



Property Information		Request Information		Update Information
File#:	BS-W01492-5536911478	Requested Date:	11/28/2023	Update Requested:
Owner:	WALTERS DIANE M	Branch:		Requested By:
Address 1:	24 PROSPECT AVE	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	HULL, MA	# of Parcel(s):	1	

## Notes

CODE VIOLATIONS	Per Town of Hull Zoning Department there are no Code Violation cases on this property. Collector: Town of Hull Zoning Department Payable: 253 Atlantic House Rd # 2, Hull, MA 02045 Business# 781-925-1330
PERMITS	Per Town of Hull Building Department there are Multiple open permits on this property. Collector: Town of Hull Building Department Payable: 253 Atlantic House Rd # 2, Hull, MA 02045 Business# 781-925-1330  <b>Comments:</b> Per Town of Hull Building Department there are Multiple open permits on this property. please refer to the attached document for more information.
SPECIAL ASSESSMENTS	Per Town of Hull Tax Collector there are no Special Assessments/liens on the property. Collector: Town of Hull Tax Collector Payable: 253 Atlantic Avenue Hull, MA 02045 Business# 781-925-2205  UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED
DEMOLITION	NO



UTILITIES

WATER

Account #: 69005071029931  
Payment Status: DELINQUENT  
Status: Pvt & Lienable  
Amount: \$236.51  
Good Thru: 01/04/2024  
Account Active: YES  
Collector: Weir River Water System  
Payable Address: 185 Lincoln St Suite 202, Hingham, MA 02043  
Business #877-253-6665

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

SEWER

Account #: 187440  
Payment Status: PAID  
Status: Pvt & Lienable  
Amount: \$0.00  
Good Thru: NA  
Account Active: YES  
Collector: Town of Hull Sewer District  
Payable Address: 111 Nantasket Avenue Hull, MA 02045  
Business #781-925-1207

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

GARBAGE

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN

# Unofficial Property Record Card - Hull, MA

## General Property Data

Parcel ID **20-069**  
Prior Parcel ID **--**  
Property Owner **WALTERS DIANE M**

Account Number **20-069**

Mailing Address **24 PROSPECT AVE**

Property Location **24 PROSPECT AVE**  
Property Use **1 FAMILY**

City **HULL**

Most Recent Sale Date **7/15/2021**

Mailing State **MA** Zip **02045-0000**

Legal Reference **55311-291**

ParcelZoning **SFB**

Grantor **WALTERS JAMES P & DIANE M,**

Sale Price **1**

Land Area **0.184 acres**

## Current Property Assessment

Card 1 Value Building Value **401,400**

Xtra Features Value **0**

Land Value **254,100**

Total Value **655,500**

## Building Description

Building Style **GAMBREL**  
# of Living Units **1**  
Year Built **1989**  
Building Grade **AVG (+)**  
Building Condition **Good**  
Finished Area (SF) **2243.29993**  
Number Rooms **9**  
# of 3/4 Baths **0**

Foundation Type **CONCRETE**  
Frame Type **WOOD**  
Roof Structure **GAMBREL**  
Roof Cover **WOODSHINGL**  
Siding **CLAPBOARD**  
Interior Walls **DRYWALL**  
# of Bedrooms **4**  
# of 1/2 Baths **1**

Flooring Type **HARDWOOD**  
Basement Floor **CONCRETE**  
Heating Type **FORCED H/W**  
Heating Fuel **OIL**  
Air Conditioning **100%**  
# of Bsmt Garages **1**  
# of Full Baths **1**  
# of Other Fixtures **0**

