

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 & Lienable 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

SCH 5-DIGIT 01202

HUYNH THOA THI KIM

LE HIEU T

Collector of Taxes - Lisa M. Lewis

City of Pittsfield Fiscal Year 2025 Preliminary Real Estate Tax Bill

Bill Number	Parcel ID	Issue Da	te			
9731	J07-0005-026	07/01/202	24			
Class		Area				
101		0.33 Acres				
Prel. Real Estate Tax	Prel. Real Estate Tax			\$3,579.90		
Prel. Community Preserv		\$2	6.34			
Total Preliminary Tax F		\$3,60	6.24			
First Quarter Tax Due 08		\$1,80	3.12			
Second Quarter Tax Due	11/01/2024	:	\$1,80	3.12		

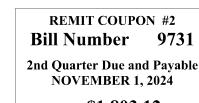
Pay on-line at www.cityofpittsfield.org or Pay By Phone at 1-888-565-1167

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

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

The Commonwealth of Massachusetts

City of Pittsfield



\$1,803.12

FISCAL YEAR - 2025 PRELIMINARY REAL ESTATE TAX BILL

(413) 499-9432

(413) 395-0102

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

0128508505222200004337700007803757

FISCAL YEAR - 2025 PRELIMINARY REAL ESTATE TAX BILL

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

072950950522200004537700007903757

The Commonwealth of Massachusetts City of Pittsfield

Interest at the rate of 14% per annum will accrue on overdue

payments from the due date until payment is made.

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

REMIT COUPON #1

TAXPAYER COPY Assessed Owner as of January 1, 2024

> For questions regarding payments please call: For questions regarding valuations please call:

RESIDENTIAL st: Sampson Phury. Lot: 4. Owner: lobert & Leth marm Lot: 48R Map: 107 nik Application: add enclosed parch to rea. Permit No: 23050 Date: May 20. 57 14. Zone: Work: Wood Frame s: lathing permit 11, 1957 # 2470 Inspections: cari Cost: 15,000.00 Contractor:

(Chang) FIRE DEPARTMENT CITY OF PITTSFIELD Pittsfi	Whership) 5/9/69 April 2, 1951
PERMIT FOR STORA	AGE OF FUEL OIL N2338
In accordance with provisions of Chapter 148, G. I Basilio Henriques Jr. Name	Name Berkshire Air Cond. Co.
Address. (owner or occupant) Address. (owner or occupant)	(Installer) Addrees
Burner Airtemp	Storage Stoel
Airtemp Name Manufacturer Madel No or Size J-107	Capacity
Model No. or Size. J-107 Power Mass. Approval No. 859	LOCALIOII
275	11000211
Permit issued Apr11 2, 1951	(Chief of Fire Department)
FeePaid	By

THIS PERMIT MUST BE POSTED CONSPICUOUSLY ON THE PREMISES Form A7-8-68-1M-G

CITY OF PITTSFIELD	Pittsfield, Mass., April 2, 1951
PERMIT FOR S	TORAGE OF FUEL OIL No. 2338
In accordance with provisions of Chapter 14	48, G. L., and Regulations made under authority thereof.
Name R. C. Marmorek	Name <u>Berk. Air Cond. Co.</u> (Installer)
Address 86 Sampson Parkwa	
Name Airtemp	Storage Type of TankSteel
	Capacity 275 gals. (or) Size
	Location Basement
Type Power Mass. Approval No	850
521 - 443	Thomas & Burke
Permit issued 4/2/51 Expires	(Chief of Fire Department)
Fee50Paid11/10/5	О ВуОО
Form A4-11-50-2M	(T = 3)

The following data applying to such installation is submitted for record: BURNER Name AIRTEMP Mfg. by Chryplen Corp. Type.....PawER_____Model No. or Size. J106 STORAGE TANK Type..... Location BaseMENT CONTROL Type (automatic or manual) AU TOMATIC Location of automatic shut-off valve......BURNER Special requirements (or additional safety devices) Beck Shure Can Concerne CØ. By..... CeBSly

PITTSFIELD, MASSACHUSETTS

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

ROBERT

equipment made under authority of permit No... 2338, dated ... 11-10-50.... 19...., issued by you and applying to the installation for

RCMARMOREK 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.

CITY OF PITTSFIELD FIRE PERMIT FOR PLACEMENT AND USE OF REND HAZARDOUS WAST	UBBISH DUMPSTERS
ADDRESS OF DUMPSTER PLACEMENT & SAMPSON	PKW
(HOME) OWNER NAME MICHAEL MCLEIL	
DUMPSTER COMPANY NAME VILLY ROI OF	,
NUMBER OF DUMPSTERS	FEE \$25.00 PER DUMPSTER R 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

____ISSUE DATE <u>10129115</u>

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 <u>86 Sampson PLWY</u> (HOME) OWNER NAME <u>BASILIO HENKIQUES</u> TEL NO. <u>415.407-356</u>]
DUMPSTER COMPANY NAME DAI Z T NUMBER OF DUMPSTERS Z Z AN FEE \$25.00 PER DUMPSTER IF MORE THAN ONE BIN, LIST LOCATION ON REAR FOR ALL DUMPSTERS
PLEASE CHECK BELOW HOUSEHOLD DEBRISCONSTRUCTION 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

