

## 219 CURVE STREET, Dedham, MA 02026

Records

Details

### Property Owner

S/O LIMEROCK  
DEVELOPMENT LLC

2 CHARLES STREET  
PROVIDENCE , RI 02904

### Records

Record #	Record Type	Status
E-24-62	APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK	Active
BLD-24-28	Building Permit	Active
G-24-73	Gas Fitter Permit	Complete
P-24-41	Plumbing Permit	Complete
BLD-13-653	Building Permit	Complete

---

**Town of Dedham,  
MA**

**Your Profile**

[Sign Up \(/sign-up\)](/sign-up)

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\(/dashboard/records\)](/dashboard/records)

**Resources**

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Records \(/search\)](/search)

[Claim a Record  
\(/claimRecord\)](/claimRecord)

[Employee Login  
\(https://dedhamma.work\)](https://dedhamma.work)

Building Permit

# BLD-13-653

**Applicant**

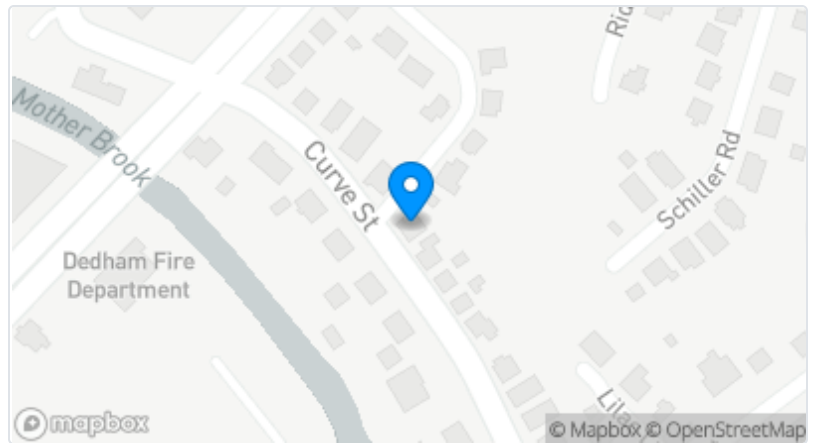
**Location**

**219  
CURVE  
STREET**

Dedham, MA 02026

[View location details](#)

(/locations/74126)



**Created**

Sep 5,  
2013

**Status**

Complete

**Expires**

--

**Details**

**Files (0)**

**Project Info**

PLEASE NOTE: YOUR APPLICATION NUMBER IS NOT APPROVAL TO PROCEED. WORK SHOULD NOT COMMENCE UNTIL A PERMIT IS ISSUED. YOU WILL RECEIVE NOTIFICATION VIA EMAIL. PLEASE CONTACT THE BUILDING DEPARTMENT IF YOU HAVE QUESTIONS.

**Applicant Is \***

--

**Is the Homeowner doing the work? \***

--

**Documents**

No documents have been issued...

**Use Type \***

Residential Use:  
Single Family

**Homeowner Phone  
Number \***

--

**Type of Proposed  
Work \***

Describe Work:  
STRIP AND  
SHINGLE

**Description of Proposed Work \***

--

**# of units**

--

**Estimated Project Cost (Do not include the dollar  
symbol [\$].) \* ⓘ**

5,500

**Site &  
Construction  
Information****Construction Type \***

B C User Group:  
R3

**new building area  
(sq ft)**

--

**Sewage Disposal  
System**

--

**Water Supply**

--

**Type of Fire Alarm  
System**

--

**Is the building  
sprinklered?**

--

Is this property within 100 ft. of a wetland, or within 200 ft. of a stream or river?

--

Does this proposed work create impervious lot coverage?

--

Check all work being done

**Plumbing**

**Gas Fitting**

--

--

**Electrical**

--

Select types of heating/cooling

**Oil**

**Gas**

--

--

**Electric**

**Air Conditioning**

--

--

Is the property within the Dedham Historic District? \*

--

Is the proposed building on filled land?

--

Will all the work conform to the State Building Code, the Town of Dedham Zoning By-laws, and to all the applicable laws and regulations? \*

--

Is There Work Being Done to the Fire Alarm System?

--

---

**Workers'  
Compensation  
Insurance  
Affidavit**

Are you an employer? Select from the options below. \*

--

Type of project

--

---

**Workers'  
Compensation  
Affidavit  
Signature**

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

--

---

**Additional  
Information**

Does this work involve a Common Victualler License or Alcohol License?

--

Will this  
Establishment Sell  
Food?