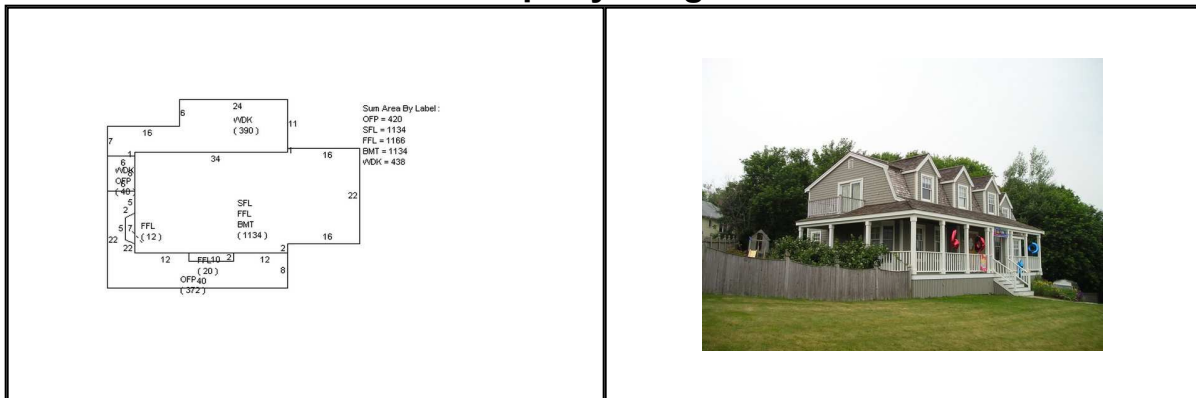
## Legal Description

98 STRAW HILL

## Narrative Description of Property

This property contains 0.184 acres of land mainly classified as 1 FAMILY with a(n) GAMBREL style building, built about 1989, having CLAPBOARD exterior and WOODSHINGL roof cover, with 1 unit(s), 9 room(s), 4 bedroom(s), 1 bath(s), 1 half bath(s).

## Property Images



Disclaimer: This information is believed to be correct but is subject to change and is not warranted.

**24 Prospect Ave.**

Taverna, Joan <jtaverna@town.hull.ma.us>

Tue 11/21/2023 12:17 PM

Some people who received this message don't often get email from jtaverna@town.hull.ma.us. [Learn why this is important](#)

Good afternoon,

The Hull Board of Health does not have any records/files on 24 Prospect Ave., Hull, MA.

Thank you,

Joan Taverna  
Public Health Director

## open permits

Lichtenberger, Janice <jlichtenberger@town.hull.ma.us>

Thu 11/16/2023 11:54 AM

Cc: Kelly, Bart <bjkelly@town.hull.ma.us>; West, Lori <lwest@town.hull.ma.us>

📎 1 attachments (612 KB)

24 prospect Ave.pdf;

You don't often get email from jlichtenberger@town.hull.ma.us. [Learn why this is important](#)

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

There is a few open permits. (attached)

P-96-4 July 11, 1995

2 water closets, 2 lavatories, shower stall, wash mach connection. Rough done no final insp.

P-89-83 May 19, 1989

Rough in only, 2 water closets, kitchen sink, 2 lavatories, bathtub, wash mach connection, tankless, back flow preventer.

P-00-144 February 9, 2000

Water closets, lavatories, bathtub, water piping.

Rough insp only

P-11-209 June 8, 2011 – water heater

P-97-18 August 7, 1996

kitchen sink

Janice Lichtenberger

Hull Building Department

APPLICATION FOR PERMIT TO DO PLUMBING



TOWN OF HULL

Date Aug 7 19 96

Permit # P-97-18

AT: Building Location 24 Prospect

Owner's Name Jim Walters

Type of Occupancy: Single

P

New  Renovation  Replacement

FIXTURES

Plans Submitted: Yes  No

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
SUB-BSMT.																						
BASEMENT																						
1ST FLOOR		/																				
2ND FLOOR																						
3RD FLOOR																						
4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

(PRINT OR TYPE)

Installing Company Name Wood Plumbing

Address 20 Howard Dr  
Plymouth MA

Business Telephone (508) 747-1420

Check One: Certificate

Corp.

Partnership

Firm/Company

Name of Licensed Plumber or Gasfitter

Jay Woods

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent.