ISSUE DATE 12 1281 12

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

527 CMR: BOARD OF FIRE PREVENTION REGULATIONS

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	wealth of Massachusetts
	ent of Public Safety MR 4.00 - Form 1
Application for Permit, Peri	mit, and Certificate of completion for the Installation or
Alteration of Fuel Oil Burning F	Equipment and the Storage of Fuel Oil
•	PITTSFLOID NCT. 26, OF
62	(City or Town) (Date)
Permit #s: FD 662 Elec.	FDID#; Fee Paid:
	19110A Tel #: 443-5778
	PILLY Serviced Floor or Unit #:
Heating Unit Domestic Water Heater	Power Vent Other
Burner: Linew L Existing Location:	
frade Name:	Mfg:
7.	e: Nozzle Size:
Fuel Oil 🔲 Kerosene 🗌 Waste oil	
	on:
ype: <u>Steel</u> Capacity: <u>27</u>	5 gals. No. of Tanks:
•	
pecial requirements (or additional safety devices	s)
pecial requirements (or additional safety device:	s)
pecial requirements (or additional safety device:	s)
250 · · · · · · · · · · · · · · · · · · ·	:k OSprinkler AFUE: Oyes Ono EF: Oyes Ono
OSV Valve Oil line protected Sheet Roc	k OSprinkler AFUE: Oyes Ono EF: Oyes Ono (Furnace and boilers) (Water heater)
OSV Valve Oil line protected Sheet Roc	:k OSprinkler AFUE: Oyes Ono EF: Oyes Ono
OSV Valve Oil line protected Sheet Roc	k OSprinkler AFUE: Oyes Ono EF: Oyes Ono (Furnace and boilers) (Water heater)
OSV Valve Doil line protected DSheet Roc	k OSprinkler AFUE: Oyes Ono EF: Oyes Ono (Furnace and boilers) (Water heater) Tel # <u>443.7354</u>
DOSV Valve Doil line protected DSheet Roc to. Name: Don Davis Honting ddress: <u>PO_BOX_2681</u>	ck Sprinkler AFUE: Spes Ono EF: Spes Ono (Furnace and boilers) (Water heater) Tel # <u>443</u> 7354 City: <u>PILLER HOIC</u> Zip: <u>1)1202</u>
OSV Valve Oil line protected Sheet Roc o. Name: <u>DON DOVIS HOALING</u> ddress: <u>PO BOX 2681</u> ompletion Date: <u>ID-27-05</u> ombustion Test: Gross Stack Temp.:	ck Sprinkler AFUE: Spes Ono EF: Spes Ono (Furnace and boilers) (Water heater) Tel # <u>443</u> 7354 City: <u>PILLER HOIC</u> Zip: <u>1)1202</u>
OSV Valve Oil line protected Sheet Roc o. Name: <u>DON DOVIS HOALING</u> ddress: <u>PO BOX 2681</u> ompletion Date: <u>ID-27-05</u> ombustion Test: Gross Stack Temp.:	k Sprinkler AFUE: yes no EF: yes no (Furnace and boilers) (Water heater) Tel # <u>443.7354</u> City: <u>PIFFSH010L</u> Zip: <u>1)1202</u> Net Stack Temp:: Breech Draft:
DOSV Valve Doil line protected Determines Name: Den Davis Honking ddress: <u>PO_BOX_2681</u> ompletion Date: <u>ID-27-05</u> ombustion Test: Gross Stack Temp.: CO ² Test: moke: Overfire Draft: the undersigned certify that the installation of fuel burning equip	ck □Sprinkler AFUE: □yes □no EF: □yes □no (Furnace and boilers) (Water heater) Tel # <u>443 7354</u> City: <u>PIFFSHOID</u> Zip: <u>1)12U2</u> Net Stack Temp.: Breech Draft: Efficiency rating %: Efficiency rating %:
DOSV Valve Doil line protected Sheet Roc o. Name: Don Davis Honing ddress: <u>PO_BOX_2681</u> ompletion Date: <u>ID-27-05</u> ombustion Test: Gross Stack Temp.: CO ² Test: moke: Overfire Draft: the undersigned certify that the installation of fuel burning equip rently is effect. Furthermore, this installation has been tested in applete instructions as to its use and maintenance have been furnished staller RICHARD J_BJORD	ck □Sprinkler AFUE: □yes □no EF: □yes □no (Furnace and boilers) (Water heater) Tel # <u>443 7354</u> City: <u>PILLENDIC</u>
DOSV Valve Doil line protected Sheet Roc co. Name: Don Davis Honing ddress: <u>PO BOX 2681</u> ompletion Date: <u>ID-27-05</u> ombustion Test: Gross Stack Temp.: <u>CO² Test:</u> moke: <u>Overfire Draft</u> : the undersigned certify that the installation of fuel burning equip rrently is effect. Furthermore, this installation of fuel burning equip rrently is effect. Furthermore, this installation as been tested in applete instructions as to its use and maintenance have been furnisher staller: <u>Richard J Blance</u> <i>Print Name</i> Ci	ck □Sprinkler AFUE: □yes □no EF: □yes □no (Furnace and boilers) (Water heater) Tel # <u>443.7354</u>
DOSV Valve Doil line protected Sheet Roc o. Name: Don Davis Honing ddress: <u>PO_BOX_2681</u> ompletion Date: <u>ID-27-05</u> ombustion Test: Gross Stack Temp.: CO ² Test: moke: Overfire Draft: the undersigned certify that the installation of fuel burning equip rently is effect. Furthermore, this installation has been tested in applete instructions as to its use and maintenance have been furnished staller RICHARD J_BJORD	ck □Sprinkler AFUE: □yes □no EF: □yes □no (Furnace and boilers) (Water heater) Tel # <u>443 7354</u> City: <u>PILLENDIC</u>
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	ck □Sprinkler AFUE: □yes □no EF: □yes □no (Furnace and boilers) (Water heater) Tel # <u>443.7354</u>

527 CMR - 45

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 #:	E-24-143398	Date lssued:		Permit #: —	Date Paid:		
Fee Payable: (\$)	0.00	Fee Paid: (\$)	0.00	Receipt —— # : ——			
SECTION 1 - SI	TE INFORMATION						
Street Name	SAMPSON PKWY			Map Block Lot	J070005026		
Street Number	86			Zone	R12		
Unit Number							

SECTION 2 - OWNER INFORMATION						
Owner/Tenant Name	LE HIEU T					
Street Number	86	Street Name	SAMPSON PKWY PITTSFIELD MA 01201			
City		State	Zip			
Telephone		Email				

SECTION 3 - APPLICANT INFORMATION						
Applicant Name	Scott LeDuc					
Street Number	86	Street Name	SAMPSON PKWY			
City	PITTSFIELD	State	<i>MA</i>	Zip	1201	
Telephone	4134355356	Email	auburnpermitting@brightplanetsolar. 	com		

SECTION 4 - M	AILING ADDRESS		
Street Number	86	Street Name	SAMPSON PKWY

15/08/2024, 09:48

City	PITTSFIELD			State	MA		Zip	1201
SECTION 5 - WO	RK DETAILS							
ls this permit in c building permit?	conjunction with	1 a	\bigcirc	Yes 🕻	No			
Purpose of Building	RESIDENT	TAL	_	Util No.	ity Authorization			Not Applicable
Existing Service		Amps		Volts	Overhead	Undgrd	No. Me	of ters
New Service		Amps		Volts	Overhead	O Undgrd	No. Me	of ters
Number of Feede	ers and Ampaci	ty						
Description of Pr Installation	oposed Electric	al	roof moun	nted solar a	array with 20 panels @ 7	.11kw DC		
Completion of th	e following tabl	e may be	waived by t	he Inspecto	or of Wires.			
No. of Recepta Outlets	acle				No. of Motors			
No. of Lumina	ires				Total HP			
No. of Recesse Luminaires	ed				Total KW			
Space Heating	g KW				No. of Transforr	mers		
Heating Equip KW	ment				Total KVA			
No. of Applian	ices				No. of Water He	aters		
KW					KW			
No. Oil Burner	~S				No. of Air Conditioners			
No. Gas Burne	ers				Total Tons			
No. of Energy Systems	Storage				KWH Storage Ra	ating		
Solar PV KW D	C Rating	7.11			Solar PV KW AC	Rating 6		
No. of Module	25	20			- Roof- Mount Ground- Mount			

No. of Electric Vehicle Supply Equipment		Level Rating
		Level 2
		Level 3
No. Wind Generators		Generator KW Rating
No. of Switches		Туре
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:		
ttach additional detail if /ires.	desired, or as required by	y the Inspector of

SECTION 6 - CON INFORMATION	TRACTOR			
Name	Bright Planet Solar			
Firm Name	Scott Leduc	Туре	A- 1	r C- 1

LIC No.				Applica		n	
LIC NU.	1141	VERIFY	NA	Expiratic Date	on	07/31/25	
Master/Systems Licensee:				LIC No.	1141		Expiratio <i>07/31/25</i> Date
Journeyman Licensee:				LIC No.			Expiratio Date
Street Number	1451			Street Name		Grafton St	reet
City	Worcester	State	MA			Zip	1604
Telephone No.	4134355356			Alternate No.	e Tel.		
Email							
Security System	Business requires a Div	ision of Occupatio	onal Licens	sure "S" LIC	S-Lic No.		
SECTION 7 - EST	TIMATED COST						
Estimated Value Electrical Work	of \$ 21623.00)		(When re municipa		-	
Date Work to Start		pections to be rec apletion.	quested in	accordance w	ith MEC	Rule 10, and	upon
			quested in	accordance w	ith MEC	Rule 10, and	upon
to Start	vner's Insurance/au	npletion.	quested in	accordance w	ith MEC	Rule 10, and	upon
to Start SECTION 8 - OW INSURANCE CO Unless waived by including "compl	VNER'S INSURANCE/AU VERAGE : y the owner, no permit f	npletion. ITHORIZATION for the performar ge or its substant	nce of elec	trical work ma	ay issue (unless the lice	upon ensee provides proof of liability such coverage is in force and has
to Start SECTION 8 - OW INSURANCE CO Unless waived by including "compl	VNER'S INSURANCE/AU VERAGE : y the owner, no permit f leted operation" coverag	npletion. ITHORIZATION for the performar ge or its substant	nce of elec	trical work ma	ay issue (unless the lice	ensee provides proof of liability
to Start	vNER'S INSURANCE/AU VERAGE : y the owner, no permit f leted operation" coverag of same to the permit is	npletion. ITHORIZATION for the performar ge or its substant suing office.	nce of elec ial equival	trical work ma	ay issue (unless the lice	ensee provides proof of liability
to Start	vNER'S INSURANCE/AU VERAGE : y the owner, no permit f leted operation" coverag of same to the permit is No No	npletion. ITHORIZATION for the performar ge or its substant suing office.	nce of elec ial equival	trical work ma	ay issue (unless the lice	ensee provides proof of liability
to Start	vNER'S INSURANCE/AU VERAGE : y the owner, no permit f leted operation" coverag of same to the permit is No No	npletion. ITHORIZATION for the performar ge or its substant suing office.	nce of elec ial equival	trical work ma	ay issue (unless the lice	ensee provides proof of liability
to Start	VNER'S INSURANCE/AU VERAGE : y the owner, no permit the leted operation'' coverage of same to the permit is No the type coverage by che the type coverage by che E Bond RANCE WAIVER :	THORIZATION for the performar ge or its substant suing office. ecking the approp	nce of elec ial equivale priate box.	trical work ma ent. The under	ıy issue ı rsigned (unless the lic certifies that	ensee provides proof of liability such coverage is in force and has
to Start	VNER'S INSURANCE/AU VERAGE : y the owner, no permit f leted operation" coverag of same to the permit is No the type coverage by che the type coverage by che E Bond RANCE WAIVER : the licensee <u>does not ha</u>	THORIZATION for the performar ge or its substant suing office. ecking the approp	nce of elec ial equivale priate box.	trical work ma ent. The under	ıy issue ı rsigned (unless the lic certifies that	ensee provides proof of liability such coverage is in force and has
to Start	VNER'S INSURANCE/AU VERAGE : y the owner, no permit is leted operation" coverag of same to the permit is No the type coverage by che E Bond RANCE WAIVER : the licensee <u>does not ha</u>	THORIZATION for the performar ge or its substant suing office. ecking the approp	nce of elec ial equivale priate box.	trical work ma ent. The under required by C	y issue to rsigned of hapter 1	unless the lica certifies that 42 of the Ma	ensee provides proof of liability

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

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 D	DETAILS				
Application #:	R-24-136896	Date lssued: —		Permit #:	Date Paid :
Fee Payable: (\$)	0.00	Fee Paid: (\$)	0.00	Receipt # :	

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

SECTION 2 - OWNER INFORMATION					
Owner Name	LE HIEU T				
Street Number	86	Street Name	SAMPSON PKWY		
City	PITTSFIELD	State	МА	Zip	1201
Telephone		Email			

SECTION 3 - APPLICANT INFORMATION					
Applicant Name	Steele Hudson				
Street Number	1451	Street Name	Grafton ST		
City	PITTSFIELD	State	МА	Zip	1201
Telephone	4134355356	Email	auburnpermitting@brightplanetsolar.c	com	

SECTION 4 -	MAILING ADDRESS		
Street Number	1451	Street Name	Grafton ST

City	PITTSFIELD	State	MA		Zip	1201
SECTION 5 - W	ORK DETAILS					
Current Use	Single Family Dw	velling		Construction type	Туре V-В (Тур	ical house, VB, deck, s
5.1 Building Se	tbacks (ft):	Vot Applicable				
Percent Lot Cov	/erage					
Square feet of a	area of work		V Not	t Applicable		
Building or structure size	Length	V	Vidth	Heig	ht	
5.2 Water Supp	oly (M.G.L. c. 40. ß 5	4) 🗸 Not Applicat	ble			
5.3 Flood Zone	of Structure	Not Applicable				
5.4 Sewage Dis	sposal System	Not Applicable				
(New 1 or 2 Fa for a new 1 or renovations, d sheds and gara	2 Family dwelling. / lemolitions, solar p ages.) ad and understand	ld only be selected if you An Existing Building shou anels, etc., and accessory	d be selected for a	dditions,		
New 1 or	2 Family Dwelling	Existing Build	ding			
Repair (s) Solar Pan		Alteration (s) Weatherization	Addition Pool Above		ssory Building In-Ground	Deck Siding
Foundatio	on Only	Windows	Ground Selective	Roof		Tent
Accessory Apartmer		Demolition	Demolition Mobile Homes			
	Specify: <i>Sola array</i>					
	on of Proposed Work solar array with 20	panels @ 7.11kw DC				
SECTION 6 - PF	ROPERTY OWNERSH	IIP/AUTHORIZED AGENT				
6.1 Tenant :						
Tenant Name						

	0 CMR 111.5))		Applicable		
6.2 Authorized	Agent/Owner :				
Name	Steele Hudson				
Street Number		Street Name	1451 Grafton ST		
Telephone	4134355356	Email			
SECTION 7 - CO	ONSTRUCTION SERV	'ICES			
7.1 Licensed Co	onstruction Superv	isor: Applicable			
Name	Steele Hudson				
License Number	112439	VERIFY	Expiration Date	01/12/24	
Street Number	1451	Name	Grafton ST		
City	Worcester	State	МА	Zip	01604
Telephone	4134355356	Email	auburnpermitting@brightplanetsolar.com		
Window 8	& Siding	Fuel Burning Appliance		provided above is tru	Contractor
	by certify under the				
T.2 Home Impi	rovement Contracto		Expiration Date		
7.2 Home Imp Name Registration	rovement Contracto Steele Hudson	or: Applicable	Expiration		
7.2 Home Imp Name Registration Number	rovement Contracto Steele Hudson	or: Applicable	Expiration		
7.2 Home Impl Name Registration Number 05/25/25 Street Number City	<i>Steele Hudson</i> <i>182102</i>	or: Applicable VERIFY VERIFY Street Name State	Expiration Date	Zip	1604
7.2 Home Impo Name Registration Number 05/25/25 Street Number	Steele Hudson 182102 1451	Dr: Applicable VERIFY Street Name	Expiration Date <i>Grafton ST</i>		1604
7.2 Home Impl Name Registration Number 05/25/25 Street Number City Telephone I do here	rovement Contracto Steele Hudson 182102 1451 Worcester 4134355356 by certify under the	or: Applicable VERIFY VERIFY Street Name State	Expiration Date Grafton ST MA y that the information pro	Zip	

15/08/2024, 09:49

Application F	orm
---------------	-----

CSL Email Address			
7.3 Homeowners Perm	it:		
Applicable			
Job Location		Home	
		Owner	
Telephone			

The current exemption for "<u>homeowners</u>" was extended to include owner occupied dwellings to allow such homeowners to engage an individual for hire who does not possess a license, <u>provided that the owner acts as supervisor</u>. (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 twofamily 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 <u>he/she shall be responsible for all such work performed under the building permit</u>. (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							
O Applicable	Not Applicable						
Name (Registrant)							
Registration		Expiration					
Number		Date					
Street		Street					
Number		Name					
Telephone		Email					

SECTION 9 - ESTIMATED O	COST
ltem	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

\$ 28,733.00

SECTION 10 - PROPERTY OWNER AUTHORIZATION								
l am the Owner O C	ontractor / Agent							
I, <i>LE HIEU T</i>	as owner of the subject property hereby authorize Steele Hudson	to act						
on my behalf, in all matters relative t	o 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 above is true and correct.	pains & penalties of perjury that the information provided Date							
DECLARATION								
l, Steele Hudson	as Owner/Authorized Agent hereby declare that the statements and information on the fo	oregoing						
application are true and accurate, to	the best of my knowledge and belief. Signed under the pains and penalties of perjury.							

$^{\prime\prime}$ I do hereby certify under the pains & penalties of perjury that the information provided	Date 12/	/17/73
above is true and correct.	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 #:	E-24-119957	Date lssued:	12/15/15	Permit #:	E-15-0	0509	Date Paid:	07/21/16
Fee Payable: (\$)	0.00	Fee Paid: (\$)	110.00	Receipt — #:	70108	8		
SECTION 1 - SIT	E INFORMATION							
Street Name	SAMPSON PKWY			Map Block Lot	k			
Street Number	86			Zone				
Unit Number								

SECTION 2 - OWNER INFORMATION						
Owner/Tenant Name	Michael McNeil					
Street Number	0	Street Name	P O Box 62 Hinsdale MA 01235			
City		State	Zip			
Telephone		Email	mokemcneil@hotmail.com			

SECTION 3 - APPLICANT INFORMATION							
Applicant Name	Michael McNeil						
Street Number	0	Street Name	P O Box 62				
City	Hinsdale	State	МА	Zip	1235		
Telephone	2399948747	Email	mburton@pittsfieldch.com				

SECTION 4 - M/	AILING ADDRESS		
Street Number	0	Street Name	P O Box 62

15/08/2024, 09:49

City	Hinsdale	State	MA		Zip <i>123</i>	5
SECTION 5 - WC	ORK DETAILS					
ls this permit in o building permit?	conjunction with a	O Yes (No			
Purpose of Building	RESIDENTIAL	Ut Nc	ility Authorization		\checkmark	Not Applicable
Existing Service	An	nps Volt	s Overhead	Undgrd	No. of Meters	
New Service	An	ips Volt:	s Overhead	Undgrd	No. of Meters	
Number of Feed	ers and Ampacity					
Description of Pr Installation	roposed Electrical	New outlets and lig	hting in kitchen and 2 ba	throoms.		
	ne following table ma	y be waived by the Inspect	tor of Wires.			
No. of Recept Outlets	acle <i>9</i>		No. of Motors			
No. of Lumina	aires 5		Total HP			
No. of Recess Luminaires	ed		Total KW			
Space Heating	g KW		No. of Transfor	mers		
Heating Equip KW	oment		Total KVA			
No. of Appliar	nces		No. of Water He	eaters		
KW			KW			
No. Oil Burne	rs		No. of Air Conditioners			
No. Gas Burn	ers		Total Tons			
No. of Energy Systems	Storage		KWH Storage Ra	ating		
Solar PV KW D	DC Rating		Solar PV KW AC	Rating		
No. of Module				-		

No. of Electric Vehicle		Level Rating
Supply Equipment		
		2
		Level 3
No. Wind Generators		Generator KW Rating
No. of Switches	6	Туре
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:		
ttach additional detail if Vires.	desired, or as required l	by the Inspector of

SECTION 6 - CON	ITRACTOR			
Name Firm Name	<i>RON SMITH and SON ELECTRIC</i>	Туре	A-	Or C-
			1	

5/08/2024, 09:49			Application For	m
LIC No.	VERIF	Y NA	Expiration Date	
Master/Systems Licensee:			LIC No	Expiratio Date
Journeyman Licensee:			LIC No.	Expiratio Date
Street Number	25		Street Name	Ontario Street
City	Pittsfield State	MA		Zip <u>1201</u>
Telephone No.	4138223213		Alternate Tel. No.	4134428120
Email				
Security System	Business requires a Division of Occup	ational Licensur	re "S" LIC S-Li No.	
SECTION 7 - EST	FIMATED COST			
Estimated Value Electrical Work	of \$ 2000.00		(When required municipal policy	-
Date Work 1 to Start	2/10/15 Inspections to be completion.	requested in ac	cordance with MEC	CRule 10, and upon
	VNER'S INSURANCE/AUTHORIZATION	N		
		•		
Unless waived by including "comp	y the owner, no permit for the perform		-	unless the licensee provides proof of liability certifies that such coverage is in force and has
O Yes	No			
OWNER'S INSU	RANCE WAIVER :			
	the licensee <u>does not have</u> the insurar this permit application waives this rec	-	quired by Chapter	142 of the Massachusetts General Laws, and that
Owner	O Agent			
Owner Email	mokemcneil@hotmail.com	OR		igned Contract to be attached after g application
	oy certify under the pains & penaltie	es of perjury th	at the informatio	n provided Date
	rue and correct.			

DEC	LARATION		
I,	as Owner/Authorized Agent hereby declare that the statements and inf	orma	tion on the foregoing
appl	ication are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties	of per	jury.
\checkmark	l 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 #:	P-24-119900	Date Issued:	12/01/15	Permit #:	P-15-0214	Date Paid :	12/02/15
Fee Payable: (\$)	0.00	Fee Paid: (\$)	105.00	Receipt - #:	67602		

SECTION 1 - SIT	E INFORMATION		
Street Name	SAMPSON PKWY	Map Block Lot	
Street Number	86	Zoning	
Unit Number			

SECTION 2 - OV	VNER INFORMATION				
Owner Name	Michael McNeil				
Street Number	0	Street Name	P O Box 62		
City		State		Zip	
Telephone	2399948747	Email	<i>mokemcneil@hotmail.com</i>		

SECTION 3 - AP	PLICANT INFORMATION				
Applicant Name	Michael McNeil				
Street Number	0	Street Name	P O Box 62		
City	Hinsdale	State	<i>MA</i>	Zip	1235
Telephone	2399948747	Email			

SECTION 4 - MA	AILING ADDRESS				
Street Number	0	Street Name	P O Box 62		
City	Hinsdale	State	MA	Zip	1235

1

/08/2024, 09:50 SECTION 5 - WORK DETA	ILS						Д	pplicat	ion Fo	rm						
New Reno	vation	\bigcirc	Replac	ement				Plan Subr	s mitted		\bigcirc	Yes	\bigcirc	No		
Certificate O Corpora	tion C	Partr	hership		LLC			Sole proprie	etor	26	592					
Type of Occupancy	Resia	lential				FIVE										
PROPOSED WORK	SUB BSMT	BSMT	1 st	2 nd	3 rd	4 th	TURES	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th
ВАТНТИВ																
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			Туре				
LIC No.		VERIFY	Expiration Date				
Business Name			Туре				
LIC No.	26592		Expiration Date	05/01/16			
Street Number	52		Street Name	John St			
City	Dalton Sta	te _{MA}		Zip 01226			
Telephone No.	4138224951		Alternate Tel. No.				
Email			Fax				

SECTION 7 - ESTIMATED COST

Estimated Value of Work

\$ 2000.00

SECTION 8 - OWNER'S INSURANCE/AUTHORIZATION						
INSURANCE COVERAGE :						
l have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.						
Ves No						
A liability insurance policy O Other type of indemnity O Bond						
OWNER'S INSURANCE WAIVER :						
l 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 O 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 Date above is true and correct.						

