



Property Information Request Information Update Information

File#:	BS-X01693-5271739654	Requested Date:	07/17/2024	Update Requested:
Owner:	HIEU LE	Branch:		Requested By:
Address 1:	86 SAMPSON PKWY	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	PITTSFIELD, MA	# of Parcel(s):	1	

Notes

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

Collector: City of Pittsfield
Payable Address: 70 Allen St, Pittsfield, MA 01201
Business# 413-499-9440

PERMITS PerCity of Pittsfield Building Department There are Multiple open permits on this property. Please refer to the attached document for more information..

Collector: City of Pittsfield
Payable Address: 70 Allen St, Pittsfield, MA 01201
Business# 413-499-9440

SPECIAL ASSESSMENTS Per City of Pittsfield Tax Collector there are no Special Assessments/liens on the property.

Collector: City of Pittsfield
Payable Address: 70 Allen St, Pittsfield, MA 01201
Business# 1 413-499-9431

DEMOLITION NO

UTILITIES WATER & SEWER
Account #: 0066960086
Payment Status: Delinquent
Status: Pvt & Liable
Amount:\$1097.44
Good Thru:08/31/2024
Account Active: Yes
Collector: City of Pittsfield
Payable Address: 70 Allen St, Pittsfield, MA 01201
Business# 1 413-499-9431

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

GARBAGE
GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN.

COLLECTOR OF TAXES
PO BOX 546
PITTSFIELD, MA 01202
000035 0011180

City of Pittsfield
Fiscal Year 2025 Preliminary Real Estate Tax Bill

Bill Number	Parcel ID	Issue Date
9731	J07-0005-026	07/01/2024
Class	Area	
101	0.33 Acres	

Prel. Real Estate Tax	\$3,579.90
Prel. Community Preservation Surcharge	\$26.34
Total Preliminary Tax FY 2025	\$3,606.24
First Quarter Tax Due 08/01/2024	\$1,803.12
Second Quarter Tax Due 11/01/2024	\$1,803.12

Pay on-line at www.cityofpittsfield.org
or Pay By Phone at 1-888-565-1167

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

70 Allen Street Office Hours:
Monday - Friday 8:30AM - 4:00PM

Collector of Taxes - Lisa M. Lewis

TAXPAYER COPY

Assessed Owner
as of January 1, 2024

SCH 5-DIGIT 01202
LE HIEU T
HUYNH THOA THI KIM
86 SAMPSON PKWY
PITTSFIELD, MA 01201-7240



For questions regarding payments please call: (413) 499-9432
For questions regarding valuations please call: (413) 395-0102

FISCAL YEAR - 2025 PRELIMINARY
REAL ESTATE TAX BILL

The Commonwealth of Massachusetts
City of Pittsfield

LE HIEU T
HUYNH THOA THI KIM
86 SAMPSON PKWY
PITTSFIELD, MA 01201

LOCATION: 86 SAMPSON PKWY

PARCEL ID: J07-0005-026

Mail payments and remit to:

City of Pittsfield
P.O. Box 981063
Boston, MA 02298-1063

REMIT COUPON #2
Bill Number 9731
2nd Quarter Due and Payable
NOVEMBER 1, 2024
\$1,803.12

Interest at the rate of 14% per annum will accrue on overdue
payments from the due date until payment is made.

01582082025500009731100001803121

REMIT COUPON #2

FISCAL YEAR - 2025 PRELIMINARY
REAL ESTATE TAX BILL

The Commonwealth of Massachusetts
City of Pittsfield

LE HIEU T
HUYNH THOA THI KIM
86 SAMPSON PKWY
PITTSFIELD, MA 01201

LOCATION: 86 SAMPSON PKWY

PARCEL ID: J07-0005-026

Mail payments and remit to:

City of Pittsfield
P.O. Box 981063
Boston, MA 02298-1063

Total Preliminary Tax FY 2025	\$3,606.24
First Quarter Tax Due 08/01/2024	\$1,803.12
Second Quarter Tax Due 11/01/2024	\$1,803.12

REMIT COUPON #1
Bill Number 9731
1st Quarter Due and Payable
AUGUST 1, 2024
\$1,803.12

01582082025500009731100001803121

REMIT COUPON #1

RESIDENTIAL

36
St: *Sampson Hwy.* Lot: *48R* Map: *107*
Owner: *Robert & Ruth Marmorik*
Application: *add enclosed porch to rear*
Date: *May 20, 1957* Permit No: *23050*
Zone:

Work: *Wood Frame*

Inspections: *lathing permit issued*

June 11, 1957 #2470
Contractor: _____ Cost: *\$15,000.00*

(Change Ownership) 5/9/69
April 2, 1951

FIRE DEPARTMENT
CITY OF PITTSFIELD

Pittsfield, Mass.,

PERMIT FOR STORAGE OF FUEL OIL No. 2338

In accordance with provisions of Chapter 148, G. L., and Regulations made under authority thereof

Name **Basilio Henriques Jr.** Name **Berkshire Air Cond. Co.**

(owner or occupant)

(Installer)

Address **86 Sampson Parkway** Address **Pittsfield**

Burner

Storage
Steel

Name **Airtemp** Type of Tank

Manufacturer **Chrysler Corp.** Capacity **275** gals. (or) Size **12 Ga.**

Model No. or Size **J-107** Location **Basement**

Type **Power** Mass. Approval No. **850**

275

Permit issued **April 2, 1951**

Fee **50¢** Paid **11/10/50** By **John E. McDanough**
(Chief of Fire Department)

THIS PERMIT MUST BE POSTED CONSPICUOUSLY ON THE PREMISES

CITY OF PITTSFIELD

Pittsfield, Mass., April 2, 1951

PERMIT FOR STORAGE OF FUEL OIL No. 2338

In accordance with provisions of Chapter 148, G. L., and Regulations made under authority thereof.

