

**PUBLIC HEARING  
THE MOUNT WASHINGTON  
PLANNING BOARD**

The Mount Washington Planning Board, pursuant to the provisions of MGL 40A section 5 and section 215-6 (9) of the zoning bylaw, will hold a Public Hearing on **Monday July 6, 2020 at 6:00 pm at the Town Hall, 2 Plantain Pond Road, Mount Washington, MA**, to consider the application of Jeffrey Litishin and Krista McGhee of **222 East Street** for a Special Permit to construct a front porch and a deck, which would intrude into the front setback. The application is available for review on the town's website. Any person interested in, or wishing to be heard on this matter should appear at the time and place designated.

Bill Short  
Chairman

AD#49084

06/19/20, 6/26/20



Commonwealth of Massachusetts  
Town of Mount Washington  
118 East Street  
Mount Washington, MA 01258

Special Permit Application

Case No. \_\_\_\_\_

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

Any application for a special permit shall be accompanied by a surveyed site plan, drawn to scale, indicating the location, size and height of proposed buildings, site improvements, location of bodies of water and/or wetlands and containing such other information as may be required by the Planning Board.

To the Planning Board of the Town of Mount Washington:

The undersigned hereby petitions the Planning Board for a Special Permit in accordance with the requirements of the following section of the Mount Washington Zoning Bylaws:

215-6 (12)

To permit the following proposed use or activities:

DEMOLITION/REBUILD/REMODEL OF HOUSE AT  
THE BELOW ADDRESS

Applicant: RICHARD HERRINGTON

Applicant Address: PO BOX 458 HILLSDALE, NY 12529

Telephone: (518) 965-4773 Fax: \_\_\_\_\_ Email: RICHARD.HERRINGTON@  
HERRINGTONS.COM

Property Address: 27 OLD CROSS Map and Parcel ID: 9025

Deed Reference - Book: 1563-313 Page \_\_\_\_\_

Owner of Record RICHARD HERRINGTON

Owner Address PO BOX 458 HILLSDALE NY 12529

[Handwritten Signature]  
(Signature of Applicant)

6/6/2020  
Date Submitted to Mount Washington Town Clerk

\_\_\_\_\_  
Town Clerk Signature / Stamp

Application must be stamped and dated by the Town Clerk prior to Planning Board review

**From:** Richard Herrington richard.herrington@herringtons.com

**Subject:** Mt. Washington planning board

**Date:** May 12, 2020 at 5:28 PM

**To:** wmfshort@aol.com, mtwliam157@gmail.com, amyboehmcke@gmail.com, keithtorrico@gmail.com, morganbulkeley@gmail.com, emsalisburygc@gmail.com



Mt. Washington Planning Board,

I hope I have included every member of the planning board on this email and it finds you all well. In the following emails is my building permit application, survey and current and proposed floor plans. The building inspector has advised that I need "zoning relief". My house is currently 54 feet from the centerline of Old Cross Road and 93 feet from the pond. This home has existed here in this configuration since the 1930's or 1940's. I want to tear down the highlighted areas and replace the same in the same footprint. It will be more cost effective to remove what is there and rebuild rather than try to keep some of it in place and fix things. I am making no changes to the footprint. I am not adding any bedrooms. I am not increasing the height. I am not changing my use in any way. I am just upgrading what is currently there. I would like to be on the next Planning Board agenda for a determination under Section 215-17 A.2 that no special permit is required as my alterations will not increase any non-conformity in the structure.

Please confirm receipt of this email and the date of your next meeting. Thank you.

Regards,  
Rich Herrington

Town of Mount Washington  
Homeowner License Exemption

Date: 4/8/2020

Job Location: 27 OLD CROSS RD  
Number and Street Address Section of Town

Homeowner: RICHARD HERRINGTON

Present Mailing Address: P.O. BOX 458  
HILLSDALE, NY 12529

Home Telephone Number: \_\_\_\_\_ Work Phone: (518) 965-4723

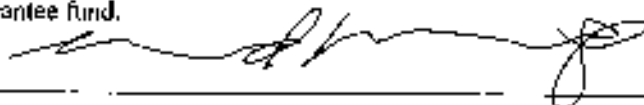
The current exemption for "homeowners" was extended to include owner-occupied dwellings of six units or less to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Sec. 109.1.1)

*Definition of Homeowner:* Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Sec. 109.1.1)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town Of Mount Washington Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

If the Homeowner is taking out the building permit, he/she is not eligible for the HTC (Home Improvement Contractors) guarantee fund.