DECLARATION			
l, application are true and accurate, to the	as Owner/Authorized Agent hereby declare that the statements e best of my knowledge and belief. Signed under the pains and per		8 8
above is true and correct. I here submitted (or entered) in above knowledge and that all plumbin issued for this application will b	ains & penalties of perjury that the information provided eby certify that all of the details and information I have e application are true and accurate to the best of my ng work and installations performed under the permit be in compliance with all pertinent provisions of the Code and Chapter 142 of the General Laws.	Date	11/24/15

https://permiteyes.us/berkshire/building/printapplication.php?filename=plumbingview.php&application_id=64165ee9-e925-11ee-9054-00e04c68c964 4/4

Number

Hinsdale

City

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 #:	R-24-119750	Date Issued:	11/19/15	Permit — #:	R-15-0880	Date — Paid :	11/20/15
Fee Payable: (\$)	0.00	Fee Paid: (\$)	35.00	Receipt # :	67471		

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

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

SECTION 3 - A	PPLICANT INFORMATION					
Applicant Name	Michael McNeil					
Street Number	0	Street Name	P O Box 62 Hinsdale MA			
City	Hinsdale	State	МА	Zip	1235	
Telephone	2399948747	Email	mokemcneil@hotmail.com			
SECTION 4 - N	AILING ADDRESS					
Street	0	Street	P O Box 62 Hinsdale MA			

MA

Zip

1235

Name

State

	<i>R-3 (Residential occupancy not more than 2 un</i>	nit: Construction type
1 Building Set	tbacks (ft): Not Applicable	
	Required	Provided (Actual)
Front (ft)	35	Front <i>35</i> (ft) ————————————————————————————————————
Side (ft)		Side (ft)
Left Side	10 Right 10 Side	Left 10 Right 10 Side ————————————————————————————————————
Rear (ft)	25	Rear 25 (ft)
Minimur frontage		Minimum Lot frontage (ft)
Minimur width (ft		Minimum Lot width (ft)
.2 Water Supp	ly (M.G.L. c. 40. ß 54) Not Applicable	
Public	O Private	
3 Flood Zone		Outside Flood Zone
.3 Flood Zone	of Structure Not Applicable Elevation	w la
3 Flood Zone one 4 Sewage Disp Municipal On Site Dis	of Structure Not Applicable Elevation	Zone
3 Flood Zone one A Sewage Disp Municipal On Site Dis of house o 5 Description	of Structure Not Applicable Elevation posal System Not Applicable	Zone

15

5/08/2024, 09:50			Application Form		
I have read the text abo	and understand ove.				
New 1 or 2	Family Dwelling	Existing Building	g		
Repair (s)		Alteration (s)	Addition	Accessory Building	Deck
Solar Panel	S	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	s, two new exterio	r doors, remove old hot water	solar panels from rear roc	of and repair roof.	
SECTION 6 - PRO	PERTY OWNERSH	IIP/AUTHORIZED AGENT			
6.1 Tenant :					
Tenant Name					
Dumping Site Loo disposed of (780 (resulting debris will be	covanta		Not Applicable
6.2 Authorized A	gent/Owner :				
Name	Michael McNeil				
Street Number		Street Name	P O Box 62 Hinsdale MA		
Telephone	2399948747	Email			
SECTION 7 - CON	STRUCTION SER	/ICES			
7.1 Licensed Con	struction Superv	isor: Applicable			
Name	Michael McNeil				
License Number	csfa-069503	VERIFY	Expiration Da	ate 12/13/16	
Street Number	0	Street Name	P O Box 62		
City	Hinsdale	State	МА	Zip	01235
Telephone	2399948747	Email	mokemcneil@hotmail.co	om	
License Type					
U or 00 – Ur	nrestricted	1G - 1 & 2 Family Dwelling	M – Masonry		RC – Residential Roofing Covering
WS – Reside & Siding	ential Window	SF – Residential Solid Fuel Burning Appliance Installation	D – Residentia Demolition		IC – Insulation Contractor
I do hereby	/ certify under th	e pains and penalties of perju	ury that the information p	provided above is true a	and correct.
7.2 Home Improv	vement Contract	or:			

