

PLUMBING PERMIT APPLICATION

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

APPLICATION DETAILS

Application #:	<u>P-24-239873</u>	Date Issued:	<u>02/06/24</u>	Permit #:	<u>P-24-0282</u>	Date Paid :	<u>02/06/24</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>45.00</u>	Receipt # :	<u>P-24-21726</u>		

SECTION 1 - SITE INFORMATION

Street Name	<u>SIPPEWISSETT RD</u>	Map Block Lot	<u>35 01 007C 008</u>
Street Number	<u>30</u>	Zone	<u>RA</u>
Unit Number	<u></u>		

SECTION 2 - PROPERTY OWNER INFORMATION

Property Owner Name	<u>GESSEN ALEXANDER</u>				
Street Number	<u>30</u>	Street Name	<u>SIPPEWISSETT RD</u>		
City	<u>FALMOUTH</u>	State	<u>MA</u>	Zip Code	<u>02540-1817</u>
Telephone	<u></u>	Email	<u></u>		
Property Owner Name 2	<u></u>				
Street Number	<u></u>				

Brief Description of Proposed Work

REPLACE ELECTRIC WATER HEATER

SECTION 6 - CONTRACTOR INFORMATION

Name	<u>JAMES M VAUGHAN</u>	Type	<u>Master Plumber</u>
LIC No.	<u>12685</u>	Expiration Date	<u>05/01/24</u>
Business Name	<u>BENNETT PLUMBING & HEATING INC.</u>	Type	
LIC No.		Expiration Date	
Street Number	<u>10</u>	Street Name	<u>ROSE MORIN DR</u>
City	<u>FALMOUTH</u>	State	<u>MA</u>
Telephone No.	<u>508-548-4910</u>	Zip	<u>02540</u>
Email	<u>bennettpermits@gmail.com</u>	Alternate Tel. No.	

SECTION 7 - OWNER'S INSURANCE/AUTHORIZATION

INSURANCE COVERAGE :

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.

Yes No

Please indicate the type coverage by checking the appropriate box.

A liability insurance policy Other type of indemnity Bond

OWNER'S INSURANCE WAIVER :

I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Owner Agent

Owner Email _____

OR

Copy of Signed Contract to be attached after submitting application

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.

Date _____

SECTION 8 - DECLARATION

I, JAMES M VAUGHAN as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.

Date 02/05/24