Homeowner's Signature(s): 

Approval of Building Official: \_\_\_\_\_

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

Note: Three family dwelling 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 127.0. Construction Control



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: \_\_\_\_\_

Building Official (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 1: SITE INFORMATION

1.1 Property Address: 27 OLD CROSS

1.2 Assessors Map & Parcel Numbers  
MAP 9 LOT 25  
Map Number Parcel Number

1.3 Zoning Information: RESIDENCE  
Zoning District Proposed Use

1.4 Property Dimensions:  
34 ACRES 1200'  
Lot Area (sq ft) Frontage (ft)

1.5 Building Setback (ft)

| Front Yard |             | Side Yards |  | Rear Yard   |          |
|------------|-------------|------------|--|-------------|----------|
| Required   | Provided    | Required   | Provided                               | Required    | Provided |
|            | <u>175'</u> |            | <u>11'00" - 60mm<br/>2'-0" MINIMUM</u> | <u>950'</u> |          |

1.6 Water Supply: (M.G.L. c. 49, § 54)  
Public  Private

1.7 Flood Zone Information:  
Zone \_\_\_\_\_ Outside Flood Zone?  Check if SEB

1.8 Sewage Disposal System:  
Municipal  On site disposal system

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner of Record:  
RICHARD HERRINGTON HOLLISDALE, NY 12529  
Name (Print) City, State, ZIP

PO BOX 454 185 HERRINGTON RD (518) 665-4723 RICHARD.HERRINGTON@  
No. and Street Telephone Email Address  
HERRINGTONS.COM

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

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition

Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work: SPRAGE ORIGINAL STRUCTURE (16' X 30')  
DEMO ALL OTHER WINGS POUR NEW FOUNDATION THEN PUT  
WINGS BACK ON AS THEY ORIGINALLY ~~WERE~~ WOULD.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

| Item                             | Estimated Costs:<br>(Labor and Materials) | Official Use Only   |  |
|----------------------------------|---|---|--|
|                                  |   | 1. Building Permit Fee: \$ _____ Indicate how fee is determined:<br><input type="checkbox"/> Standard City/Town Application Fee<br><input type="checkbox"/> Total Project Cost <sup>1</sup> (Item 6) x multiplier _____ x _____ | 2. Other Fees: \$ _____<br>List: _____ |
| 1. Building                      | \$ <u>60,000</u>                          | Total All Fees: \$ _____  |  |
| 2. Electrical                    | \$ <u>7,000</u>                           | Check No. _____ Check Amount: _____ Cash Amount: _____  |  |
| 3. Plumbing                      | \$ <u>5,000</u>                           | <input type="checkbox"/> Paid in Full <input checked="" type="checkbox"/> Outstanding Balance Due: _____  |  |
| 4. Mechanical (HVAC)             | \$ <u>12,000</u>                          |   |  |
| 5. Mechanical (Fire Suppression) | \$ _____                                  |   |  |
| 6. Total Project Cost:           | \$ <u>84,000</u>                          |   |  |

**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 sq. 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: 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.

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/ica](http://www.mass.gov/ica) Information on the Construction Supervisor License can be found at [www.mass.gov/rulps](http://www.mass.gov/rulps)

2. When substantial work is planned, provide the information below:  
 Total floor area (sq. ft.) \_\_\_\_\_ (including garage, finished basement/attics, decks or porch)  
 Gross living area (sq. ft.) \_\_\_\_\_ Habitable room count \_\_\_\_\_  
 Number of fireplaces \_\_\_\_\_ Number of bedrooms \_\_\_\_\_  
 Number of bathrooms \_\_\_\_\_ Number of half-baths \_\_\_\_\_  
 Type of heating system \_\_\_\_\_ Number of decks/porches \_\_\_\_\_  
 Type of cooling system \_\_\_\_\_ Enclosed \_\_\_\_\_ Open \_\_\_\_\_

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



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): RICHARD HERRINGTON  
 Address: P.O. BOX 458  
 City/State/Zip: HILLSDALE, NY 12529 Phone #: (518) 965-4723