Name				Application Form		
Name	Michael McNeil					
Registration Number	164157	VERIFY	09/01/17	Expiration Date		
Street Number	0		Street Name	P O Box 62		
City	Hinsdale		State	МА	Zip	1235
Telephone	2399948747		Email	mokemcneil@hotmail.com		
I do hereb	y certify under the pain	s & penaltie	s of perjury	that the information provided ab	ove is true and co	rrect.
	Construction Supervisor d nent Contractor?	ifferent from	the applican	t or the Not Applicable		
CSL Email Addre	255			_		
7.3 Homeowner Applicable						
Job Location			_	Home Owner		
Telephone						
				owner occupied dwellings to allow s e owner acts as supervisor. (State Bu		
DEFINITION OF	HOMEOWNER:					
Person(s) who o dwelling, attache year period shal Building Official, The undersigned	wns a parcel of land on w ed or detached structure a l not be considered a hon that <u>he/she shall be resp</u> l "homeowner" assumes	accessory to s neowner. Sucl onsible for all	uch use and h "homeowr l such work j	ends to reside, on which there is, or /or farm structure. A person who co ler" shall submit to the Building Offic performed under the building permi nce with the State Building Code and	nstructs more thar cial, on a form acce <u>t</u> . (780 CMR, Sectior	one home in a tw otable to the 110.R5.1.3.1)
Person(s) who o dwelling, attache year period shal Building Official, The undersigned and regulations.	wns a parcel of land on w ed or detached structure a l not be considered a hon that <u>he/she shall be resp</u> d "homeowner" assumes t d "homeowner" certifies tl	accessory to s neowner. Such onsible for all responsibility	uch use anc h "homeowr <u>l such work j</u> for complia	/or farm structure. A person who co per" shall submit to the Building Offic performed under the building permi	nstructs more thar cial, on a form acce <u>t</u> . (780 CMR, Sectior d other applicable c	one home in a tw otable to the n 110.R5.1.3.1) odes, by-laws, rule
Person(s) who o dwelling, attache year period shal Building Official, The undersigned and regulations. The undersigned procedures and	wns a parcel of land on w ed or detached structure a l not be considered a hon that <u>he/she shall be resp</u> d "homeowner" assumes t d "homeowner" certifies tl	accessory to s neowner. Sucl <u>onsible for all</u> responsibility nat he/she un	uch use anc h "homeowr <u>l such work j</u> for complia derstands tl	Vor farm structure. A person who co per" shall submit to the Building Office <u>performed under the building permi</u> nce with the State Building Code and	nstructs more thar cial, on a form acce <u>t</u> . (780 CMR, Sectior d other applicable c	one home in a tw otable to the n 110.R5.1.3.1) odes, by-laws, rule
Person(s) who o dwelling, attache year period shal Building Official, The undersigned and regulations. The undersigned procedures and	wns a parcel of land on w ed or detached structure a l not be considered a hon that <u>he/she shall be resp</u> d "homeowner" assumes i d "homeowner" certifies th requirements.	accessory to s neowner. Sucl <u>onsible for all</u> responsibility nat he/she un	uch use anc h "homeowr <u>l such work j</u> for complia derstands tl	Vor farm structure. A person who co per" shall submit to the Building Office <u>performed under the building permi</u> nce with the State Building Code and	nstructs more thar cial, on a form acce <u>t</u> . (780 CMR, Sectior d other applicable c	one home in a tw otable to the n 110.R5.1.3.1) odes, by-laws, rule
Person(s) who o dwelling, attache year period shal Building Official, The undersigned and regulations. The undersigned procedures and SECTION 8 - REG	wns a parcel of land on w ed or detached structure a l not be considered a hon that <u>he/she shall be resp</u> d "homeowner" assumes i d "homeowner" certifies th requirements.	accessory to s neowner. Sucl <u>onsible for all</u> responsibility nat he/she un	uch use anc h "homeowr <u>l such work j</u> for complia derstands tl	Vor farm structure. A person who co per" shall submit to the Building Office <u>performed under the building permi</u> nce with the State Building Code and	nstructs more thar cial, on a form acce <u>t</u> . (780 CMR, Sectior d other applicable c	one home in a tw otable to the n 110.R5.1.3.1) odes, by-laws, rule
Person(s) who o dwelling, attache year period shal Building Official, The undersigned and regulations. The undersigned procedures and SECTION 8 - REG Applicable Name	wns a parcel of land on w ed or detached structure a l not be considered a hon that <u>he/she shall be resp</u> d "homeowner" assumes i d "homeowner" certifies th requirements.	accessory to s neowner. Sucl <u>onsible for all</u> responsibility nat he/she un	uch use anc h "homeowr <u>l such work j</u> for complia derstands tl	Vor farm structure. A person who co per" shall submit to the Building Office <u>performed under the building permi</u> nce with the State Building Code and	nstructs more thar cial, on a form acce <u>t</u> . (780 CMR, Sectior d other applicable c	one home in a tw otable to the n 110.R5.1.3.1) odes, by-laws, rule
Person(s) who o dwelling, attache year period shal Building Official, The undersigned and regulations. The undersigned procedures and SECTION 8 - REG Applicable Name (Registrant) Registration	wns a parcel of land on w ed or detached structure a l not be considered a hon that <u>he/she shall be resp</u> d "homeowner" assumes i d "homeowner" certifies th requirements.	accessory to s neowner. Sucl <u>onsible for all</u> responsibility nat he/she un	Expiration	Vor farm structure. A person who co per" shall submit to the Building Office <u>performed under the building permi</u> nce with the State Building Code and	nstructs more thar cial, on a form acce <u>t</u> . (780 CMR, Sectior d other applicable c	one home in a tw otable to the n 110.R5.1.3.1) odes, by-laws, rule

15/08/2024, 09:50

DECLARATION

SECTION 9 - ESTIMATED COST	
ltem	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								
l am the Own	ner 🔘 Contractor / Agent							
l, Michael McNeil	as owner of the subject property hereby authorize <i>Michael McNeil</i> to	o act on						
my behalf, in all matter	ers 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 su application	ıbmitting						
No	99948747							
l do hereby cert above is true an	tify under the pains & penalties of perjury that the information provided Date							

l, Michael McNeil	as Owner/Authorized Agent hereby declare that the statements a	ind information on the foregoing
application are true and accurate, to the	best of my knowledge and belief. Signed under the pains and pen	alties of perjury.
I do hereby certify under the pa above is true and correct.	ins & penalties of perjury that the information provided	Date 11/12/15

\circledast GAS PERMIT APPLICATION

APPLICATION I	DETAILS						
Application #:	G-24-118399	Date Issued:	06/20/17	Permit #:	G-17-0239	Date Paid :	06/20/17
Fee Payable: (\$)	0.00	Fee Paid: (\$)	65.00	Receipt – #:	73770		

SECTION 1 - SIT	E INFORMATION		
Street Name	SAMPSON PKWY	Map Block Lot	J070005026
Street Number	86	Zone	R12
Unit Number			

SECTION 2 - OW	/NER INFORMATION				
Owner Name	LE HIEU T HUYNH THOA THI KIN	1			
Street Number	86	Street Name	SAMPSON PKWY		
City		State		Zip	
Telephone		Email			

SECTION 3 - AP	PLICANT INFORMATION				
Applicant Name	Ernie Weider				
Street Number	86	Street Name	SAMPSON PKWY		
City	PITTSFIELD	State	МА	Zip	1201
Telephone	4133291226	Email			

SECTION 4 - MA	NILING ADDRESS				
Street Number	86	Street Name	SAMPSON PKWY		
City	PITTSFIELD	State	MA	Zip	1201

15

/08/2024, 09:50								Ар	olicatior	n Form						
SECTION 5 - WO	ORK DET	AILS														
New () Ren	ovation	С	Repl	acemen	it			Plans Submit	tted	С	Yes	\bigcirc	No		
Certificate 🔘	Corpor	ation () Pa	artnersh	nip C	Firm	/Co. 🕻) li	С		Sole Proprie	tor	30526		_	
Type of Occupar	ісу	Resi	dentia	1												
							FIXT	JRES								
PROPOSED WORK	SUB BSMT	вѕмт	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																

15/08/2024,	09:50
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Brief Descriptio	n of Propo	sed Work							
OTHERS									
HEATERS		1	 	 	 	 		 	

SECTION 6 - C	ONTRACTOR INFORMATION			
Name	Ernie Weider		Туре	
LIC No.	V	ERIFY	Expiration Date	
Business Name	Ernie Weider	_	Туре	
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 C	OST		
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.
Ves No
Please indicate the type coverage by checking the appropriate box.
A liability insurance policy Other type of indemnity OBond
OWNER'S INSURANCE WAIVER :
l 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 O 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 Date above is true and correct.

DECLARATION

١,

Application Form

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.

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 D	DETAILS						
Application #:	R-24-117130	Date lssued:	03/27/17	Permit #:	R-17-0263	Date Paid :	03/27/17
Fee Payable: (\$)	0.00	Fee Paid: (\$)	35.00	Receipt - # :	72785		

SECTION 1 - SIT	E INFORMATION		
Street Name	SAMPSON PKWY	Map Block Lot	J070005026
Street Number	86	Zoning District	R12
Unit Number			

SECTION 2 - OW	/NER INFORMATION				
Owner Name	LE HIEU T				
Street Number	86	Street Name	SAMPSON PKWY		
City	PITTSFIELD	State	МА	Zip	1201
Telephone		Email			

SECTION 3 - API	PLICANT INFORMATION				
Applicant Name	Joseph Carry				
Street Number	29	Street Name	Edgewood Dr.		
City	PITTSFIELD	State	<i>MA</i>	Zip	1201
Telephone	4132810046	Email	joseph@decumanusgreen.com		

SECTION 4 - M	AILING ADDRESS		
Street Number	29	Street Name	Edgewood Dr.

