

APPLICATION ARTICLE 85 DEMOLITION DELAY REVIEW

Mailing Address: Environment Dept Boston City Hall, Rm 709 Boston, MA 02201

For Office Use Only	
APPLICATION #	
COMPLETE ON	
SIGNIFICANT	
HEARING DATE	

PLEASE PRINT LEGIBLY. SCAN AND EMAIL TO BLC@BOSTON.GOV

36 Shepard Street. Brighton, MA 02135

	PROPERTY ADDRESS30 S			
				ZIP CODE
	NAME of PROPERTY			
		requested below will be used for all subsequent commu- le for illegible, incomplete or inaccurate contact inform		
I.	APPLICANT Phung/Porzio, Inc.			
	Mai Phung	Authorized Agent		
	CONTACT NAME	RELATIONSHIP TO PROPE	RTY	
	204 Adams Street # 5	Dorchester	MA	02122
	MAILING ADDRESS	CITY	STATE	ZIP CODE
	617 282 3600	Phungporzioinc@gmail.con	n	
	PHONE	EMAIL		
	Oonnut Mac Chinsomboon	Same as owner		
	PROPERTY OWNER	CONTACT NAME		
	36 Shepard Street	Brighton	MA	02135
	oo onepara oneet			ZID CODE
	MAILING ADDRESS	CITY	STATE	ZIP CODE
	-	CITY mac.chinsomboon@gm		ZIP CODE
	MAILING ADDRESS			ZIP CODE
II.	MAILING ADDRESS 617 905 6622	mac.chinsomboon@gm EMAIL		ZIP CODE
II.	MAILING ADDRESS 617 905 6622 PHONE	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF ? No	nail.com	
II. V.	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional page)	nail.com	
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional page)	nail.com ages to provide mo	re information.)
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK molished, including the number of existing housing is about the proposed project.	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional page) EMOLITION: (REQUIRED) K MUST BE GIVEN IN THE SPACE PROVIDE	ages to provide mo	re information.) Tibe the structure(s) are required to sh
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK molished, including the number of existing housing is about the proposed project.	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional particle) EMOLITION: (REQUIRED) K MUST BE GIVEN IN THE SPACE PROVIDING units, and the number of new housing units to be con	ages to provide mo	re information.) Tibe the structure(s) are required to sh
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK molished, including the number of existing housing is about the proposed project.	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional particle) EMOLITION: (REQUIRED) K MUST BE GIVEN IN THE SPACE PROVIDING units, and the number of new housing units to be con	ages to provide mo	re information.) Tibe the structure(s) are required to sh
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK molished, including the number of existing housing is about the proposed project.	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional particle) EMOLITION: (REQUIRED) K MUST BE GIVEN IN THE SPACE PROVIDING units, and the number of new housing units to be con	ages to provide mo	re information.) Tibe the structure(s) are required to sh
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK molished, including the number of existing housing is about the proposed project.	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional particle) EMOLITION: (REQUIRED) K MUST BE GIVEN IN THE SPACE PROVIDING units, and the number of new housing units to be con	ages to provide mo	re information.) Tibe the structure(s) are required to sh
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK molished, including the number of existing housing is about the proposed project.	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional particle) EMOLITION: (REQUIRED) K MUST BE GIVEN IN THE SPACE PROVIDING units, and the number of new housing units to be con	ages to provide mo	re information.) Tibe the structure(s) are required to sh
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK molished, including the number of existing housing is about the proposed project.	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional particle) EMOLITION: (REQUIRED) K MUST BE GIVEN IN THE SPACE PROVIDING units, and the number of new housing units to be con	ages to provide mo	re information.) Tibe the structure(s) are required to sh
V. BR	MAILING ADDRESS 617 905 6622 PHONE DOES THIS PROPOSED PROJECT I IF YES, PLEASE INDICATE STATU DESCRIPTION OF PROPOSED DI IEF OUTLINE OF THE PROPOSED WORK molished, including the number of existing housing is about the proposed project.	mac.chinsomboon@gm EMAIL REQUIRE ZONING RELIEF? No US OF ZBA PROCESS (If necessary, attach additional particle) EMOLITION: (REQUIRED) K MUST BE GIVEN IN THE SPACE PROVIDING units, and the number of new housing units to be con	ages to provide mo	re information.) Tibe the structure(s) are required to sh

- V. REQUIRED DOCUMENTATION: The following is a list of documents that MUST be submitted with this application. Failure to include adequate documentation will cause a delay in the review process and may result in a rejected application. No documents should be larger than 11x17.
 - 1. PHOTOGRAPHS: 3x5 or larger current color photographs of the property, properties affected by the proposed demolition and surrounding areas must be labeled with addresses and dates. Major elevations of the building(s) and any deterioration or reason for demolition should be documented. Photographs of the subject property seen from a distance with neighboring properties are required. All photographs must be keyed to a map (see below) to provide a thorough location description. Images from the internet are not acceptable.
 - 2. MAP: A map showing the location of the property affected by the proposed demolition must be submitted with this application. The map must be an 8 ½ x 11 portion of a street map, such as from a BPDA locus map or an internet mapping site.
 - 3. **PLOT PLAN:** A plot plan showing the existing building footprint and those of buildings in the immediate vicinity must be submitted with this application. Assessing parcel maps will be accepted, if the footprint of the relevant structure(s) is illustrated.
 - 4. PLANS and ELEVATIONS: If a new structure is being planned, a site plan, building plans and elevations of the new structure(s) must be submitted. If no new building is planned, submit plans for site improvements and a written narrative describing the proposed use and treatment of parcel. (Parking, landscaping, clear debris, fill excavations, etc.) Do not submit sheets larger than 11x17.
 - 5. **PROOF OF OWNERSHIP:** Proof of ownership must be submitted with the application. A copy of a property deed, property tax assessment bill, or other official documentation of property ownership is required.

