



Property Information Request Information Update Information

Table with 3 columns: Property Information, Request Information, Update Information. Rows include File#, Owner, Address 1, Address 2, City, State Zip, Requested Date, Branch, Date Completed, # of Jurisdiction(s), # of Parcel(s), Update Requested, Requested By, Update Completed.

Notes

CODE VIOLATIONS Per Town of Falmouth Department of Zoning there are no Code Violation cases on this property. Collector: Town of Falmouth Payable: 59 Town Hall Square, Falmouth, MA 02540 Business# 508-495-7466

PERMITS Per Town of Falmouth Building Department There is an open permit on this property 1. Permit#: 2019-028686 Permit: Building Permit Collector: Town of Falmouth Payable: 59 Town Hall Square, Falmouth, MA 02540 Business# 508-495-7466

SPECIAL ASSESSMENTS Per Town of Falmouth Tax Collector Department there are no Special Assessments/liens on the property. Collector: Town of Falmouth Payable: 59 Town Hall Square, Falmouth, MA 02540 Business# 508-495-746

DEMOLITION NO

UTILITIES WATER Account #: 590152 Payment Status: Paid Status: Pvt & Lienable Amount: \$0.00 Good Thru: 11/01/2024 Account Active: Yes Collector: Town of Falmouth Payable: 59 Town Hall Square, Falmouth, MA 02540 Business# 508-495-7466

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

SEWER The house is on a community sewer. All houses go to the shared septic system.

GARBAGE Garbage bills are included in the real estate property taxes

Fiscal Year 2025 Preliminary Real Estate Tax



Town of Falmouth
Town Collector
PO Box 904
Falmouth, MA 02541
000017 0006278

Town of Falmouth
FISCAL YEAR 2025 PRELIMINARY
REAL ESTATE TAX BILL

TAXPAYER'S RECEIPT

Table with 2 columns: Bill Number, 3547

Your Preliminary Real Estate Tax for the fiscal year beginning July 1, 2024 and ending June 30, 2025 on the Parcel of REAL ESTATE described below is as follows:

Table with 2 columns: Tax Type, Amount. Includes Preliminary Real Estate Tax (\$2,071.42), Preliminary CPA Tax (\$62.14), Total FY 2025 Preliminary Tax (\$2,133.56), 1st Qtr Tax Due 08/01/2024 (\$1,066.78), 2nd Qtr Tax Due 11/01/2024 (\$1,066.78)

Please use address above if mailing payment without stub.

Assessed owner as of 01/01/2024

SCH 5-DIGIT 02536
CHAPMAN STEPHEN
CHAPMAN DAWN
63 MUSKEGAT RD
EAST FALMOUTH, MA 02536-6243



PROPERTY DESCRIPTION
63 MUSKEGAT RD
Parcel: 32 04 008 088 Land Use: 1010 Land Area: 10280

PLEASE USE THE PAYMENT DROP BOX
LOCATED TO THE RIGHT OF THE FRONT
DOOR OF TOWN HALL

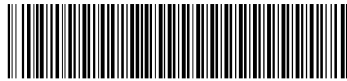
Fiscal Year 2025 Preliminary Real Estate Tax Bill

Town Collector
Patricia M. O'Connell

Phone: Office of the Collector: (508) 495-7370 Hours: Monday - Friday
Office of the Assessor: (508) 495-7380 8:00am - 4:30pm

Owner of Record as of 01/01/2024

CHAPMAN STEPHEN
CHAPMAN DAWN
63 MUSKEGAT RD
EAST FALMOUTH, MA 02536



COLLECTOR'S COPY

2nd Quarter Payment
Return This Portion With Your Payment

Table with 4 columns: Bill Date, 10/01/2024; Bill No., 3547; PROPERTY DESCRIPTION, 63 MUSKEGAT RD; Parcel ID, 32 04 008 088; AMOUNT DUE 11/01/2024, \$1,066.78

Pay Online through www.falmouthma.gov fees may apply

Interest at a rate of 14% per annum will accrue on overdue payments until payment is made.

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Make Check Payable and Mail to

Town of Falmouth
P.O. Box 783
Reading, MA 01867-0406

108012025250000003547800001066781101246

Fiscal Year 2025 Preliminary Real Estate Tax Bill

Town Collector
Patricia M. O'Connell

Phone: Office of the Collector: (508) 495-7370 Hours: Monday - Friday
Office of the Assessor: (508) 495-7380 8:00am - 4:30pm

Owner of Record as of 01/01/2024

CHAPMAN STEPHEN
CHAPMAN DAWN
63 MUSKEGAT RD
EAST FALMOUTH, MA 02536



COLLECTOR'S COPY

1st Quarter Payment
Return This Portion With Your Payment

Table with 4 columns: Bill Date, 07/01/2024; Bill No., 3547; PROPERTY DESCRIPTION, 63 MUSKEGAT RD; Parcel ID, 32 04 008 088; AMOUNT DUE 08/01/2024, \$1,066.78

Pay Online through www.falmouthma.gov

Interest at a rate of 14% per annum will accrue on overdue payments until payment is made.