--

Will this Work Require a Street Opening Permit or a Trench Permit?

--

---

**Demolition/Debris  
Form**

Estimated Amount of Debris (Cubic Yards of Tons) \*

--

Disposed of

--

Will dumpster be on site?

--

Company Address

--

Company City

--

Company State

--

Company Zip

--

Who is responsible  
for debris removal?

--

Recycled

--

Occupancy Type

--

---

Submission  
Signature

Signature of  
Homeowner/Agent  
\*

--

Date \*

--

---

Town of Dedham,  
MA

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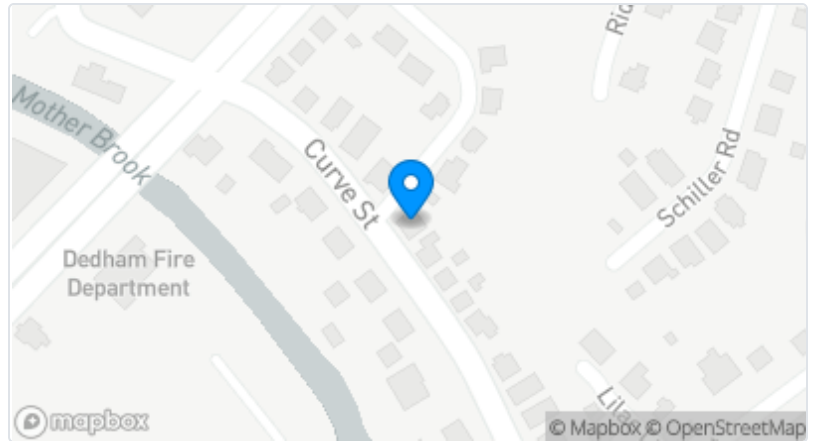
[Employee Login  
\(https://dedhamma.work\)](https://dedhamma.work)

Building Permit

# BLD-24-28

**Applicant**  
HUS  
Companies

**Location**  
**219**  
**CURVE**  
**STREET**  
Dedham, MA 02026  
[View location details](#)  
(/locations/74126)



Created	Status	Expires
Jan 6, 2024	Active	Jul 10, 2024

**Details**   **Files (0)**

**Project Info**

PLEASE NOTE: YOUR APPLICATION NUMBER IS NOT APPROVAL TO PROCEED. WORK SHOULD NOT COMMENCE UNTIL A PERMIT IS ISSUED. YOU WILL RECEIVE NOTIFICATION VIA EMAIL. PLEASE CONTACT THE BUILDING DEPARTMENT IF YOU HAVE QUESTIONS.

**Applicant Is \***  
Contractor

**Is the Homeowner doing the work? \***  
No

**Use Type \***  
Residential

**Documents**

**Residential Building Permit**  
Issued Jan 10, 2024



<b>Homeowner Phone Number *</b>	<b>Type of Proposed Work *</b>
6117981999	Alterations

**Description of Proposed Work \***

new kitchen in same location, 2 new full bathrooms in existing locations, insulate sunroom and entry way to add to the homes SF, new plumbing and electrical as needed, existing boiler to remain,

<b>Residential Use</b>	<b># of units</b>
Single Family Residence	--

**Estimated Project Cost (Do not include the dollar symbol [\$.]) \* ⓘ**

25,000

**Type of Alteration**

Interior Alterations

---

<b>Primary Contractor</b>	<b>Contractor's Company Name *</b>	<b>Phone # *</b>
	Louis Calcagni	617-981-3999
		<b>Supervisor's Name</b>
		Louis Calcagni
	<b>CS License #</b>	<b>HIC #</b>
	CS-114318	--
	<b>Contractor's Street Address</b>	<b>City</b>
	114 Madison St	Dedham
		<b>State</b>
		MA

**Zip Code**

02026

**Expiration Date**

--

**License Type**

Contractor

I certify, under the pains and penalties of perjury,  
that the information on this application is true  
and complete. \*



**Email: \***

loucalcagni@gmail.com

---

**Site &  
Construction  
Information**

**Construction Type \***

1A

**new building area  
(sq ft)**

1,355

**Sewage Disposal  
System**

Town Sewer

**Water Supply**

Town

**Type of Fire Alarm  
System**

Hardwired  
Smoke/ CO  
Detectors

**Is the building  
sprinklered?**

No

**Is this property within 100 ft. of a wetland, or  
within 200 ft. of a stream or river?**

No

**Does this proposed work create impervious lot  
coverage?**

No

Check all work being done

**Plumbing**



**Gas Fitting**

--

**Electrical**



Select types of heating/cooling

**Oil**

--

**Gas**

--

**Electric**

--

**Air Conditioning**

--

**Is the property within the Dedham Historic District? \***

No

**Is the proposed building on filled land?**

No

**Will all the work conform to the State Building Code, the Town of Dedham Zoning By-laws, and to all the applicable laws and regulations? \***

