre-existing nonconforming structures or buildings or uses may be reconstructed, extended or altered provided that such alteration or extension does not create any new nonconformity and further provided that no such reconstruction, extension or alteration shall be permitted unless the Zoning Board of Appeals determines, by special permit, that such reconstruction, extension or alteration shall not be substantially more detrimental than the existing non-conforming use or structure to the neighborhood. No special permit is needed if the reconstruction, extension or alteration is to be a nonconforming single or two-family dwelling and said reconstruction, extension or alteration does not increase the nonconforming nature of the dwelling. In addition, no such building shall be added to, enlarged, or reconstructed to an extent greater than fifty percent (50%) of its area at the time of the adoption of this Bylaw or such amendment or except as provided for in Section 4.7.2M.


If you dissatisfied by this decision, you may seek relief from the Zoning Board of Appeals.

Sincerely,

A handwritten signature in cursive script that reads "Geoffrey L. Newton".

Geoffrey L. Newton
Building Commissioner/Zoning Enforcement Officer
Town of Winchendon

11/21/23-Denied ZBH 6.2.3.

	The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR Building Permit Application To Construct, Repair, Renovate Or Demolish a <i>One- or Two-Family Dwelling</i>	FOR MUNICIPALITY USE <i>Revised Mar 2011</i>
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This Section For Official Use Only

Building Permit Number: _____	Date Applied: <u>11/21/23</u>
_____ Building Official (Print Name) Signature Date	

SECTION 1: SITE INFORMATION

1.1 Property Address: 16 2nd St 1.1a Is this an accepted street? yes x _____ no _____	1.2 Assessors Map & Parcel Numbers 7 _____ 0-4 _____ Map Number Parcel Number
1.3 Zoning Information: R40(LMOD) SFD Zoning District Proposed Use	1.4 Property Dimensions: 20,473.2 _____ 67 Street/ 90 Water _____ Lot Area (sq ft) Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
25	80ft	10	20-50	25	51

1.6 Water Supply: (M.G.L. c. 40, §54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Robert D Matewsky Jr	Ashburnham, MA 01430
Name (Print)	City, State, ZIP
20 main St	978-810-8101 robmatewsky@gmail.com
No. and Street	Telephone Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input checked="" type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input checked="" type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work²: Tare down existing 3 bedroom house 1,000 sq ft and Construct a New 3 bedroom single family home 2403 sq ft with a 2 car garage and wrap around porch. Use Existing Septic/ Leech field .

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$225,000	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$20,000	
3. Plumbing	\$25,000	
4. Mechanical (HVAC)	\$14,000	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$294,000	

SHU OWES BP fee

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

City/Town, State, ZIP _____

No. and Street _____

Telephone _____

Email address _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1 & 2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

List CSL Type (see below) _____

License Number _____ Expiration Date _____

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

HIC Registration Number _____ Expiration Date _____

Email address _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached? Yes No

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Robert Matzewsky
 11/21/23 9:47 AM EST
 dootop verified
 3HCK-KF1-R18G-8W1

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) 2962

Gross living area (sq. ft.) 2403

Number of fireplaces 1

Number of bathrooms 3.5

Type of heating system Central Air/forced air

Type of cooling system Forced Air

Habitable room count 7

Number of bedrooms 3

Number of half/baths 1

Number of decks/porches 1

Enclosed Screen Porch _____

Open Yes _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

Warning
IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A
HOMEOwner

• You are now personally responsible for all work on this project.

• You are responsible to see that all work meets the Mass. Bldg. Codes.

• You must supervise all work.

• You must call the Bldg. Dept. to schedule all required inspections.

• You have waived all rights to the Mass. Guaranty Fund.

• You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.

• Your subcontractors may lien your property.

• Any worker injured on your project may sue you if you do not carry Workers' Compensation Insurance.

• Failure to carry Workers' Compensation insurance may result in criminal penalties, i.e. fines and/or imprisonment.

This warning has been assembled because we have found that a majority of those citizens who sign the Homeowner's Exemption Form are not aware of the responsibilities that go along with assuming the construction responsibilities.

Massachusetts General Laws, chapter 152 section 25 requires all employers to provide workers' Compensation for their employees. As quoted from the "law", an employee is defined as every person in service of another under contract of hire; implied, oral or written.
An employer is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house or on the grounds or building appurtenant thereto shall not be deemed to be an employer.
not because of such employment be deemed to be an employer.

I have read and understand the above information.

Signature: *Robert Matensky*
doLoop verified
11/21/23 9:47 AM EST
v114-QNOS-X76M-LRKE

Date

**APPDAVIT
HOME IMPROVEMENT CONTRACTOR LAW
Supplement to Permit Application**

MGL 142A requires that the reconstruction, alteration, renovation, repair, modernization, covering, improvement, removal, demolition of, in addition to any existing owner occupied building containing at least one but not more than four dwelling units or structures which are adjacent to such residence or buildings be done by registered contractors with certain exceptions, along with other requirements.

Location of Property: 16 1/2nd St
Owners Name & Address: 16 1/2nd St
16 1/2nd St
Woburn, MA 02458
Date of Permit Application: 11/21/23 9:47 AM EST
Type of Work: Single family home with porch
16 1/2nd St
Woburn, MA 02458
Est Cost: 294,000

I hereby certify that:

REGISTRATION IS NOT REQUIRED FOR THE FOLLOWING REASON:

- Work excluded by law
- Job is under \$1,000.
- Building is NOT owner-occupied
- Other (specify)

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM GUARANTY FUND MGL c 142A.

Signed under penalties of perjury. I hereby apply for a Permit as the Agent of the Owner:

Contractors Name (Please Print) _____
Date _____
Contractors Signature _____
Registration Number _____

OR:

Notwithstanding the above notice, I hereby apply for a Permit as the Owner of this Property.

Owners Name (Please Print) _____
Date _____
Owners Signature _____
11/21/23 9:47 AM EST
25M1-V46J-X4PI-C4NN



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual):

Address:

City/State/Zip: Phone #:

Are you an employer? Check the appropriate box:

- 1. I am an employer with employees (full and/or part-time).
2. I am a sole proprietor or partnership and have no employees working for me in any capacity.
3. I am a homeowner doing all work myself.
4. I am a homeowner and will be hiring contractors to conduct all work on my property.
5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet.
6. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees.

Type of project (required):

- 7. New construction
8. Remodeling
9. Demolition
10. Building addition
11. Electrical repairs or additions
12. Plumbing repairs or additions
13. Roof repairs
14. 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 such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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: City/State/Zip:

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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: Robert Matewsky Date:

Phone #: 978-810-8101

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

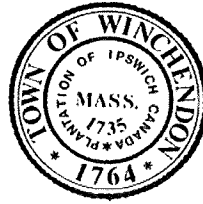
City or Town: Permit/License #

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: Phone #:

Town of Winchendon
109 Front Street
Winchendon, MA 01475



Building Department

CONSTRUCTION DEBRIS DISPOSAL AFFIDAVIT

780 CMR 111.5 & 5111.5 Debris. *As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed; also refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.*

AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit issuance, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A. I certify that I will notify the Building Official in writing (60 days max.) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Robert D Matewsky Jr

Firm Name: _____

D&D Waste

Location of facility debris is to be disposed at: _____

16 2nd St.

Construction Site Address: _____

Robert D Matewsky Jr

Applicant Name: _____

Signature of Applicant: _____

Robert Matewsky

dotloop verified
11/21/23 9:47 AM EST
5DWJ-AUVA-GDA0-YAKH

11-17-23

Date: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia