

**WESTFIELD-BARNES AIRPORT  
RESIDENTIAL NOISE MITIGATION PROGRAM  
PARTICIPANT APPLICATION FORM**

ID # \_\_\_\_\_

**APPLICANT INFORMATION** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Year House Built: \_\_\_\_\_ Length of Residence: Years \_\_\_\_\_ Months \_\_\_\_\_

**WHO OWNS THIS PROPERTY?** Same As Above  
 Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**IS THIS A RENTAL PROPERTY?** YES  COMPLETE QUESTIONS A & B  
 NO  SKIP TO PROPERTY DESCRIPTION  
 A. IS THIS A MULTIPLE-UNIT BUILDING: YES  # OF UNITS \_\_\_\_\_ NO   
 B. IS THE BUILDING OWNER-OCCUPIED? YES  NO

**PROPERTY DESCRIPTION**

Please fill in the information below to the best of your knowledge. Your answers will only be used to categorize your home for long-range program costing projections.

Number of Stories with Livable Space: \_\_\_\_\_ Split-Level? YES  NO

Floor Type (x): \_\_\_\_\_ Basement \_\_\_\_\_ Concrete Slab \_\_\_\_\_ Crawl Space

Exterior (x): \_\_\_\_\_ Brick \_\_\_\_\_ Siding – Type: \_\_\_\_\_  
 \_\_\_\_\_ Stucco \_\_\_\_\_ Brick Siding  
 \_\_\_\_\_ Block \_\_\_\_\_ Stucco Siding  
 \_\_\_\_\_ Brick & Stucco \_\_\_\_\_ Other – Describe: \_\_\_\_\_

Roof Type (x): \_\_\_\_\_ Flat \_\_\_\_\_ Pitched Other: \_\_\_\_\_

Attic? YES  NO  Attic Windows? \_\_\_\_\_ Vents? \_\_\_\_\_

Dormer Windows in Top Story? YES  NO  Skylights? YES  NO

Woodstove? YES  NO  Number of Fireplaces: \_\_\_\_\_

Windows Type (x) \_\_\_\_\_ Double-Hung \_\_\_\_\_ Casement  
 \_\_\_\_\_ Horizontal Slider \_\_\_\_\_ Jalousie  
 \_\_\_\_\_ Fixed Closed \_\_\_\_\_ Other-Describe: \_\_\_\_\_

Total Number: \_\_\_\_\_ Storm Windows (x): \_\_\_\_\_ Some \_\_\_\_\_ All \_\_\_\_\_ None

Exterior Doors Type (x) \_\_\_\_\_ Solid Core (Wood) \_\_\_\_\_ Metal  
 \_\_\_\_\_ Hollow Core \_\_\_\_\_ Other-Describe: \_\_\_\_\_

Total Number: \_\_\_\_\_ Storm Doors (x): \_\_\_\_\_ Some \_\_\_\_\_ All \_\_\_\_\_ None

Number of Sliding Glass or French Door Units: (x): \_\_\_\_\_

Forced-Air Heating System? YES  NO

Air Conditioning (x): \_\_\_\_\_ Central \_\_\_\_\_ Window \_\_\_\_\_ None

Does your home have any unique features which might affect the way noise enters it, or which might affect remodeling construction?  
 Do you plan to do any home remodeling in the next 12 months? If so, please give a brief description.

Please feel free to use the back of this sheet to complete the answers to these questions or to add any additional information.

RETURN TO: JANE VERBECK - PROGRAM MANAGER  
 WYLE  
 110 AIRPORT ROAD, SUITE 218  
 WESTFIELD, MA 01085-5331