


FW: Records Response

 1 attachments (407 KB)

42putnam.pdf;

From: Robyn Gay <r.gay@cityofwestfield.org>

Sent: Monday, June 24, 2024 9:51 PM

Subject: Records Response

Please accept this as the City of Westfield's response to your request made under M.G.L. c. 66, Sec 10, the Public Records Law.

In my capacity as Records Access Officer, I have made every reasonable effort to retrieve all the documents that were requested in the City's possession and control. According to the new public records law, we have 10 business days to comply with the request. Please be advised that under the public records law, we are not required to answer questions or create a record in response to a request. Public records are documents or pieces of information that are not considered confidential and generally pertain to the conduct of the government. You are requesting "for any building permits code violation & special assessment fees on record in any city, town, village, or port authority for 42 Putnam Drive, Westfield, MA, owner Keith Dearellano.

Please be advised that if you feel that the City has not complied with the Public Records Law's requirements, you have the right to appeal to the Supervisor of Public Records pursuant to M.G.L. c. 66, § 10A (a) and the right to seek judicial review of an unfavorable decision by commencing a civil action in the superior court pursuant to Section 10A(c).

Thanks

Robyn Gay

Records Access Officer

\$25-odck#43435GA1 524-5774

2015 3900



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

CITY WESTFIELD MA. DATE 3/18/15 PERMIT # 6255
 JOBSITE ADDRESS 42 Putnam Dr OWNER'S NAME Gail & Keith Deareello
 OWNER ADDRESS _____ TEL 564-5774 FAX _____
 OCCUPANCY TYPE: COMMERCIAL EDUCATIONAL RESIDENTIAL 3-24-15 #49943
 NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

P
TYPE OR
PRINT
CLEARLY

FIXTURES ↓	FLOOR →	BSMT	1	2	3	4	5	6	7	8	9	10	11	12	13	1
BATHTUB																
CROSS CONNECTION DEVICE																
DEDICATED SPECIAL WASTE SYS																
DEDICATED GAS/OIL/SAND SYS																
DEDICATED GREASE SYS																
DEDICATED GRAY WATER SYS																
DEDICATED WATER RECYCLE SYS																
DRINKING FOUNTAIN																
DISHWASHER																
FOOD DISPOSER																
FLOOR / AREA DRAIN																
INTERCEPTOR (INTERIOR)																
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES			1													
WATER PIPING																
OTHER																

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which, meets the requirements of MGL Ch. 142. Yes No

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY OTHER TYPE OF INDEMNITY BOND

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE BOX ONLY: OWNER AGENT

Signature of Owner or Owner's Agent

I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to best of my Knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER NAME William A. Hurley, Jr. SIGNATURE William A. Hurley, Jr.

LIC # 8475 MP JP CORPORATION # 1053-C PARTNERSHIP # _____ LLC # _____

COMPANY NAME William A. Hurley Plumbing & Htng Inc. ADDRESS: P. O. Box 1184

CITY Springfield STATE MA ZIP 01101 EMAIL _____

TEL 413/737-5844 CELL 413/539-7642 FAX 413/732-1873

2/16/243

READY FOR INSPECTION

1 PM today

ROUGH PLUMBING INSPECTION NOTES

Lined area for rough plumbing inspection notes.

THIS PAGE FOR INSPECTOR USE ONLY

THIS APPLICATION SERVES AS THE PERMIT Yes No

FEE: \$ _____ PERMIT # C255

PLAN REVIEW NOTES

Lined area for plan review notes.

FINAL INSPECTION NOTES

11-25-16
11-25-16
11-25-16

Lined area for final inspection notes.

RECEIVED

MAR 23 2015

BUILDING DEPT.

C 1.3

PLEASE DO NO WRITE ON THIS SIDE

No. 10

Application for Permit to Alter

Location

42 Putnam Dr.

Owner

Louis J. Bernard

PERMIT GRANTED

John G. ... 1988

Approved

William H. ...
Supt. of Building

Zoning _____
Alterations _____
Additions _____
Repair _____
Garage

Miscellaneous Additions, Repairs, Alterations, etc. for 2, 1986 Tel. No. 562-6190

WESTFIELD, MASS. ~~SEPT. 23~~ 1985

APPLICATION FOR PERMIT TO ALTER

- 1. Location 42 Putnam Drive Lot No. 17
- 2. Owner's name Louis J. Bernard Address same
- 3. Builder's name Robert F. Leming Address Ed. Hulcomb Pl. Southwick
- Mass. Construction Supervisor's License No. 040328 Expiration Date 7/31/88
- 4. Addition _____
- 5. Alteration _____
- 6. New Porch _____
- 7. Is existing building to be demolished? _____
- 8. Repair after the fire _____
- 9. Garage No. of cars 2 Size 20x22
- 10. Method of heating _____
- 11. Distance to lot lines 6 ft
- 12. Type of roof PITCHED
- 13. Siding house ALUMINUM SIDING
- 14. Estimated cost: \$8500

must be grounded!!

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

Louis J. Bernard
Signature of responsible applicant

Remarks
Varience granted by ZBA

*PK
\$15.00*

ON THE SIDE
PLEASE DO NOT WRITE

No. 0

Application for Permit to Alter

Owner Joseph J. Belmont
Address 13 Madison St.

PERMIT GRANTED

John A. Belmont
13 Madison St.

Approved

[Signature]
[Signature]
[Signature]

APPLICATION FOR PERMIT TO ALTER

WESTFIELD, MASS. 1922
Special Abatement No. 103-0-10

Name _____
Address _____
City _____

1. Name of Applicant John A. Belmont
2. Name of Property 13 Madison St.
3. Name of Contractor Edmond M. [unclear]
4. Description of Work Alteration
5. Location of Work 13 Madison St.
6. Reason for the Work Alteration
7. Is existing building to be demolished? No
8. Plans attached to this application Yes
9. Nature of Work Alteration
10. Material to be used Same as existing
11. Location of the Work 13 Madison St.
12. Date of Work 1922
13. Date of Issue 1922
14. Name of Inspector [unclear]
15. Name of Engineer [unclear]

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

[Signature]
Inspector

[Handwritten text]