Name R. C. Marmorek (owner or occupant) Name Berk. Air Cond. Co. (Installer)

Address 86 Sampson Parkway Address Pittsfield
Burner Storage

Name Airtemp Type of Tank Steel

Manufacturer Chrysler Corp. Capacity 275 gals. (or) Size _____

Model No. or Size J-107 Location Basement

Type Power Mass. Approval No. 850

Permit issued 4/2/51 Expires _____

Thomas F. Burke
(Chief of Fire Department)

Fee .50 Paid 11/10/50

By _____

99

The following data applying to such installation is submitted for record:

BURNER

Name..... AIRTEMP Mfg. by..... Chrysler Corp.
Type..... POWER Model No. or Size..... J106
To use not heavier than..... 2 fuel oil.

STORAGE TANK

Type..... STEEL Capacity..... 275 gals. (or) Size.....
Location..... BASEMENT

CONTROL

Type (automatic or manual)..... AUTOMATIC
Location of automatic shut-off valve..... BURNER
Location and type of manual shut-off valve..... TANK (GLOBE)

Special requirements (or additional safety devices).....

Installer..... Berkshire Air Cond Co

By..... A.B. Slye

PITTSFIELD, MASSACHUSETTS

Date..... 3-29-..... 1951

10-50
ROBERT

To: THOMAS F. BURKE, Chief Engineer

Subject: **Certificate of Completion—Installation or alteration of fuel oil burning equipment.**

The undersigned hereby certifies that the installation (or alteration) of fuel oil burning equipment made under authority of permit No... **2338**, dated ... 11-10-50 ... 19...., issued by you and applying to the installation for

..... RC MARMOREK

at..... 86 SAMPSON PKWY - PITTSFIELD

has been made in accordance with provisions of Chapter 148, G. L., and regulations made under authority thereof now currently in effect and pertaining thereto.

Furthermore, this installation has been tested in accordance with such requirements, is now in proper operating condition and complete instructions as to its use and maintenance have been furnished to the person (or persons) for whom the installation (or alteration) was made.

(OVER)

#761 P.001/001
03/24/2014 10:52
413 448 9766
From:Pittsfield Fire

CITY OF PITTSFIELD FIRE DEPARTMENT
PERMIT FOR PLACEMENT AND USE OF RUBBISH DUMPSTERS
NO HAZARDOUS WASTE



ADDRESS OF DUMPSTER PLACEMENT 80 SAMPRSON PKWY
(HOME) OWNER NAME MICHAEL McNEIL TEL NO. 239 994 8747
DUMPSTER COMPANY NAME Valley Roll Off
NUMBER OF DUMPSTERS 1 FEE \$25.00 PER DUMPSTER
IF MORE THAN ONE BIN, LIST LOCATION ON REAR FOR ALL DUMPSTERS

PLEASE CHECK BELOW
1 HOUSEHOLD DEBRIS _____ CONSTRUCTION DEMOLITION

The owner, lessee, or refuse generator of any premises shall obtain a permit from the head of the Fire Department for metal trash containers, which are emptied by mechanical assistance, or six cubic yards or more in the aggregate of compacted or non compacted combustible rubbish. **Dumpster's shall not be placed within 5 feet of a structure or overhang.** Permits shall state dumpster locations, and the name and telephone number of the company or person who can be reached in an emergency. No permit shall be required for dumpsters that are delivered to a location and removed in the course of a single business day. (Per MGL Chapter 148, sec. 10, and 527CMR 34:02)

PERMIT ISSUED BY Robert A. [Signature] ISSUE DATE 10/29/15

THIS PERMIT MUST BE RENEWED ANNUALLY
THIS PERMIT IS TO BE DISPLAYED PUBLICLY ON THE PREMISES AT ALL TIMES

CITY OF PITTSFIELD FIRE DEPARTMENT

PERMIT FOR PLACEMENT AND USE OF RUBBISH DUMPSTERS

NO HAZARDOUS WASTE

ADDRESS OF DUMPSTER PLACEMENT 86 Sampson PKWY
(HOME) OWNER NAME Basilio Henriquez TEL NO. 415-407-3561
DUMPSTER COMPANY NAME Daly & Son
NUMBER OF DUMPSTERS 1 30 YARD FEE \$25.00 PER DUMPSTER
IF MORE THAN ONE BIN, LIST LOCATION ON REAR FOR ALL DUMPSTERS

PLEASE CHECK BELOW

HOUSEHOLD DEBRIS CONSTRUCTION DEMOLITION

The owner, lessee, or refuse generator of any premises shall obtain a permit from the head of the Fire Department for metal trash containers, which are emptied by mechanical assistance, or six cubic yards or more in the aggregate of compacted or non compacted combustible rubbish. **Dumpster's shall not be placed within 5 feet of a structure or overhang.** Permits shall state dumpster locations, and the name and telephone number of the company or person who can be reached in an emergency. No permit shall be required for dumpsters that are delivered to a location and removed in the course of a single business day. (Per MGL Chapter 148, sec. 10, and 527CMR 34:02)

PERMIT ISSUED BY LT. Sumner ISSUE DATE 12/28/12

THIS PERMIT MUST BE RENEWED ANNUALLY
THIS PERMIT IS TO BE DISPLAYED PUBLICLY ON THE PREMISES AT ALL TIMES

4.03: continued

The Commonwealth of Massachusetts
Department of Public Safety

527 CMR 4.00 - Form 1

Application for Permit, Permit, and Certificate of completion for the Installation or
Alteration of Fuel Oil Burning Equipment and the Storage of Fuel Oil

