



Property Information

Request Information

Update Information

File#:	BS-X01672-1752076407	Requested Date:	06/13/2024	Update Requested:
Owner:	MICHAEL JELLEY	Branch:		Requested By:
Address 1:	15 FLUSHING POND RD	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	WESTFORD, MA	# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per Town of Westford Department of Zoning there are no Code Violation cases on this property.

Collector: Town of Westford
Payable Address: 55 Main Street, Westford, MA 01886
Business# 978.692.5500

PERMITS Per Town of Westford Building Department there are Open permits on this Property.

Permit# R-100406
Permit Type: SHED Replacing

Permit# 2004402350
Permit Type: Electrical Permit

Permit# 2999
Permit Type: Electrical Permit

Collector: Town of Westford
Payable Address: 55 S Main St, Westford, MA 01886
Business# (978) 692-5527

SPECIAL ASSESSMENTS Per Town of Westford Department of Finance there are no Special Assessments/liens on the property.

Collector: Town of Westford
Payable Address: 55 S Main St, Westford, MA 01886
Business# 978-692-5506

DEMOLITION NO

UTILITIES Water & Sewer;
The house is on a community water and sewer. All houses go to the shared well and septic system.

Garbage :
Garbage bills are included in the Real Estate Property taxes.



- HOME
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- SUMMARY
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| [Printable Record Card](#) | [Previous Assessment](#) | [Condo Info](#) | [Sales](#) | [Zoning](#) | [Comments](#)

WebPro

Card 1 of 1

Location [15 FLUSHING POND RD](#) **Property Account Number** [0](#) **Parcel ID** [076 0024 0000](#)
Old Parcel ID --

Current Property Mailing Address

Owner [JELLEY MICHAEL J](#) **City** [WESTFORD](#)
JELLEY ALTHEA V **State** [MA](#)
Address [15 FLUSHING POND RD](#) **Zip** [01886](#)
Zoning [RB](#)

Current Property Sales Information

Sale Date [7/30/2003](#) **Legal Reference** [15846-185](#)
Sale Price [1](#) **Grantor(Seller)** [JELLEY ALTHEA BASINAS,](#)

Current Property Assessment

Year [2024](#) **Card 1 Value**
Land Area [0.611 acres](#) **Building Value** [477,300](#)
Xtra Features Value [1,800](#)
Land Value [409,000](#)
Total Value [888,100](#)

Narrative Description

This property contains [0.611 acres](#) of land mainly classified as [ONE FAM](#) with a(n) [CONTEMPORARY](#) style building, built about [1979](#) , having [VINYL](#) exterior and [ASPHALT](#) roof cover, with [1](#) unit(s), [7](#) total room(s), [4](#) total bedroom(s), [2](#) total bath(s), [0](#) total half bath(s), [0](#) total 3/4 bath(s).

Legal Description

Click Property Images to Enlarge

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Subject: FW: BS-X01672-1752076407 // 15 FLUSHING POND ROAD public records request

You don't often get email from lshaw@westfordma.gov. [Learn why this is important](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

From: Henry Fontaine <hfontaine@westfordma.gov>

Sent: Wednesday, July 3, 2024 2:28 PM

To: Laurie Shaw <lshaw@westfordma.gov>

Subject: RE: BS-X01672-1752076407 // 15 FLUSHING POND ROAD public records request

Good afternoon Laurie,

Please find attached Open Permits for 15 Flushing Pond.

Sincerely,

Henry Fontaine, CBO
Building Commissioner
Zoning Enforcement Officer
Town of Westford
55 Main Street, Westford, MA 01886
Direct Line (978) 399-2509
Main Line (978) 692-5527
Work Cell (978) 846-3650
[Hfontaine@westfordma.gov](mailto:hfontaine@westfordma.gov)
www.westfordma.gov



The Commonwealth of Massachusetts



Town of Westford
 Building Department
 55 Main Street, Westford, MA 01886
 Phone: (978)692-5527
 Fax: (978) 399-2732

JOB WEATHER CARD

Amount Paid: \$ 50
Check #: Cash
Date Paid:

Date Issued: 9/28/2010 **Permit #:** R-100406

Applicant: JELLEY MICHAEL J **Address:** 15 FLUSHING POND RD
 WESTFORD, MA 01886

Permit To: Shed/Barn:
 Construct a 12' X 14' SHED replacing existing 10' x 12' shed-- ground will not be distrubed

AT (Location): 15 FLUSHING POND RD **Proposed Use:** SFD

Owner: JELLEY MICHAEL J **Owner Address:** 15 FLUSHING POND RD
 JELLEY ALTHEA V WESTFORD, MA 01886

Approved By: Matthew Hakala

Approval Comments:
Building - Approved as noted on plans. Shall comply with 780CMR & all other regulations as required.

Approved plans must be retained on job and this card kept posted until final inspection has been made. Where a certificate of occupancy is required, such building shall not be occupied until final inspection has been made. Where applicable, seperate permits are required for electrical, plumbing and mechanical installations.

