

10 Narraqansett Rd Parcel# 10128 SC 3540-9010 CT 5108 VCS 1408 Lot 307 Map 19				Acnt 0024811 Cyr Gail M Vol 1746 10 Narraqansett Rd Page 284 East Hartford CT 06118 Prfx M				T&U Mobile Home Class 72.41 BL 684 BF 68.28 Perm 138 CF Wall Ratio 4.95 ABP 68.28				East Hartford Connecticut File R 5 Card 01 of 01			
Property Location and Identification				Owner of Record				Pricing Control Fields				Assessment District			
1 Type and Use Mobile Home				Principal Building and Addition Description				Principal Building				Add/Deduct Single Floor Area Price Schedule Value			
2 Story Height				10/13/11 - completed - CH vinyl siding install of doors see sketch correction				1S/MH				0.42 684 68.70 46,993			
3 Design/Style				1+24 +4-8 14.A				Sty Description Code							
Conventional 0.42				1+28 +12-8 14.B				CPY/CPT 020				32 43.53 1,393			
4 Foundation/Basement				1+10 +14-8-10+4-4+5 14.C				CPAT/EX 010				96 16.72 1,605			
No Basement								WD/DK 020				96 33.44 3,210			
5 Fascia															
Metal/Vinyl															
5a Common Wall															
6 Roof Type															
Flat															
6a Roof/Floor System															
Cellular Steel															
7 Floor Finish															
Mixed															
8 Interior Finish															
Various															
9 Heating															
Forced Air															
9a Air Conditioning															
None															
10 Plumbing Fixtures															
1 Bath															
11 Builtins/Other Features															
Add/Deduct Total 0.42															
Assessment Change Report															
Land															
Bldg 17,140 120															
OutB															
Totl 17,140 120															
L Vcs															
B Vcs															
Cls Listed/Vcs															
\$/Sf															
Adj Sp															
Sale/Sf															
Sale/Un															
V/M 24,700 W															
Frontage															
Avg Dep															
Dep Fact															
Eq Front															
Acres/Units															
Rate															
Sched Val															
Condition															
Influence															
Market															
Land Value															
Land Class															
Land Zone															
VCS Land Rate / Market															
Res															
VCS Z/L 75															
APPRaisal															
Item Count															
Land															
Building 1															
OutBldgs															
LAND SUMMARY TOTALS															
Acres 0.00															
0															
0															
29,390															
TOTAL															
20,570															
20,570															



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State of Connecticut



Town of East Hartford

740 Main Street East Hartford, CT 06108 (860) 291-7340

Application for Building Permit

RECEIPT

Permit No: B-11-494

Job Location: 10

Narragansett Rd

Owner Name: Cyr Gail M

Phone: (860) 568-1496

Cell Phone:

Address: 10 Narragansett Rd

East Hartford

CT

06118

E-Mail:

Applicant Name: SHANE R NASON

Phone: (860) 808-9346

Cell Phone:

Address: 22 BOX MOUNTAIN RD

BOLTON

CT

06043

E-Mail:

Contractor Name: SHANE R NASON

Phone:

Cell Phone:

Address: PO BOX 1213

MANCHESTER

CT

06040

E-Mail:

Contractor Lic. #: HIC.0570753

Contractor Lic. Expiration:

11/30/2011

Building Type: Residential

Type of Job: Siding

Type of Construction:

Number of Stories:

0

Height of Building:

0.00 Number of Dwelling Units: 0

Subcontractors:

Contractor Name

License No.

License Type

License Exp.

Work Description: Install siding and install two exterior doors, 2 x 4 frame. (900 sq ft vinyl siding)

10/13/11 - completed - vinyl siding &
doors installed

Estimated Construction Costs / Permit Fees

Total Project Cost	\$2,000.00	Payment Date	Amount Paid	Check No
Total Permit Fee:	35.00	6/29/2011	35.00	
Total Permit Fee Paid:	\$35.00			

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

I hereby certify that I am the owner of the property which is the subject of this application or the authorized agent of the property owner and have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the Connecticut State Building Code or any other code, ordinance or statute, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief.

All permits approved are subject to inspections performed by a representative of this office. Requests for inspections must be made at least 24 hours in advance.

6/29/2011

SHANE R NASON

Date

Applicant Signature

THIS IS NOT A PERMIT

