

Planning Decision Petition

Zoning Board of Appeals

- Special Permit(s)
- Variance
- Administrative Appeal
- Comprehensive Permit

Planning Board

- Site Plan Approval
- ANR endorsement
- Preliminary Subdivision Approval
- Definitive Subdivision Approval
- Special Permit(s)
- Low Impact Development Endorsement

Fee Rec'd

\$100.00 ch #909

An additional fee will be due for advertising

Project Number

22-03

Submission Materials to be included with this Petition Form are outlined in the Town of Winchendon Zoning Bylaws and the Planning Board Regulations. This application shall not be deemed complete unless all required items are included or appropriate waivers have been requested.

Property Address 485 School St Date 3-30-22
 Property Owner's Name Garrett Davieau
 Owner's Address 485 School St Book 43 22 9
 Map 2-0-91
 Petitioner's name Garrett Davieau Lot Size .5 23,692.28 sq ft
 Petitioner's Phone No. 978-798-2312 Frontage 318
 Petitioner's address 485 School St Zone R2 C2

Project Summary & Decision Sought: Seeking rear setback relief to install an above ground pool.

I hereby certify that the information provided in this application, and the accompanying drawing(s) of the property as well as any supporting data are accurate, true and correct to the best of my knowledge and belief.

Garrett Davieau
Signature of Applicant (or their representative)

3-30-22
Date

Garrett Davieau
Signature of Property Owner

3-30-22
Date

Tax Certification (Treasurer has up to 10 days to complete this certification):

Pursuant to the provisions of Massachusetts General Law, Chapter 40, Section 57, the Town Bylaw, Licenses and Permits of Delinquent Taxpayer, Section 21.1: "Any Board... shall deny application... for any person, corporation or business enterprise who has neglected to pay any local taxes, fees, assessments, betterments or any municipal charge."

I hereby certify that the applicant or the owner of record owes no debt to the Town of Winchendon for a period of time greater than twelve (12) months.

Holly Ward / Clerk
Winchendon Treasurer 3-30-22

3-30-22
Date

Town of Winchendon
109 Front Street
Winchendon, MA 01475



Land Use
Conservation
Planning and Development

3/28/21

Garrett & Ashley Davieau
485 School Street
Winchendon, MA 01475

Re: Building Permit Application

Garrett and Ashley Davieau,

You submitted an application into this office for the installation of a 21' above ground pool. I have reviewed your application. Your application is denied for the following reasons, the placement of the pool does not conform to Zoning Setbacks per Article 7, Section 7.2 of the Town of Winchendon Zoning Bylaws:

7.2 TABLE OF DIMENSIONAL & DENSITY REGULATIONS (Amended Nov. 8, 2007)

Zoning District	Minimum Lot Area Square Feet	Frontage Note 6	Front Setback Note 7,8	Side Setback Note 7,8	Rear Setback Note 7,8	Maximum Structure Height (floors)	Maximum Man Made Structure Height	Maximum Impervious Area as % of Lot (1)
C2	20,000	100	30	15	30	3	45'	45%

You may appeal my decision with the Winchendon Zoning Board of Appeals. If you have any questions, please feel free to call my office 978-297-5401.

Sincerely,


Geoffrey L. Newton
Building Commissioner/Zoning Enforcement Officer

WPA Form 4- 3/22
3/28 - Denial letter ZBA



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
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Jeffrey C Newton
Building Official (Print Name) Signature Date

SECTION 1: SITE INFORMATION

1.1 Property Address:
485 School Street

1.2 Assessors Map & Parcel Numbers
2-0-91 91
Map Number Parcel Number

1.1a Is this an accepted street? yes no _____

1.3 Zoning Information:
R2 RESIDENTIAL
Zoning District Proposed Use

1.4 Property Dimensions:
23692.284 318
Lot Area (sq ft) Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
0	30	0	15	15-20	30

1.6 Water Supply: (M.G.L c. 40, §54)
Public Private

1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone?
Check if yes

1.8 Sewage Disposal System:
Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
Garrett & Ashley Davieau Winchendon, MA, 01475
Name (Print) City, State, ZIP
485 School ST 9787982312 adavieau@comcast.net
No. and Street Telephone Email Address

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

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
Demolition Accessory Bldg. Number of Units _____ Other Specify: Above Ground Pool

Brief Description of Proposed Work²: Install a 21' round above-ground pool in our back yard.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
		1. Building Permit Fee: \$ <u>70</u> 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. <u>900</u> Check Amount: <u>70</u> Cash Amount: _____ <input checked="" type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
1. Building	\$	
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

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

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

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: OWNER¹ 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.