NOTE: Copies of all documentation submitted with this application (photographs, maps, plot plans, etc.) should be retained by the applicant should additional copies be necessary for a commission hearing. Additional materials will be requested if a hearing is required.

VI. NOTARIZED SIGNATURES: Both the applicant's and the legal property owner's signatures must be notarized. In cases of multiple ownership, the chair of the condominium or cooperative association or authorized representative (such as a property manager) shall sign as owner; in cases of institutional ownership, an authorized representative of the organization shall sign as owner.

The facts set forth above in this application and accompa	anying documents are a true statement made under penalty of perjury.
APPLICANT	OWNER* & MacC. Chi
	*(If building is a condominium or cooperative, the chairman must sign.)
PRINT MAE THIENIS	PRINT Donnat M. Chinsomboon
On this O day of March 2022, before me, the undersigned Notary Public, personally** appeared Mar Phon 3 (name of document signer), proved to me through satisfactory evidence of identification, which were MADL SIO441966 to be the person whose name is signed on the preceding or attached document in my presence. (official suggestion e and Equit Notary My Commission expires: 08.30.24	of identification, which were MADL \$6\$625677 to be the person whose name is signed on the preceding or attached document in my presence
**During the declared state of emergency que to COVID-19. d	ANDREW E. ALLEN Notary Public Massachusetts My Commission Expires Oct 27, 2028

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.

Please review all instructions and documentation requirements carefully before submitting your application. It is your responsibility to ensure the application is complete before submittal. **Incomplete applications will not be accepted.**

Once you have submitted the application, staff will review for completeness and will be in touch about next steps.

This form approved by Commissioner of Revenue

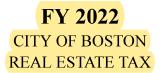
COMMONWEALTH OF MASSACHUSETTS CITY OF BOSTON

OFFICE OF THE COLLECTOR-TREASURER ONE CITY HALL SQUARE, BOSTON, MA 02201

> **COLLECTOR OF TAXES JUSTIN STERRITT**

CHINSOMBOON OONNUT M 36 SHEPARD ST **BRIGHTON MA 02135**





Office of the Assessor 617-635-4287 Office of the Collector 617-635-4131 Office Hours: Monday - Friday 9:00 AM - 5:00 PM

> PAYMENTS CAN BE MADE ONLINE AT: www.boston.gov/taxpayments credit/debit card payments are subject to fees

If you are using a payment service to pay this bill, you MUST indicate the TAXYEAR and BILL NUMBER on the check

MAKE CHECKS PAYABLE TO: THE CITY OF BOSTON

MAIL CHECKS TO: BOX 55808 BOSTON, MA 02205

Do not send cash

Do not send cash						
WARD	PARCEL NO.	BILL NUMBER		BANK NO.		
22	05383-001	33181		81		103
LOCATI	ON	AREA				
36 SHEPARD ST 3000			3000			
	RESIDENTIAL C	OPEN SPACE COMMERCIAL INDUSTRIA		INDUSTRIAL		
Tax Rate Per \$1,00		10.88 24.98 24.98		24.98		
CLASS	DESCRIPTION	ASSESSED OWNER		WNER		
R3 R3	LAND BUILDING	CHINSOMBOON OONNUT M		NNUT M		

IMPORTANT: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

IF YOU WISH TO CONTEST YOUR ASSESSMENT, YOU MAY FILE AN ABATEMENT BY 02/01/2022. DEADLINE FOR PAYMENT WITHOUT INTEREST IS 02/01/2022.

TAXPAYER'S COPY **3RD QUARTER**

TOTAL FULL VALUATION	837,600.00
RESIDENTIAL EXEMPTION	.00
TOTAL TAXABLE VALUATION	837,600.00
COMMUNITY PRESERVATION ACT	80.25
SPECIAL ASSESSMENT	.00
CODE VIOLATIONS	.00
TOTAL TAX & SPEC ASSMNT. DUE	9,193.34
PERSONAL EXEMPTIONS	2,020.00
PAYMENTS TO DATE/CREDITS	2,575.25
NET TAX & SPEC. ASSMNT. DUE	4,598.09
PRELIMINARY OVERDUE	.00
1ST TAX PAYMENTS DUE BY 02/01/2022	2,299.05
2ND TAX PAYMENTS DUE BY 05/02/2022	2,299.04
TAX DUE	2,299.05
FEES	.00
INTEREST	.00
TOTAL DUE	
Pay by 02/01/2022	2,299.05