Pittsfield OCT. 26, 05
(City or Town) (Date)

Permit #s: FD 662 Elec. _____ FDID#: _____ Fee Paid: _____

Owner/Occupant Name: Basil Henriques Tel #: 443-5778

Installation Address: 86 Sampson Pkwy Serviced Floor or Unit #: _____

Heating Unit Domestic Water Heater Power Vent Other _____
Burner: New Existing Location: _____

Trade Name: _____ Mfg: _____

Type: _____ Model # or Size: _____ Nozzle Size: _____

Fuel Oil Kerosene Waste oil

Storage Tank: New Existing Location: _____

Type: steel Capacity: 275 gals. No. of Tanks: 1

Special requirements (or additional safety devices) _____

OSV Valve Oil line protected Sheet Rock Sprinkler AFUE: yes no EF: yes no
(Furnace and boilers) (Water heater)

Co. Name: Don Davis Heating Tel # 443-7354

Address: PO BOX 2681 City: Pittsfield Zip: 01202

Completion Date: 10-27-05

Combustion Test: Gross Stack Temp.: _____ Net Stack Temp.: _____

CO² Test: _____ Breech Draft: _____

Smoke: _____ Overfire Draft: _____ Efficiency rating %: _____

I, the undersigned certify that the installation of fuel burning equipment has been made in accordance with M.O.L. c. 148 and 527 CMR 4.00 currently in effect. Furthermore, this installation has been tested in accordance with such requirements, is now in proper operating condition and complete instructions as to its use and maintenance have been furnished to the person for whom the installation (or alteration) was made.

Installer: Richard J Blaney 030354
Print Name City or Ct Signature (no Stamp)

Address: PO BOX 2681 City: Pittsfield

Once signed by the fire Department, this is a PERMIT for the storage and use of oil burning equipment.

Approved by: [Signature] Date: 10/26/05

Keep Original as application. Issue duplicate as permit. This form may be photocopied.

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

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

This document is not the "official" B.F.P.R. application. This on-line application is identical to the B.F.P.R. application minus the state seal.
An applicant may apply for a permit with either the "on-line" application or the state application.

APPLICATION DETAILS

Application #:	<u>E-24-143398</u>	Date Issued:	<u> </u>	Permit #:	<u> </u>	Date Paid:	<u> </u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>0.00</u>	Receipt #:	<u> </u>		

SECTION 1 - SITE INFORMATION

Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u>J070005026</u>
Street Number	<u>86</u>	Zone	<u>R12</u>
Unit Number	<u> </u>		

SECTION 2 - OWNER INFORMATION

Owner/Tenant Name	<u>LE HIEU T</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY PITTSFIELD MA 01201</u>
City	<u> </u>	State	<u> </u> Zip <u> </u>
Telephone	<u> </u>	Email	<u> </u>

SECTION 3 - APPLICANT INFORMATION

Applicant Name	<u>Scott LeDuc</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
City	<u>PITTSFIELD</u>	State	<u>MA</u> Zip <u>1201</u>
Telephone	<u>4134355356</u>	Email	<u>auburnpermitting@brightplanetsolar.com</u>

SECTION 4 - MAILING ADDRESS

Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
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No. of Electric Vehicle Supply Equipment _____

- Level 1
 - Level 2
 - Level 3
- Rating _____

No. Wind Generators _____

Generator KW Rating _____

No. of Switches _____

Type _____

Fire Alarm System

No. of Devices _____

No. of Self-Contained Detection/Alerting Devices _____

Wind KW Rating _____

Video System

No. of Devices _____

Telecom System

Total No. of Outlets _____

Security Systems

No. of Devices or its Equivalent _____

Swimming Pool:

Heat Pump Totals:

Above Ground Yes No

Number _____

In-Ground Yes No

Tons _____

Hot-Tub Yes No

KW _____

OTHER:

Attach additional detail if desired, or as required by the Inspector of Wires.

SECTION 6 - CONTRACTOR INFORMATION

Name Bright Planet Solar

Firm Name Scott Leduc

Type A-1 Or C-1

LIC No. 1141 **VERIFY** NA Expiration Date 07/31/25

Master/Systems Licensee: _____ LIC No. 1141 Expiration Date 07/31/25

Journeyman Licensee: _____ LIC No. _____ Expiration Date _____

Street Number 1451 Street Name Grafton Street

City Worcester State MA Zip 1604

Telephone No. 4134355356 Alternate Tel. No. _____

Email _____

Security System Business requires a Division of Occupational Licensure "S" LIC S-Lic. No. _____

SECTION 7 - ESTIMATED COST

Estimated Value of Electrical Work \$ 21623.00 (When required by municipal policy.)

Date Work to Start _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

SECTION 8 - OWNER'S INSURANCE/AUTHORIZATION

INSURANCE COVERAGE :

Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability 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.

Yes No

Please indicate the type coverage by checking the appropriate box.

INSURANCE Bond
 OTHER

OWNER'S INSURANCE WAIVER :

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

Owner Agent

Owner Email _____ OR Copy of Signed Contract to be attached after submitting application

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

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 12/12/23

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

"3 or More Family Res" should select "Commercial Permit" from the drop down.

