

To occupy Street
apply at office of Board of Public Works

Size of Building
Front Line in Feet
Side Line in Feet
Rear in Feet

BUILDING DEPARTMENT

of the

CITY OF WESTFIELD

OFFICE OF THE INSPECTOR OF BUILDINGS

PAID . . \$25.00
No. 365

Westfield, Mass., July 9, 19 98

This certifies that permission is granted Thomas E. Hague Jr. to install above ground
pool 28' located at 111 Hawks Cir. Ward

provided that the person accepting this permit shall in every respect conform to the terms of the application on file in this office, and to the Provisions of Law and the Statutes and Ordinances of the City of Westfield, and especially to those relating to the Construction, Maintenance and Inspection of buildings in the City of Westfield. Any violation of any of the terms above noted shall cause an immediate revocation of this permit.

Expires 6 months from date.

[Signature]
Inspector of Buildings



City of Westfield BUILDING DEPARTMENT

Office of the Building Inspector

REQUIRED INSPECTIONS

1. Footings and Walls
2. Structural Components in Place
3. Insulation Inspection
4. Complete Building

No. 365

Date July 9, 1998

BUILDING PERMIT

THIS MAY CERTIFY THAT THOMAS E. HAGUE, JR. has permission to install above ground pool 28' situated on 111 Hawks Circle

provided that the person accepting this permit shall in every respect conform to the terms of the application on file in this office, and to the provisions of the Statutes and the Ordinances relating to the Construction, Maintenance and Inspection of Buildings in the City of Westfield. Any violation of any of the terms above noted is an immediate revocation of this permit. Expires six months from date.

Note: A certificate of occupancy will be issued by this office upon return of this card signed by the Plumbing, Wiring and Building Inspectors.

- Insp. on Site - Foundations
- Insp. of Plumbing - Rough
- Insp. of Plumbing - Finish
- Insp. of Wiring - Rough
- Insp. of Wiring - Finish
- Insp. of Health (Septic Tanks)
- Building Insp. - Rough
- Building Insp. - Finish
- Smoke Detectors (Fire Dept.)
- Gas Inspection

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

Certificate of Occupancy

Handwritten signature
Building Inspector.

\$25.00 CHARGE FOR LOST
BUILDING PERMIT CARD

DO NOT OCCUPY UNTIL
CERTIFICATE IS ISSUED

PLEASE DO NO WRITE
ON THIS SIDE

No. 365

Application for Permit to Alter

Location

111 Hawks Cir

Owner

Thomas E. Hague Jr

PERMIT GRANTED

July 7 19 98

Approved

[Signature]
Supt. of Building

Zoning RR

Alterations 39R

Additions _____

Repair _____

Garage _____

Miscellaneous Additions, Repairs, Alterations, etc.

Tel. No. 564-0723

WESTFIELD, MASS. 7-7 19 98

APPLICATION FOR PERMIT TO ALTER

- 1. Location 111 Hawks Circle Westfield Ma Lot No. _____
- 2. Owner's name Thomas E. Hague Jr Address 111 Hawks Circle
- 3. Builder's name Teddy Bear Pools Address East St Chicopee
- Mass. Construction Supervisor's License No. _____ Expiration Date _____
- 4. Addition Above ground pool 28' round
- 5. Alteration _____
- 6. New Porch _____
- 7. Is existing building to be demolished? _____
- 8. Repair after the fire _____
- 9. Garage _____ No. of cars _____ Size _____
- 10. Method of heating _____
- 11. Distance to lot lines 8' +
- 12. Type of roof _____
- 13. Siding house _____
- 14. Estimated cost: 1500

The undersigned certifies that the above statements are true to the best of his, her knowledge and belief.

Thomas E. Hague Jr

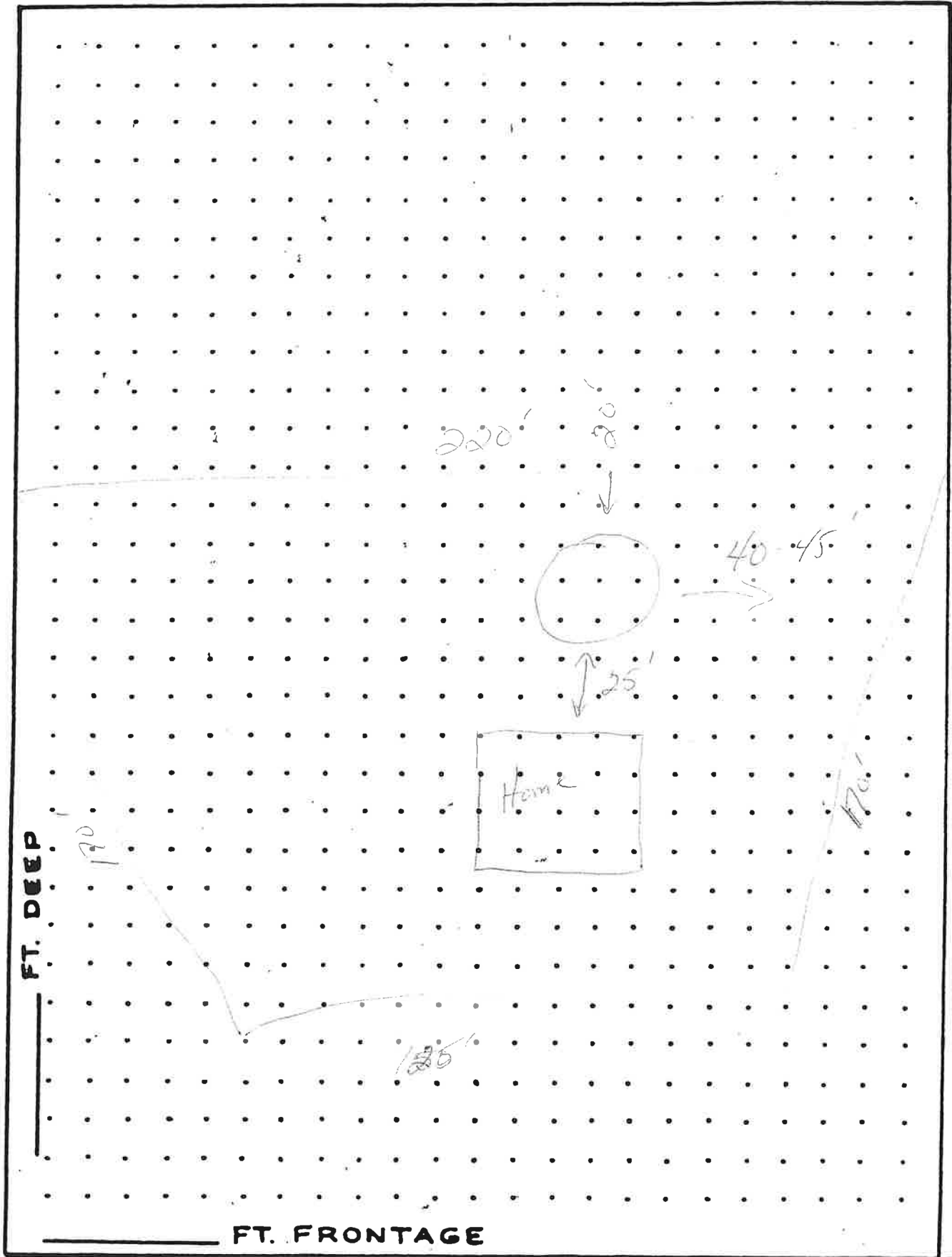
Signature of responsible applicant

Remarks #365

525-
pd. 581
ch. #

PLOT PLAN

SHOW ALL BUILDINGS ON LOT
EXISTING OR PROPOSED



PLEASE PRINT CLEARLY

PB Form 201

NOTE: IN ORDER THAT THIS APPLICATION MAY BE ACCEPTED, THE DATA CALLED FOR BELOW MUST BE TO SET FORTH THAT WE CAN DETERMINE FROM THE APPLICATION AND THE ACCOMPANYING PLANS WHAT THE EXISTING CONDITIONS ARE AND WHAT THE FUTURE CONDITIONS WILL BE.

Plans, in triplicate, must be filed with this application before a permit will be granted one of which upon issuance of the permit shall be kept at the site during the progress of the work.

No. 398 - D Zone RR, Type 155, Map 155, Parcel 155

New Addition Alteration Repair Demolition

APPLICANT NOT TO FILL IN SPACES ABOVE THIS LINE

Application for a Dwelling Permit

(To be filled out in ink or on a typewriter)

To the Building Commissioner:— Westfield, Mass., 9-3 1997

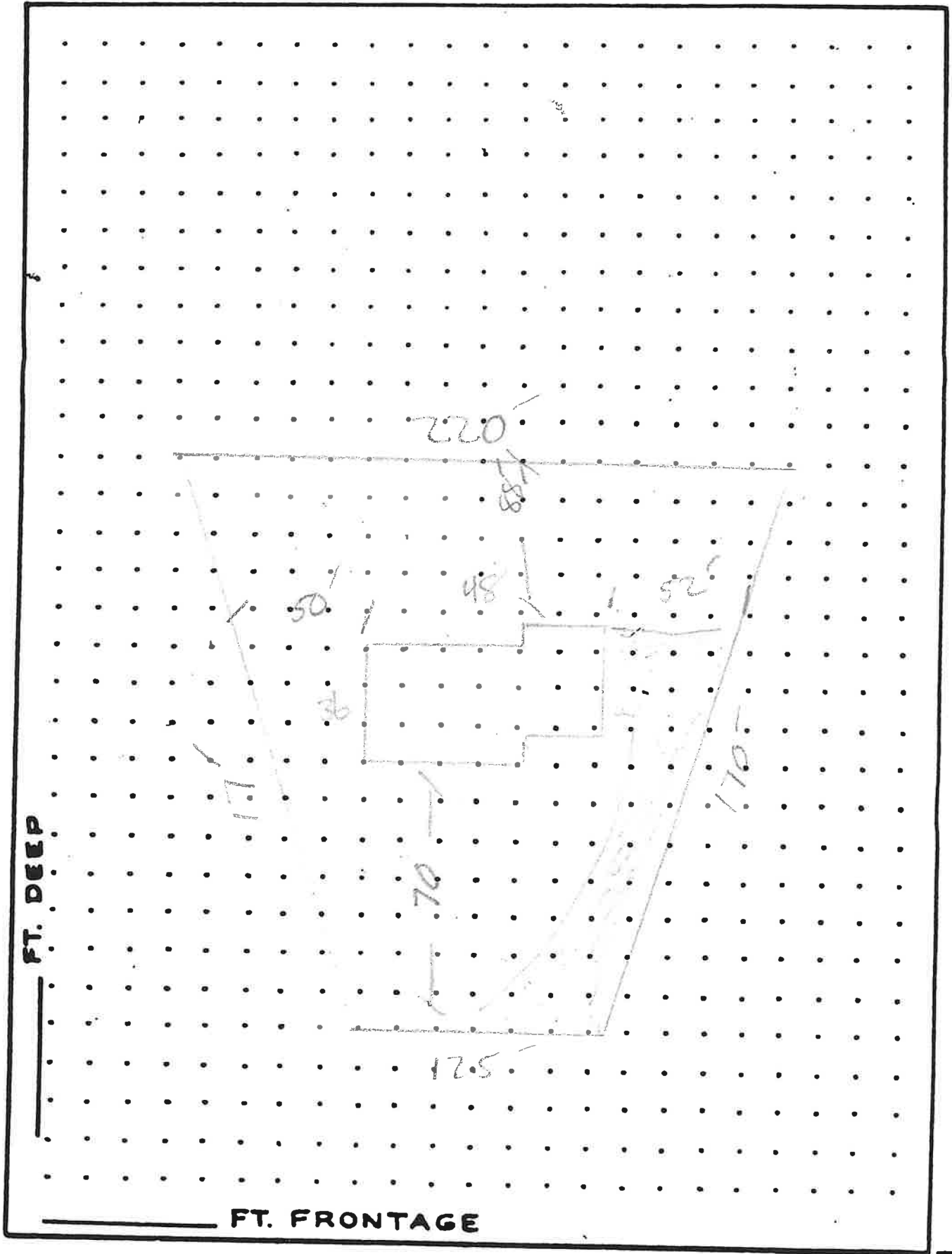
Application for a permit to build is hereby made according to the following:—

- * 1. Address, Street & No. 111 Maple Circle Lot. No. 5
- * 2. Owners Name CURT GEZOTIS Address 47 GARY DR.
City & State WESTFIELD MA. Zip 01085 Tel. No. 562-6557
- * 3. Contractor's Name CURT GEZOTIS Address 47 GARY DR.
License No. 053208 City & State WESTFIELD MA.
Signature of Licensee CURT GEZOTIS Tel. No. 562-6557
- * 4. Use of Building (check one): One-family Two-family
- * 5. No. of rooms in each family unit: Present 3 Proposed
- * 6. Is there a garage attached? YES Numbers of cars 2
- * 7. Size of building 18x36 Addition
- * 8. Area of building (Present) 2079 Sq. ft. 52848 (New) Sq. ft.
- * 9. Number of stories 2 Height 28 Ft.
- * 10. Distance from building to front lot line in feet 70
rear lot line 88 left lot line 50 right lot line 50
- * 11. Is a plot plan being filed with this application? (to scale) YES
- * 12. Typical 1st floor joists: Size 2x10 Spacing 16" Span 12'
Typical 2nd floor joists: Size 2x10 Spacing 16" Span 12'
Typical ceiling joists: Size 2x6 Spacing 16" Span 12'
Typical roof rafters: Size 2x8 Spacing 16" Span 12'

(Number shall be obtained from ENG.)

PLOT PLAN

SHOW ALL BUILDINGS ON LOT
EXISTING OR PROPOSED



STREET Hawks Circle NO. 111

City of Westfield

Board of Public Works
Street Numbering Notice

Log #5-E

To CURT GEZOTIS

Under authority of Section 4 of Ordinance No. 74 the
number assigned to your building on the R Side

Hawks Circle Street, is 111

Please see that this number is placed on your building
within 10 days.

Signed, Board of Public Works

per, _____

Notice served

Date; 9-4-97

By Len Olson



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. 14636
Occupancy and Fee Checked _____
(Rev. 1/07) (leave blank)

20154206

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: 6-8-15

To the Inspector of Wires:

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

6-16-15
#51469

City or Town of: Westfield
Location (Street & Number): 111 Hawks Circle
Owner or Tenant: THOMAS HAGUE
Telephone No.: 413 246-8067

Owner's Address: SAME
Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)
Utility Authorization No. _____

Purpose of Building: _____
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: WIRE OIL FURNACE REPLACEMENT

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

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above <input type="checkbox"/> In-grd. <input type="checkbox"/>	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 <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems:*	No. of Devices or Equivalent
No. of Water Heaters KW	No. of Signs	Data Wiring:	No. of Devices or Equivalent
No. of Motors	No. of Ballasts	Telecommunications Wiring:	No. of Devices or Equivalent
	Total HP		

OTHER: _____
Estimated Value of Electrical Work: _____
Work to Start: _____
Attach additional detail if desired, or as required by the Inspector of Wires.
(When required by municipal policy.)

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue 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 BOND OTHER (Specify: _____)

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

FIRM NAME: BOB COSTA ELECTRIC LIC. NO.: 916476
Licensee: BOB COSTA Signature: [Signature] LIC. NO.: 916476
(If applicable, enter "exempt" in the license number line.)
Address: 181 Wedgewood DR Ludlow MA Bus. Tel. No.: 577-8090
Alt. Tel. No.: 246-4704

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: _____ Lic. 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: \$ 40

pd ck # 2704

Thanks Bob
Job Complete Please Schedule Inspection
2/4/19