

From: Buck, Michelle
To: "betsy.hosko@ghd.com"
Subject: RE: Open Records Request - 80 Huntoon Memorial Hwy, Leicester, MA
Date: Tuesday, December 17, 2019 2:25:00 PM
Attachments: image002.png
image004.png
image006.png
image008.png
BP application 19-094 (signed and closed).pdf
BP application 97-140 (not inspected).pdf
Field Card.pdf
Wiring Permit 15-220 (inspected).pdf

I've reviewed the records in my office, which includes Planning Board, Zoning Board of Appeals, Conservation Commission, Board of Health, and Building, and the only records I are building permit records (attached). I also reached out the Fire Department and they have no UST records for this address.

Michelle R. Buck, AICP
Leicester Town Planner/Director of Inspectional Services
508-892-7007

buckm@leicesterma.org

Please note that Leicester Town Hall is closed on Fridays.

From: betsy.hosko@ghd.com <betsy.hosko@ghd.com>
Sent: Wednesday, December 4, 2019 10:54 AM
To: Buck, Michelle <BuckM@leicesterma.org>
Subject: Open Records Request - 80 Huntoon Memorial Hwy, Leicester, MA

Pursuant to the Freedom of Information Act (FOIA), GHD Services Inc. (GHD) is requesting any information concerning the following address:

Former Rain for Rent Storage Yard
80 Huntoon Memorial Highway
Rochdale (Leicester), MA 01542

In particular, we are seeking information about or relating to any underground storage tanks (USTs), aboveground storage tanks (ASTs), septic systems, water supply wells, spills/releases of hazardous materials, asbestos-containing materials, lead-based paint, on-Site waste disposal, polychlorinated biphenyls (PCBs), ionizing radiation/radon surveys, emergency response actions related to environmental issues, release notifications, notices of violations, enforcement actions, citations, permits, inspection records, reports, and any other correspondence on the above property.

Please contact Betsy Hosko at (269) 685-2728 or betsy.hosko@ghd.com to coordinate delivery of this information. **Also, if any fees or disbursement costs are expected with this request please contact me with an estimate before processing.**

Betsy Hosko

GHD***Proudly employee owned***

T: +1 269 685 2728 | M: +1 734 552 4221 | E: betsy.hosko@ghd.com
200 Allegan Street Suite 300 Plainwell Michigan 49080-1397 USA | www.ghd.com

Connect

[WATER](#) | [ENERGY & RESOURCES](#) | [ENVIRONMENT](#) | [PROPERTY & BUILDINGS](#) | [TRANSPORTATION](#)

Please consider our environment before printing this email

CONFIDENTIALITY NOTICE: This email, including any attachments, is confidential and may be privileged. If you are not the intended recipient please notify the sender immediately, and please delete it; you should not copy it or use it for any purpose or disclose its contents to any other person. GHD and its affiliates reserve the right to monitor and modify all email communications through their networks.

BUILDING PERMIT

Telephone-508 892-7003
Fax - 508 892-1163
Fee: \$ 42.00

TOWN OF LEICESTER

Building Department Inspection Card

Date: April 29, 2019

NO: 19-094

This May Certify That Theresa Reynolds
has permission to Sign _____
located on 80 Huntoon Memorial Hwy.

The person accepting this permit shall in every respect conform to the terms of the application on file in this office, and to the provisions of the Statutes and By-Laws relating to the Construction, Maintenance and inspection at buildings in the Town of Leicester and shall begin work on said building within 6 months from the date hereof, and prosecute the work on thereon to a speedy completion.

Any violation of any of the terms above noted is an immediate revocation of this permit.

Inspector of Buildings: JEFF TAYLOR

SEPARATE permits are required for ELECTRICAL, PLUMBING, MECHANICAL INSTALLATIONS AND SIGNS

NO Building shall be occupied until a Certificate of Occupancy has been Issued by the Building Inspector.

An Occupancy Permit will be issued by the Building Inspector upon return of this Inspection Card signed by all the required Departments.

"Persons contracting with unregistered contractors do not have access to the guaranty fund MGL c142A"

CONSTRUCTION TYPE: 5-B USE GROUP: U

MAP: 44 PARCEL: A2

BUILDING INSPECTOR

Footings & Foundation _____

Rough Frame _____

Insulation _____

Final _____

ELECTRICAL

Underground _____

Service _____

Rough _____

Final _____

PLUMBING

Underground _____

Rough _____

Final _____

GAS

Rough _____

Final _____

FIRE CHIEF

Smoke Detectors _____

Furnace/Boiler _____

Fuel Storage _____

HIGHWAY DEPT.