APPLICATION DETAILS			
Application #:	<i>R-24-136896</i>	Date Issued:	Permit #: Date Paid :
Fee Payable: (\$)	<i>0.00</i>	Fee Paid: (\$)	Receipt #: <i>0.00</i>

SECTION 1 - SITE INFORMATION			
Street Name	<i>SAMPSON PKWY</i>	Map Block Lot	<i>J070005026</i>
Street Number	<i>86</i>	Zoning District	<i>R12</i>
Unit Number			

SECTION 2 - OWNER INFORMATION			
Owner Name	<i>LE HIEU T</i>		
Street Number	<i>86</i>	Street Name	<i>SAMPSON PKWY</i>
City	<i>PITTSFIELD</i>	State	<i>MA</i> Zip <i>1201</i>
Telephone		Email	

SECTION 3 - APPLICANT INFORMATION			
Applicant Name	<i>Steele Hudson</i>		
Street Number	<i>1451</i>	Street Name	<i>Grafton ST</i>
City	<i>PITTSFIELD</i>	State	<i>MA</i> Zip <i>1201</i>
Telephone	<i>4134355356</i>	Email	<i>auburnpermitting@brightplanetsolar.com</i>

SECTION 4 - MAILING ADDRESS			
Street Number	<i>1451</i>	Street Name	<i>Grafton ST</i>

City PITTSFIELD State MA Zip 1201

SECTION 5 - WORK DETAILS

Current Use Single Family Dwelling Construction type Type V-B (Typical house, VB, deck, s

5.1 Building Setbacks (ft): Not Applicable

Percent Lot Coverage _____

Square feet of area of work Not Applicable

Building or structure size Length _____ Width _____ Height _____

5.2 Water Supply (M.G.L. c. 40. B 54) Not Applicable

5.3 Flood Zone of Structure Not Applicable

5.4 Sewage Disposal System Not Applicable

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.)

I have read and understand the text above.

New 1 or 2 Family Dwelling Existing Building

- Repair (s)
- Alteration (s)
- Addition
- Accessory Building
- Deck
- Solar Panels
- Weatherization
- Pool Above Ground
- Pool In-Ground
- Siding
- Foundation Only
- Windows
- Selective Demolition
- Roof
- Tent
- Accessory Apartment
- Demolition
- Mobile Homes

Other Specify: Sola array

Brief Description of Proposed Work
roof mounted solar array with 20 panels @ 7.11kw DC

SECTION 6 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

6.1 Tenant :

Tenant Name _____

Dumping Site Location (where any resulting debris will be disposed of (780 CMR 111.5))

Not Applicable

6.2 Authorized Agent/Owner :

Name Steele Hudson

Street Number _____ Street Name 1451 Grafton ST

Telephone 4134355356 Email _____

SECTION 7 - CONSTRUCTION SERVICES

7.1 Licensed Construction Supervisor: Applicable

Name Steele Hudson

License Number 112439 **VERIFY** Expiration Date 01/12/24

Street Number 1451 Street Name Grafton ST

City Worcester State MA Zip 01604

Telephone 4134355356 Email auburnpermitting@brightplanetsolar.com

License Type

- U or 00 – Unrestricted
- 1G - 1 & 2 Family Dwelling
- M – Masonry Only
- RC – Residential Roofing Covering
- WS – Residential Window & Siding
- SF – Residential Solid Fuel Burning Appliance Installation
- D – Residential Demolition
- IC – Insulation Contractor

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

7.2 Home Improvement Contractor: Applicable

Name Steele Hudson

Registration Number 182102 **VERIFY** Expiration Date 05/25/25

Street Number 1451 Street Name Grafton ST

City Worcester State MA Zip 1604

Telephone 4134355356 Email _____

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

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

Not Applicable

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.R5.1.3.1)

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-or two-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. (780 CMR, Section 110.R5.1.3.1)

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 CITY OF PITTSFIELD Building Department minimum inspection procedures and requirements.

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

Item

**Estimated Value to be completed by
permit applicant**

1. Building

7110

2. Electrical

21623

3. Plumbing

0

4. Gas

0

5. Mechanical (HVAC)

0

6. Fire Protection

0

Total = (1+2+3+4+5+6) \$ 28,733.00

SECTION 10 - PROPERTY OWNER AUTHORIZATION

I am the Owner Contractor / Agent

I, LE HIEU T as owner of the subject property hereby authorize Steele Hudson 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 _____

DECLARATION

I, Steele Hudson 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 12/12/23

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

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

This document is not the "official" B.F.P.R. application. This on-line application is identical to the B.F.P.R. application minus the state seal. An applicant may apply for a permit with either the "on-line" application or the state application.

APPLICATION DETAILS

Application #:	<u>E-24-119957</u>	Date Issued:	<u>12/15/15</u>	Permit #:	<u>E-15-0509</u>	Date Paid:	<u>07/21/16</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>110.00</u>	Receipt #:	<u>70108</u>		

SECTION 1 - SITE INFORMATION

Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u></u>
Street Number	<u>86</u>	Zone	<u></u>
Unit Number	<u></u>		

SECTION 2 - OWNER INFORMATION

Owner/Tenant Name	<u>Michael McNeil</u>		
Street Number	<u>0</u>	Street Name	<u>P O Box 62 Hinsdale MA 01235</u>
City	<u></u>	State	<u></u> Zip <u></u>
Telephone	<u></u>	Email	<u>mokemcneil@hotmail.com</u>

SECTION 3 - APPLICANT INFORMATION

Applicant Name	<u>Michael McNeil</u>		
Street Number	<u>0</u>	Street Name	<u>P O Box 62</u>
City	<u>Hinsdale</u>	State	<u>MA</u> Zip <u>1235</u>
Telephone	<u>2399948747</u>	Email	<u>mburton@pittsfieldch.com</u>

SECTION 4 - MAILING ADDRESS

Street Number	<u>0</u>	Street Name	<u>P O Box 62</u>
---------------	----------	-------------	-------------------

No. of Electric Vehicle Supply Equipment _____

- Level 1
 - Level 2
 - Level 3
- Rating _____

No. Wind Generators _____

Generator KW Rating _____

No. of Switches 6

Type _____

Fire Alarm System

No. of Devices _____

No. of Self-Contained Detection/Alerting Devices _____

Wind KW Rating _____

Video System

No. of Devices _____

Telecom System

Total No. of Outlets _____

Security Systems

No. of Devices or its Equivalent _____

Swimming Pool:

Heat Pump Totals:

Above Ground Yes No

Number _____

In-Ground Yes No

Tons _____

Hot-Tub Yes No

KW _____

OTHER: _____

Attach additional detail if desired, or as required by the Inspector of Wires.