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.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (sq. ft.) _____	Number of bedrooms _____
Number of fireplaces _____	Number of half/baths _____
Number of bathrooms _____	Number of decks/ porches _____
Type of heating system _____	Enclosed _____ Open _____
Type of cooling system _____	

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 Workmen's Compensation Insurance.
- Failure to carry Workmen's 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 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.

I have read and understand the above information.

Signature: Garrett Davieau

Date 2/24/22



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): Garrett Davieau

Address: 485 School Street

City/State/Zip: Winchendon MA 01475 Phone #: 9787982312

Are you an employer? Check the appropriate box:

- 1. I am a 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. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
- 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. [No workers' comp. insurance required.]

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: _____ Date: _____

Phone #: 9787982312

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

City or Town: _____ Permit/License # _____

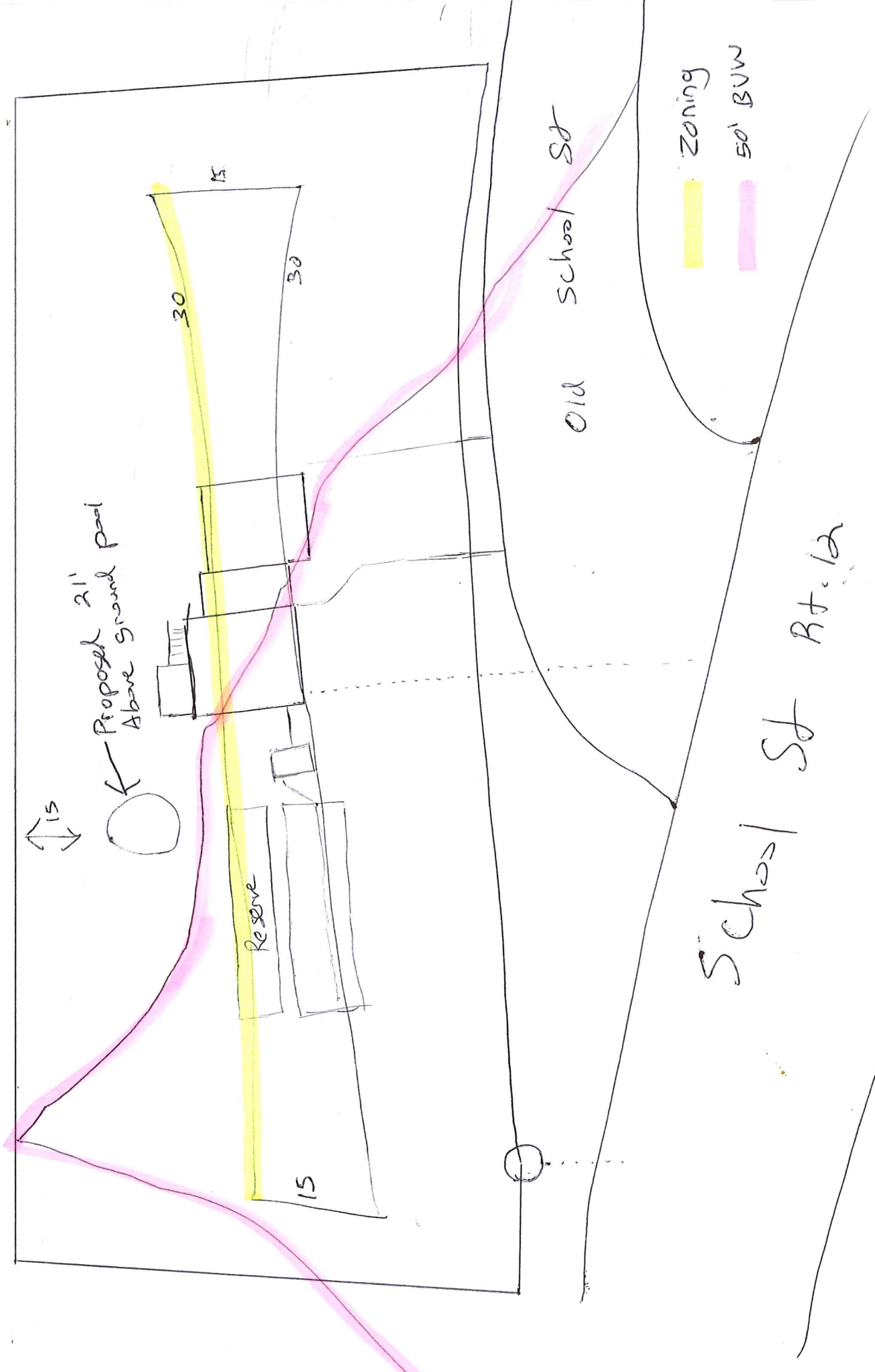
Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____

Davieau MAP 2 ZONE C-2
485 School St Parcel 91
F 30'
S 15'
R 30'

Form # 110 / C2



Zoning
50' BUW

Old School St

School St Rt. 12