

Property Location: 60 FIELDS DR  
Vision ID: 7115

Account #7115

MAP ID: 7/ 5/ 5/7/ /

Bldg #: 1 of 1

Bldg Name:

Sec #: 1 of 1

Card 1 of 1

State Use: 102

Print Date: 12/10/2018 17:30

CURRENT OWNER

POLEP DEBRA G

60 FIELDS DR

EAST LONGMEADOW, MA 01028

Additional Owners:

TOPO.

UTILITIES

1 TYPCL

STRT./ROAD

LOCATION

SUPPLEMENTAL DATA

Other ID: 7115  
SP Permit  
Chapter Land  
OC Dates 4/26/2016  
In+Ex FY  
Mailed  
GIS ID: F\_376625\_2845743

Received  
Field 7  
Field 8  
Field 9  
Field 10  
ASSOC PID#

CURRENT ASSESSMENT

Description

RESIDNTL.

Code

102

Appraised Value

764,000

Assessed Value

764,000

Total

764,000

Assessed Value

764,000

1006

4ST LONGMEADOW, M

VISION

RECORD OF OWNERSHIP

POLEP DEBRA G

D R CHESTNUT LLC

BK-VOL/PAGE

21157/ 90

16302/ 279

SALE DATE

04/29/2016

11/02/2006

q/u

Q

U

v/i

I

V

SALE PRICE

771,500

3,562,500

V.C.

00

1G

PREVIOUS ASSESSMENTS (HISTORY)

Yr.

2018

Code

102

Assessed Value

771,800

Yr.

2017

Code

102

Assessed Value

751,500

Yr.

2016

Code

102

Assessed Value

236,700

Total:

771,800

Total:

751,500

Total:

236,700

EXEMPTIONS

Year

Type

Description

Amount

Code

OTHER ASSESSMENTS

Description

Number

Amount

Comm. Int.

Total:

ASSESSING NEIGHBORHOOD

NBHD/ SUB

0001/A

NBHD Name

Street Index Name

Tracing

102

Batch

MA

NOTES

APPROAISED VALUE SUMMARY

Appraised Bldg. Value (Card)

764,000

Appraised XF (B) Value (Bldg)

0

Appraised OB (L) Value (Bldg)

0

Appraised Land Value (Bldg)

0

Special Land Value

0

Total Appraised Parcel Value

764,000

Valuation Method:

C

Adjustment:

0

Net Total Appraised Parcel Value

764,000

BUILDING PERMIT RECORD

Permit ID

Issue Date

Type

Description

Amount

Insp. Date

% Comp.

Date Comp.

Comments

201502586

09/28/2015

GEN

GENERATOR

10,500

04/01/2016

100

04/01/2016

201402700

10/28/2014

49

CONDO R

403,000

04/01/2016

95

OC 4/26/2016 SINGLE

VISIT/CHANGE HISTORY

Date

Type

IS

ID

Cd.

Purpose/Result

01/19/2017

317

16

FIELDREV CHG

04/01/2016

317

14

INSPECTED

06/19/2015

317

15

PERMIT VISIT

04/10/2015

105

15

PERMIT VISIT

03/12/2015

105

15

PERMIT VISIT

LAND LINE VALUATION SECTION

B #

Use Code

Use Description

Zone

D

Front

Depth

Units

Unit Price

I. Factor

S.A.

Acre Disc

C. Factor

ST. Idx

Adj.

Notes- Adj

Special Pricing

S Adj Fact

Adj. Unit Price

Land Value

1

102

CONDO

0 SF

0.00

1.0000

1.0000

1.00

FC

1.00

.00

0.00

0

Total Card Land Units:

0.00

AC

Parcel Total Land Area:

0

AC

Total Land Value:

0

| CONSTRUCTION DETAIL |     |     |             | CONSTRUCTION DETAIL (CONTINUED)                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
|---------------------|-----|-----|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|-------------|
| Element             | Cd. | Ch. | Description | Element                                                                                                                                                                                                                                                                                                                                                                                                         | Cd.  | Ch.         | Description |
| Style               | 07  |     | CONDO-GRDN  |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Model               | 05  |     | RES CONDO   | Insulation                                                                                                                                                                                                                                                                                                                                                                                                      | S    |             |             |
| Grade               | A-  |     | V GOOD-     |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Stories             | 1   |     |             | FBM Sqft                                                                                                                                                                                                                                                                                                                                                                                                        | 1840 |             |             |
| Occupancy           | 1   |     |             | CONDO DATA                                                                                                                                                                                                                                                                                                                                                                                                      |      |             |             |
| Interior Wall 1     | 1   |     | DRYWALL     | Cmplx Acct# 5049                                                                                                                                                                                                                                                                                                                                                                                                |      | ID 0010     | % Own       |
| Interior Wall 2     |     |     |             | Cmplx Name CHESTNUT                                                                                                                                                                                                                                                                                                                                                                                             |      | B# 1        | S# 1        |
| Interior Floor 1    | 3   |     | HARDWOOD    | Adjust Type                                                                                                                                                                                                                                                                                                                                                                                                     | Code | Description |             |
| Interior Floor 2    | 4   |     | CARPET      | Unit Type                                                                                                                                                                                                                                                                                                                                                                                                       | S    | SUP IMP     |             |
| Heat Fuel           | 2   |     | GAS         | Unit Locn                                                                                                                                                                                                                                                                                                                                                                                                       | D    | DETACHED    |             |
| Heat Type           | 1   |     | FORCED H/A  | COST/MARKET VALUATION                                                                                                                                                                                                                                                                                                                                                                                           |      |             |             |
| AC Type             | 03  |     | FULL        | Adj. Base Rate:                                                                                                                                                                                                                                                                                                                                                                                                 |      |             | 210.76      |
| Bedrooms            | 2   |     |             | Replace Cost<br>779,615<br>AYB<br>2014<br>EYB<br>2016<br>Dep Code<br>GD<br>Remodel Rating<br>Year Remodeled<br>Dep %<br>2<br>Functional Obslnc<br>External Obslnc<br>Cost Trend Factor<br>Condition<br>1<br>% Complete<br>98<br>Overall % Cond<br>764,000<br>Apprais Val<br>Dep % Ovr<br>0<br>Dep Ovr Comment<br>Misc Imp Ovr<br>0<br>Misc Imp Ovr Comment<br>Cost to Cure Ovr<br>0<br>Cost to Cure Ovr Comment |      |             |             |
| Full Baths          | 3   |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Half Baths          | 1   |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Extra Fixtures      | 1   |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Total Rooms         | 5   |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Bath Style          | G   |     | GOOD        |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Kitchen Style       | G   |     | GOOD        |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Num Kitchens        | 1   |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Central Vac         |     |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| #Heat Sys           | 1   |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Frame               | 1   |     | WOOD        |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Foundation          | 1   |     | CONCRETE    |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Bsmt Floor          | 12  |     | CONCRETE    |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Bsmt Garage         |     |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| Fireplaces          | 1   |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |
| WS Flues            |     |     |             |                                                                                                                                                                                                                                                                                                                                                                                                                 |      |             |             |

| OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B) |             |     |              |     |       |            |      |     |       |     |      |           |
|----------------------------------------------------------------|-------------|-----|--------------|-----|-------|------------|------|-----|-------|-----|------|-----------|
| Code                                                           | Description | Sub | Sub Descript | L/B | Units | Unit Price | Yr   | Gde | Dp Rt | Cnd | %Cnd | Apr Value |
| GEN                                                            | GENERATOR   |     |              | B   | 1     | 0.00       | 2016 | A   | 1     |     | 100  | 0         |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |
|                                                                |             |     |              |     |       |            |      |     |       |     |      |           |

|                            |  |       |       |       |         |  |
|----------------------------|--|-------|-------|-------|---------|--|
| Ttl. Gross Liv/Lease Area: |  | 2,832 | 6,710 | 3,699 | 779,615 |  |
|----------------------------|--|-------|-------|-------|---------|--|