15/08/2024,	09:51
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City	PITTSFIELD	State	M	4		Zip	1201
SECTION 5 - WC	ORK DETAILS						
Current Use	R-3 (Residential	occupancy not more tha	n 2 uni		Construction type	Туре V-В (Туріс	cal house, VB, deck, s
5.1 Building Set	backs (ft):	Not Applicable					
Percent Lot Cove	erage						
Square feet of ar	ea of work			V Not A	pplicable		
Building or structure size	Length		Width		Heigh	nt	
5.2 Water Suppl	ly (M.G.L. c. 40. ß ፡	54) 🛛 🗸 Not Applic	able				
5.3 Flood Zone o	of Structure	Vot Applicable					
5.4 Sewage Disp	oosal System	Vot Applicable					
(New 1 or 2 Fan for a new 1 or 2 renovations, de	Family dwelling. molitions, solar p	k uld only be selected if yo An Existing Building sho panels, etc., and accesso	ould be se	elected for add	litions,		
	and understand						
the text ab	ove. Family Dwelling	Existing Bu	uilding				
Repair (s)		Alteration (s)	Ad	dition	Acces	ssory Building	Deck
Solar Pane	ls 🗸	Weatherization		ol Above ound	Pool	In-Ground	Siding
Foundation	n Only	Windows		lective molition	Roof		Tent
Accessory Apartment		Demolition	Mo	bile Homes			
Other							
	of Proposed Worl						
Air seal baseme	nt and attic. Add o	<i>cellulose insulation to at</i>	tic to a mi	inimum of r-48	8. Maintain NFA to	o attic area ratio	of 1:300.
SECTION 6 - PRO	OPERTY OWNERS	HIP/AUTHORIZED AGEN1					
6.1 Tenant :							
Tenant Name							

08/2024, 09:51			Application Form			
Dumping Site disposed of (78	Location (where any result 30 CMR 111.5))	ing debris will be	Not Applicable			
6.2 Authorized	d Agent/Owner :					
Name	Joseph Carry					
Street Number		Street Name	29 Edgewood Dr.			
Telephone	4132810046	Email				
	ONSTRUCTION SERVICES	Applicable				
Name	Joseph Carry					
License Number	90239	VERIFY	Expiration Date	11/28/18		
Street Number	29	Street Name	Edgewood Dr.			
City	Lenox	State	МА		Zip	01240
Telephone	4132810046	Email	joseph@decumanusgreen	n.com		
	& Siding	Applicable	D – Residential Demolition		Co	– Insulation ontractor and correct.
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	МА		Zip	1240
Telephone	4132810046	Email				
ls the Licensed the Home Imp	Construction Supervisor of rovement Contractor?		y that the information pro nt or Not Applicab		is true an	d correct.
Yes (No					

15/08/2024, 09:51

51			

CSL Email Address			
7.3 Homeowners Perm	it:		
Applicable			
Job Location		Home	
		Owner	
Telephone			

The current exemption for "<u>homeowners</u>" was extended to include owner occupied dwellings to allow such homeowners to engage an individual for hire who does not possess a license, <u>provided that the owner acts as supervisor</u>. (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 twofamily 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 <u>he/she shall be responsible for all such work performed under the building permit</u>. (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 - REGI	STERED 81-R/ ARCHITECT/ ENGINI	ER
Applicable	Not Applicable	
Name (Registrant)		
Registration		Expiration
Number		Date
Street		Street
Number		Name
Telephone		Email

SECTION 9 - ESTIMATED COST		
ltem	Estimated Value to be completed by permit applicant	
1. Building	3000	
2. Electrical		
3. Plumbing		
4. Gas		
5. Mechanical (HVAC)		
6. Fire Protection		

15/08/2024,	09:51
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Total = (1+2+3+4+5+6)	\$ 3,000.00

SECTION 10 - PROPERTY OWNER AUTHORIZATION						
l am the Owner O Con	tractor / 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 v	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 pa above is true and correct.	ains & penalties of perjury that the information provided Date					
DECLARATION						
l, Joseph Carry	as Owner/Authorized Agent hereby declare that the statements and information on the fo	oregoing				
application are true and accurate, to th	e best of my knowledge and belief. Signed under the pains and penalties of perjury.					

$^{\prime}$ I do hereby certify under the pains & penalties of perjury that the information provided	Date 03/17/17
above is true and correct.	0.0777777

Number

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 #:	E-24-35399	Date lssued:	07/14/15	Permit <i>E-</i> — #: —	-15-0009	Date Paid:	07/14/15
Fee Payable: (\$)	0.00	Fee Paid: (\$)	35.00	Receipt 20	6722		
SECTION 1 - S	ITE INFORMATION						
Street Name	SAMPSON PKWY			Map Block Lot	J070005026		
Street Number	86			Zone	R12		
Unit							

SECTION 2 - OWNER INFORMATION					
Owner/Tenant Name	HENRIQUES BASILIO JR				
Street Number	86	Street Name	SAMPSON PKWY PITTSFIELD MA 01201		
City		State	Ζ	ip	
Telephone		Email			

SECTION 3 - APPLICANT INFORMATION						
Applicant Name	COUNTY ELECTRICAL CONTRACTORS INC					
Street Number	86	Street Name	SAMPSON PKWY			
City	PITTSFIELD	State	МА	Zip	1201	
Telephone	4134415135	Email	mburton@pittsfieldch.com			

SECTION 4 - MAILING ADDRESS				
Street Number	86	Street Name	SAMPSON PKWY	

City	PITTSFIELD	State	МА		Zip <u>1201</u>
SECTION 5 - W	ORK DETAILS				
ls this permit in building permit	conjunction with a ?	O Yes	No		
Purpose of Building	RESIDENTIAL	Utili No.	ty Authorization 254	3710	Not Applicable
Existing Service	Amps	Volts	Overhead	O Undgrd	No. of Meters
New Service	Amps	Volts	Overhead	Undgrd	No. of Meters
Number of Feed	ders and Ampacity				
Description of P Installation	Proposed Electrical	ERVICE UPGRADE			
	he following table may be wa	aived by the Inspecto	r of Wires.		
No. of Recep Outlets	tacle		No. of Motors		
No. of Lumin	aires		Total HP		
No. of Recess Luminaires	sed		Total KW		
Space Heatin	g KW		No. of Transform	ners	
Heating Equi KW	pment		Total KVA		
No. of Applia	nces		No. of Water He	aters	
KW			KW		
No. Oil Burne	ers		No. of Air Conditioners		
No. Gas Burr	ners		Total Tons		
No. of Energy Systems	y Storage		KWH Storage Ra	iting	
Solar PV KW	DC Rating		Solar PV KW AC	Rating	
No. of Modul	les		Roof- Mount Ground- Mount		

