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
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

TOWN OF LEICESTER

NO: 19-094

Building Department Inspection Card

This May Certify That Theresa Reynolds has permission to Sign

located on 80 Huntoon Memorial Hwy.

Date: April 29, 2019

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

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 throno 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

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

CONSTRUCTION TYPE: 5-B USE GROUP: U

MAP: 44 PARCEL: A2

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

This Section For Official Use Only

Building Permit Number: 19-091 Date Applied: 7/25/19

Building Official (Print Name) ___________________________ Signature ___________________________ Date ___________________________

SECTION 1: SITE INFORMATION

1.1 Property Address: 80 Huntington Memorial Highway
1.1a Is this an accepted street? yes no

1.2 Assessors Map & Parcel Numbers
Map Number 44
Parcel Number A0

1.3 Zoning Information:
Zoning District Proposed Use

1.4 Property Dimensions:
Lot Area (sq ft) ___________
Frontage (ft) ___________

1.5 Building Setbacks (ft)

<table>
<thead>
<tr>
<th>Type</th>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
<td>Provided</td>
</tr>
</tbody>
</table>

1.6 Water Supply: (M.G. 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 OWNERSHIP

2.1 Owner of Record:
Theresa A. Reynolds
City, State, ZIP Rockport, MA 01966
No. and Street 80 Huntington Street
Telephone 508-288-1322
Email Address

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

New Construction □ Existing Building □ Owner-Occupied □ Repairs(s) □ Alteration(s) □ Addition □
Demolition □ Accessory Bldg. □ Number of Units □ Other □ Specify: 516N
Brief Description of Proposed Work:

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Building Permit Fee: $ _________ Indicate how fee is determined: □ Standard City/Town Application Fee □ Total Project Cost (Item 6) x multiplier _________</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>2. Other Fees: $</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

□ Paid in Full □ Outstanding Balance Due:

☑ APPROVED ___/___/___

Signature: ___________

4-29-19
SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Telephone

Email address

List CSL Type (see below)

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (buildings up to 35,000 cu. ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1 &amp; 2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP

Telephone

Email address

HIC Registration Number

Expiration Date

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)  [Signature]

Date

SECTION 7b: OWNER' 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)  [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/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

<table>
<thead>
<tr>
<th>Total floor area (sq. ft.)</th>
<th>Including garage, finished basement/attics, decks or porch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross living area (sq. ft.)</td>
<td>Habitable room count</td>
</tr>
<tr>
<td>Number of fireplaces</td>
<td>Number of bedrooms</td>
</tr>
<tr>
<td>Number of bathrooms</td>
<td>Number of half/baths</td>
</tr>
<tr>
<td>Type of heating system</td>
<td>Number of decks/porches</td>
</tr>
<tr>
<td>Type of cooling system</td>
<td>Enclosed/Open</td>
</tr>
</tbody>
</table>

3. "Total Project Square Footage" may be substituted for "Total Project Cost"
## Conservation Commission Building Permit Review Form
**Wetlands/Riverfront Area (MGLCh.131, §40)**

<table>
<thead>
<tr>
<th>Project Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Proposed Work:</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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

If YES, fill out the section below:

<table>
<thead>
<tr>
<th>Date of Conservation Commission Approval:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Conservation Commission Approval</strong></td>
<td></td>
</tr>
<tr>
<td>(RDA/NOI, etc.)</td>
<td></td>
</tr>
<tr>
<td>DEP File #:</td>
<td></td>
</tr>
<tr>
<td>(where applicable)</td>
<td></td>
</tr>
</tbody>
</table>

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.*
To the Inspector of Buildings:

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

1. Owner’s Name: Theresa A. Remulos  Telephone #: 508-3028
2. Owner’s Address: 368 Hemlock St. Rehoboth, Mass. 02769
3. Architect’s Name: 
4. Builder’s Name: John Martinez  Const. Sup. Lic. #: 028621
5. Builder’s Address: 28 S. Main St. Rehoboth, Mass.
6. Location of Building, Nos.: 70 Street: Hemlock 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: 176'; No of feet deep: 10'; No of stories: 1
16. No. of feet from the level of ground to the highest part of the roof: 6' 6"
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:
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: $ 8000
34. Will the building conform to the requirements of the law: Yes No
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) 302-3020 Signature of applicant: Theresa A. Remulos

Applicant agrees to give the Inspector of Buildings 24 hours notice before laying, 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: __________________________

APPROVAL OF BUILDING OFFICIAL: __________________________

Note: Three (3) family dwellings, 35,00 cubic feet of larger, will be required to comply with State Building code Section 127.0 Construction Control.
APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

(All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 127 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) 87 HUNTING MEMORIAL HWY

Owner or Tenant DAVIS SELF STOR Telephone No. 508-892-4268

Owner's Address 82 HUNTING 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 [ ] Volts [ ] Overhead [ ] Undgrd [ ] No. of Meters [ ]

New Service

Amps [ ] Volts [ ] Overhead [ ] Undgrd [ ] No. of Meters [ ]

Number of Feeders and Ampacity

Location and Nature of Proposed Electrical Work: INSTALL 1-50W T5 LIGHT IN EACH OF 14 SELF STORAGE UNITS AND 7 SECURITY LIGHTS

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

<table>
<thead>
<tr>
<th>No. of Luminaires</th>
<th>No. of Ceiling-Susp. (Paddle) Fans</th>
<th>No. of Transformers</th>
<th>Total KVA</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Luminaires</td>
<td>No. of Hot Tubs</td>
<td></td>
<td>Generators KVA</td>
</tr>
<tr>
<td>No. of Switches</td>
<td>No. of Gas Burners</td>
<td></td>
<td>No. of Emergency Lighting Battery Units</td>
</tr>
<tr>
<td>No. of Recessed Luminaires</td>
<td>No. of Oil Burners</td>
<td></td>
<td>FIRE ALARMS No. of Zones</td>
</tr>
<tr>
<td>No. of Recessed Luminaire Outlets</td>
<td>No. of Gas Burners</td>
<td></td>
<td>No. of Detection and Initiating Devices</td>
</tr>
<tr>
<td>No. of Recessed Luminaire Outlets</td>
<td>No. of Gas Burners</td>
<td></td>
<td>No. of Detectors and Initiating Devices</td>
</tr>
<tr>
<td>No. of Ranges</td>
<td>No. of Air Cond.</td>
<td></td>
<td>No. of Self-Contained Detection/Alerting Devices</td>
</tr>
<tr>
<td>No. of Waste Dispensers</td>
<td>Heat Pump Number</td>
<td></td>
<td>Local [ ] Municipal [ ] Other [ ]</td>
</tr>
<tr>
<td>No. of Dishwashers</td>
<td>Space/Area Heating Kw</td>
<td></td>
<td>Security Systems: No. of Devices or Equivalent</td>
</tr>
<tr>
<td>No. of Dryers</td>
<td>Heating Appliances Kw</td>
<td></td>
<td>Data Wiring: No. of Devices or Equivalent</td>
</tr>
<tr>
<td>No. of Water Heaters Kw</td>
<td></td>
<td></td>
<td>Telecommunications Wiring: No. of Devices or Equivalent</td>
</tr>
<tr>
<td>No. of Hydromassage Bathtubs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Work to Start: 10-21-2015 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 license 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: PETER'S ELECTRICAL SERVICE LIC. NO. A 9807

Licensee: PETER A. MARKOW Signature

License: LIC. NO. E 24654

Address: 87 HUNTING MEMORIAL HWY, LEICESTER, MA 01524

Per M.G.L. c. 147, s. 57-61, this work requires Department of Public Safety "F" License: Lic. No.

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