	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK															
	CITY WESTER ELL				MA	MA DATE 9/85			5	PERMIT# 13289						
	OWNER ADDRESS 417 Root Rd OWNER'S NAME OCCION COMP & TEL 413 - 740 - 9186 FAX															
G	OWNER ADDRESS TEL 413 - 790-9186 FAX															
TYPE OR PRINT	OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL															
CLEARLY	NEW: 🗖 RENOVAT	ENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO NO														
APPLIANCES 7	FLOORS→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER																
BOOSTER		ļ														
CONVERSION BURNER											ļ	ļ				
COOK STOVE	IP 4 PPP		D.								<u> </u>	 				
DIRECT VENT HEATER		-									<u> </u>	↓				
DRYER											ļ	-				
FIREPLACE		-										 				
FRYOLATOR FURNACE		 								-	-	-				
GENERATOR		 									 			<u> </u>		
GRILLE		+-		 								 		<u> </u>		
INFRARED HEA	TFR										-	\vdash				
LABORATORY (<u> </u>		
MAKEUP AIR U																
OVEN		<u> </u>										 				
POOL HEATER		 									 	ļ				
ROOM/SPACE HEATER		 									-	 				
ROOF TOP UNI		†										 				
TEST												CE	11)	
UNIT HEATER										-	2-			- Land		
UNVENTED ROOM HEATER		1									-		٦)(
WATER HEATE											1	EP ?	7-0			
OTHER		1													70	
		1										_DI	VG.	DE	-	
		1									BUI	FP				
				INS	URAN	CE CO	/ERAG	E								
	liability insurance policy			•					•			Ch. 142	YE	s 🔃	NO 🗆	
HF YOU CHECKE	ED YES, PLEASE INDICATE				E BY C						ELOW					
	LIABILITY INSURA	NCE PO	DLICY	Μ		OTHE	RTYPE	INDEN	ANITY [BOND	Ц			
OWNER'S INSU	IRANCE WAIVER: I am aw	are tha	t the lic	ensee d	loes n	ot have	the ins	urance	cover	age rec	uired l	by Chap	rter 142	of the		
Massachusetts	General Laws, and that n	ny signa	iture oi	this pe	rmit a	pplicati	on <u>wai</u>	ves this	s requir	ement						
CHECK ONE ONLY: OWNER AGENT SIGNATURE OF OWNER OR AGENT																
I hereby certify that all of the details and information I have submitted or entered regarding this 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 provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.																
PLUMBER-GASFITTER NAME Andres TSOURCES LICENSE # 3,53 SIGNATURE																
COMPANY NAME SUBJUSTICA PROPERS DOS NORTH LIBUTY ST CITY BULL NOTTON STATE NA ZIP OLOD TEL 413-803-4012																
CITY 200	Chertun		8	TATE _	<u>va</u>	_ ZIF) D	707	·		TEL	413	· 3	3-4	719	

FAX338-8825 CELL EMAIL house was papere



Piping + Test OK 9/28/17 10/3/17

NOTE: IN ORDER THAT THIS APPLICATION MAY BE ACCEPTED, THE DATA CALLED FOR BELOW MUST BE TO SET FORTH THAT WE CAN DETERMINE FROM THE APPLICATION AND THE ACCOMPANYING PLANS WHAT THE EXISTING CONDITIONS ARE AND WHAT THE FUTURE CONDITIONS WILL BE.

Plans, in triplicate, must be filed with this application before a permit will be granted one of which upon issuance of the permit shall be kept at the site during the progress of the work.

	4/10		New
	7,47	69R	Addition
No	D Zone RR., Type	Man R Parcel 27	Alteration
1101	, -Jp	The state of the s	Repair
			Demolition □
	APPLICANT NOT TO FILL IN	N SPACES ABOVE THIS LINE	Demonition
	Amplication for a	Danielling D.	
	Application for a	Dwelling Pe	ermit
		nk or on a typewriter)	
	Westfield Ma	uss., 9-20	19.95
To th	he Building Commissioner:—		
	Application for a permit to build is hereby made	de according to the following:—	
	Address, Street & No. 417 ROOT RD		****************
		btained from ENG.)	
* 0	Owners Name EDWARD SCHULTZ. City & State WESTELSCO, MA.	Address 13 CHESTNUT	ST.
2.	City & State W.E.ST.F.I.E.L.D. MA.	Zin 0/085 Tel No 568-	-7857
5 73	Contractor's Name CL TOYNER CUSTON	7 HOMES INCANDER 92 LAURE	LL PARK
* 3	License No 02669/ City	& State NORTHAMP TON	MA - 01060
0.	License No. 0. 7. 669! City Signature of Licensee	m. N. 584	-834D
	Signature of Licensee .4.	7 Tel No. 7.5.5.	
* 4.	Use of Building (check one): One-family	Two-family	
5.	No. of rooms in each family unit: Present	Proposed	
6.	Is there a garage attached?Yes	Numbers of cars	
7.	Size of building 23-4". Y. 7.7."	Addition	
8.	Area of building (Present)		
9.	Number of stories. RAWCP RAW.414	Height 18	Ft.
10.	Distance from building to front lot line in feet	65'	
	Distance from building to front lot line in feet rear lot line/20 left lot line49.	right lot line .6.7	
11.	Is a plot plan being filed with this application	1? (to scale) Y.E.S	
		- St. III statement in the control of	
	Typical 1st floor joists: Size.2×.8 Sp		
	Typical 2nd floor joists: Size	acing Span	
12.			
		pacing Span	
	Center carrying beam: Size. 4/.7×8	Column Spacing . 6' MA)	£
13.	Type of soil to be built upon (check one): Na	town V Fen J	
	Double of factions below facility and the state of the st	turai rined	
14.	Depth of footings below finished grade	, , , , Q W	
15.			
16.	Type of roof (check one): Flat		
17.	Method of heating . O.L		
18.	Insulation (R-Values) Foundation	Floor. 19 Walls. 19.	
	Ceiling 38 Roof NONE		
19.			
* 20.	and the same of th		
* 21.			
6			
211			
041	Heating 5,000		