

City of Boston
Environment



City of Boston
Mayor Martin J. Walsh

EXTENSION FORM

The undersigned hereby allows the **Boston Landmark Commission** an extension of time, beyond the statutory limit, to review an application for a Certificate of Appropriateness following the lifting of the state of emergency declared by the Governor on March 10, 2020.

SUBJECT PROPERTY: 19 Wallingford Rd Brighton, MA 02135

OWNER'S SIGNATURE: ^{DocuSigned by:} Bee Keng Yeo
(If by a person, partnership, corporation, or cooperative, the Chairperson must sign.)

MAILING ADDRESS: Bee Keng Yeo
c/o Law Offices of John Lydon, PLLC
512 Gallivan Blvd Suite 205
Dorchester, MA 02124

TELEPHONE: 617-335-5431

EMAIL: Bee.Yeo@gmail.com

Applications will only be accepted when submitted with a properly executed Extension Form.



APPLICATION
CERTIFICATE of APPROPRIATENESS-or-
DESIGN APPROVAL-or-EXEMPTION

Deliver or mail to:
 Environment Department
 Boston City Hall, Rm 709
 Boston, MA 02201

For Office Use Only

APPLICATION # _____
 RECEIVED _____
 FEE _____
 HEARING DATE _____

DO NOT RETURN THIS FORM BY FAX OR EMAIL

DO NOT STAMP THIS BOX

I. PROPERTY ADDRESS 19 Wallingford Rd. Brighton, MA 02135

NAME of BUSINESS/PROPERTY _____

The names, telephone numbers, postal and e-mail addresses requested below will be used for all subsequent communications relating to this application. Environment Department personnel cannot be responsible for illegible, incomplete or inaccurate contact information provided by applicants.

II. APPLICANT John Lydon

CONTACT NAME John Lydon RELATIONSHIP TO PROPERTY Attorney
 MAILING ADDRESS 512 Gallivan Blvd. Ste. 205 Dorchester, MA ZIP 02124
 PHONE 617-833-9807 EMAIL J.LydonLegal@gmail.com

PROPERTY OWNER Bee Keng Yeo CONTACT NAME Bee Keng Yeo
 MAILING ADDRESS 19 Clark Rd. Brookline, MA ZIP 02445
 PHONE 617-335-5431 EMAIL Bee.Yeo@gmail.com

ARCHITECT Timothy Sheehan CONTACT NAME Timothy Sheehan
 MAILING ADDRESS 9 Wall St. Charlestown, MA ZIP 02129
 PHONE 617-241-9653 EMAIL tms12262@gmail.com

CONTRACTOR Unlimited Builders Inc. CONTACT NAME Joe Giordano
 MAILING ADDRESS 85 Berry St. Framingham, MA ZIP 01701
 PHONE 5080904-6115 EMAIL josephrg@verion.net

III. DESCRIPTION OF PROPOSED WORK

A BRIEF OUTLINE OF THE PROPOSED WORK MUST BE GIVEN IN THE SPACE PROVIDED BELOW, OR THE APPLICATION WILL NOT BE ACCEPTED. This description provides the basis for the official notice and subsequent decision, and it must clearly represent the entirety of the project. Additional pages may be attached, if necessary, to provide more detailed information.

Conversion of a single-family structure to a two-family structure. Work to include basement egress casings and exterior rear egress staircase. Lower Unit: Two (2) bedrooms, bathroom, living room, and kitchen. Upper Unit: Four (4) bedrooms, Two (2) bathrooms, living room kitchen area. Two (2) rear off-street parking spaces. (See Doc.#ALT997001 5/15/20) Exterior work to include:

Front:

1. Installation of a two (2) window egress/light wells. Each well to be 50" deep, 40" width, 48" length with a 4" above-grade projection. Each window to measure 32" x 54". (See photos)
2. Install new 24" round wood window at existing window opening. (See Elevations)
2. Installation of gas meter(s) against left side of front landing with 1" Azek Panel and shrubbery screening.
3. Install new wrought-iron handrail on front landing. (See Elevations)
3. Reseed grass, clean and re-point brick as needed.

Back:

1. Installation of a wrought-iron spiral staircase with landing to provide egress from the upper apartment. (See Photos)
2. Installation of a 60' x 80", half-fixed, double door to open upon aforementioned landing. (See Photos)
3. Replace existing rear door, repair existing concrete walkway, clean and re-point brick as needed. (See Elevations)

REQUIRED DOCUMENTATION: Please include all required documentation with this application; review instructions carefully for details.

ESTIMATED COST OF PROPOSED WORK: \$85,000

IV. DULY AUTHORIZED SIGNATURES (both required)

The facts set forth above in this application and accompanying documents are a true statement made under penalty of perjury.

APPLICANT ^{DocuSigned by:} John Lydon OWNER* ^{DocuSigned by:} Bee Keng Yeo
19D0D74E6AF2403... 1A9B4B55427440B...

*(If building is a condominium or cooperative, the chairman must sign.)

PRINT John Lydon

PRINT Bee Keng Yeo

Environment Department personnel cannot be responsible for verifying the authority of the above individuals to sign this application. Misrepresentation of signatory authority may result in the invalidation of the application.

UNSIGNED OR PARTIALLY SIGNED FORMS WILL BE REJECTED

THIS APPLICATION IS NOT COMPLETE WITHOUT SIGNATURES, FEES AND REQUIRED DOCUMENTATION.

The checklist below is for reference only: Please refer to the detailed application instructions for deadlines, fee schedule and required documentation specific to your proposal.