Yes

**Is There Work Being Done to the Fire Alarm System?**

Yes

---

**Workers' Compensation Insurance Affidavit**

**Are you an employer? Select from the options below. \***

I am a sole proprietor or partnerships and have no employees working for me in any capacity

**Type of project**

**Workers'  
Compensation  
Affidavit  
Signature**

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



---

**Additional  
Information**

**Does this work involve a Common Victualler License or Alcohol License?**

No

**Will this  
Establishment Sell  
Food?**

No

**Will this Work Require a Street Opening Permit or a Trench Permit?**

No

---

**Demolition/Debris  
Form**

**Estimated Amount of Debris (Cubic Yards of Tons) \***

80

**Disposed of**

--

**Will dumpster be on site?**

Yes

**Dumpster Company  
Name**

Rhody Disposal

**Company Address**

PO Box 223

**Company City**

Lincoln

**Company State**  
RI

**Company Zip**  
02865

**Who is responsible  
for debris removal?**  
Hauler/Contractor

**Recycled**  
--


**Occupancy Type**  
Residential

---

**Submission  
Signature**

**Signature of  
Homeowner/Agent**  
\*

**Date \***  
01/06/2024

 Louis Calcagni  
Jan 6, 2024

---

**Town of Dedham,  
MA**

**Your Profile**

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\(/dashboard/records\)](/dashboard/records)

**Resources**

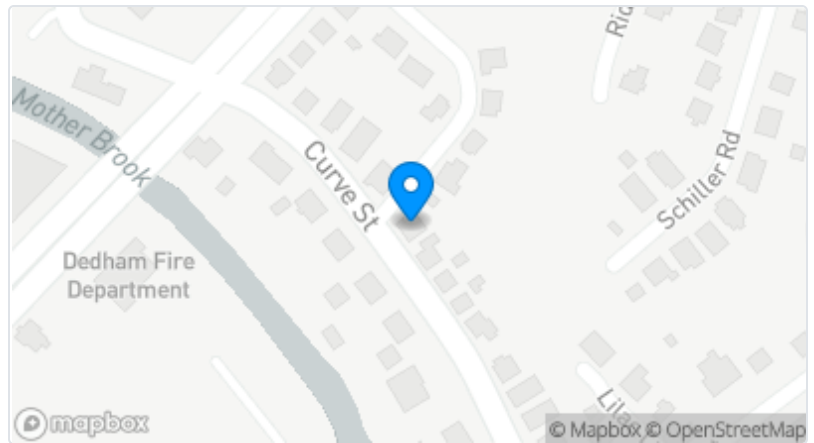
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[Claim a Record  
\(/claimRecord\)](/claimRecord)  
[Employee Login  
\(https://dedhamma.work\)](https://dedhamma.work)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

# E-24-62

**Applicant**  
David Loewen

**Location**  
**219  
CURVE  
STREET**  
Dedham, MA 02026  
[View location  
details](#)  
(/locations/74126)



Created	Status	Expires
Jan 24, 2024	Active	Jan 24, 2025

**Details**   **Files (0)**

**Project Info**

**Estimated Value of Electrical Work (Do not include the dollar symbol [\$.]) \***

6,500

**Date Work to Start:**

\*

01/11/2024

**Utility Authorization**

#

--

**Permit is in conjunction with a building permit**



**Location and Nature of Proposed Electrical Work**

\* ⓘ

**Documents**

**Electrical Permit**

Issued Jan 24, 2024

ktc, two bath , office , front hall , smokes throughout

**Purpose of Building**

\*

Residential

**Work Type \***

Alterations/Additions/Remodeling

**Does project include boiler replacement?**

No

--

---

**Primary Contractor**

**Electrician's Name**

\*

DAVID J LOEWEN

**Business Name**

--

**License # \* ?**

35735

**License Expiration Date**

07/31/2025

**License Type \***

Journeyman  
Electrician Class E

**License Active \***



**Type of Business \***



Sole Proprietor

**Corporation/Partnership/LLC Address \***

**License #**

--

Dedham, MA,  
020262429

**Telephone # \***

781 389 7279

**Alternative Phone #**

--

**Email \***

dlgnorth23@gmail.com

I certify, under the pains and penalties of perjury, that the information on this application is true and complete. \*

✔ David Loewen  
Jan 24, 2024

Check if you have an A-1 License 📍

--

This portal DOES NOT set up inspections! Need an Inspection? Email: cdelloiacono@dedham-ma.gov Written: Mail or drop at the office. Call: 781-751-9184 (Leaving a message does NOT schedule an inspection) Thank you Carmen

--

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<b>Service</b>	<b>Existing Service: Amps *</b> 100	<b>Existing Service: Volts *</b> 110/220
	<b>Existing Service: Overhead</b> <input checked="" type="checkbox"/>	<b>Existing Service: Underground</b> --
	<b>Existing Service: Number of Meters *</b> 1	<b>New Service Amps:</b> --
		<b>New Service: Volts:</b> --
	<b>New Service: Overhead</b> --	<b>New Service: Underground</b> --
	<b>New Service: Number of Meters</b> --	<b>Temporary Service</b> --
		<b>Service Change (Amps)</b>



0

Number of  
Subpanels and  
Amps

--

---

## Feeders

---

### Fixtures

No. of Recessed  
Luminaires

5

No. of Luminaires

7

No. of Receptacle  
Outlets

14

No. of Switches

8

No. of Appliances

--

Total Appliance KW

--

No. of Water  
Heaters

--

Water Heater KW

--

No. of Hot Tubs

--

Swimming Pool:  
Above Ground

--

Swimming Pool: In-  
Ground

--

No. of Oil Burners

--

No. of Gas Burners

--

No. of Air  
Conditioners

--

AC Total Tons

--

No, Heat  
Pumps/Mini Splits:

--

Number of Heads

--

Heat Pump Total  
Tons:

--

Heat Pump Total  
KW:

--

Space and Heating  
Equipment KW:

--

No. of Motors:

--

Motors Total HP:

--

Total Motor KW:

--

No. Transformers:

--

Transformers Total  
KVA:

--

Generator

--

Generator KW  
Rating:

--

Generator Type:  
(Gas/Deisel)

--

Security System  
and Devices: ?

--

Telecom System  
and Devices:

--

Wind Generator:

--

Wind Generator KW  
Rating:

--

Energy Storage  
Systems:

--

Energy Storage System KWH Storage Rating:

--

**No. of Electric Vehicle Supply Equipment:**

--

<b>Electrical Vehicle Level:</b>	<b>Total Device/Fixture Count</b>
--	34

<b>Electrical Vehicle Rating:</b>	<b>Solar PV KW DC Rating:</b>
--	--

<b>No. of Solar Modules</b>	<b>Solar PV KW AC Rating:</b>
--	--

<b>Solar Mount Type:</b>	<b>No. of Modules (panels):</b>
--	--

<b>Video System and Devices:</b>	<b>Other</b>
--	--

---

<b>Fire Alarm Fixtures</b>	<b>Fire Alarm</b> <input checked="" type="checkbox"/>	<b>No. of Detection and Initiating Devices</b>
		--

**No. of Devices:**  
6

**No. of Self-Contained Detection/Alerting Devices**  
--

---

<b>Insurance</b>	<b>Type *</b>	<b>Specify</b>
	Insurance	--

---

**Workers' Compensation Insurance Affidavit**

**Are you an employer? Select from the options below.**

I am an employer with full and/or part time employees.

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

David Loewen  
Jan 24, 2024

---

<b>Demolition/Debris Form</b>	<b>Recycled</b>
	--

---

**Town of Dedham, MA**

**Your Profile**

[Sign Up \(/sign-up\)](/sign-up)  
[Your Records \(/dashboard/records\)](/dashboard/records)

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[Search for Records \(/search\)](/search)  
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[Employee Login \(https://dedhamma.work\)](https://dedhamma.work)