Driveway _____

ASSESSORS

BOARD OF HEALTH _____

OK Jeff Taylor 5-20-19

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only
Building Permit Number: 19-094 Date Applied: 5/25/19

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:
80 Huntoon Memorial Highway

1.2 Assessors Map & Parcel Numbers

Map Number 44 Parcel Number A2

1.1a Is this an accepted street? yes ☒ no ☐

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft) TYPE 5-B USE (U)

| Front Yard | | Side Yards | | Rear Yard | |
|------------|----------|------------|----------|-----------|----------|
| Required | Provided | Required | Provided | Required | Provided |
| | | | | | |

1.6 Water Supply: (M.G.L.c. 40, § 54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone? ☐
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On-site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) HERESA A. REYNOLDS

ROCHAMUND MA 01542
City, State, ZIP

No. and Street 80 Huntoon Highway

5085810522
Telephone

Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

| | | | | | |
|---|--|---|-------------------------------------|--|-----------------------------------|
| New Construction <input type="checkbox"/> | Existing Building <input type="checkbox"/> | Owner-Occupied <input type="checkbox"/> | Repairs(s) <input type="checkbox"/> | Alteration(s) <input type="checkbox"/> | Addition <input type="checkbox"/> |
| Demolition <input type="checkbox"/> | Accessory Bldg. <input type="checkbox"/> | Number of Units _____ | Other <input type="checkbox"/> | Specify: <u>516N</u> | |

Brief Description of Proposed Work²:
516N

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item Estimated Costs:
(Labor and Materials)

1. Building \$

2. Electrical \$

3. Plumbing \$

4. Mechanical (HVAC) \$

5. Mechanical (Fire Suppression) \$

6. Total Project Cost: \$100

Official Use Only

1. Building Permit Fee: \$ _____ Indicate how fee is determined:

☐ Standard City/Town Application Fee

☐ Total Project Cost³ (Item 6) x multiplier _____ x _____

2. Other Fees: \$ _____

List: _____

Total All Fees: \$ 42.00

Check No. _____

Check Amount: _____ Cash Amount: _____

☐ Paid in Full

☐ Outstanding Balance Due: _____

☒ APPROVED

Jen Taylor 4-29-19

19-094

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

| Type | Description |
|------|---|
| U | Unrestricted (Buildings up to 35,000 cu. ft.) |
| R | Restricted 1&2 Family Dwelling |
| M | Masonry |
| RC | Roofing Covering |
| WS | Window and Siding |
| SF | Solid Fuel Burning Appliances |
| I | Insulation |
| D | Demolition |

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

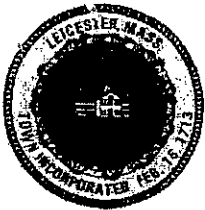
NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/dps Information on the Construction Supervisor License can be found at www.mass.gov/oca

2. When substantial work is planned, provide the information below:

| | |
|-----------------------------------|--|
| Total floor area (sq. ft.) _____ | (including garage, finished basement/attics, decks or porch) |
| Gross living area (sq. ft.) _____ | Habitable room count _____ |
| Number of fireplaces _____ | Number of bedrooms _____ |
| Number of bathrooms _____ | Number of half/baths _____ |
| Type of heating system _____ | Number of decks/porches _____ |
| Type of cooling system _____ | Enclosed _____ Open _____ |

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



**TOWN OF LEICESTER
CONSERVATION COMMISSION**

LEICESTER, MA 01524-1333
Phone: 508-892-7007 – Fax: 508-892-7070
www.leicesterma.org

**Conservation Commission Building Permit Review Form
Wetlands/Riverfront Area (MGLCh.131, §40)**

| | |
|--------------------------------------|--|
| Project Address: | |
| Description of Proposed Work: | |

**Is the proposed work in Wetland Buffer (100 feet) and/or Riverfront Buffer (200 feet)?
(check one)¹**

☐ **YES** ☐ **NO** ☐ **N/A**
(no land disturbance/all interior work)

If YES, fill out the section below:

| | |
|---|--|
| Date of Conservation Commission Approval: | |
| Type of Conservation Commission Approval (RDA/NOI, etc.) | |
| DEP File #: (where applicable) | |

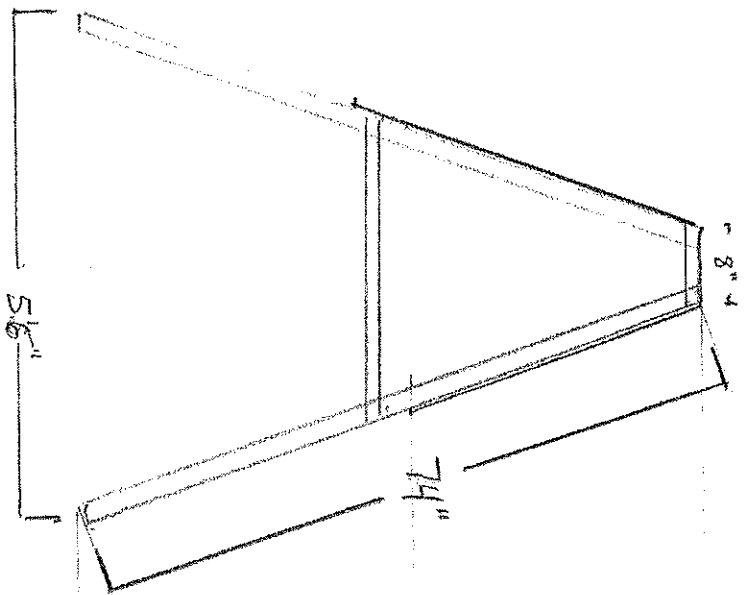
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained on this form is true and accurate to the best of my knowledge and understanding.

Signature

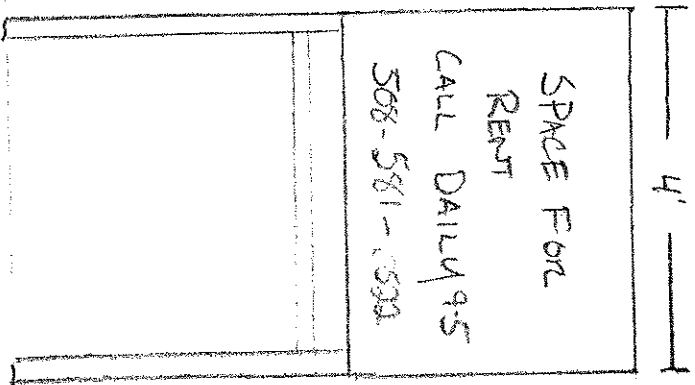
Date

Printed Name

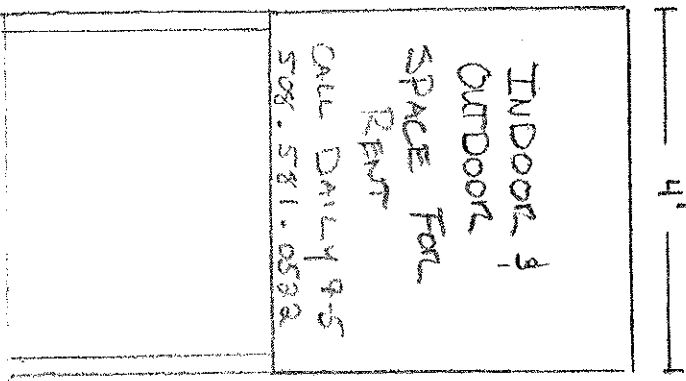
¹ *It is the Applicant's responsibility to determine wetland and riverfront boundaries in proximity to the proposed work and to obtain Conservation Approval where required.*



106
SQT



SPACE FOR
RENT
CALL DAILY 9-5
508-581-0532



INDOOR &
OUTDOOR
SPACE FOR
RENT
CALL DAILY 9-5
508-581-0532

SCALE: 1"=2'

80 HUNTER HILL
RENT FOR SIGN

WORKMAN COMP THE COMMONWEALTH OF MASSACHUSETTS

Town of Leicester

Building Department

Application for Permit to Build

Permit: # 97-140
Date: 8-28-87
Fee: \$10.00

To the Inspector of Buildings:

The undersigned hereby applies for a permit to build according to the following specifications:

1. Owner's Name: TERESA A. REYNOLDS Telephone #: 892-3020
2. Owner's Address: 586 HUNTERTON ST. ROXBURY MASS 01542-1217
3. Architect's Name: _____
4. Builder's Name: LEON MINCAVET Const. Sup. Lic. # 028621
5. Builder's Address: 112 SO. M. AVE. NO. 13 BROOKFIELD MA.
6. Location of Building, No.: 10 Street: HUNTERTON HIGHWAY
7. Size of lot: _____
8. Is this a new building, addition or removal: addition
9. Side of Street: North _____ South _____ East _____ West X
10. If removal, from where: _____
11. What is the purpose of building: COVER DIESEL FUEL TANK
12. Material of building: WOOD & METAL ROOF
13. If for a dwelling, for how many families: _____
14. Is there to be a store in the lower story: _____ How many: _____
15. Size of building, No. of feet front 14'; No of feet deep 16'; No of stories: 1
16. No. of feet from the level of ground to the highest part of the roof 8' 4"
17. Size of ell, No. of feet front _____; No of feet deep _____; No of feet high _____
18. How near the line of the street: 100 FT PLUS
19. How near the line of adjoining lot: right _____; left _____; rear _____
20. Nearest building is NEXT feet in a _____ direction
21. What will be the means of access to roof: OPEN
22. Size of floor timbers, 1st _____; 2nd _____; 3rd _____; 4th _____; 5th _____
23. No of feet span _____; distance to centers _____
24. Will the building be erected on solid or filled land: CEMENT PAD
25. What is the material of foundation: _____
26. Will the roof be flat, pitched, mansard, hip or gambrel: PITCHED
27. Material of roof covering: METAL - RIBBED
28. Will the building be heated by steam, furnace, stoves, or grates: _____
29. No. of brick walls: _____ Where located: _____ Thickness: _____
30. Number of rooms: _____
31. Fireplace: _____
32. Size of studding: _____
33. Estimated cost, must be filled out: \$800.00
34. Will the building conform to the requirements of the law: YES
35. Is a sewage disposal system to be constructed, altered, installed or repaired in connection with this project: Yes _____ No _____
36. What is, or will be the water supply for this building: _____
37. Is the above water supply suitable and available for year round use: _____