SECTION 6 - CONTRACTOR INFORMATION

Name RON SMITH and SON ELECTRIC

Firm Name Ron Smith

Type A-1 Or C-1

LIC No. _____ VERIFY NA Expiration Date _____

Master/Systems Licensee: _____ LIC No. _____ Expiration Date _____

Journeyman Licensee: _____ LIC No. _____ Expiration Date _____

Street Number 25 Street Name Ontario Street

City Pittsfield State MA Zip 1201

Telephone No. 4138223213 Alternate Tel. No. 4134428120

Email _____

Security System Business requires a Division of Occupational Licensure "S" LIC S-Lic. No. _____

SECTION 7 - ESTIMATED COST

Estimated Value of Electrical Work **\$ 2000.00** (When required by municipal policy.)

Date Work to Start 12/10/15 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

SECTION 8 - OWNER'S INSURANCE/AUTHORIZATION

INSURANCE COVERAGE :

Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability 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.

Yes No

OWNER'S INSURANCE WAIVER :

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

Owner Agent

Owner Email mokemcneil@hotmail.com OR Copy of Signed Contract to be attached after submitting application

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

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 12/02/15

⚙️ PLUMBING PERMIT APPLICATION

APPLICATION DETAILS

Application #:	<u>P-24-119900</u>	Date Issued:	<u>12/01/15</u>	Permit #:	<u>P-15-0214</u>	Date Paid:	<u>12/02/15</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>105.00</u>	Receipt #:	<u>67602</u>		

SECTION 1 - SITE INFORMATION

Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u></u>
Street Number	<u>86</u>	Zoning	<u></u>
Unit Number	<u></u>		

SECTION 2 - OWNER INFORMATION

Owner Name	<u>Michael McNeil</u>		
Street Number	<u>0</u>	Street Name	<u>P O Box 62</u>
City	<u></u>	State	<u></u> Zip <u></u>
Telephone	<u>2399948747</u>	Email	<u>mokemcneil@hotmail.com</u>

SECTION 3 - APPLICANT INFORMATION

Applicant Name	<u>Michael McNeil</u>		
Street Number	<u>0</u>	Street Name	<u>P O Box 62</u>
City	<u>Hinsdale</u>	State	<u>MA</u> Zip <u>1235</u>
Telephone	<u>2399948747</u>	Email	<u></u>

SECTION 4 - MAILING ADDRESS

Street Number	<u>0</u>	Street Name	<u>P O Box 62</u>
City	<u>Hinsdale</u>	State	<u>MA</u> Zip <u>1235</u>

SECTION 5 - WORK DETAILS

New Renovation Replacement

Plans Submitted Yes No

Certificate Corporation Partnership LLC Sole proprietor 26592

Type of Occupancy Residential

FIXTURES

PROPOSED WORK	SUB BSMT	BSMT	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th
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			1													
FOOD DISPOSER																
FLOOR/AREA DRAIN																
INTERCEPTOR(INTERIOR)																
KITCHEN SINK			1													
LAVATORY			1	1												
ROOF DRAIN																
SHOWER STALL																
SERVICE/MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION				1												
WATER HEATER ALL TYPES																
WATER PIPING			1	1												
OTHER		1														
UNDERGROUND PLUMBING																

Brief Description of Proposed Work

Replace existing fixtures, move laundry from basement to 2nd floor.

SECTION 6 - CONTRACTOR INFORMATION

Name	_____	Type	_____
LIC No.	_____	Expiration Date	_____
	VERIFY		
Business Name	_____	Type	_____
LIC No.	<i>26592</i>	Expiration Date	<i>05/01/16</i>
Street Number	<i>52</i>	Street Name	<i>John St</i>
City	<i>Dalton</i>	State	<i>MA</i>
		Zip	<i>01226</i>
Telephone No.	<i>4138224951</i>	Alternate Tel. No.	_____
Email	_____	Fax	_____

SECTION 7 - ESTIMATED COST

Estimated Value of Work \$ 2000.00

SECTION 8 - OWNER'S INSURANCE/AUTHORIZATION

INSURANCE COVERAGE :

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.

- Yes No
- A 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 the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

- Owner Agent

Owner Email mokemcneil@hotmail.com OR Copy of Signed Contract to be attached after submitting application

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

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. I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the 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 provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws. Date 11/24/15

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

"3 or More Family Res" should select "Commercial Permit" from the drop down.