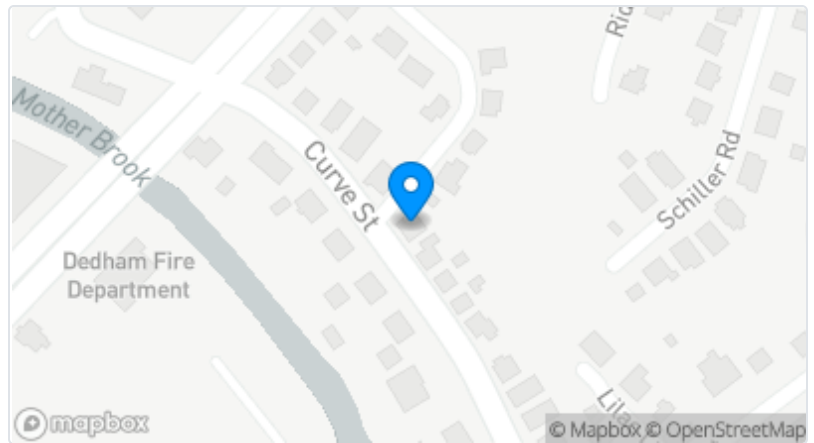


Gas Fitter Permit

# G-24-73

**Applicant**  
geoffrey oleary

**Location**  
**219**  
**CURVE**  
**STREET**  
Dedham, MA 02026  
[View location details](#)  
(/locations/74126)



Created	Status	Expires
Mar 11, 2024	Complete	--

**Details**   **Files (0)**

**Project Info**

**Type of Work to be Completed \***  
Gas pipe to stove

**Occupancy Type \***      **Work to Start \***  
Residential                      03/12/2024

**Is this project in conjunction with a Building Permit? \***  
Yes

**Building Permit #**  
--

**Documents**

**Gas Fitter Permit**  
Issued Mar 11, 2024

**Estimated Cost of Work Associated with Building Permit (Do not include the dollar symbol [\$].) \***

750

---

<b>Primary Contractor</b>	<b>Plumber/Gasfitter Name *</b>	<b>Business Name</b>
	Geoffrey oleary	--
		<b>License # *</b>
		13184
	<b>License Expiration Date *</b>	<b>License Type *</b>
	05/01/2024	Master
		<b>License Active *</b>
		<input checked="" type="checkbox"/>
	<b>Type of Business</b>	<b>Corporation/Partnership/LLC License #</b>
	Sole Proprietor	--
	<b>Mailing Address *</b>	<b>City *</b>
	8 willis st	Mansfield
	<b>State *</b>	<b>Email Address *</b>
	Ma	Goleary73@yahoo.com
	<b>Zip Code *</b>	<b>Preferred Phone # *</b>
	02048	5083281871
	<b>Alternate Phone #</b>	
	--	

I hereby certify that all of the details and information I have submitted regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installation performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws. \*



---

**Fixtures**

**No. of Boilers**

**Location of Boilers**

--

--

**No. of Boosters**

**Location of Boosters**

--

--

**No. of Conversion Burners**

**Location of Conversion Burners**

--

--

**No. of Cook Stoves**

**Location of Cook Stoves**

1

1

**No. of Direct Vent Heaters**

**Location of Direct Vent Heaters**

--

--

**No. of Dryers**

**Location of Dryers**

--

--

**No. of Fireplaces**

**Location of Fireplaces**

--

--

**No. of Fryolaters**

--



**Location of Fryolaters**                      **No. of Generators**

--

**Location of Generators**

--

**No. of Grilles**                              **Location of Grilles**

--

--

**No. of Infared Heaters**                      **Location of Infared Heaters**

--

--

**No. of Laboratory Cocks**                      **Location of Laboratory Cocks**

--

--

**No. of Makeup Air Units**                      **Location of Makeup Air Units**

--

--

**No. of Ovens**                                  **Location of Ovens**

--

--

**No. of Pool Heaters**                              **Location of Pool Heaters**

--

--

**No. of Room/Space Heaters**                      **Location of Room/Space Heaters**

--

--

**No. of Roof Top Units**                              **Location of Roof Top Units**

--

--

**No. of Tests**                      **Location of Tests**

--    --

**No. of Unit Heaters**                      **Location of Unit Heaters**

--    --

**No. of Unvented Room Heaters**                      **Location of Unvented Room Heaters**

--    --

**No. of Water Heaters**                      **Location of Water Heaters**

--    --

**No. of Furnace**                      **Location of Furnace**

--    --

**Other**                      **Specify**

--    --

**Location of Other**                      **Total**

--    1

---

**Liability Insurance**

I have a current liability insurance or its substantial equivalent which meets the requirements of MGL Ch. 142.

Yes

**Type**

Liability Policy

---

**Workers' Compensation Insurance Affidavit**

Are you an employer? Select from the options below. \*

I am an employer with full and/or part time employees.

Please specify, if other.

--

Workers'  
Compensation  
Affidavit  
Signature

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



Demolition/Debris  
Form

Estimated Amount of Debris (Cubic Yards of Tons)

--

Disposed of

--

Will dumpster be on site?

--

Company Address

--

Company City

--

Company State

--

Company Zip

--

Who is responsible for debris removal?