Telephone (508) 89-2-3020 Signature of applicant: Teresa A. Reynolds

Applicant agrees to give the Inspector of Buildings 24 hours notice before lathing, plastering or closing in studding on this building. The building will conform to the requirements of the law.

Remarks: _____

**Town of Leicester
Building Department**

Homeowner Exemption

Please print.

DATE: _____

JOB LOCATION: _____
(Number) (Street Address)

HOMEOWNER: _____

PRESENT MAILING ADDRESS: _____
(City/Town) (State) (Zip code)

The current exemption for "homeowners" was extended to include owner-occupied dwellings of six (6) units or less and to allow such homeowners to engage in individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 109.1.1)

DEFINITION OF HOMEOWNER:

Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. 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, Bylaws, Rules and Regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Leicester Building Department's minim inspection procedures and requirements.

HOMEOWNER'S SIGNATURE: x Theresa A Reynolds

APPROVAL OF BUILDING OFFICIAL: _____

Note: Three (3) family dwellings, 35,00 cubic feet or larger, will be required to comply with State Building code Section 127.0 Construction Control.

44 A2 0
Map Block Lot

1 of 1 INDUSTRIAL
CARD

Town of Leicester
TOTAL ASSESSED: 195,700
141591

PROPERTY LOCATION

| No | Alt No | Direction/Street/City |
|----|--------|------------------------------|
| 80 | | HUNTOON MEMORIAL HW, LEICEST |

OWNERSHIP

| |
|---|
| Owner 1: REYNOLDS IRREVOCABLE TRUST THERESA A |
| Owner 2: COPELAND LORIAN |
| Owner 3: REYNOLDS JOHN R |
| Street 1: 5886 HENSHAW ST |
| Street 2: |

PREVIOUS ASSESSMENT

| Tax Yr | Use | Cat | Bldg Value | Yrd Items | Land Size | Land Value | Total Value | Assessed Value |
|--------|-----|-----|------------|-----------|-----------|------------|-------------|----------------|
| 2020 | 316 | FV | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 |
| 2020 | 316 | IN | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 |
| 2020 | 316 | TB | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 |
| 2019 | 316 | FV | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 |
| 2019 | 316 | TB | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 |
| 2018 | 316 | FV | 58,700 | 16,000 | 2.000 | 117,200 | 177,200 | 177,200 |
| 2018 | 316 | TB | 58,700 | 16,000 | 2.000 | 117,200 | 177,200 | 177,200 |
| 2017 | 316 | FV | 58,700 | 16,000 | 2.000 | 117,200 | 177,200 | 177,200 |

PREVIOUS OWNER

| |
|-----------------------------|
| Owner 1: REYNOLDS THERESA A |
| Owner 2: |
| Street 1: 5886 HENSHAW ST |
| Two City: ROCHESTER |
| Sub Prov: MA |
| Postal: 01542 |

NARRATIVE DESCRIPTION

This Parcel contains 2. ACRES of land mainly classified as COM WHS with a(n) RM SHOP Building Built about 1972, Having Primarily CORREG STL Exterior and METAL Roof Cover, with 1 Units, 0 Baths, 0 3/4 Baths, 0 Rooms, and 0 Bdrms.