Are you an employer? Check the appropriate box:

- |   |  |
|---|--|
| <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 checked="" 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 employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per M.G.L. c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

Type of project (required):

6.  New construction  
 7.  Remodeling  
 8.  Demolition  
 9.  Building addition  
 10.  Electrical repairs or additions  
 11.  Plumbing repairs or additions  
 12.  Roof repairs  
 13.  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 attach 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 Section 25A of M.G.L. 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: \_\_\_\_\_ Date: 4/9/2020

Phone #: (518) 965-4723

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 MOUNT WASHINGTON  
118 East Street  
Mount Washington, MA 01258  
413 528-2839

**Construction Debris Affidavit**  
(For all demolition and renovation work)

In accordance with the provisions of MGL c40, § 54, a condition of Building Permit Number \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL, c 111, §150A.

The debris will be disposed of in: CARMEN BARBATO, INC.  
HELLEDALE, NY  
\_\_\_\_\_  
LOCATION OF FACILITY

The debris will be transported by:

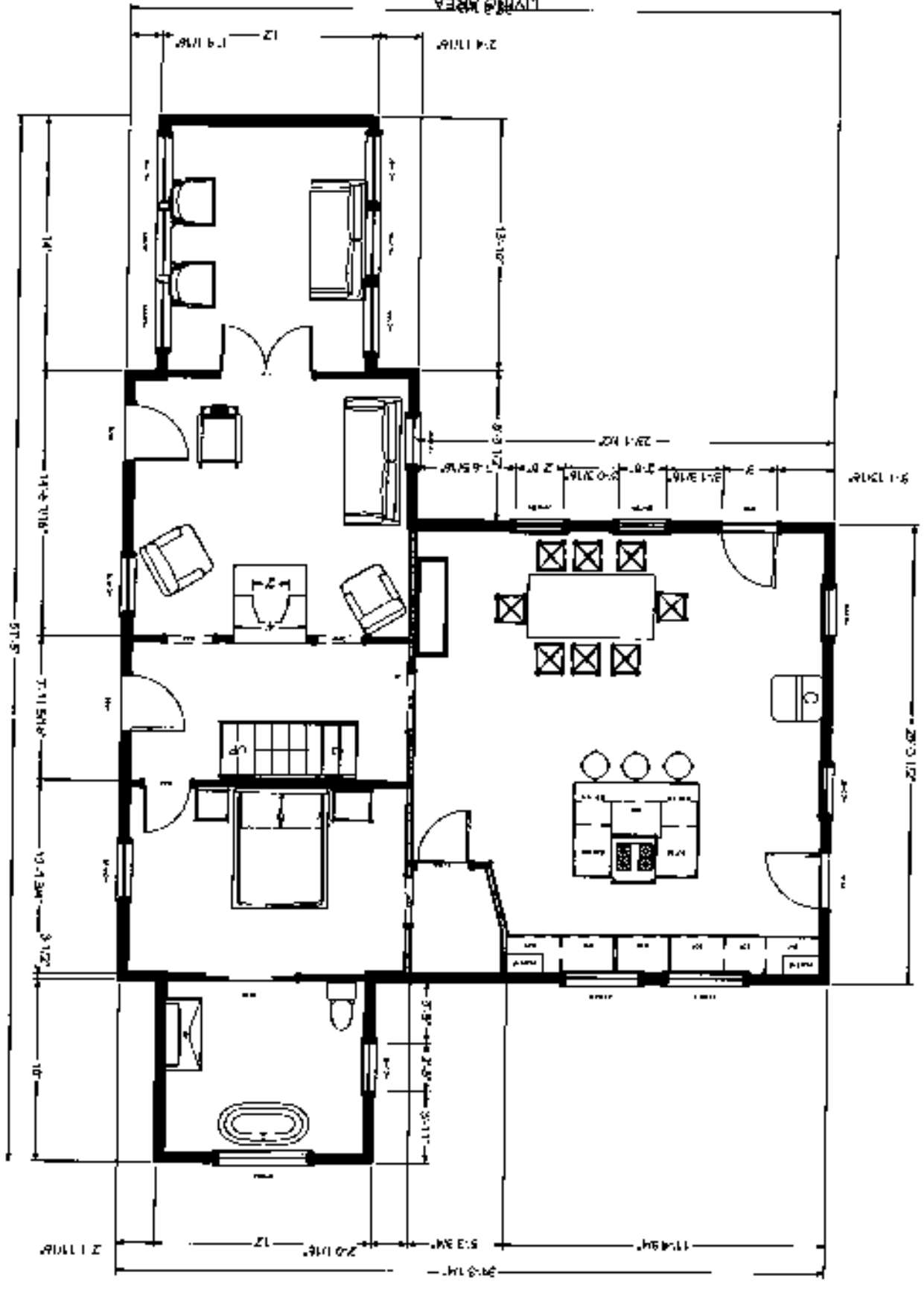
CARMEN BARBATO, INC.  
\_\_\_\_\_  
NAME OF HAULER