Supply Equipment					
No. Wind Generators Generator KW Rating No. of Switches Type Alarm No. of Devices System Wind KW Rating Devictors Wind KW Rating Devices No. of Devices Video No. of Devices System No. of Devices Video No. of Devices System No. of Devices or its In-Ground Yes No No Hot-Tub Yes No No OTHER:	No. of Electric Vehicle Supply Equipment		1		
No. of Switches Type Pire Alarm System No. of Devices System Video Video System No. of Devices No. of Devices or its Systems No. of Devices or its Equivalent Above Ground Yes No No No Pot-Tub Yes No Yes No Yes No Pot-Tub Yes No Tons Cotter: Stata additional detail if desired, or as required by the Inspector of the second s					
Image: Contained System No. of Devices No. of Devices Video System Video System Video System No. of Devices Video System No. of Devices Total No. of Outlets System No. of Devices or its Equivalent No	No. Wind Generators		Generator KW Rating		
Alarm System No. of SelF-Contained Detection/Alerting Devices Wideo System No. of Devices Telecom System Telecom System No. of Devices Security Systems No. of Outlets Swimming Pool: Heat Pump Totals: Above Ground Yes No In-Ground Yes No KW OTHER: Lin-Gained detail If desired, or as required by the Inspector of	No. of Switches		Туре		
Detection/Alerting Devices Video System Telecom System Security Security Systems Rove Ground Yes No No No In-Ground Yes No KW Conterned Yes No KW	Alarm		No. of Devices		
System			Wind KW Rating		
system security Swimming Pool: Above Ground Yes No In-Ground Yes No In-Ground Yes No KW OTHER:			No. of Devices		
Systems Equivalent Swimming Pool: Heat Pump Totals: Above Ground Yes No Number In-Ground Yes No Tons Hot-Tub Yes No KW OTHER:			Total No. of Outlets		
Above Ground Yes No Number In-Ground Yes No Tons Hot-Tub Yes No KW OTHER:					
In-Ground Yes No Tons Hot-Tub Yes No KW OTHER:	Swimming Pool:		Heat Pump Totals:		
Hot-Tub Ves KW OTHER:	Above Ground	\leq	Number		
OTHER:	In-Ground	$\mathbf{\nabla}$	Tons		
attach additional detail if desired, or as required by the Inspector of	Hot-Tub	\bigvee	KW		
	OTHER:				
	Attach additional detail if desired, or as required by the Inspector of Wires.				

SECTION 6 - CON	ITRACTOR			
Name	COUNTY ELECTRICAL CONTRACTORS INC			
Firm Name	DANA SPRING	Туре	A- Or C- 1 1	

				Application For	m	
LIC No.	39769E	VERIFY	NA	Expiration Date	07/31/16	
Master/Systems Licensee:				LIC No	Expiratio <i>07/31/16</i> Date	
Journeyman Licensee:				LIC No	Expiratio Date	
Street Number	70			Street Name	DODGE AVENUE	
City	PITTSFIELD	State	MA		Zip <u>1201</u>	
Telephone No.	4134415135	_		Alternate Tel. No.	4134426655	
Email						
Security System E	3usiness requires a Div	ision of Occupatio	onal Licensu	re "S" LIC S-Lio No.		
SECTION 7 - EST	IMATED COST					
Estimated Value of Electrical Work	Estimated Value of S			(When required by municipal policy.)		
Date Work	Insp	pections to be rec	upstod in ac		Pule 10 and upon	
to Start	con	pletion.	fuested in ac	cordance with MEC		
to Start	con					
SECTION 8 - OW	NER'S INSURANCE/AU	npletion.				
SECTION 8 - OW INSURANCE COV Unless waived by including "comple	NER'S INSURANCE/AU /ERAGE : / the owner, no permit :	npletion. ITHORIZATION for the performange or its substant	nce of electri	cal work may issue	unless the licensee provides proof of liability certifies that such coverage is in force and has	
SECTION 8 - OW INSURANCE COV Unless waived by including "comple	NER'S INSURANCE/AU /ERAGE : / the owner, no permit eted operation" coverag	npletion. ITHORIZATION for the performange or its substant	nce of electri	cal work may issue	unless the licensee provides proof of liability	
SECTION 8 - OW INSURANCE COV Unless waived by including "comple exhibited proof of Yes	NER'S INSURANCE/AU /ERAGE : r the owner, no permit r eted operation" covera of same to the permit is	THORIZATION for the performange or its substant suing office.	nce of electri ial equivalen	cal work may issue	unless the licensee provides proof of liability	
SECTION 8 - OW INSURANCE COV Unless waived by including "comple exhibited proof of Yes	NER'S INSURANCE/AU /ERAGE : r the owner, no permit eted operation" coverag of same to the permit is No No	THORIZATION for the performange or its substant suing office.	nce of electri ial equivalen	cal work may issue	unless the licensee provides proof of liability	
SECTION 8 - OW INSURANCE COV Unless waived by including "comple exhibited proof of Yes C Please indicate th INSURANCE	NER'S INSURANCE/AU /ERAGE : / the owner, no permit eted operation" coverage of same to the permit is) No ne type coverage by che E O Bond	THORIZATION for the performange or its substant suing office.	nce of electri ial equivalen	cal work may issue	unless the licensee provides proof of liability	
SECTION 8 - OW INSURANCE COV Unless waived by including "comple exhibited proof of Yes C Please indicate th NSURANCE OTHER OWNER'S INSUR I am aware that t	NER'S INSURANCE/AU /ERAGE : r the owner, no permit eted operation" coverag of same to the permit is) No ne type coverage by che E Bond E Bond	T HORIZATION for the performan ge or its substant suing office. ecking the approp	nce of electri ial equivalen priate box.	cal work may issue t. The undersigned	unless the licensee provides proof of liability	
SECTION 8 - OW INSURANCE COV Unless waived by including "comple exhibited proof of Yes C Please indicate th OTHER OWNER'S INSUR I am aware that t	NER'S INSURANCE/AU /ERAGE : r the owner, no permit r eted operation" coverag of same to the permit is) No ne type coverage by che E Bond CANCE WAIVER : he licensee <u>does not ha</u>	T HORIZATION for the performan ge or its substant suing office. ecking the approp	nce of electri ial equivalen priate box.	cal work may issue t. The undersigned	unless the licensee provides proof of liability certifies that such coverage is in force and has	
SECTION 8 - OW INSURANCE COV Unless waived by including "comple exhibited proof of Yes C Please indicate th NSURANCE OTHER OWNER'S INSUR I am aware that t my signature on	NER'S INSURANCE/AU /ERAGE : / the owner, no permit eted operation" coverage of same to the permit is) No ne type coverage by che E Bond CANCE WAIVER : he licensee <u>does not ha</u> this permit application	T HORIZATION for the performan ge or its substant suing office. ecking the approp	nce of electri ial equivalen priate box.	cal work may issue t. The undersigned	unless the licensee provides proof of liability certifies that such coverage is in force and has	
SECTION 8 - OW INSURANCE COV Unless waived by including "comple exhibited proof of Yes C Please indicate th NSURANCE OTHER OWNER'S INSUR I am aware that t my signature on Owner Owner Email	NER'S INSURANCE/AU /ERAGE : / the owner, no permit eted operation" coverage of same to the permit is) No ne type coverage by che E Bond CANCE WAIVER : he licensee <u>does not ha</u> this permit application	THORIZATION for the performan ge or its substant suing office. ecking the approp	nce of electri ial equivalen oriate box. e coverage re rement. OR	cal work may issue t. The undersigned	unless the licensee provides proof of liability certifies that such coverage is in force and has 142 of the Massachusetts General Laws, and tha gned Contract to be attached after g application	

DECLARATION	
l,	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.