--

Recycled

--

---

**Town of Dedham,  
MA**

**Your Profile**

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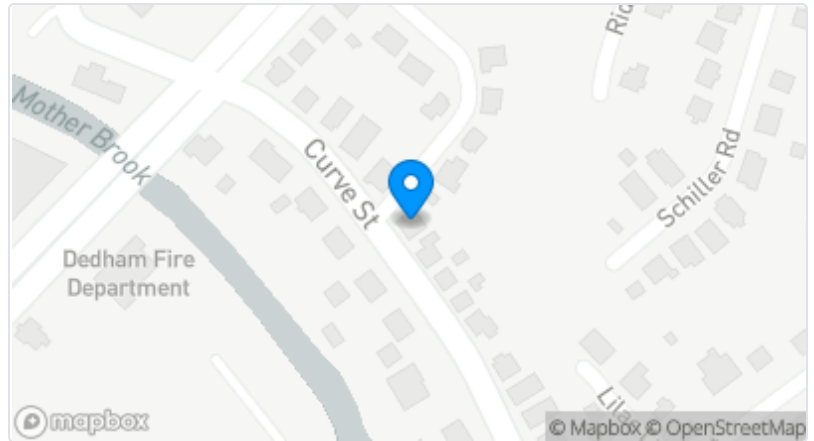
[Employee Login  
\(https://dedhamma.work\)](https://dedhamma.work)

Plumbing Permit

# P-24-41

**Applicant**  
geoffrey oleary

**Location**  
**219**  
**CURVE**  
**STREET**  
Dedham, MA 02026  
[View location details](#)  
(/locations/74126)



Created	Status	Expires
Jan 26, 2024	Complete	--

**Details**   **Files (0)**

**Project Info**

**Type of Work to be Completed \***

Plumbing

**Occupancy Type \***

Residential

**Work to Start \***

01/28/2024

**Homeowner Phone Number \***

5083281871

**Type of Work \***

Renovation

**Applicant Type**

Contractor

**Documents**

**Plumbing Permit**

Issued Jan 29, 2024

**Primary Contractor**

**Plumber's Name \***

Geoffrey oleary

**Business Name**

--

**License # \***

13184

**License Expiration Date \***

05/01/2024

**License Type**

Master

**Type of Business**

Sole Proprietor

**Corporation/Partnership/LLC Mailing Address**

**License #**

--

8 Willis St

**City**

Mansfield

**State**

--

**Zip Code**

02048

**Email Address \***

Goleary73@yahoo.com

**Preferred Phone # \***

5083281871

**Alternate Phone #**

--

**License Active \***



I hereby certify that all of the details and information I have submitted regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws. \*



---

**Fixtures**

**Number of  
Bathtubs**

1

**Location of  
Bathtubs**

1st floor

**Number of Cross  
Connection Devices**

--

**Location of Cross  
Connection Devices**

--

**Number of Dedicated Special Waste Systems**

--

**Location of Dedicated Special Waste Systems**

--

**Number of  
Dedicated  
Gas/Oil/Sand  
System**

--

**Location of Dedicated Gas/Oil/Sand System**

--

**Number of  
Dedicated Grease  
System**

--

**Location of  
Dedicated Grease  
System**

--

**Number of  
Dedicated Gray  
Water System**

--

**Location of  
Dedicated Gray  
Water System**

--

**Number of  
Dedicated Water  
Recycle System**

--

**Location of Dedicated Water Recycle System**

--

<b>Number of Drinking Fountains</b>	<b>Location of Drinking Fountains</b>
-------------------------------------	---------------------------------------

--

--

<b>Number of Dishwashers</b>	<b>Location of Dishwashers</b>
------------------------------	--------------------------------

1

1st floor

<b>Number of Food Disposers</b>	<b>Location of Food Disposers</b>
---------------------------------	-----------------------------------

--

--

<b>Number of Floor/Area Drain</b>	<b>Location of Floor/Area Drain</b>
-----------------------------------	-------------------------------------

--

--

<b>Number of Interceptor (Interior)</b>	<b>Location of Interceptor (Interior)</b>
---	---

--

--

<b>Number of Kitchen Sinks</b>	<b>Location of Kitchen Sinks</b>
--------------------------------	----------------------------------

1

1st floor

<b>Number of Lavatories</b>	<b>Location of Lavatories</b>
-----------------------------	-------------------------------

2

1st 2nd

<b>Number of Roof Drains</b>	<b>Location of Roof Drains</b>
------------------------------	--------------------------------