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT

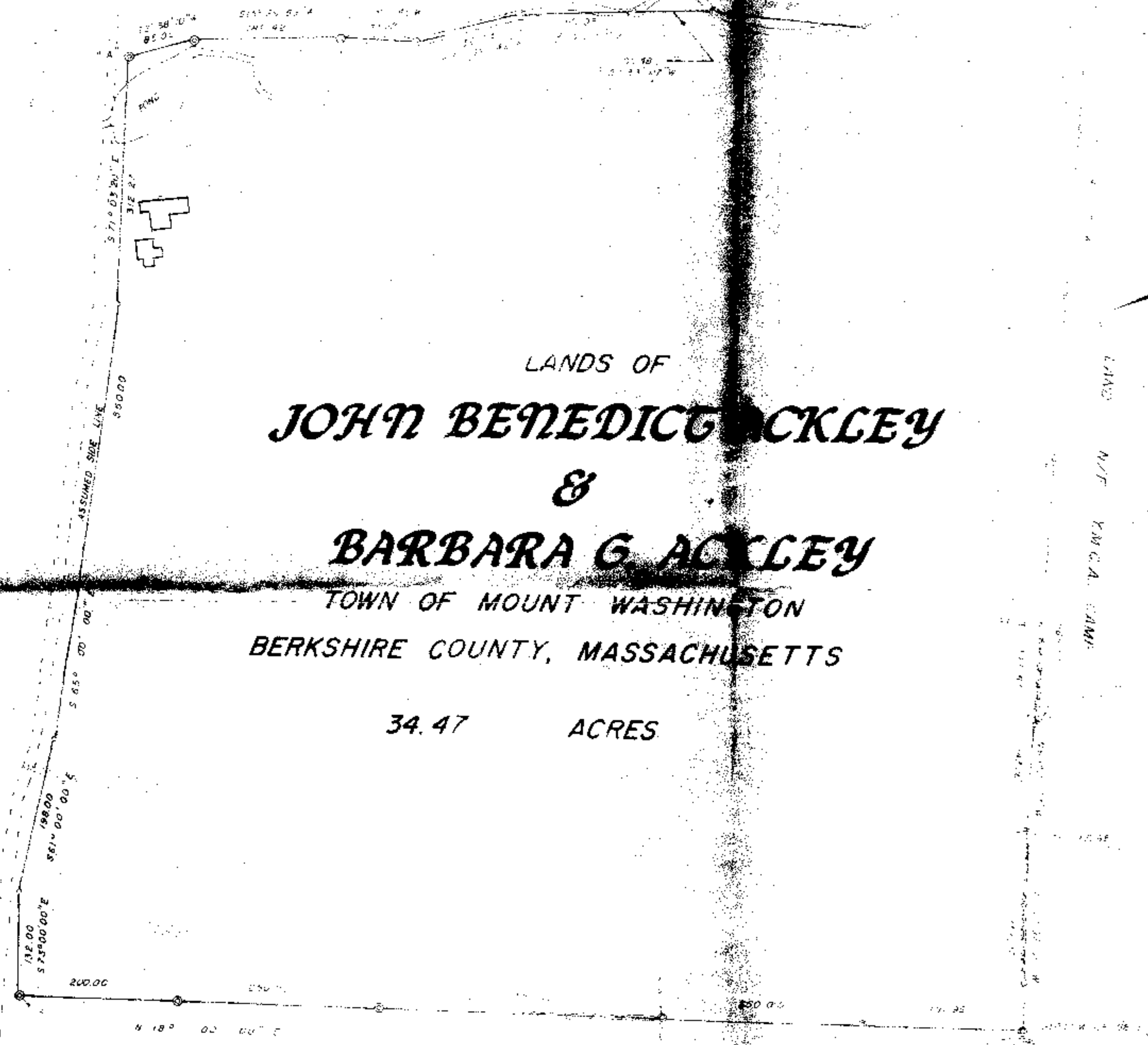
4/9/2020  
\_\_\_\_\_  
DATE



LIVING AREA  
1413.50 FT



LANDS OF ALBERT & ANNE HAYTOLDS PUR



LANDS OF  
**JOHN BENEDICT ACKLEY**

&  
**BARBARA G. ACKLEY**

TOWN OF MOUNT WASHINGTON  
 BERKSHIRE COUNTY, MASSACHUSETTS

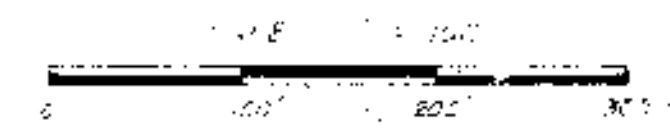
34.47 ACRES

LANES W/F KUBLER

LAND W/F KONGA CAMP



LEGEND:  
 ○ 40\"/>



SURVYORS NOTE  
 THE LINE TO BE ESTABLISHED FROM THE  
 POINT TO BETWEEN LAND OF ACKLEY & LAND  
 OF LANES

May 18, 2020

To whom it may concern,

We are asking for a special permit for the addition of a porch with deck on the front of our house. The elevation of the deck will be from 10 to 20 inches. The porch roof will be 7 feet deep and will follow the roof-line of that part of the house. The deck will extend 7 feet further than the porch roof at the same elevation. There will be steps in two locations. See drawings and pictures included with application. The distance of the setbacks are:

1. 35 feet from deck south to property line at shared driveway.
2. 38 feet from deck east to property line.
3. 38 feet from deck west to property line.

Please see plot plan with drawings of deck and setback distances.

Thank you for your time and service.

Sincerely,

Jeffrey Litishin and Krista McGhee



Commonwealth of Massachusetts  
Town of Mount Washington  
118 East Street  
Mount Washington, MA 01258

Special Permit Application

Case No. \_\_\_\_\_

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