OTHER ASSESSMENTS

| Code | Description | Amount | Com. Int |
|------|-------------|--------|----------|
| 2 | ORSMET | 373.33 | 67.2 |
| 2 | ORSMET | 373.33 | 89.6 |
| 2 | ORSMET | 373.33 | 112 |
| 2 | ORSMET | 373.33 | 134.4 |

PROPERTY FACTORS

| Item | Code | Descr | % | Item | Code | Descr |
|------------|------|-------|-----|---------|------|-------|
| Z | | | | U | | |
| o | | | | 1 | | |
| n | | | | 1 | | |
| Census: | | | | Exempt | | |
| Flood Haz: | | | | | | |
| D | OS | CS | 100 | Topo | | |
| s | | | | Street | | |
| t | | | | Traffic | | |

LAND SECTION (first 7 lines only)

| Use | Description | LU | No of Units | Depth/ | Unit Type | Land Type |
|-----|-------------|--------|-------------|--------|-------------|-----------|
| 316 | COM WHS | 60000 | | | SQUARE FEET | |
| 316 | COM WHS | 0.6226 | | | ACRES | EXCESS |

IN PROCESS APPRAISAL SUMMARY

| Use Code | Building Value | Yrd Items | Land Size | Land Value | Total Value | Legal Description | User Acct |
|----------|----------------|-----------|-----------|------------|-------------|-------------------|-----------|
| 316 | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | | |

PREVIOUS ASSESSMENT

| Tax Yr | Use | Cat | Bldg Value | Yrd Items | Land Size | Land Value | Total Value | Assessed Value | Notes | Date |
|--------|-----|-----|------------|-----------|-----------|------------|-------------|----------------|---------------------|------------|
| 2020 | 316 | FV | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 | 3rd 4th billing | 10/29/2019 |
| 2020 | 316 | IN | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 | interim eval | 8/26/2019 |
| 2020 | 316 | TB | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 | prelim billing | 6/18/2019 |
| 2019 | 316 | FV | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 | 1st and 2nd billing | 6/18/2018 |
| 2019 | 316 | TB | 61,700 | 16,500 | 2.000 | 117,500 | 195,700 | 195,700 | 1st and 2nd billing | 6/18/2018 |
| 2018 | 316 | FV | 58,700 | 16,000 | 2.000 | 117,200 | 177,200 | 177,200 | 1st and 2nd billing | 6/18/2017 |
| 2018 | 316 | TB | 58,700 | 16,000 | 2.000 | 117,200 | 177,200 | 177,200 | 1st and 2nd billing | 6/18/2017 |
| 2017 | 316 | FV | 58,700 | 16,000 | 2.000 | 117,200 | 177,200 | 177,200 | 1st and 2nd billing | 6/18/2016 |

SALES INFORMATION

| Grantor | Legal Ref | Type | Date | Sale Code | Sale Price | V | Tst | Verf | Assoc PCL Value | Notes |
|------------------|-----------|------|------------|-----------|------------|---|-----|------|-----------------|-------|
| REYNOLDS THERESA | 47327-108 | | 4/26/2011 | FAMILY | | 1 | No | No | | |
| | 5070-407 | | 10/27/1970 | | | 0 | No | No | | |

TAX DISTRICT

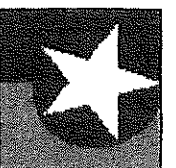
| Parcel ID | 44 A2 0 |
|-----------|---------|
| 4159 | |

BUILDING PERMITS

| Date | Number | Descr | Amount | CO | Last Visit | Fed Code | F Descr | Comment |
|-----------|--------|--------|--------|-----------|------------|----------|---------|----------|
| 4/26/2019 | 19-084 | sign | 100.00 | 5/20/2019 | | | | |
| 8/28/1997 | 97-140 | MANUAL | 800.00 | | | | | COV TANK |

ACTIVITY INFORMATION

| Date | Result | By | Name |
|----------|--------------|-----|---------------|
| 6/4/1998 | INSPT @ PRMT | 107 | JOHN PRESCOTT |
| 5/1/1992 | MEAS-INSPT | 107 | JOHN PRESCOTT |



Patriot Properties Inc.

USER DEFINED

| Prior id # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------|---|---|---|---|---|---|---|---|---|----|
| Prior id # 1 | | | | | | | | | | |
| Prior id # 2 | | | | | | | | | | |
| Prior id # 3 | | | | | | | | | | |
| Prior id # 4 | | | | | | | | | | |
| Prior id # 5 | | | | | | | | | | |
| Prior id # 6 | | | | | | | | | | |
| Prior id # 7 | | | | | | | | | | |
| Prior id # 8 | | | | | | | | | | |
| Prior id # 9 | | | | | | | | | | |
| Prior id # 10 | | | | | | | | | | |

Disclaimer: This Information is believed to be correct but is subject to change and is not warranted. Database: AssessPro

Total AC/H: 2.00001 Total SF/S: 87120.44 Parcel LUC: 316 COM WHS Prime NB Desc: IND AVG Total: 117,452 Sp Credit: Total: 117,500