APPLICATION DETAILS							
Application #:	<u>R-24-119750</u>	Date Issued:	<u>11/19/15</u>	Permit #:	<u>R-15-0880</u>	Date Paid:	<u>11/20/15</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>35.00</u>	Receipt #:	<u>67471</u>		

SECTION 1 - SITE INFORMATION			
Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u></u>
Street Number	<u>86</u>	Zoning District	<u>R12</u>
Unit Number	<u></u>		

SECTION 2 - OWNER INFORMATION			
Owner Name	<u>Michael McNeil</u>		
Street Number	<u>0</u>	Street Name	<u>P O Box 62</u>
City	<u>Hinsdale</u>	State	<u>MA</u> Zip <u>1235</u>
Telephone	<u>2399948747</u>	Email	<u>mokemcneil@hotmail.com</u>

SECTION 3 - APPLICANT INFORMATION			
Applicant Name	<u>Michael McNeil</u>		
Street Number	<u>0</u>	Street Name	<u>P O Box 62 Hinsdale MA</u>
City	<u>Hinsdale</u>	State	<u>MA</u> Zip <u>1235</u>
Telephone	<u>2399948747</u>	Email	<u>mokemcneil@hotmail.com</u>

SECTION 4 - MAILING ADDRESS			
Street Number	<u>0</u>	Street Name	<u>P O Box 62 Hinsdale MA</u>
City	<u>Hinsdale</u>	State	<u>MA</u> Zip <u>1235</u>

SECTION 5 - WORK DETAILS

Current Use R-3 (Residential occupancy not more than 2 units)

Construction type _____

5.1 Building Setbacks (ft): Not Applicable

Required				Provided (Actual)			
Front (ft)	<u>35</u>			Front (ft)	<u>35</u>		
Side (ft)				Side (ft)			
Left Side	<u>10</u>	Right Side	<u>10</u>	Left Side	<u>10</u>	Right Side	<u>10</u>
Rear (ft)	<u>25</u>			Rear (ft)	<u>25</u>		
Minimum Lot frontage (ft)	_____			Minimum Lot frontage (ft)	_____		
Minimum Lot width (ft)	_____			Minimum Lot width (ft)	_____		

Percent Lot Coverage _____

Square feet of area of work Not Applicable

Building or structure size Length _____ Width _____ Height _____

5.2 Water Supply (M.G.L. c. 40. B 54) Not Applicable

Public Private

5.3 Flood Zone of Structure Not Applicable

Zone _____ Elevation _____ Outside Flood Zone

5.4 Sewage Disposal System Not Applicable

Municipal
 On Site Disposal System (Septic plan required if going out of footprint of house or an additional structure.)

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.)

I have read and understand the text above.

New 1 or 2 Family Dwelling

Existing Building

Repair (s)

Alteration (s)

Addition

Accessory Building

Deck

Solar Panels

Weatherization

Pool Above Ground

Pool In-Ground

Siding

Foundation Only

Windows

Selective Demolition

Roof

Tent

Accessory Apartment

Demolition

Mobile Homes

Other

Brief Description of Proposed Work

six new windows, two new exterior doors, remove old hot water solar panels from rear roof and repair roof.

SECTION 6 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

6.1 Tenant :

Tenant Name _____

Dumping Site Location (where any resulting debris will be disposed of (780 CMR 111.5))

covanta

Not Applicable

6.2 Authorized Agent/Owner :

Name *Michael McNeil*

Street Number _____

Street Name

P O Box 62 Hinsdale MA

Telephone

2399948747

Email

SECTION 7 - CONSTRUCTION SERVICES

7.1 Licensed Construction Supervisor: Applicable

Name *Michael McNeil*

License Number

csfa-069503

VERIFY

Expiration Date

12/13/16

Street Number

0

Street Name

P O Box 62

City

Hinsdale

State

MA

Zip

01235

Telephone

2399948747

Email

mokemcneil@hotmail.com

License Type

U or 00 - Unrestricted

1G - 1 & 2 Family Dwelling

M - Masonry Only

RC - Residential Roofing Covering

WS - Residential Window & Siding

SF - Residential Solid Fuel Burning Appliance Installation

D - Residential Demolition

IC - Insulation Contractor

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

7.2 Home Improvement Contractor: Applicable

Name	<i>Michael McNeil</i>		
Registration Number	<i>164157</i>	VERIFY	Expiration Date
			<i>09/01/17</i>
Street Number	<i>0</i>	Street Name	<i>P O Box 62</i>
City	<i>Hinsdale</i>	State	<i>MA</i> Zip <i>1235</i>
Telephone	<i>2399948747</i>	Email	<i>mokemcneil@hotmail.com</i>

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

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

Not Applicable

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.R5.1.3.1)

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-or two-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. (780 CMR, Section 110.R5.1.3.1)

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 CITY OF PITTSFIELD Building Department minimum inspection procedures and requirements.

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

Item	Estimated Value to be completed by permit applicant
1. Building	2500
2. Electrical	
3. Plumbing	
4. Gas	
5. Mechanical (HVAC)	
6. Fire Protection	
Total = (1+2+3+4+5+6)	\$ 2,500.00

SECTION 10 - PROPERTY OWNER AUTHORIZATION

I am the Owner Contractor / Agent

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

Property Owner's Email mokemcneil@hotmail.com OR Copy of Signed Contract to be attached after submitting application

Telephone No. 2399948747

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

DECLARATION

I, Michael McNeil 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 11/12/15

GAS PERMIT APPLICATION

APPLICATION DETAILS

Application #:	<u>G-24-118399</u>	Date Issued:	<u>06/20/17</u>	Permit #:	<u>G-17-0239</u>	Date Paid :	<u>06/20/17</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>65.00</u>	Receipt # :	<u>73770</u>		

SECTION 1 - SITE INFORMATION

Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u>J070005026</u>
Street Number	<u>86</u>	Zone	<u>R12</u>
Unit Number	<u></u>		

SECTION 2 - OWNER INFORMATION

Owner Name	<u>LE HIEU T HUYNH THOA THI KIM</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
City	<u></u>	State	<u></u> Zip <u></u>
Telephone	<u></u>	Email	<u></u>

SECTION 3 - APPLICANT INFORMATION

Applicant Name	<u>Ernie Weider</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
City	<u>PITTSFIELD</u>	State	<u>MA</u> Zip <u>1201</u>
Telephone	<u>4133291226</u>	Email	<u></u>

