

Prop	erty Information	Request Inform	ation	Update Information			
File#:	BS-X01693-1075410159	Requested Date:	07/17/2024	Update Requested:			
Owner:	ALEXANDER GESSEN	Branch:		Requested By:			
Address 1:	30 SIPPEWISSETT RD	Date Completed:		Update Completed:			
Address 2:		# of Jurisdiction(s):	:				
City, State Zip	: FALMOUTH, MA	# of Parcel(s):	1				

Notes

CODE VIOLATIONS Per Town of Falmouth Department of Zoning there are no Code Violation cases on this property.

Collector: Town of Falmouth

Payable: 59 Town Hall Square, Falmouth, MA 02540

Business# 508-495-7466

PERMITS Per Town of Falmouth Building Department There are Open Permit on this property

1. Permit #: P-24-0282 Permit: Plumbing

2. Permit#: REP-22-0017 Permit: residential Express

Collector: Town of Falmouth

Payable: 59 Town Hall Square, Falmouth, MA 02540

Business# 508-495-7466

SPECIAL ASSESSMENTS Per Town of Falmouth Tax Collector Department there are no Special Assessments/liens on the property.

Collector: Town of Falmouth

Payable: 59 Town Hall Square, Falmouth, MA 02540

Business# 508-495-7466

DEMOLITION NO

UTILITIES WATER

Account #: 040120 Payment Status: Paid Status: Pvt & Lienable Amount: \$0.00 Good Thru: 11/01/2024

Good Thru: 11/01/2024 Account Active: Yes

Collector: Town of Falmouth

Payable: 59 Town Hall Square, Falmouth, MA 02540

Business# 508-495-7466

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

SEWER

The house is on a community sewer. All houses go to the shared septic system.

GARBAGE

Garbage bills are included in the real estate property taxes

Fiscal Year 2025 Preliminary Real Estate Tax



Town of Falmouth

FISCAL YEAR 2025 PRELIMINARY REAL ESTATE TAX BILL

TAXPAYER'S RECEIPT

Bill Number 8267

Your Preliminary Real Estate Tax for the fiscal year beginning July 1, 2024 and ending June 30, 2025 on the Parcel of REAL ESTATE described below is as follows:

,											
	Preliminary R	Preliminary Real Estate Tax \$2,5.									
	Preliminary C	Preliminary CPA Tax									
	Total FY 2025	Total FY 2025 Preliminary Tax \$2,611.60									
	1st Qtr Tax D	1st Qtr Tax Due 08/01/2024									
	2nd Qtr Tax D	Due 11/01/2024		\$1,305.80							
	PRO	PERTY DESCRIPTION	ON								
30 SIPPEWISSE	ETT RD										
Parcel: 35 01 00	07C008 Land Use: 1010 Land Area: 170188										

PLEASE USE THE PAYMENT DROP BOX LOCATED TO THE RIGHT OF THE FRONT DOOR OF TOWN HALL

Please use address above if mailing payment without stub.

SCH 5-DIGIT 02536 GESSEN ALEXANDER 30 SIPPEWISSETT RD FALMOUTH, MA 02540-1817

Fiscal Year 2025 Preliminary Real Estate Tax Bill

Town Collector Patricia M. O'Connell

Phone: Office of the Collector: Office of the Assessor:

Assessed owner as of 01/01/2024

(508) 495-7370 (508) 495-7380 Hours: Monday - Friday 8:00am - 4:30pm

Owner of Record as of 01/01/2024

GESSEN ALEXANDER 30 SIPPEWISSETT RD FALMOUTH, MA 02540-1817

Make Check Payable and Mail to

Town of Falmouth P.O. Box 783 Reading, MA 01867-0406

COLLECTOR'S COPY

2nd Quarter Payment **Return This Portion With Your Payment**

AMOU	T DHE	ď	1 205 00							
Parcel ID	35 01 007C008									
30 SIPPEWISS	30 SIPPEWISSETT RD									
	PROPERTY D	ESCRIPTION								
Bill Date	10/01/2024	Bill No.	8267							

AMOUNT DUE 11/01/2024

\$1,305.80

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Pay Online through www.falmouthma.gov fees may apply Interest at a rate of 14% per annum will accrue on overdue payments until payment is made.