EXTERIOR INFORMATION

| | | |
|----------------------------|------|--------------|
| Type: | 38 | - RM SHOP |
| Sty Ht: | 1 | - 1 |
| (Liv) Units: | 1 | Total: 1 |
| Foundation: | 1 | - CONCRETE |
| Frame: | 2 | - STEEL |
| Prime Wall: | 18 | - CORREG STL |
| Sec Wall: | | % |
| Roof Struct: | 1 | - GABLE |
| Roof Cover: | 9 | - METAL |
| Color: | | |
| View / Desir: | | |
| GENERAL INFORMATION | | |
| Grade: | C | - AVERAGE |
| Year Blt: | 1972 | Efr Yr Blt: |
| Airt LUC: | | Airt %: |
| Juns/dct: | | Fact: |
| Const Mod: | | |
| Lump Sum Adj: | | |

BATH FEATURES

| | | | |
|-----------------------------|----------|------------|---------|
| Type: 38 - RM SHOP | | Rating: | |
| Sty Ht: 1 - 1 | | Full Bath | Rating: |
| (Liv) Units: 1 | Total: 1 | A Bath: | Rating: |
| Foundation: 1 - CONCRETE | | 3/4 Bath: | Rating: |
| Frame: 2 - STEEL | | A 3QBth: | Rating: |
| Prime Wall: 18 - CORREG STL | | 1/2 Bath: | Rating: |
| Sec Wall: | % | A HBth: | Rating: |
| | | Other Fix: | Rating: |
| OTHER FEATURES | | | |
| Roof Struct: 1 - GABLE | | Kits: | Rating: |
| Roof Cover: 9 - METAL | | A Kits: | Rating: |
| Color: | | Fpl: | Rating: |
| View / Desir: | | WSElev: | Rating: |

CONDO INFORMATION

| | | | | | |
|------------|-------------|---------------|--|--------------|----------------------|
| Grade: | A - VENTROL | | | | CORCORAN ST. |
| Year Bld: | 1972 | Efr Yr Bld: | | | Location: |
| Alt LUC: | | Alt %: | | Total Units: | Floor: 1 - 1ST FLOOR |
| Jurisdic: | | Fact: | | % Own: | Name: |
| Const Mod: | | Lump Sum Adj: | | | |

INTERIOR INFORMATION

| | | | |
|----------------------------|---------------|-----------|------|
| INTERIOR H/FI CONSTRUCTION | Phys Cond: AV | - Average | 48.4 |
| Avg H/FI STD | Functional | | |
| Prim Int Wall 5 - MINIMUM | Economic | | |
| Sec Int Wall: | Special: | | |
| Partition: T - TYPICAL | Override: | | |
| Prim Floor: 13 - EARTH | Total: | | 48.4 |

CALC SUMMARY

| | | |
|------------------------------|--|--|
| Basic \$ / SQ: 35.00 | | |
| Size Adj.: 1.25000000 | | |
| Const Adj.: 0.83898926 | | |
| Adj \$ / SQ: 36.706 | | |
| Other Features: 0 | | |
| Grade Factor: 1.00 | | |
| Neighborhood Inf: 1.04999995 | | |
| LUC Factor: 1.00 | | |
| Adj Total: 119477 | | |
| Depreciated Total: 57827 | | |
| Depreciated Total: 61650 | | |

SPEC FEATURES/YARD ITEMS

| Code | Description | A | YIS | Qty | Size/Dm | Qual | Con | Year |
|------|-------------|---|-----|-----|---------|------|-----|------|
| 71 | TANK-IG | D | Y | 1 | 3000 | A | AV | 1972 |
| 69 | PUMP-SIN | D | Y | 12 | | F | FR | 1972 |
| 71 | TANK-IG | D | Y | 1 | 3000 | A | AV | 1972 |
| 71 | TANK-IG | D | Y | 1 | 3000 | A | AV | 1972 |
| 83 | SIGN | D | Y | 1 | 30 | A | AV | 1975 |
| 77 | LITE-SIN | D | Y | 12 | | A | AV | 1972 |
| 85 | PAVING | D | Y | | 11100 | A | FR | 1972 |

COMMENTS

REYNOLDS GRADER SERVICE LAND ADJ FY98
DC 12/19/97 BK: 19457-315FOR WM J
REYNOLDS JR 97 PLAN FY99 44-A2.1 SPLIT
FROM THIS PARCEL. BETTERMENT PAID OFF
FOR ORSD JANUARY 16, 2018.