- COMPLETED APPLICATION FORM
- APPLICATION FEE (Check or money order made payable to City of Boston; see fee schedule in Instructions)
- DESCRIPTION OF WORK (A brief description must be included on the front page; additional pages of detailed information may be attached. **Applications that only note "see attached" will not be accepted.**)
- PHOTOS OF EXISTING CONDITIONS
- DRAWINGS AND SPECIFICATIONS AS REQUIRED (See "documentation requirements" in instructions)

For more information, visit the website at: www.cityofboston.gov/landmarks
 Or contact the Environment Department at (617-635-3850) or at Boston City Hall, Room 709, Boston, MA 02201

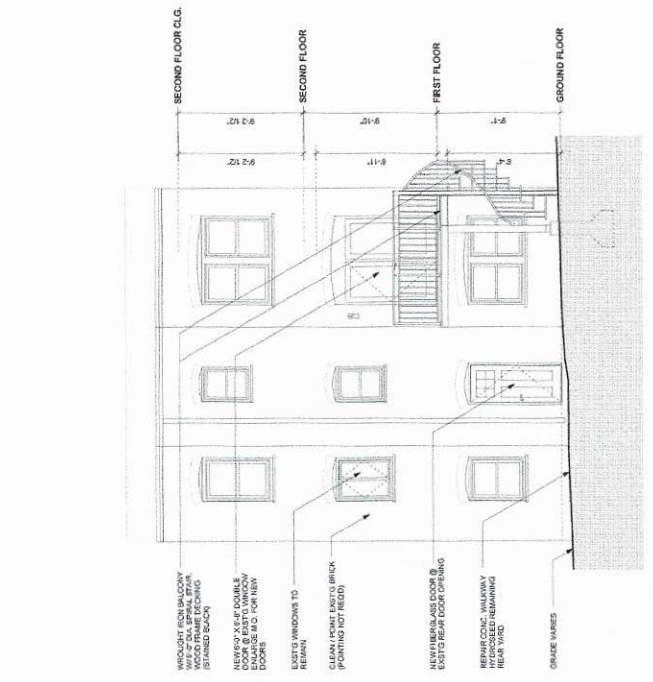




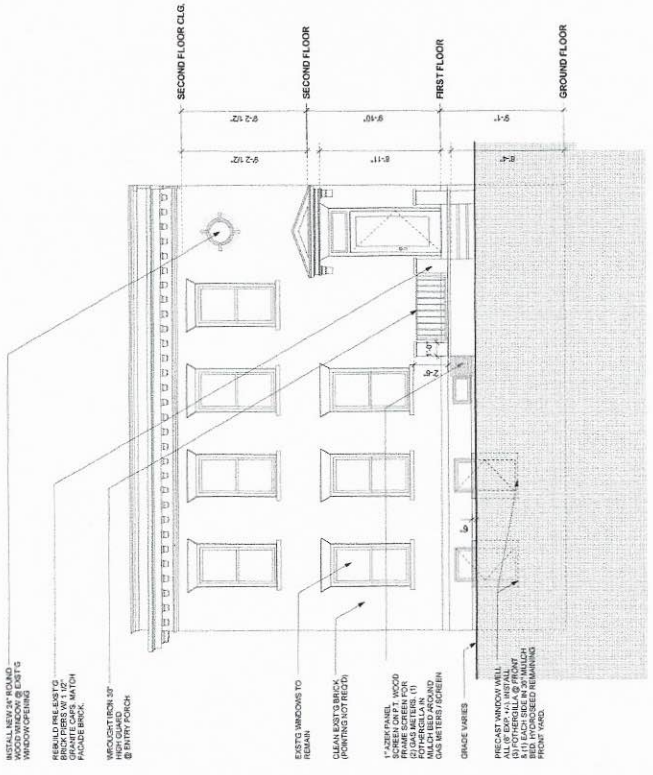




PERMIT SET 3-16-20
ELEVATIONS 7-23-20



REAR ELEVATION
1/8" = 1'-0"



FRONT ELEVATION
1/8" = 1'-0"



Boston Inspectional Services Department

Building and Structures Division

1010 Massachusetts Avenue Boston, MA 02118 Telephone: (617) 635-5300

Martin J. Walsh
Mayor

Sean Lydon
Inspector of Buildings

ALTERATION PERMIT

To erect, enlarge, alter, substantially repair, move, demolish or change occupancy of building or structure

Name of Applicant: **John Lydon**

Issue Date: **05/15/2020**

Name of Owner:

Fees: **\$1,285.00**

Location: **19 Wallingford RD**

Declared Value: **\$90,000.00**

Neighborhood: **Brighton** Ward: **21**

Legal Occupancy: **1 FAM 331 1909**

Application/Permit No.: **ALT997001**

WORK DESCRIPTION: Conversion of single family to two-family. Work to include the installation of basement easement casings and exterior rear egress staircase. Lower unit: 2 bedrooms, bathroom, living room, and kitchen. Upper 4 bedrooms, 2 bathrooms, living room kitchen area. Two rear off-street parking spaces.

plans returned from BOA and shifted to eplan

Requirements:

1. Before any construction commences, this permit must be posted at the front of the street address, affixed to a window and open to public inspection until the completion of work.
2. Rough inspections are required for: excavation before concrete is poured; before foundation work is covered; when rough wiring or plumbing is completed; prior to insulating or closing of walls.
3. Final inspections for mechanical and/or electrical shall be done prior to obtaining the final approval by the Building Inspector.
4. The holder must call the District Inspector to arrange for all inspections: 617 635-5300.

Date	Building Inspector	Insp Type	Date	Building Inspector	Insp Type
Date	Electrical Inspector	Insp Type	Date	Electrical Inspector	Insp Type
Date	Mech Inspector	Insp Type	Date	Mech Inspector	Insp Type

Construction work is permitted from Mon - Fri, 7am to 6pm, CBC Ord. 16-26.4

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES







