



Property Information		Request Information		Update Information
File#:	BS-X01672-7673691201	Requested Date:	06/13/2024	Update Requested:
Owner:	Keith Dearellano	Branch:		Requested By:
Address 1:	42 PUTNAM DR	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	WESTFIELD, MA	# of Parcel(s):	1	

**Notes**

CODE VIOLATIONS	Per City of Westfield Department of Zoning there are no Code Violation cases on this property.  Collector: City of Westfield Department of Zoning Payable Address: 94 N Elm St. Ste 403, Westfield, MA 01085 Business# (413) 572-6252
PERMITS	Per City of Westfield Department of Building there are no Open/Pending/ Expired Permit on this property.  Collector: City of Westfield Department of Building Payable Address: 94 N Elm St. Ste 403, Westfield, MA 01085 Business# (413) 572-6252
SPECIAL ASSESSMENTS	Per City of Westfield Finance Department there are no Special Assessments/liens on the property.  Collector: City of Westfield Tax Collector Payable Address: 94 N Elm St. Ste 403, Westfield, MA 01085 Business# (413) 572-6252
DEMOLITION	NO



UTILITIES

WATER AND SEWER

Account #: NA

Payment Status: NA

Status: Lienable

Amount: NA

Good Thru: NA

Account Active:

Collector: Westfield DPW

Payable Address: 59 Court St Westfield MA 01085

Business # 413-572-6243

UNABLE TO PROVIDE INFO TO THIRD PARTIES. HOMEOWNER AUTHORIZATION NEEDED.

GARBAGE

Garbage bills are included in the real estate property taxes

## 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

*[Signature]* 1988

Approved

*[Signature]*  
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

*[Handwritten note]* must be grounded!!

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

*[Signature]*  
Signature of responsible applicant

Remarks  
Varience granted by ZBA

*[Handwritten note]* \$1500.00

ON THE SIDE  
PLEASE DO NOT WRITE

No. 0

Application for Permit to Alter

Owner Joseph J. Belmont  
Address 111 Madison St.

PERMIT GRANTED

John A. [unclear]

Approved

[Signature]  
[unclear]

APPLICATION FOR PERMIT TO ALTER

WESTFIELD, MASS. 1922  
City and State Westfield, Mass.  
Telephone No. 223-5112

Name [unclear]  
Address [unclear]  
City [unclear]  
State [unclear]

1. Name of Applicant John A. Belmont  
2. Name of Property 111 Madison St.  
3. Name of Owner Joseph J. Belmont  
4. Name of Contractor [unclear]  
5. Description of Work [unclear]  
6. Estimated Cost [unclear]  
7. To what building is to be attached? [unclear]  
8. Plans attached hereto [unclear]  
9. Name of Engineer [unclear]  
10. Name of Architect [unclear]  
11. Name of Surveyor [unclear]  
12. Name of Inspector [unclear]  
13. Name of Assessor [unclear]  
14. Name of Tax Collector [unclear]  
15. Name of Fire Marshal [unclear]  
16. Name of Health Officer [unclear]  
17. Name of Police Chief [unclear]  
18. Name of Mayor [unclear]

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

[Signature]  
[unclear]

[Signature]