RESIDENTIAL GRID

| 1st Res | Grid | Desc: | # Units |
|---------|------|-------------------------------|---------|
| Level | FY | LR DR D K IFR RR BR FB HB L O | |
| Other | | | |
| Upper | | | |
| Lvl 2 | | | |
| Lvl 1 | | | |
| Lower | | | |
| Totals | | | |

REMODELING

| | No Unit | RMS | BRS | FL |
|------------|---------|-----|-----|----|
| Exterior: | | | | |
| Interior: | | | | |
| Additions: | | | | |
| Kitchen: | | | | |
| Baths: | | | | |
| Plumbing: | | | | |
| Electric: | | | | |

Freezing.
Heating.

General.

COMPARABLE SALES

| Date | Parcel ID | Type | Date | Sale Price |
|------|-----------|---------------------|--------------|------------|
| | | | Ind Val | |
| | | | A/Rate: | |
| | | Juris. Factor: | Val/Sq Ft: | 19.90 |
| | | Special Features: 0 | Val/Sq Net: | 19.90 |
| | | Final Total: 61700 | Val/Sq SzAd: | 18.90 |

PARCEL ID

| Unit Price | Dis. | Dep. | LUC | Fact NB-Fa | App. value |
|------------|------|------|-----|------------|------------|
| 2,75 T | 55 | 316 | | | 3,700 |
| 1,827.00 T | 60 | 316 | | | 1,500 |
| 2,75 T | 55 | 316 | | | 3,700 |
| 2,75 T | 55 | 316 | | | 3,700 |
| 2,75 T | 55 | 316 | | | 600 |
| 47.92 T | 55 | 316 | | | 1,100 |
| 1,200.00 T | 55 | 316 | | | 2,200 |
| 5.00 T | 60 | 316 | | | 3,700 |

5-11-20

COMMENTS
REYNOLDS GRADER SERVICE LAND ADJ FY96
DC 12/19/97 BK: 19457-315FOR WMJ
REYNOLDS JR 97 PLAN FY99 4A-2.1 SPLIT
FROM THIS PARCEL. BETTERMENT PAID OFF
FOR ORSD JANUARY 16, 2018.

RESIDENTIAL GRID

| 1st Res | Grid | Desc: | # Units |
|---------|------|-------------------------------|---------|
| Level | FY | LR DR D K IFR RR BR FB HB L O | |
| Other | | | |
| Upper | | | |
| Lvl 2 | | | |
| Lvl 1 | | | |
| Lower | | | |
| Totals | | | |

REMODELING

| | No Unit | RMS | BRS | FL |
|------------|---------|-----|-----|----|
| Exterior: | | | | |
| Interior: | | | | |
| Additions: | | | | |
| Kitchen: | | | | |
| Baths: | | | | |
| Plumbing: | | | | |
| Electric: | | | | |

Freezing.
Heating.

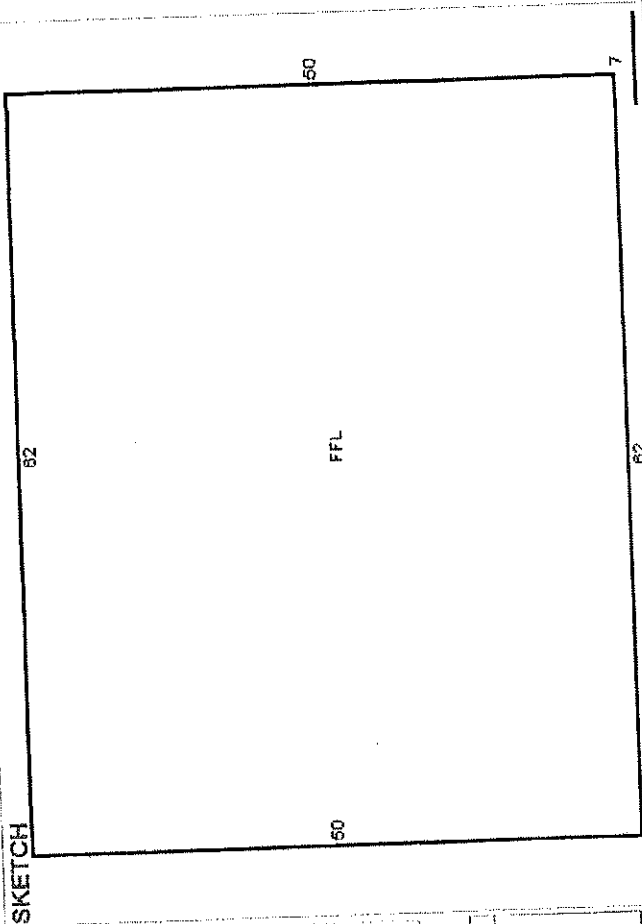
General.