--

--

<b>Number of Shower Stalls</b>	<b>Location of Shower Stalls</b>
--------------------------------	----------------------------------

1

2nd floor

<b>Number of Service/Mop Sink</b>	<b>Location of Service/Mop Sink</b>
-----------------------------------	-------------------------------------

--

--



<b>Number of Toilets</b>	<b>Location of Toilets</b>
2	1st 2nd

<b>Number of Urinals</b>	<b>Location of Urinals</b>
--	--

<b>Number of Washing Machine Connections</b>	<b>Location of Washing Machine Connections</b>
--	--

<b>Number of Water Heaters (All Types)</b>	<b>Location of Water Heaters (All Types)</b>
--	--

<b>Number of Water Piping</b>	<b>Location of Water Piping</b>
--	--

<b>Number of Other Fixtures</b>	<b>Please Specify</b>
--	--

<b>Location of Other Fixtures</b>
--

**Total Fixtures**  
8

---

**Liability Insurance**

I have a current liability insurance or its substantial equivalent which meets the requirements of MGL Ch. 142. \*

Yes

**Type \***

Liability Policy

---

**Workers'  
Compensation  
Insurance  
Affidavit**

Are you an employer? Select from the options below. \*

I am an employer with full and/or part time employees.

---

**Workers'  
Compensation  
Affidavit  
Signature**

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



**Demolition/Debris  
Form**

Estimated Amount of Debris (Cubic Yards of Tons)

--

Disposed of

--

Will dumpster be on site?

--

Company Address

--

Company City

--

Company State

--

Company Zip

--

Who is responsible for debris removal?

--

---

**Town of Dedham,  
MA**

**Your Profile**

[Sign Up \(/sign-up\)](/sign-up)

[Your Records  
\(/dashboard/records\)](/dashboard/records)

**Resources**

[Search for  
Records \(/search\)](/search)

[Claim a Record  
\(/claimRecord\)](/claimRecord)

[Employee Login  
\(https://dedhamma.work\)](https://dedhamma.work)

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Portal powered by **OpenGov**

Building Permit

# BLD-13-653

**Applicant**

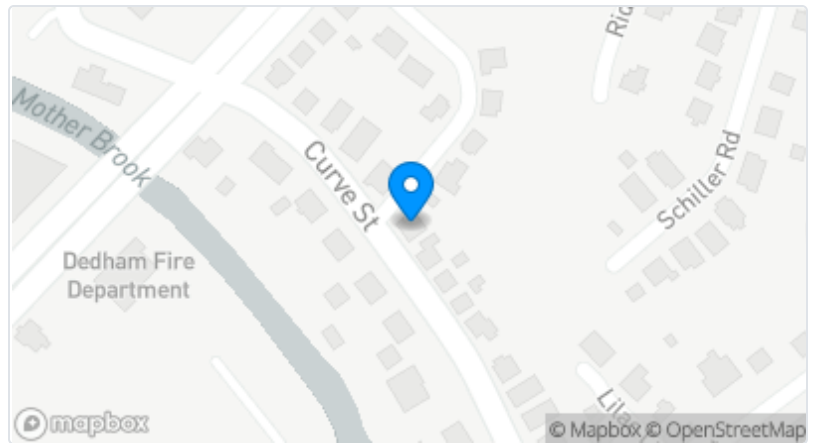
**Location**

**219  
CURVE  
STREET**

Dedham, MA 02026

[View location details](#)

(/locations/74126)



**Created**

Sep 5,  
2013

**Status**

Complete

**Expires**

--

**Details**

**Files (0)**

**Project Info**

PLEASE NOTE: YOUR APPLICATION NUMBER IS NOT APPROVAL TO PROCEED. WORK SHOULD NOT COMMENCE UNTIL A PERMIT IS ISSUED. YOU WILL RECEIVE NOTIFICATION VIA EMAIL. PLEASE CONTACT THE BUILDING DEPARTMENT IF YOU HAVE QUESTIONS.

**Applicant Is \***

--

**Is the Homeowner doing the work? \***

--

**Documents**

No documents have been issued...

**Use Type \***

Residential Use:  
Single Family

**Homeowner Phone  
Number \***

--

**Type of Proposed  
Work \***

Describe Work:  
STRIP AND  
SHINGLE

**Description of Proposed Work \***

--

**# of units**

--

**Estimated Project Cost (Do not include the dollar  
symbol [\$].) \* 📌**

5,500

---

**Site &  
Construction  
Information**

**Construction Type \***

B C User Group:  
R3

**new building area  
(sq ft)**

--

**Sewage Disposal  
System**

--

**Water Supply**

--

**Type of Fire Alarm  
System**

--

**Is the building  
sprinklered?**

--

Is this property within 100 ft. of a wetland, or within 200 ft. of a stream or river?