Any application for a special permit shall be accompanied by a surveyed site plan, drawn to scale, indicating the location, size and height of proposed buildings, site improvements, location of bodies of water and/or wetlands and containing such other information as may be required by the Planning Board.

To the Planning Board of the Town of Mount Washington:

The undersigned hereby petitions the Planning Board for a Special Permit in accordance with the requirements of the following section of the Mount Washington Zoning Bylaws:

215-6 (9)

To permit the following proposed use or activities:

Addition of a Porch with deck to the front of our house

Applicant: Jeffrey Litishin and Krista McGhee

Applicant Address: 222 East St., Mount Washington, MA

Telephone: 413-528-0420 Fax: \_\_\_\_\_ Email: jeffdpt@gmail.com

(formerly 40 East St)

Property Address: 222 East St Map and Parcel 11 07

Deed Reference - Book: ~~184~~ 2226 Page ~~167~~ 185

Owner of Record Krista McGhee Jeffrey Litishin

Owner Address 222 East St. Mount Washington, MA 01258

Jeffrey Litishin / Krista McGhee  
(Signature of Applicant)

\_\_\_\_\_  
Date Submitted to Mount Washington Town Clerk

\_\_\_\_\_  
Town Clerk Signature / Stamp

Application must be stamped and dated by the Town Clerk prior to Planning Board review

160 TITLE INS. CO.

IS  
S SHOWN  
J PLAIN  
JT MADE  
D FOR

APPROX. AREA SUBJECT  
TO A RIGHT OF WAY FOR  
THE USE IN COMMON WITH OTHERS  
TO EAST ROAD  
(ALSO SEE BK-372 PG-120  
& BK-333 PG-504)

RD.

