③ PLUMBING PERMIT APPLICATION

Homeowners cannot apply for electrical/plumbing/gas Permits, as only license holder person can apply for these permits.

APPLICATION DETAI	LS										
Application #:	P-24-239873	Date lssued:	02/06/24		Permit #:	P-24-0	0282	Date P	aid :	02/06/24	
Fee Payable: (\$)	0.00	Fee Paid: - (\$)	45.00		Receipt # :	P-24-2	21726				
SECTION 1 - SITE INF	ORMATION										
Street Name	SIPPEWISSETT RD				Map Block Lot		35 01 007C 008				
Street Number	30				Zone		RA				
Unit Number											
SECTION 2 - PROPER	TY OWNER INFORMATION										
Property Owner Name	GESSEN ALEXANDER										
Street Number	30	_	Street Name	SIPPEWISSETT I	RD						
City	FALMOUTH	_	State	MA			Zip	Code	02540	-1817	
Telephone			Email								
Property Owner Name 2											
Street Number											

			Street	Name															
City					9	State								Zip	Code				
Telephone					E	Email													
SECTION 3 - APPLICANT	INFORMATIC	N																	
Applicant Name	JAMES M VAL	JGHAN																	
Street Number	10				9	Street Name	e F	ROSE MO	ORIN DE	?									
City	FALMOUTH				9	State <i>MA</i>						Zip	Zip <i>02540</i>						
Telephone	508-548-4910	0			E	Email	Ŀ	bennettµ	permits	@gmail.c	rom								
SECTION 4 - MAILING ADDRESS																			
Street Number					9	Street Name	e _												
City	Falmouth	9	State MA							Zip	Zip 02540								
SECTION 5 - WORK DETAILS																			
New Renovation Replacement Plans Submitted Yes No																			
Certificate Corporation Partnership LLC Sole proprietor																			
Type of Occupancy		Residen	tial																
FIXTURES																			
PROPOSED WORK	SUB BSMT	BSMT	1 st	2 nd	3 rd	4 th	5 th	6	5 th	7 th	8 th	9 th	10 th	11 th	12 ^t	ih 1	13 th	14 th	
BATHTUB																			

CROSS CONNECTION DEVICE								
DEDICATED SPECIAL WASTE SYS								
DEDICATED GAS/OIL/SAND SYS								
DEDICATED GREASE SYS								
DEDICATED GRAY WATER SYS								
DEDICATED WATER RECYCLE SYS								
DRINKING FOUNTAIN								
DISHWASHER								
FOOD DISPOSER								
FLOOR/AREA DRAIN								
INTERCEPTOR(INTERIOR)								
KITCHEN SINK								
LAVATORY								
ROOF DRAIN								
SHOWER STALL								
SERVICE/MOP SINK								
TOILET								
URINAL								
WASHING MACHINE CONNECTION								
WATER HEATER ALL TYPES	1							
WATER PIPING								
OTHER								

SECTION 6 - CONTRACTOR INFORMATION									
Name	JAMES M VAUGHAN		Туре	Master Plumber					
LIC No.	12685			VERIFY	Expiration Date	05/01/24			
Business Name	BENNETT PLUMBING & HEATING INC.				Туре				
LIC No.					Expiration Date				
Street Number	10				Street Name	ROSE MORIN DR			
City	FALMOUTH	State	MA			Zip <i>02</i>	2540		
Telephone No.	508-548-4910				Alternate Tel. No.	_			
Email	bennettpermits@gmail.com								
SECTION 7 - OWNER'S	INSURANCE/AUTHORIZATION								
INSURANCE COVERAG	E:								
I have a current liability	insurance policy or its substantial equivale	nt which me	ets the re	quirements o	of MGL Ch. 142.				
Yes No									
Please indicate the type	e coverage by checking the appropriate box								
A liability insuran	ce policy Other type of indemnity	В	ond						
OWNER'S INSURANCE	WAIVER:								
I am aware that the lice	ensee does not have the insurance coverage	required by	Chapter	142 of the M	assachusetts General Law	s, and that my signature or	this permit application waives this requirement.		
Owner O	Agent								
Owner Email				OR	Copy of Signed (Contract to be attached afte	er submitting application		

I do hereby certify under the	С	Date							
SECTION 8 - DECLARATION									
l, JAMES M VAUGHAN	as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application	n are true ai	nd accurate, to the best of my knowledge						
and belief. Signed under the pains and penalties of perjury.									
I do hereby certify under the	Date	02/05/24							