SECTION 4 - MAILING ADDRESS

Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
City	<u>PITTSFIELD</u>	State	<u>MA</u> Zip <u>1201</u>

SECTION 5 - WORK DETAILS

New
 Renovation
 Replacement

Plans Submitted
 Yes
 No

Certificate
 Corporation
 Partnership
 Firm/Co.
 LLC
 Sole Proprietor
 30526

Type of Occupancy Residential

FIXTURES

PROPOSED WORK	SUB BSMT	BSMT	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th
BOOSTER																
COOK STOVE																
CONVERSION BURNERS																
DRYERS																
DIRECT ROOM HEATERS																
DIRECT VENT HEATER																
FIREPLACE																
FRYOLATOR																
FURNACES		1														
GAS GENERATORS																
GAS PIPING																
GRILLE																
HEATING BOILERS																
HEATER RANGES																
INFRARED HEATER																
LABORATORY COCKS																
MAKEUP AIR UNIT																
OVENS																
POOL HEATERS																
RANGES																
ROOF TOP UNITS																
ROOM/SPACE HEATERS																
UNIT HEATERS																
UNVENTED ROOF HEATERS																
VENTED ROOF HEATERS																

WATER HEATERS	1																		
OTHERS																			

Brief Description of Proposed Work
install new appliances and gas piping

SECTION 6 - CONTRACTOR INFORMATION

Name Ernie Weider Type _____

LIC No. _____ **VERIFY** Expiration Date _____

Business Name Ernie Weider Type _____

LIC No. _____ Expiration Date 05/01/18

Street Number 0 Street Name _____

City _____ State _____ Zip _____

Telephone No. _____ Alternate Tel. No. _____

Email _____ Fax _____

SECTION 7 - ESTIMATED COST

Estimated Value of Work \$ _____

SECTION 8 - OWNER'S INSURANCE/AUTHORIZATION

INSURANCE COVERAGE :

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.

Yes No

Please indicate the type coverage by checking the appropriate box.

A 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 the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Owner Agent

Owner Email _____ OR Copy of Signed Contract to be attached after submitting application

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

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. I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the 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 provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.**

Date 06/20/17

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

"3 or More Family Res" should select "Commercial Permit" from the drop down.

APPLICATION DETAILS

Application #:	<u>R-24-117130</u>	Date Issued:	<u>03/27/17</u>	Permit #:	<u>R-17-0263</u>	Date Paid:	<u>03/27/17</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>35.00</u>	Receipt #:	<u>72785</u>		

SECTION 1 - SITE INFORMATION

Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u>J070005026</u>
Street Number	<u>86</u>	Zoning District	<u>R12</u>
Unit Number	<u></u>		

SECTION 2 - OWNER INFORMATION

Owner Name	<u>LE HIEU T</u>				
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>		
City	<u>PITTSFIELD</u>	State	<u>MA</u>	Zip	<u>1201</u>
Telephone	<u></u>	Email	<u></u>		

SECTION 3 - APPLICANT INFORMATION

Applicant Name	<u>Joseph Carry</u>				
Street Number	<u>29</u>	Street Name	<u>Edgewood Dr.</u>		
City	<u>PITTSFIELD</u>	State	<u>MA</u>	Zip	<u>1201</u>
Telephone	<u>4132810046</u>	Email	<u>joseph@decumanusgreen.com</u>		

SECTION 4 - MAILING ADDRESS

Street Number	<u>29</u>	Street Name	<u>Edgewood Dr.</u>
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City	<u>PITTSFIELD</u>	State	<u>MA</u>	Zip	<u>1201</u>
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SECTION 5 - WORK DETAILS

Current Use R-3 (Residential occupancy not more than 2 uni Construction type Type V-B (Typical house, VB, deck, s

5.1 Building Setbacks (ft): Not Applicable

Percent Lot Coverage _____

Square feet of area of work Not Applicable

Building or structure size

Length	_____	Width	_____	Height	_____
--------	-------	-------	-------	--------	-------

5.2 Water Supply (M.G.L. c. 40. B 54) Not Applicable

5.3 Flood Zone of Structure Not Applicable

5.4 Sewage Disposal System Not Applicable

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.)

I have read and understand the text above.

New 1 or 2 Family Dwelling Existing Building

- | | | | | |
|--|--|---|---|---------------------------------|
| <input type="checkbox"/> Repair (s) | <input type="checkbox"/> Alteration (s) | <input type="checkbox"/> Addition | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Solar Panels | <input checked="" type="checkbox"/> Weatherization | <input type="checkbox"/> Pool Above Ground | <input type="checkbox"/> Pool In-Ground | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Windows | <input type="checkbox"/> Selective Demolition | <input type="checkbox"/> Roof | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Accessory Apartment | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mobile Homes | | |
| <input type="checkbox"/> Other | | | | |

Brief Description of Proposed Work

Air seal basement and attic. Add cellulose insulation to attic to a minimum of r-48. Maintain NFA to attic area ratio of 1:300.

SECTION 6 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

6.1 Tenant :

Tenant Name _____

Dumping Site Location (where any resulting debris will be disposed of (780 CMR 111.5))

Not Applicable

6.2 Authorized Agent/Owner :

Name Joseph Carry

Street Number _____ Street Name 29 Edgewood Dr.

Telephone 4132810046 Email _____

SECTION 7 - CONSTRUCTION SERVICES

7.1 Licensed Construction Supervisor: Applicable

Name Joseph Carry

License Number 90239 **VERIFY** Expiration Date 11/28/18

Street Number 29 Street Name Edgewood Dr.