POST THIS CARD

Building Inspection Approvals	Plumbing Inspection Approvals	Electrical Inspection Approvals
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	Gas Inspection Approvals	Fire Inspection Approvals
5.	1.	1.
6.	2.	2.
7.	3.	Board of Health
Planning Department	Conservation Department	1.
1.	1.	Mechanical Inspection
Assessors	Water Department	1.
1.	1.	2.

Work shall not proceed until the inspectors have approved the various stages of construction. Permit will become null and void if construction work is not started within six (6) months of the date the permit is issued as noted above. Inspections indicated on this card can be arraigned for by telephone or by written notification.



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only	
Permit No.	2004402350
Occupancy and Fee Checked	\$ 180.00
[Rev. 11/99] (leave blank)	5358

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 7/13/04 To the Inspector of Wires: [Handwritten signature]

City or Town of: Westford

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 15 Flushing Pond Rd.

Owner or Tenant Michael Jolley Telephone No. _____

Owner's Address Same

Is this permit in conjunction with a building permit? Yes [X] No [] (Check Appropriate Box)

Purpose of Building Residential Utility Authorization No. 95698

Existing Service 200 Amps 120/240 Volts Overhead [X] Undgrd [] No. of Meters 1

New Service _____ Amps _____ Volts Overhead [] Undgrd [] No. of Meters _____

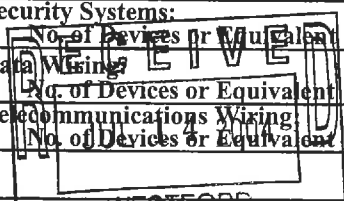
Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Relocate Service Drop from front of house to side of Garage to make room for addition

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. [] In-grnd. []	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local [] Municipal Connection [] Other []	
No. of Dryers	Heating Appliances KW	Security Systems:	
No. of Water Heaters KW	No. of Signs No. of Ballasts	No. of Devices or Equivalent Data Wiring []	
No. Hydromassage Bathtubs	No. of Motors Total HP	No. of Devices or Equivalent Telecommunications Wiring []	

* OTHER: Wire New Kitchen addition



INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may be issued unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE [X] BOND [] OTHER [] (Specify: Liability 9/30/2004 (Expiration Date)

Estimated Value of Electrical Work: 2300.00 (When required by municipal policy.)

Work to Start: 7/14/04 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

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

FIRM NAME: Mitchell Electric Inc License No.: 16270A

Licensee: William Mitchell Signature [Handwritten] License No.:

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No.: (978) 251-1100

Address: 7 Doris Dr. N. Chelmsford MA. 01863 Alt. Tel. No.:

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) [] owner [] owner's agent.

Owner/Agent Signature _____ Telephone No. _____ PERMIT FEE: \$180.00

3- Inspections



The Commonwealth of Massachusetts

Department of Public Safety

BOARD OF FIRE PREVENTION REGULATIONS 527 CMR 12:00

Office Use Only
Permit No. <u>2999</u>
Occupancy & Fee Checked _____
3/90 (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code, 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date 12/1/93

City or Town of Westford

To the Inspector of Wires:

The undersigned applies for a permit to perform the electrical work described below.

Location (Street & Number) 15 Flushing Pond Rd

Owner or Tenant Michael Jell

Owner's Address SAME

Is this permit in conjunction with a building permit: Yes No (Check Appropriate Box)

Purpose of Building Dinnette Utility Authorization NO. _____

Existing Service _____ Amps / _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps / _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work small sun rm / Dinnette
Rewire

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	FIRE ALARMS No. of Zones	
No. of Ranges	No. of Air Cond. Total tons	No. of Detection and Initiating Devices	
No. of Disposals	No. of Heat Pumps Total Tons	No. of Sounding Devices	
No. of Dishwashers	Space/Area Heating KW	No. of Self Contained Detection/Sounding Devices	
No. of Dryers	Heating Devices KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/> Connection	
No. of Water Heaters KW	No. of Signs	No. of Ballasts	
No. Hydro Massage Tubs	No. of Motors	Total HP	

OTHER:

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws I have a current Liability Insurance Policy including Completed Operations Coverage or its substantial equivalent. YES NO I have submitted valid proof of same to this office. YES NO If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE BOND OTHER (Please Specify) _____ (Expiration Date) _____

Estimated Value of Electrical Work \$ NA

Work to Start _____ Inspection Date Requested: Rough Ready Final _____

Signed under the penalties of perjury:

FIRM NAME Kelvey & Sons LIC. NO. A5949

Licensee _____ Signature _____ LIC. NO. _____

Address 132 Concord Rd Westford MA Bus. Tel. No. 772 7027

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement. Owner _____ Agent _____ (Please check one)

Robert Kelvey Telephone No. 772 7027 PERMIT FEE \$ _____
(Signature of Owner or Agent)