Please detach this portion and remit this slip with payment

COMMONWEALTH OF MASSACHUSETTS CITY OF BOSTON

COLLECTOR'S COPY 2022 REAL ESTATE TAX 3RD QUARTER

This form approved by Commissioner of Revenue

WARD	PARCEL NO.	BILL NUMBER	BANK NO.
22	05383-001	33181	103
LOCATI	ON		
36 SHEP	ARD ST		

COLLECTOR OF TAXES JUSTIN STERRITT

MAKE CHECKS PAYABLE TO: THE CITY OF BOSTON

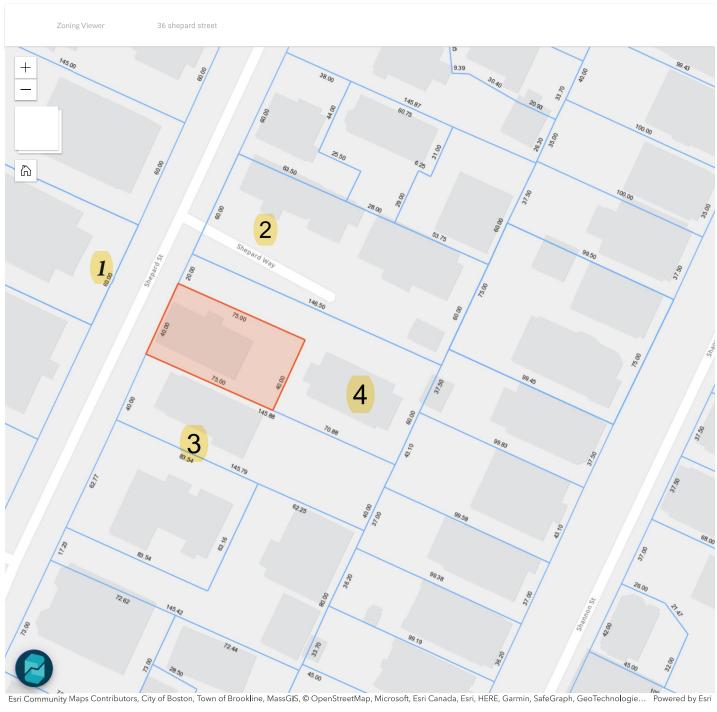
ASSESSED OWNER: CHINSOMBOON OONNUT M

CHINSOMBOON OONNUT M 36 SHEPARD ST **BRIGHTON MA 02135**

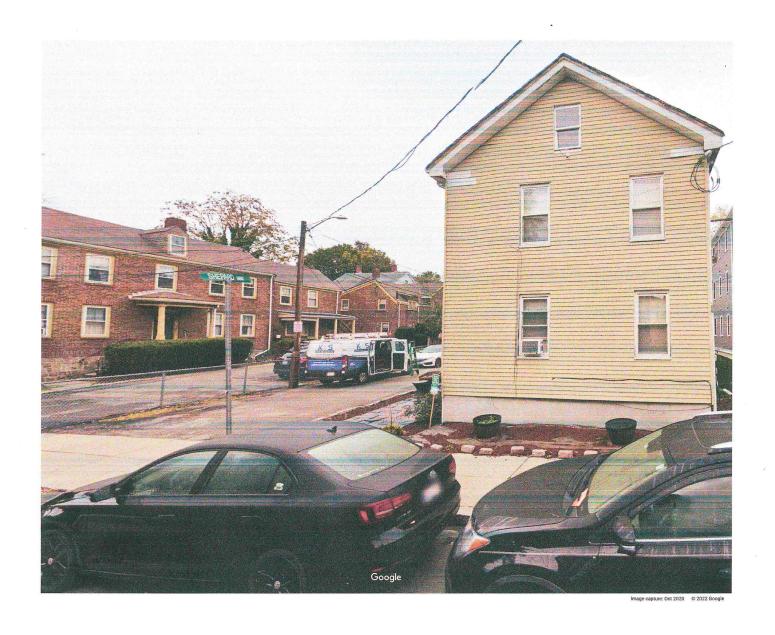
MAIL CHECKS TO: BOX 55808 BOSTON, MA 02205