City Lenox State MA Zip 01240

Telephone 4132810046 Email joseph@decumanusgreen.com

License Type

- U or 00 – Unrestricted
- 1G - 1 & 2 Family Dwelling
- M – Masonry Only
- RC – Residential Roofing Covering
- WS – Residential Window & Siding
- SF – Residential Solid Fuel Burning Appliance Installation
- D – Residential Demolition
- IC – Insulation Contractor

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

7.2 Home Improvement Contractor: Applicable

Name Decumanus Green D B Inc

Registration Number 159641 **VERIFY** Expiration Date 05/25/18

Street Number 29 Street Name Edgewood Dr.

City Lenox State MA Zip 1240

Telephone 4132810046 Email _____

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

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

Not Applicable

Yes No

Total = (1+2+3+4+5+6) \$ 3,000.00

SECTION 10 - PROPERTY OWNER AUTHORIZATION

I am the Owner Contractor / Agent

I, LE HIEU T as owner of the subject property hereby authorize Joseph Carry 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 _____

DECLARATION

I, Joseph Carry 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 03/17/17

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

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

This document is not the "official" B.F.P.R. application. This on-line application is identical to the B.F.P.R. application minus the state seal. An applicant may apply for a permit with either the "on-line" application or the state application.

APPLICATION DETAILS

Application #:	<u>E-24-35399</u>	Date Issued:	<u>07/14/15</u>	Permit #:	<u>E-15-0009</u>	Date Paid:	<u>07/14/15</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>35.00</u>	Receipt #:	<u>26722</u>		

SECTION 1 - SITE INFORMATION

Street Name	<u>SAMPSON PKWY</u>	Map Block Lot	<u>J070005026</u>
Street Number	<u>86</u>	Zone	<u>R12</u>
Unit Number	<u></u>		

SECTION 2 - OWNER INFORMATION

Owner/Tenant Name	<u>HENRIQUES BASILIO JR</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY PITTSFIELD MA 01201</u>
City	<u></u>	State	<u></u> Zip <u></u>
Telephone	<u></u>	Email	<u></u>

SECTION 3 - APPLICANT INFORMATION

Applicant Name	<u>COUNTY ELECTRICAL CONTRACTORS INC</u>		
Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
City	<u>PITTSFIELD</u>	State	<u>MA</u> Zip <u>1201</u>
Telephone	<u>4134415135</u>	Email	<u>mburton@pittsfieldch.com</u>

SECTION 4 - MAILING ADDRESS

Street Number	<u>86</u>	Street Name	<u>SAMPSON PKWY</u>
---------------	-----------	-------------	---------------------

City PITTSFIELD State MA Zip 1201

SECTION 5 - WORK DETAILS

Is this permit in conjunction with a building permit? Yes No

Purpose of Building RESIDENTIAL Utility Authorization No. 2543710 Not Applicable

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

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

Number of Feeders and Ampacity _____

Description of Proposed Electrical Installation SERVICE UPGRADE

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

No. of Receptacle Outlets	_____	No. of Motors	_____
No. of Luminaires	_____	Total HP	_____
No. of Recessed Luminaires	_____	Total KW	_____
Space Heating KW	_____	No. of Transformers	_____
Heating Equipment KW	_____	Total KVA	_____
No. of Appliances	_____	No. of Water Heaters	_____
KW	_____	KW	_____
No. Oil Burners	_____	No. of Air Conditioners	_____
No. Gas Burners	_____	Total Tons	_____
No. of Energy Storage Systems	_____	KWH Storage Rating	_____
Solar PV KW DC Rating	_____	Solar PV KW AC Rating	_____
No. of Modules	_____	<input type="radio"/> Roof-Mount	
		<input type="radio"/> Ground-Mount	

No. of Electric Vehicle Supply Equipment _____

- Level 1
 - Level 2
 - Level 3
- Rating _____

No. Wind Generators _____

Generator KW Rating _____

No. of Switches _____

Type _____

Fire Alarm System

No. of Devices _____

No. of Self-Contained Detection/Alerting Devices _____

Wind KW Rating _____

Video System

No. of Devices _____

Telecom System

Total No. of Outlets _____

Security Systems

No. of Devices or its Equivalent _____

Swimming Pool:

Heat Pump Totals:

Above Ground Yes No

Number _____

In-Ground Yes No

Tons _____

Hot-Tub Yes No

KW _____

OTHER: _____

Attach additional detail if desired, or as required by the Inspector of Wires.

SECTION 6 - CONTRACTOR INFORMATION

Name COUNTY ELECTRICAL CONTRACTORS INC

Firm Name DANA SPRING

Type A-1 Or C-1

LIC No. 39769E **VERIFY** NA Expiration Date 07/31/16

Master/Systems Licensee: _____ LIC No. _____ Expiration Date 07/31/16

Journeyman Licensee: _____ LIC No. _____ Expiration Date _____

Street Number 70 Street Name DODGE AVENUE

City PITTSFIELD State MA Zip 1201

Telephone No. 4134415135 Alternate Tel. No. 4134426655

Email _____

Security System Business requires a Division of Occupational Licensure "S" LIC S-Lic. No. _____

SECTION 7 - ESTIMATED COST

Estimated Value of Electrical Work \$ _____ (When required by municipal policy.)

Date Work to Start _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

SECTION 8 - OWNER'S INSURANCE/AUTHORIZATION

INSURANCE COVERAGE :

Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability 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.

Yes No

Please indicate the type coverage by checking the appropriate box.

INSURANCE Bond

OTHER

OWNER'S INSURANCE WAIVER :

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

Owner Agent

Owner Email _____ OR Copy of Signed Contract to be attached after submitting application

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

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 07/14/15