N

N/F LAND OF  
**MULLER**  
BK-333 PG-504

UTILITY POLE  
w/OVERHEAD  
WRES

CONC  
RISER  
O

GARAGE

HOUSE

DEMOTES  
(AS SHC  
PLAN)

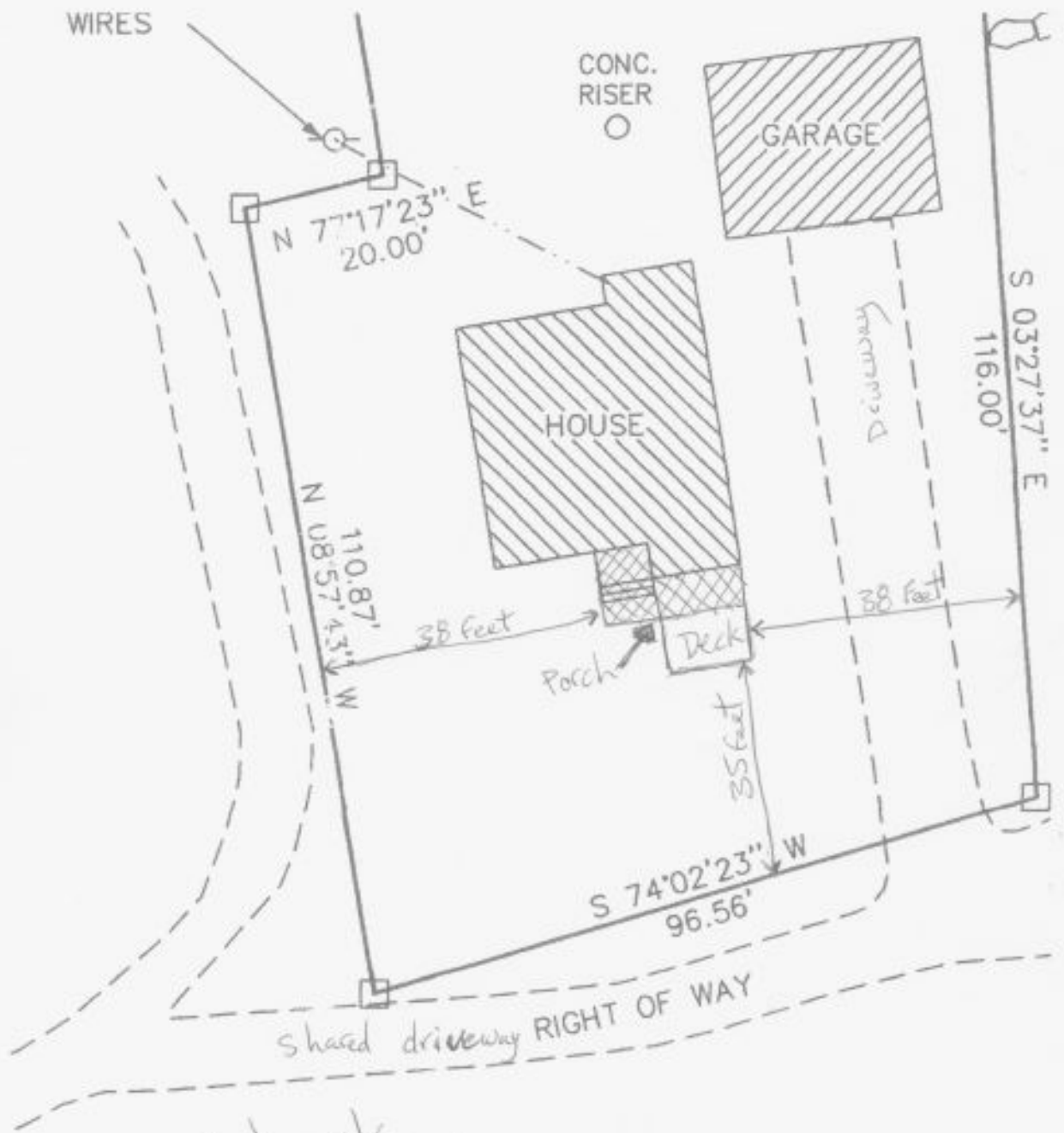


N/F LAND OF  
**HAYWARD**  
BK-372 PG-120



MO:  
OCTO  
KELLY

FAX (4



Set back  
Measurements

N/F LAND OF  
**HAYWARD**  
BK-372 PG-120

ALL DIMENSIONS IN FEET AND INCHES, UNLESS OTHERWISE SPECIFIED.

House