--

Does this proposed work create impervious lot coverage?

--

Check all work being done

**Plumbing**

**Gas Fitting**

--

--

**Electrical**

--

Select types of heating/cooling

**Oil**

**Gas**

--

--

**Electric**

**Air Conditioning**

--

--

Is the property within the Dedham Historic District? \*

--

Is the proposed building on filled land?

--

Will all the work conform to the State Building Code, the Town of Dedham Zoning By-laws, and to all the applicable laws and regulations? \*

--

Is There Work Being Done to the Fire Alarm System?

--

---

**Workers'  
Compensation  
Insurance  
Affidavit**

Are you an employer? Select from the options below. \*

--

Type of project

--

---

**Workers'  
Compensation  
Affidavit  
Signature**

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

--

---

**Additional  
Information**

Does this work involve a Common Victualler License or Alcohol License?

--

Will this  
Establishment Sell  
Food?

--

Will this Work Require a Street Opening Permit or a Trench Permit?

--

---

**Demolition/Debris  
Form**

Estimated Amount of Debris (Cubic Yards of Tons) \*

--

Disposed of

--

Will dumpster be on site?

--

Company Address

--

Company City

--

Company State

--

Company Zip

--

Who is responsible  
for debris removal?

--

Recycled

--

Occupancy Type

--

---

Submission  
Signature

Signature of  
Homeowner/Agent  
\*

--

Date \*

--

---

Town of Dedham,  
MA

**Your Profile**

[Sign Up \(/sign-up\)](/sign-up)

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\(https://dedhamma.work\)](https://dedhamma.work)



219 Curve Street

#187

George & Ann Nickerson/Gutters Up

Permit issued May 6, 1994

vinyl siding & windows (6) - \$9,300.

219 Curve St.

#371

Frederick Mahoney (O'Lyn Contractors)

Permit issued October 16, 1981 - David G. Dethlefs

Reroof - \$2,250

219 Curve St.

166

Owner

*Franka Shanton*

Address

*219 Curve St*

Prec No.

*3*

Permit  
Issued

*June 25 1948*

Location

*Same*

Character

*screened back porch*

Cost

*\$800*

Inspector

*James to Matthew*

Remarks

Permit Granted June 25 1948 No. 165

PLANS MUST BE SUBMITTED WITH THIS APPLICATION

### Application for Permit to Build.



Dedham, June 25, 1948

To the Inspector of Buildings —

The undersigned hereby applies for a permit to Build, according to the following specifications.

1. What is the owner's name and address? Frank Shanton 219 Cambridge St
2. " " architect's name? Thomas Marissey
3. " " builder's name? Thomas Marissey
4. Lot No. .... No. Same Street
5. Lot No. nearest cross street? .....
6. No. of feet from adjoining Lot line 20 ft
7. What is the building to be used for? Back Porch open
8. Material of building? Wood
9. If a dwelling, for how many families? 1
10. Is there to be a store in the lower story? No
11. Size of building, No. of feet front? ..... ; No. of feet rear? ..... ; No. of feet deep? .....
12. No. of feet in height from the level of the ground to the highest part of the roof? .....
13. No. of stories? 1
14. Size of sills 4x6 Girders ..... Posts 4x6 Girts ..... Plates 1x4
15. Size of first floor timbers 2x6; Size of second floor timbers ..... ; Size of third floor timbers .....
16. Size of eil ..... feet long; 28 feet wide; 7' feet high 10
17. Will the building be erected on solid or filled land? solid
18. Will the foundation be laid on earth, rock, timber, or piles? .....
19. What is the material of the foundation? concrete footings, lally columns
20. Will the roof be flat, pitched, hip or gambrel? pitched
21. With what material is the roof to be covered? Asphalt shingles
22. Will the building be heated by steam, furnaces, stoves, or grates? no heat
23. Will the building conform to the requirements of the Building Ordinance? yes
24. No. of brick walls ..... and where located .....
25. Will the building be wired for electric lights? no Gas? no
26. Estimated cost of building ..... \$8.00
27. No. of feet from street line 35 ft

Signature of applicant Thomas Marissey  
A true statement, signed under the penalties of perjury.

REMARKS This is to be a screened in  
porch 28' x 7' x 10'