108012025250000008267800001305801101241

Fiscal Year 2025 Preliminary Real Estate Tax Bill

Town Collector Patricia M. O'Connell

Phone:

Office of the Collector: Office of the Assessor:

(508) 495-7370 (508) 495-7380 Hours: Monday - Friday 8:00am - 4:30pm

Owner of Record as of 01/01/2024

GESSEN ALEXANDER 30 SIPPEWISSETT RD FALMOUTH, MA 02540-1817

Make Check Payable and Mail to

Town of Falmouth P.O. Box 783 Reading, MA 01867-0406

COLLECTOR'S COPY

1st Quarter Payment

Return This Portion With Your Payment

	JNT DUE 01/2024		\$1,305.80
Parcel ID	35 01 007C008	3	
30 SIPPEWIS	SSETT RD		
	PROPERTY	DESCRIPTIO)N
Bill Date	07/01/2024	Bill No.	8267

Pay Online through www.falmouthma.gov

Interest at a rate of 14% per annum will accrue on overdue payments until payment is made.

108012025250000008267800001305800801247

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-24-0282	Date	e Paid : 02/06/24
Fee Payable: (\$)	0.00	Fee Paid: – (\$)	45.00	Receipt # :	P-24-21726		
SECTION 1 - SITE INF	ORMATION						
Street Name	SIPPEWISSETT RD			Map Block Lot	35 01 007C 0	08	
Street Number	30			Zone	RA		
Unit Number							
SECTION 2 - PROPER	TY OWNER INFORMATION						
Property Owner Name	GESSEN ALEXANDER						
Street Number	30	_	Street Name	SIPPEWISSETT RD			
City	FALMOUTH		State	MA		Zip Code	02540-1817
Telephone		_	Email				
Property Owner Name 2							
Street Number							

			Street	Name															
City					9	State								Ziţ	o Code	.			
Telephone					E	Email													
SECTION 3 - APPLICANT	TINFORMATIC	N																	
Applicant Name	JAMES M VAL	JGHAN																	
Street Number	10				9	Street Name	e <i>µ</i>	ROSE M	IORIN D	₹									
City	FALMOUTH				9	State	1	MA						Ziţ	0		02540		
Telephone	508-548-4910	0			E	Email		bennett	tpermits	@gmail.c	com								
SECTION 4 - MAILING A	DDRESS																		
Street Number					9	Street Name	e _												
City	Falmouth				9	State	/	MA						Ziţ	0		02540		
SECTION 5 - WORK DET	AILS																		
New Ren	ovation (Replace	ement						I	Plans Sub	mitted	\subset	Yes	O N	0				
Certificate C	orporation				_ (Partne	ership		\bigcirc	LLC		Sole	propriet	tor					
Type of Occupancy		Residen	tial																
								FIXTUR											
PROPOSED WORK	SUB BSMT	BSMT	1 st	2 nd	3 rd	4 th	5 th	1	6 th	7 th	8 th	9 th	10 th	11 ^{tl}	h	12 th	13 th	14 th	_
BATHTUB																			_

1							

REPLACE ELECTRIC WATER HEATER

Owner Email

SECTION 6 - CONTRACT	FOR 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>02540</i>
Telephone No.	508-548-4910		Alternate Tel. No.	
Email	bennettpermits@gmail.com			
SECTION 7 - OWNER'S	INSURANCE/AUTHORIZATION			
INSURANCE COVERAGE	::			
I have a current liability	insurance policy or its substantial equivalent which meets the re	quirements o	of MGL Ch. 142.	
Yes No				
Please indicate the type	coverage by checking the appropriate box.			
A liability insuranc	e policy Other type of indemnity Bond			
OWNER'S INSURANCE	NAIVER:			
l am aware that the licer	nsee does not have the insurance coverage required by Chapter	142 of the M	assachusetts General Laws,	and that my signature on this permit application waives this requirement.
Owner A	gent			

OR

Copy of Signed Contract to be attached after 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 a	nd accurate, to the best of my knowledge	
and belief. Signed under the pains an	d 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	