Do not send cash

TAX DUE	2,299.05
FEES	.00.
INTEREST	.00
TOTAL DUE	
Pay by 02/01/2022	2,299.05



36 Shepard Street - Map



36 Shepard Street - Street View



36 Shepard Street - Left Side View - Building Entrance



36 Shepard Street - Right Side View



36 Shepard Street - Rear View

Proposed 3 Family 36 Shepard Street Brighton, MA 02132

T-1 COVER SHEET SP-1 SITE PLAN A-1.1 PROPOSED FLOOR PLANS A-1.2 PROPOSED FLOOR PLANS A-2.1 PROPOSED ELEVATIONS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PARTITION TYPE DOOR SYMBOL	1. THE CONTRACTOR SHALL PAY FOR ALL PERMITS REQUIRED FOR THIS PROJECT. 2. THE GENERAL CONTRACTOR IS RESPONSIBLE FOR MEANS, METHODS, TECHNIQUES, SEQUENCING, SCHEDULING AND SAFETY FOR THIS PROJECT. 3. ALL WORK SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL BUILDING CODES. 4. ALL ELECTRICAL & PLUMBING WORKS SHALL BE PERFORMED BY LICENSED ELECTRICIAN & LICENSED PLUMBER IN CONFORMANCE TO THE MASSACHUSETTS STATE BUILDING CODE.
A-1.1 PROPOSED FLOOR PLANS A-1.2 PROPOSED FLOOR PLANS A-2.1 PROPOSED ELEVATIONS	DOOR SYMBOL	AND LOCAL BUILDING CODES. 4. ALL ELECTRICAL & PLUMBING WORKS SHALL BE PERFORMED BY LICENSED ELECTRICIAN & LICENSED PLUMBER IN CONFORMANCE TO THE MASSACHUSETTS
A-2.1 PROPOSED ELEVATIONS A-2.2 PROPOSED ELEVATIONS	DOOR SYMBOL	PERFORMED BY LICENSED ELECTRICIAN & LICENSED PLUMBER IN CONFORMANCE TO THE MASSACHUSETTS
A-2.2 PROPOSED ELEVATIONS		STATE BOILDING CODE.
		5. PRIOR TO SUBMITTING A BID, THE GENERAL CONTRACTOR SHALL VISIT AND THOROUGHLY AQUATINTED WITH THE PROJECT.
	EXHAUST VENT	6. THE CONTRACTOR SHALL REPORT ANY DISCREPANCIES BETWEEN DRAWINGS, SPECIFICATIONS AND FIELD CONDITIONS TO THE OWNER IMMEDIATELY.
	EXTERIOR ELEVATION	7. THE CONTRACTOR SHALL MAKE APPLICATION FOR ALL UTILITIES AND SERVICES. 8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE CLEANING OF HIS WORK. KEEP THE SITE CLEAR FOR ACCESS BY THE OWNER AND HIS FORCES DURING THE COURSE OF THE JOB.
		9. THE CONTRACTOR IS RESPONSIBLE FOR REPAIRING ANY WORK DAMAGED BY HIS FORCES WHILE PERFORMING THIS CONTRACT.
		10. THE CONTRACTOR SHALL WARRANTEE HIS WORK FOR A PERIOD OF ONE YEAR FROM THE DATE OF FINAL COMPLETION.
	VINDOW SYMBOL	11. DESIGN: IT IS INCUMBENT UPON THE CONTRACTOR TO BUILD THE PROJECT AS DESIGNED. ATTENTION SHOULD BE PAID TO THE DETAILS AS WELL AS THE OVERALL DESIGN. IF THERE ARE ANY QUESTIONS OR CHANGES TO BE MADE TO THE DESIGN THE OWNER & DESIGNER ARE TO BE NOTIFIED BEFORE SAID CHANGES ARE MADE.
	SECTION SYMBOL	

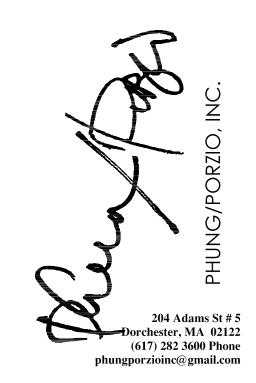
Proposed 3 Family 36 Shepard Street 3righton, MA 0213,

DATE: 03-28-22

SCALE: AS NOTE

DRAWN BY: MP

CHECKED BY:



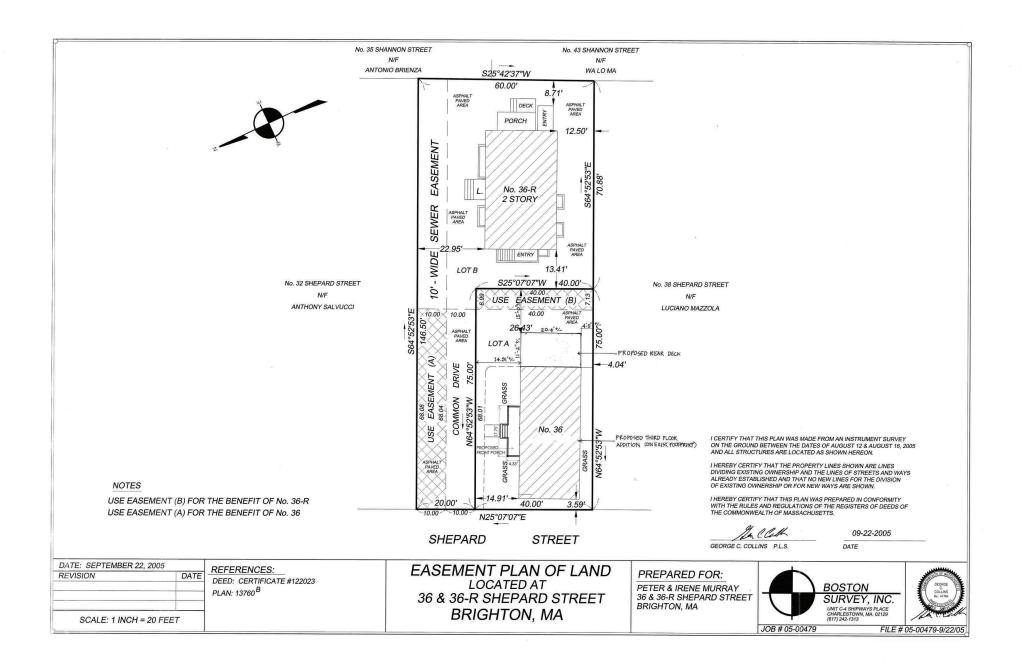
REVISION: DA

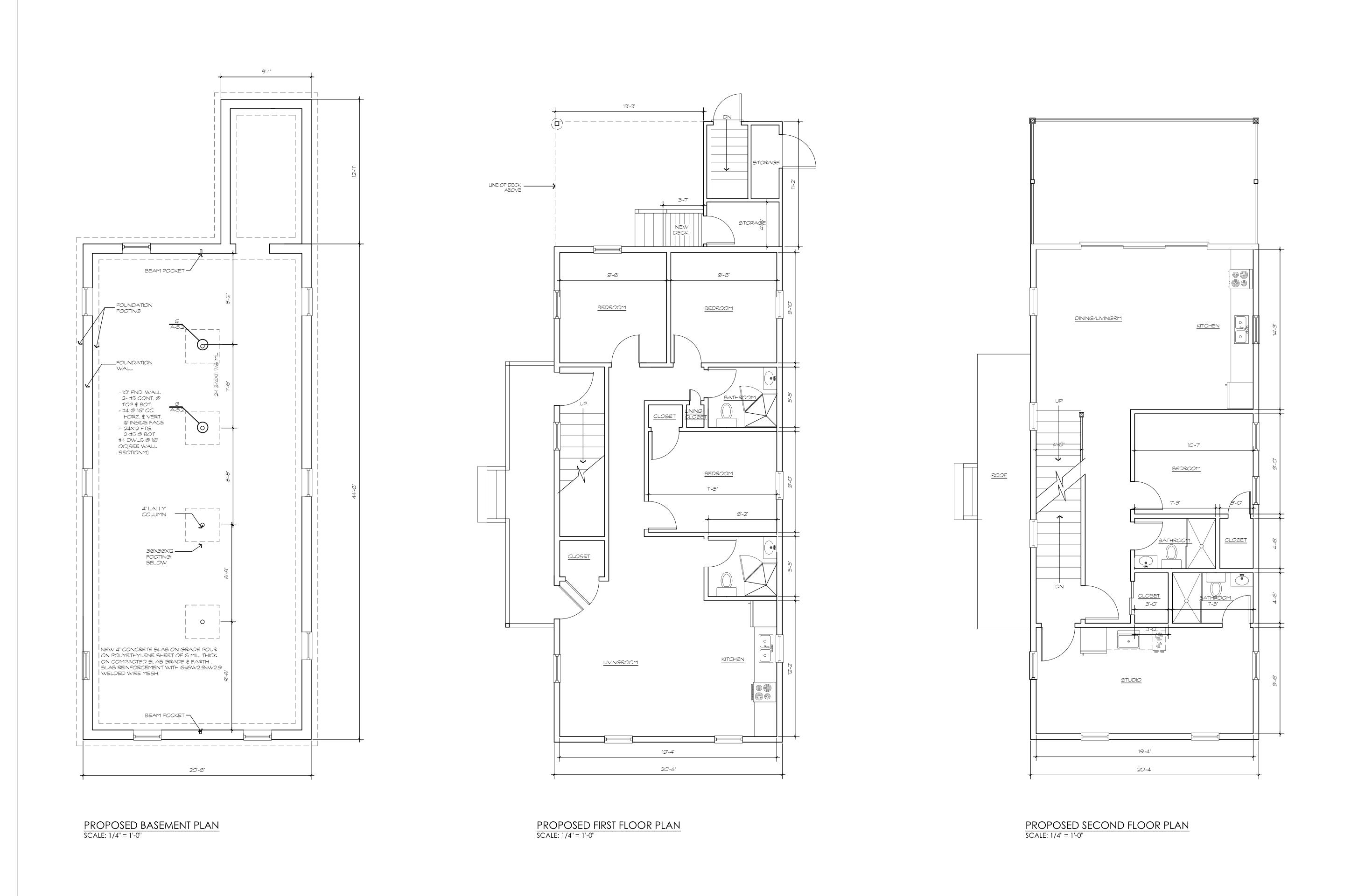
DRAWING TITLE:

Cover Sheet

SHEET NUMBER:

T-1





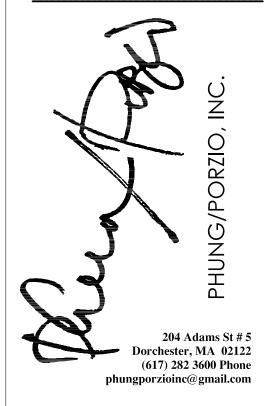
Proposed 3 Family 36 Shepard Street 3righton, MA 02132

DATE: 03-28-22

SCALE: AS NOTED

DRAWN BY: MP

CHECKED BY:



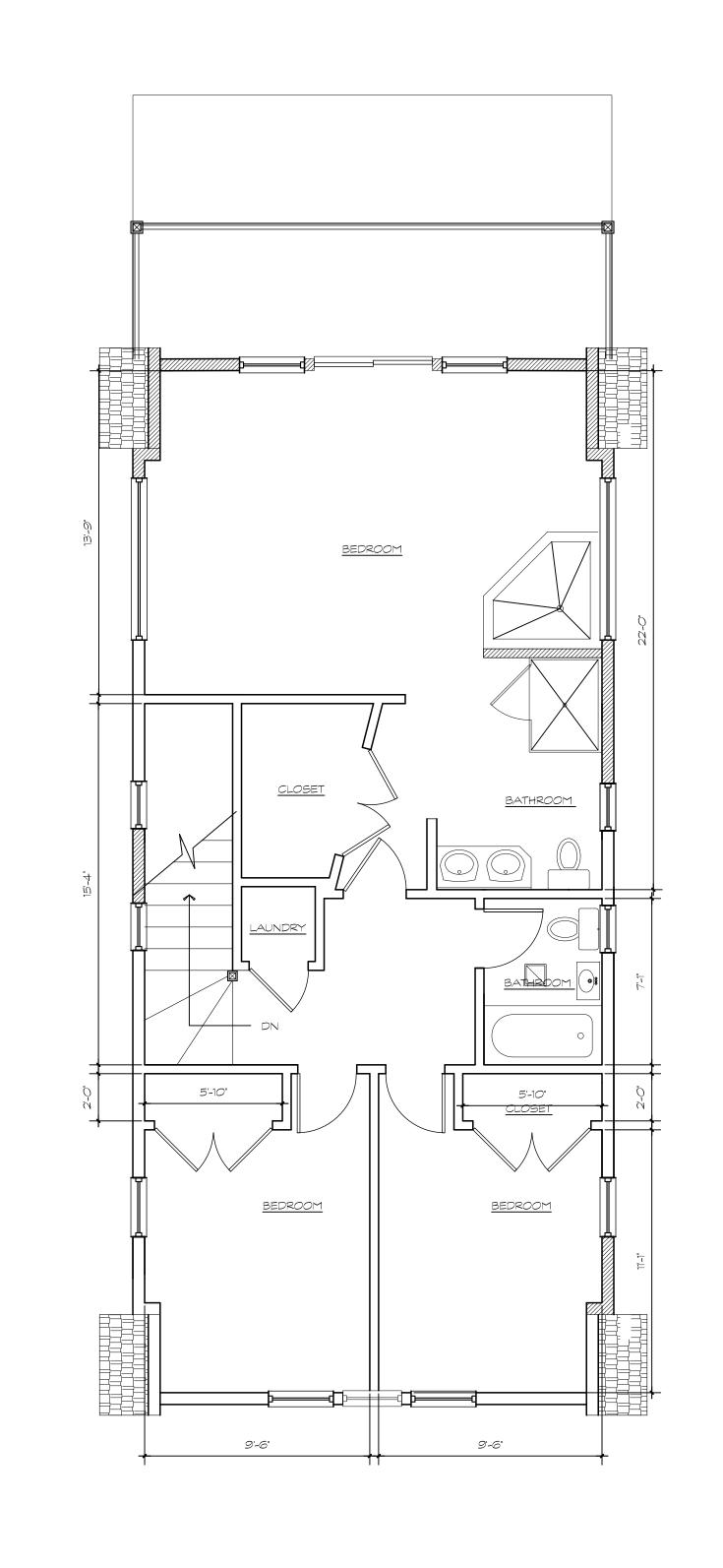
REVISION: DATE:

DRAWING TITLE:

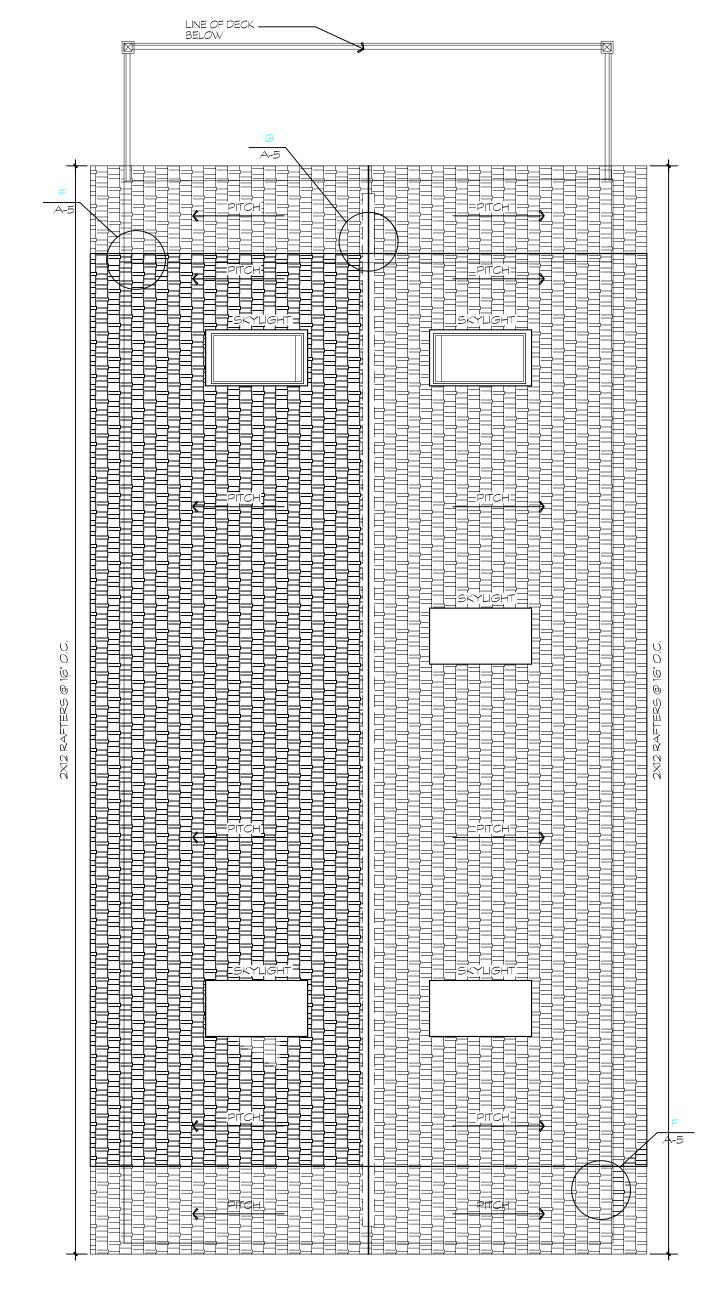
Proposed Floor Plans

SHEET NUMBER:

A-1.1



PROPOSED THIRD FLOOR PLAN
SCALE: 1/4" = 1'-0"