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Make Check Payable and Mail to

Town of Falmouth
P.O. Box 783
Reading, MA 01867-0406

108012025250000003547800001066780801242

 APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

PRINT EXIT

Date 06/03/19

APPLICATION DETAILS

Application #:	<u>R-24-97744</u>	Date Issued:	<u>06/03/19</u>	Permit #:	<u>2019-028686</u>	Date Paid :	<u>06/03/19</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>280.00</u>	Receipt # :	<u>028172</u>		

SECTION 1 - SITE INFORMATION

Street Name	<u>MUSKEGAT RD</u>	Map Block Lot	<u>32 04 008 088</u>
Street Number	<u>63</u>	Zone	<u>AGB</u>
Year Built	<u> </u>	<input checked="" type="checkbox"/> Historic Form Required	
Unit Number	<u> </u>		

SECTION 2 - PROPERTY OWNER INFORMATION

Property Owner Name	<u>CHAPMAN STEPHEN</u>		
Street Number	<u>63</u>	Street Name	<u>MUSKEGAT RD</u>
City	<u>EAST FALMOUTH, MA 02536</u>	State	<u> </u> Zip Code <u> </u>
Telephone	<u> </u>	Email	<u> </u>

SECTION 3 - APPLICANT INFORMATION

Applicant Name Paul Eaton

Street Number 7 Street Name Marble St

City Whitman, MA 02382 State _____ Zip _____

Telephone _____ Email _____

SECTION 4 - MAILING ADDRESS

Street Number _____ Street Name _____

City _____ State _____ Zip _____

SECTION 5 - WORK DETAILS

Current Use _____ Construction type _____

5.1 Building Setbacks (ft):

Not Applicable

Dimensional Requirements

Provided (Actual)

Front (ft) _____

Side (ft)

Left Side _____ Right Side _____

Rear (ft) _____

Minimum Lot frontage (ft) _____

PLEASE MAKE SURE ALL SITE PLAN REQUIREMENTS ARE INCLUDED ON THE SITE PLAN SUBMITTED.

SITE PLAN REQUIREMENTS

Minimum Lot width (ft)

Percent Lot Coverage

Square feet of area of work

Not Applicable

Building Size

Length

Width

Height

Does the Property have prior ZBA decision?

Yes
 No

ZBA Acknowledgement Form

THIS SIGNED AND NOTARIZED ACKNOWLEDGEMENT FORM IS REQUIRED TO BE UPLOADED BEFORE THE ISSUANCE OF THE BUILDING PERMIT

5.2 Water Supply (M.G.L. c. 40. B 54)

Not Applicable

Public Private

5.3 Flood Zone of Structure

Yes Not Applicable
 No

FEMA ELEVATION CERTIFICATE REQUIRED PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

Firm Zone _____

Elevation _____

5.4 Sewage Disposal System

Not Applicable

Municipal On Site Disposal System

5.5 Description of Proposed Work

(New 1 or 2 Family Dwelling should only be selected if you are applying for a permit for a new 1 or 2 Family dwelling. An Existing Building should be selected for additions, renovations, demolitions, solar panels, etc., and accessory structures such as pools, sheds and garages.)

New 1 or 2 Family Dwelling (NEW SFD AND ADU'S)

Existing Building

DEBRIS AFFIDAVIT

Brief Description of Proposed Work

Revised Description of Proposed Work

SECTION 6 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

6.1 Tenant Name (if other than the owner) :

6.2 Authorized Agent/Owner :

Name

Street Number

Street Name

Telephone

Email

HISTORIC FORM

HISTORIC FORM **Note:** If this property has been flagged as "Historic", you are REQUIRED to submit a corresponding HISTORIC Application to the PLANNING module. AFTER this Building Application is complete, navigate to the "New Application" page on your PermitEyes acct. Select the Planning Dept. and then select the "Historic District" Application.

SECTION 7 - CONSTRUCTION SERVICES

7.1 Licensed Construction Supervisor:

Applicable

7.2 Home Improvement Contractor:

Applicable

Is the Licensed Construction Supervisor different from the applicant or the Home Improvement Contractor?

Yes No

CSL Email Address _____

7.3 Homeowners Permit:

Applicable

Job Location _____

Home Owner _____

Telephone _____

The current exemption for "homeowners" was extended to include owner occupied dwellings to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code 780 CMR, section 110.R5)

DEFINITION OF HOMEOWNER:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one family dwelling, attached or detached structure accessory to such use and/or farm structure. A person who constructs more than one home in a two year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (SECTION 110.R5)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the TOWN OF FALMOUTH Building Department minimum inspection procedures and requirements.

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.

WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

WORKER'S COMP FORM

SECTION 8 - REGISTERED 81-R/ ARCHITECT/ ENGINEER

Applicable Not Applicable

Name (Registrant) _____

Registration
Number _____

Expiration Date _____

Street Number _____

Street Name _____

Telephone _____

Email _____

SECTION 9 - ESTIMATED COST

Estimated Value of Work \$ _____

Revised Construction Cost \$ _____

Total Cost \$ _____

SECTION 10 - PROPERTY OWNER AUTHORIZATION

I am the Owner Contractor / Agent

I, _____ as owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Property Owner's Email _____

OR Copy of Signed Contract to be attached after submitting application

Telephone No. _____

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.

Date _____

SECTION 11 - DECLARATION

I, _____ as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.

Date _____

From: [Eleanor MacKay](#)
To: [Pam Marshall](#);
Cc: _____
Subject: RE: Code/permit/Special assessment Request

Hello,
There are no open zoning violations.
Best,
Eleanor

Eleanor C. MacKay, AIA
Assistant Zoning Compliance Agent
Town of Falmouth
Building Dept.
T-508-495-7468