If you have checked **yes**, please indicate the type of coverage by checking the appropriate box

A liability insurance policy

Other type of indemnity

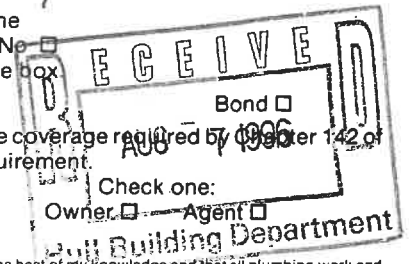
Check one

Yes  No

**OWNER'S INSURANCE WAIVER:** I am aware that the licensee **does not have** the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent

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 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.



By [Signature]

Title \_\_\_\_\_

Fee: \$ 25

APPROVED (OFFICE USE ONLY)

TYPE LICENSE:

Plumber

Gasfitter

Master

Journevman

John Wood

Signature of Licensed Plumber or Gasfitter

20788

License Number



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

City/Town: Hull MA. Date: 6/8/11 Permit# P-11-209

Building Location: 24 Prospect Ave Owners Name: Walters

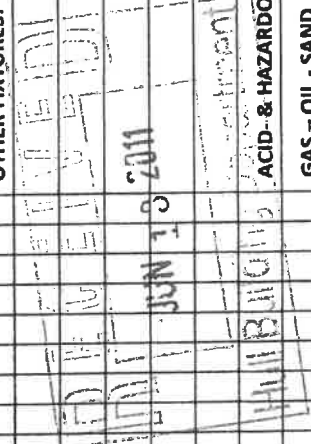
Type of Occupancy: Commercial  Educational  Industrial  Institutional  Residential

New:  Alteration:  Renovation:  Replacement:  Plans Submitted: Yes  No

P

Phone #: 781-925-0688

	FIXTURES															DEDICATED SYSTEMS									
	AREA DRAINS	BACKFLOW PREVENTER	BATHTUBS	DISHWASHERS	DISPOSERS	FLOOR DRAINS	HOT WATER TANKS Ind in	KITCHEN SINKS	LAUNDRY TRAYS	LAVATORIES	ROOF DRAINS	SHOWER STALLS	SLOP SINKS	TANKLESS	URINALS	WASHING MACH. CONN.	WATER CLOSETS	WATER PIPING	OTHER FIXTURES:	ACID- & HAZARDOUS	GAS - OIL - SAND	GREASE	GRAY WATER	WASTE WATER	
SUB BSMT.																									
BASEMENT																									
1 <sup>ST</sup> FLOOR																									
2 <sup>ND</sup> FLOOR																									
3 <sup>RD</sup> FLOOR																									
4 <sup>TH</sup> FLOOR																									
5 <sup>TH</sup> FLOOR																									
6 <sup>TH</sup> FLOOR																									
7 <sup>TH</sup> FLOOR																									
8 <sup>TH</sup> FLOOR																									



Installing Company Name: Alvin Hollis  
 Address: Hollis St City/Town: S Weymouth State: MA  
 Business Tel: 781-335-2100 Fax: 781-335-6134  
 Name of Licensed Plumber: Michael Caperello

Check One Only Certificate #  
 Corporation 3327  
 Partnership \_\_\_\_\_  
 Firm/Company \_\_\_\_\_

**INSURANCE COVERAGE:**  
 I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 Yes  No

If you have checked Yes, please indicate the type of coverage by checking the appropriate box below.  
 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.

Check One Only  
 Owner  Agent

Signature of Owner or Owner's Agent \_\_\_\_\_  
 I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to 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.

