



Property Information Request Information Update Information

File#:	BS-X01542-5141534153	Requested Date:	01/18/2024	Update Requested:
Owner:	JOSEPH MUISE	Branch:		Requested By:
Address 1:	3 CHARLES SAMUEL WAY	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	FOXBOROUGH, MA	# of Parcel(s):	1	

Notes

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

Collector: Town of Foxborough Department of Zoning
Payable: 40 South Street Foxborough, MA 02035
Business# 508-543-1200

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

PERMITS Per Town of Foxborough Building Department there is an Open Permit on this property.

1. Permit # : R-24-0069
Permit type: Insulation
Date of issue: 01/26/2024

Collector: Town of Foxborough Building Department
Payable: 40 South Street Foxborough, MA 02035
Business# 508-543-1200

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

Collector: Town of Foxborough Tax Collector
Payable: 40 South St, Foxborough, MA 02035
Business# 508-543-1216

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

DEMOLITION NO



UTILITIES

WATER

Account #: 454800
Payment Status: DUE
Status: Pvt & Lienable
Amount: \$98.39
Good Thru: 02/29/2024
Account Active: YES
Collector: Town of Foxborough Water Department
Payable Address: 4 South St, Foxborough, MA 02035
Business # 508-543-1209

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

SEWER

THE HOUSE IS ON A SEWER. ALL HOUSES GO TO A SHARED SEPTIC SYSTEM.

GARBAGE

Garbage bills are included in the real estate property taxes

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Search:

App.	Permit	Ap. No.	Issue Date	Site Address	Applicant	Owner	Contractor Name	Contractor Email	Estimated Cost	Appl. Type	Permit Number	Appl. Status
		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	Select ▼
		32484	01/26/24	3 Charles Samuel Way	Insulation And Energy Services, Inc.	Muise Joseph J & Patricia A Te	Insulation And Energy Services, Inc., Melinda Cashman	Scalise@Insulationfs.Com, Mcashman@Insulationfs.Com	4000	RESI.	R-24-0069	Permit Issued
		24506	09/25/23	3 Charles Samuel Way	Ryan Moreshead	Muise Joseph J & Patricia A Te	Ryan Moreshead	Ryanmoreshead@Yahoo.Com	500	TRENCH	TR-23-3491	Complete
		5378	06/26/09	3 Charles Samuel Way		Muise Joseph J & Patricia A Te	Scott Macauley/K & S Remodeling Scott Macauley/K & S Remodeling		1500.00	RESI.	BP-2009-0196	Closed
		5334	06/04/09	3 Charles Samuel Way		Muise Joseph J & Patricia A Te	Ronald Magadieu/Complete Construction Ronald Magadieu/Complete Construction		10500.00	RESI.	BP-2009-0163	Closed

Showing 1 to 4 of 4 entries

< 1 >

DETAILS

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

<input type="text"/>		EXIT	<input type="text"/>
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APPLICATION DETAILS

Application #:	Date Issued:	Permit #:	Date Paid:	Fee Payable: (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fee Paid: (\$)	Receipt #:	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

SECTION 1 - SITE INFORMATION

Street Name	Map Block Lot
<input type="text"/>	<input type="text"/>
Street Number	Zone
<input type="text"/>	<input type="text"/>
Unit Number	Building Name / Description
<input type="text"/>	<input type="text"/>

SECTION 2 - OWNER INFORMATION

Owner Name	<input type="text"/>		
Street Number	Street Name	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	Email		
<input type="text"/>	<input type="text"/>		

SECTION 3 - APPLICANT INFORMATION

Applicant Name	<input type="text"/>		
Street Number	Street Name	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	Email		
<input type="text"/>	<input type="text"/>		

SECTION 4 - MAILING ADDRESS

Street Number	Street Name	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 5 - WORK DETAILS

Current Use	Construction type
<input type="text"/>	<input type="text"/>

5.1 Building Setbacks (ft): Not Applicable

Percent Lot Coverage	Square feet of area of work	Not Applicable	Building Size
<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	Length
Width	Height	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

5.2 Water Supply (M.G.L. c. 40. § 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.)

<input type="radio"/> New 1 or 2 Family Dwelling	<input type="radio"/> Existing Building	DEBRIS AFFIDAVIT	
<input type="checkbox"/> Alteration (s)	<input type="checkbox"/> Addition	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Weatherization	<input type="checkbox"/> Pool Above Ground	<input type="checkbox"/> Pool In-Ground	<input type="checkbox"/> Deck
<input type="checkbox"/> Windows	<input type="checkbox"/> Selective Demolition	<input type="checkbox"/> Roof	<input type="checkbox"/> Siding
<input type="checkbox"/> Shed	<input type="checkbox"/> Other		<input type="checkbox"/> Solar Panels
	Specify: <input type="text"/>		<input type="checkbox"/> Foundation Only
			<input type="checkbox"/> Accessory Apartment

Brief Description of Proposed Work

Air seal and Insulate per WAP/DOE Utility Guidelines

SECTION 6 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

Tenant Name	6.1 Tenant :
<input type="text"/>	<input type="text"/>

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Street Name

Telephone

Email

SECTION 7 - CONSTRUCTION SERVICES

7.1 Licensed Construction Supervisor: Applicable

Name

License Number

Expiration Date

Street Number

Street Name

City

State

Zip

Telephone

Email

License Type

U or 00 - Unrestricted

WS - Residential Window & Siding

1G - 1 & 2 Family Dwelling

SF - Residential Solid Fuel Burning Appliance Installation

M - Masonry Only

D - Residential Demolition

RC - Residential Roofing Covering

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

Registration Number

Expiration Date

Street Number

Street Name

City

State

Zip

Telephone

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?

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 109.1.1)

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 family dwelling, attached or detached structure accessory to such use and/or farm structure. A person who constructs more than one home in a two year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (SECTION 109.1.1)

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 TOWN OF FOXBOROUGH Building Department minimum inspection procedures and requirements.

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

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	
2. Electrical	
3. Plumbing	
4. Gas	
5. Mechanical (HVAC)	
6. Fire Protection	
Total = (1+2+3+4+5+6)	

SECTION 10 - PROPERTY OWNER AUTHORIZATION

I am the Owner Contractor / Agent

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

Property Owner's Email

OR

Telephone No.

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

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

WORKERS' COMP FORM

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

EXIT