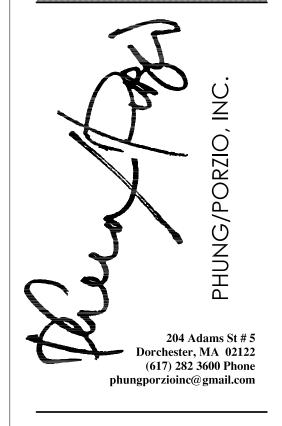
PROPOSED ROOF PLAN SCALE: 1/4" = 1'-0" Proposed 3 Family 36 Shepard Street Brighton, MA 02132

DATE: 03-28-22

SCALE: AS NOTED

DRAWN BY: MP

CHECKED BY:



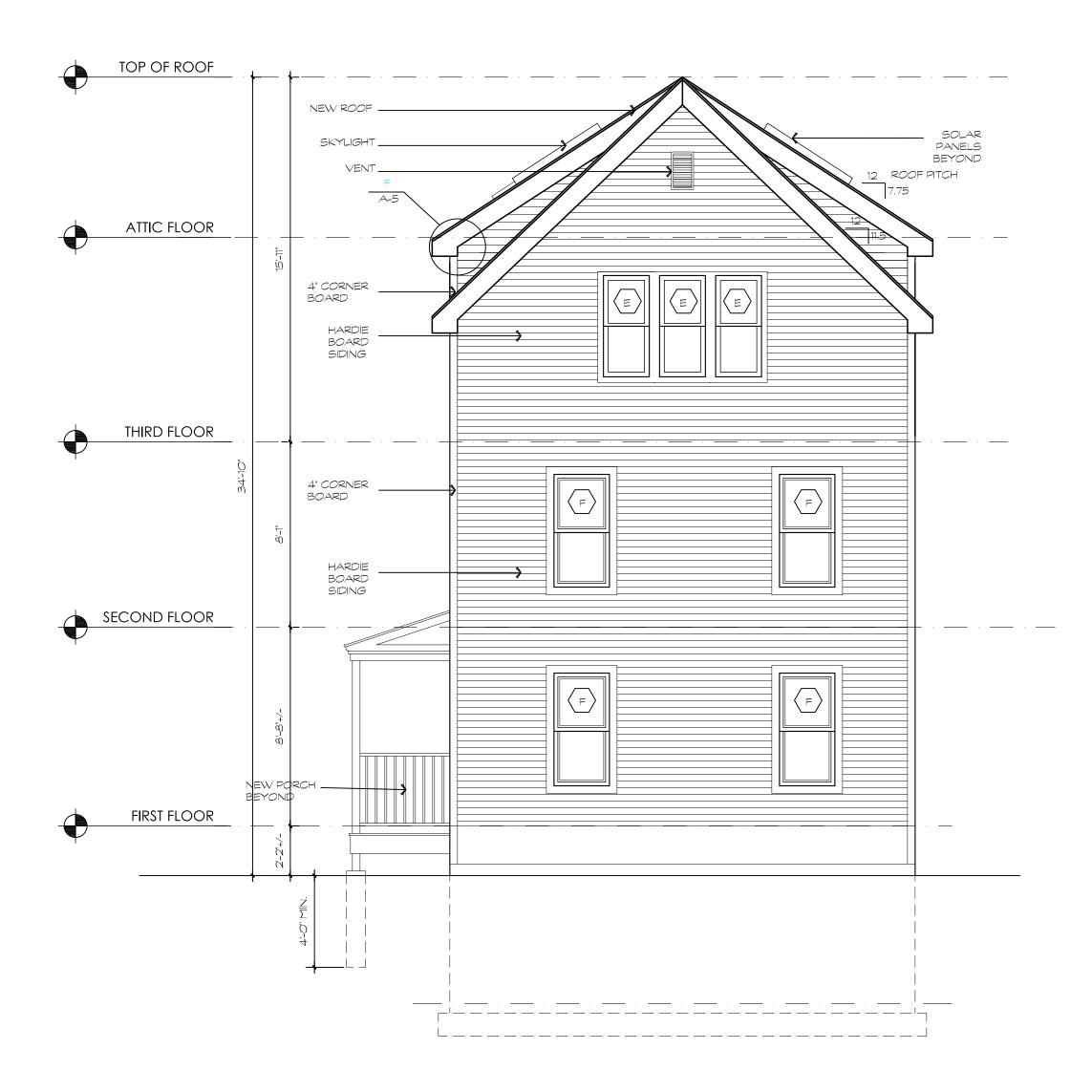
REVISION: DATE:

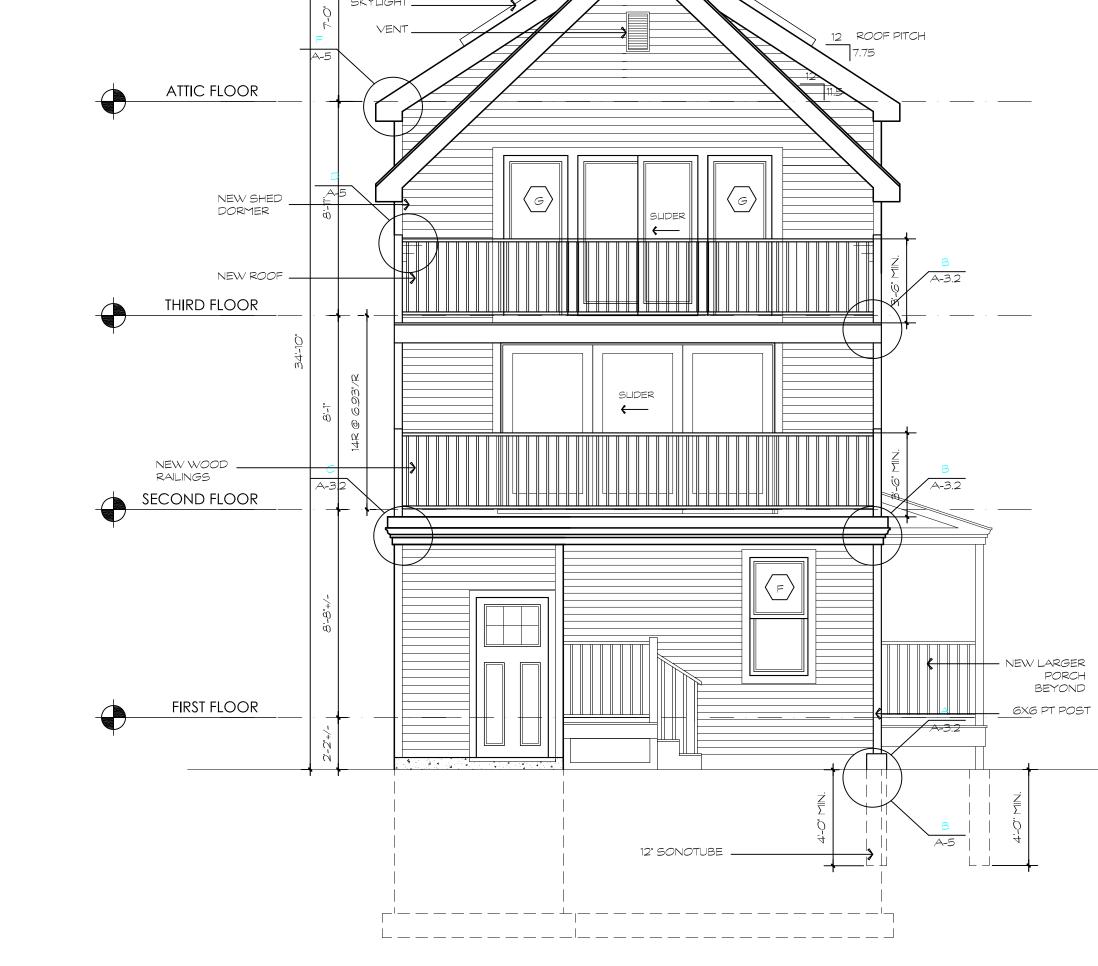
DRAWING TITLE:

Proposed Floor Plans

Sheet number:

A-1.2





TOP OF ROOF

PROPOSED FRONT ELEVATION (SHEPARD STREET)
SCALE: 1/4" = 1'-0"

PROPOSED REAR ELEVATION

SCALE: 1/4" = 1'-0"

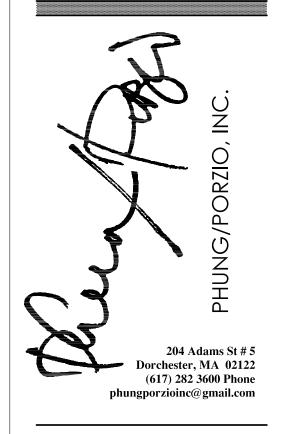
Proposed 3 Family 36 Shepard Street Brighton, MA, 02132

DATE: 03-28-22

SCALE: AS NOTED

DRAWN BY: MP

CHECKED BY:



DATE:

Proposed Floor Plans

Sheet number:

A-2.1

PROPOSED RIGHT ELEVATION
SCALE: 1/4" = 1'-0"

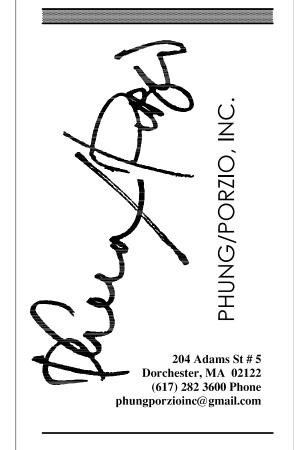
Proposed 3 Family 36 Shepard Street Brighton, MA 02132

DATE: 03-28-22

SCALE: AS NOTED

DRAWN BY: MP

CHECKED BY:



REVISION:	DATE:
DRAWING TITLE:	<u> </u>

Proposed Elevation

SHEET NUMBER:

A-2.2

PROPOSED LEFT ELEVATION
SCALE: 1/4" = 1'-0"

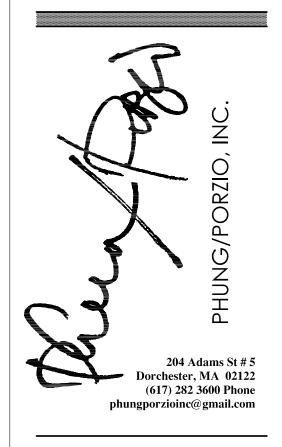
Proposed 3 Family 36 Shepard Street Brighton, MA 02132

DATE: 03-28-22

SCALE: AS NOTED

DRAWN BY: MP

CHECKED BY:



REVISION:	DATE:
-	
DRAWING TITL	.E:

Proposed Elevation

SHEET NUMBER:

A-2.3