By \_\_\_\_\_ Title \_\_\_\_\_ City/Town \_\_\_\_\_ APPROVED (OFFICE USE ONLY)  
 Type of License:  
 Plumber  
 Master  
 Journeyman  
 Signature of Licensed Plumber: [Signature]  
 License Number: 15555

H35



APPLICATION FOR PERMIT TO DO PLUMBING

TOWN OF HULL

Date 2-9-00 2000

Building AT: Location 24 Prospect Ave Permit # Owner's Name Jim Walters

Residential Type of Occupancy New Renovation Replacement P-00-174

FIXTURES

Plans Submitted: Yes No

Table with columns for fixtures (Water Closets, Kitchen Sinks, etc.) and rows for floors (Sub-Bsmt, Basement, 1st Floor, etc.).

5/2/00 - Rough OK

Installing Company Name Jack Chenette Inc Check One: Certificate

Address 15 Branch St Quincy Ma 02269 Corp. Partnership Firm / Company

Business Telephone 471 4536 Name of Licensed Plumber Jack Chenette

INSURANCE COVERAGE: I have a current liability insurance policy or its substantial equivalent. Check One: 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 Mass. General Laws, and that my signature on this permit application waives this requirement.

Check on Owner Agent

Signature of Owner or Owner's Agent

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to me best of my knowledge and that all plumbing work and installations performed under 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.

By Title Fee: \$ 40.00 APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber Jack Chenette Type of Plumbing License 10014 License Number Master Journeyman



APPLICATION FOR PERMIT TO DO PLUMBING



TOWN OF HULL

Date 5/19 19 89  
 Permit # P-89-83  
 Owner's Name JAMES WALTERS

AT: Building Location 24 PROSPECT AVE

**P**

Type of Occupancy: Res.

New  Renovation  Replacement

FIXTURES

Plans Submitted: Yes  No

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
SUB-BSMT.																						
BASEMENT										1	1									1		
1ST FLOOR	1	1	1		1																	
2ND FLOOR	1		1	1																		(FUTURE-ROUBING ONLY)
3RD FLOOR																						
4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

RECEIVED RECEIVED

MAY 22 1989

HULL BUILDING DEPARTMENT

(Print or Type) LEO E. DAUPHINALS  
 Installing Company Name PLB + HTB INC.  
 Address 38 NORTH ST.  
HINGHAM

Check One: Certificate 1131-C  
 Corp.  
 Partnership  
 Firm/Company

Business Telephone 749-0354 Name of Licensed Plumber LEO E. DAUPHINALS

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 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.

By J. Lehtenja  
 Title \_\_\_\_\_  
 Fee: \$ 50.00  
**APPROVED (OFFICE USE ONLY)**

Leo E. Dauphinals  
 Signature of Licensed Plumber  
7646  
 Type of Plumbing License  
 License Number  Master  Journeyman

APPLICATION FOR PERMIT TO DO PLUMBING



TOWN OF HULL

Date July 11 19 95

Building Location 24 Project Ave

Permit # James Walters  
Owner's Name

**P**

Type of Occupancy: Single

New  Renovation  Replacement

FIXTURES

Plans Submitted: Yes  No

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
SUB-BSMT.																						
BASEMENT																						
1ST FLOOR	/	/							/													
2ND FLOOR	/	/		/																		
3RD FLOOR																						
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6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

7/13/95 - Rough OK

(PRINT OR TYPE)  
 Installing Company Name Woods Plumbing  
 Address 20 Howard Dr  
Plymouth MA 02360  
 Business Telephone (508) 246-5423  
 Check One:  Corp.  Partnership  Firm/Company  
 Name of Licensed Plumber or Gasfitter Jay Woods

INSURANCE COVERAGE:  
 I have a current liability insurance policy or its substantial equivalent. Check one: Yes  No   
 If you have checked **yes**, please indicate the type of 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 Mass. General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent \_\_\_\_\_ Check one: Owner  Agent

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 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.

By [Signature]  
 Title \_\_\_\_\_  
 Fee: \$ 30.00

TYPE LICENSE:  
 Plumber  
 Gasfitter  
 Master  
 Journeyman  
 Signature of Licensed Plumber or Gasfitter [Signature]  
 License Number 20258

APPROVED (OFFICE USE ONLY)