COMPARABLE SALES

| Date | Parcel ID | Type | Date | Sale Price |
|------|-----------|---------------------|--------------|------------|
| | | | Ind Val | |
| | | | Average: | |
| | | Juris. Factor: | Val/Sq Ft: | 19.90 |
| | | Special Features: 0 | Val/Sq Net: | 19.90 |
| | | Final Total: 61700 | Val/Sq SzAd: | 18.90 |

PARCEL ID

| Unit Price | Dis. | Dep. | LUC | Fact NB-Fa | App. value |
|------------|------|------|-----|------------|------------|
| 2,75 T | 55 | 316 | | | 3,700 |
| 1,827.00 T | 60 | 316 | | | 1,500 |
| 2,75 T | 55 | 316 | | | 3,700 |
| 2,75 T | 55 | 316 | | | 3,700 |
| 2,75 T | 55 | 316 | | | 600 |
| 47.92 T | 55 | 316 | | | 1,100 |
| 1,200.00 T | 55 | 316 | | | 2,200 |
| 5.00 T | 60 | 316 | | | 3,700 |



SUB AREA DETAIL

| SUB AREA | | | | Sub % | Descrip | % | Qu | Ten |
|----------|-------------|---------|-----------|--------------|---------|------|------|-----|
| Code | Description | Area-SQ | Rate - AV | Undepr Value | Area | Usbl | Type | |
| 1EFL | 1ST FLOOR | 3,100 | 36.710 | 113,788 | | | | |

10. J. J. H. van der Vliet, *Pharmazie*, **46**, 10 (1991).

| | | | |
|--------------------|-----------------|---------------|---------|
| Net Sketched Area: | 3,100 | Total: | 113,788 |
| Size Ad | 3100 Gross Area | 3100 Fin Area | 3100 |

MAGE

AccessPro
Patriot Properties, Inc

| | |
|-------|--------|
| Total | 16,500 |
|-------|--------|

| | | | |
|-------------------|--------|-------------------------|--|
| Total Yard Items: | 16,500 | Total Special Features: | |
|-------------------|--------|-------------------------|--|

More N



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

| | |
|---------------------------|----------------|
| Official Use Only | |
| Permit No. | <u>W15-220</u> |
| Occupancy and Fee Checked | _____ |
| [Rev. 1/07] | (leave blank) |

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

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

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 10-21-2015

City or Town of: LEICESTER

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 80 HUNTON MEMORIAL HWY

Owner or Tenant DAVIS SELF STOR

Telephone No. 508-892-4263

Owner's Address 82 HUNTON MEMORIAL HWY

Is this permit in conjunction with a building permit? Yes ☒ No ☐ (Check Appropriate Box)

Purpose of Building COMMERCIAL

Utility Authorization No. _____

Existing Service _____ Amps 1 Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps 1 Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: INSTALL 1-SWITCH & 1 LIGHT IN EACH OF 14 SELF STOR GARAGES AND 7-SECURITY LIGHTS

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

| | | | |
|----------------------------|---|--|--------------|
| No. of Recessed Luminaires | No. of Ceil.-Susp. (Paddle) Fans | No. of Transformers | Total KVA |
| No. of Luminaire Outlets | No. of Hot Tubs | Generators | KVA |
| No. of Luminaires | Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/> | No. of Emergency Lighting Battery Units | |
| No. of Receptacle Outlets | No. of Oil Burners | FIRE ALARMS | No. of Zones |
| No. of Switches | No. of Gas Burners | No. of Detection and Initiating Devices | |
| No. of Ranges | No. of Air Cond. Total Tons | No. of Alerting Devices | |
| No. of Waste Disposers | Heat Pump Totals: Number Tons KW | No. of Self-Contained Detection/Alerting Devices | |
| No. of Dishwashers | Space/Area Heating KW | Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/> | |
| No. of Dryers | Heating Appliances KW | Security Systems: No. of Devices or Equivalent | |
| No. of Water Heaters KW | No. of Signs No. of Ballasts | Data Wiring: No. of Devices or Equivalent | |
| No. Hydromassage Bathtubs | No. of Motors Total HP | Telecommunications Wiring: No. of Devices or Equivalent | |
| OTHER: | | | |

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

Estimated Value of Electrical Work: 1,800. - (When required by municipal policy.)

Work to Start: 10-2015 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☒ BOND ☐ OTHER ☐ (Specify):

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: PETE'S ELECTRICAL SERVICE

LIC. NO.: A9809

Licensee: PETER A. MARINKUS Signature

LIC. NO.: E24604

(If applicable, enter "exempt" in the license number line.)

Address: 44 PETER SOLEM RD. LEICESTER MA 01524

Bus. Tel. No.: 508 892 3300

Alt. Tel. No.: 508 271-5523

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent
Signature _____

Telephone No. _____

PERMIT FEE: \$ 64.00