								Date	12/14/2	21	_
APPLICATION DETAILS											
Application #:	REP-24-201162	Date lssued:	01/04/22		Permit #:	REP-22	2-0017	Date	Paid :	12/15/21	_
Fee Payable: (\$)	0.00	Fee Paid: (\$)	105.60		Receipt # :	REP-21	·-1058				
SECTION 1 - SITE INFOR	MATION										
Street Name	SIPPEWISSETT RD				Map Block Lot		35 01 007C 008				
Street Number	30				Zone		RA-RB				
Year Built	1968			Historic F	orm Required						
Unit Number											
SECTION 2 - PROPERTY	OWNER INFORMATION										
Property Owner Name	GESSEN ALEXANDER										_
Street Number	30		Street Name	SIPPEWISSETT	RD						
City	FALMOUTH		State	MA				Zip Code	02540-	1817	
Telephone	617-817-8583		Email	gessen.alexand	der@gmail.com						_

SECTION 3 - APPLICANT INFORMATION											
Applicant Name	Dzmitry Labkovich										
Street Number	68 Winslow	Street Name	68 Winslow Gray Road								
City	W Yarmouth	State	MA	Zip	02673						
Telephone	508-360-2749	Email	rsocc.ma@gmail.com								
SECTION 4 - MAILING A	DDRESS										
Street Number	68	Street Name	Winslow Gray Rd								
City	W Yarmouth	State	MA	Zip —	02673						
SECTION 5 - WORK TO E	BE PERFORMED										
Flood Zone of Structure	2	Yes No									
Not Applicable											
	es Io										
Stripping Old	Shingles	Insulation		Siding							
Re-Roof		Demo		Replacement Door							
Replacement Windows	: How many?	Skylights		Tent							

Other					
Replacement Windows Header Changes? Energy compliant U valu	Yes No				
Debris will be disposed a	at				
Brief Description of Prop		ss, 1/1 with full screens, no header cha	anges		
Revised Description of P	roposed Work				
SECTION 6 - CONSTRUC	CTION SERVICES				
6.1 Licensed Construct	ion Supervisor:	Applicable			
Name	Dzmitry Labkovich				
License Number	CS 102600	VERIFY	Expiration Date 03/27/23		
Street Number	68 Winslow	Street Name	68 Winslow Gray Road		
City	W Yarmouth	State	MA	Zip	02673
Telephone	508-360-2749	Email	rsocc.ma@gmail.com		
License Type					
U or 00 – Unrestric		1G - 1 & 2 Family Dwelling SF – Residential Solid Fuel Burning Appliance Installation	M – Masonry Only D – Residential Demolition	RC – Resi	dential Roofing Covering
I do hereby certif	y under the pains and penalti	es of perjury that the information pr	rovided above is true and correct.		
6.2 Home Improvemen	t Contractor:	Applicable			

Name	Dzmitry Labkovich						
Registration Number	170787	VERIFY		Expiration Date	12/18/21		
Street Number	68 Winslow		Street Name	68 Winslow Gray Road			
City	W Yarmouth		State	MA		Zip	02673
Telephone	508-360-2749		Email	rsocc.ma@gmail.com			
I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.							
Is the Licensed Construction Yes No CSL Email Address	tion Supervisor different from th		ome Improvemen	it Contractor?			
6.3 Homeowners Perm Applicable	it:						
Job Location				Home Owner			
Telephone							
· · · · · · · · · · · · · · · · · · ·	for " <u>homeowners</u> " was extended <u>r</u> . (State Building Code 109.1.1)	to include owner oc	cupied dwellings t	to allow such homeowners t	o engage an individual for hire w	ho does not posse	ss a license, <u>provided that the</u>
DEFINITION OF HOMEO	OWNER:						
farm structure. A persor		nome in a two year إ	period shall not be	e considered a homeowner.	one family dwelling, attached or Such "homeowner" shall submit D.R5)		=
The undersigned "home	owner" assumes responsibility fo	or compliance with tl	he State Building (Code and other applicable c	odes, by-laws, rules and regulatio	ons.	
The undersigned "home	owner" certifies that he/she und	erstands the TOWN	OF FALMOUTH Bu	uilding Department minimur	n inspection procedures and req	uirements.	
I do hereby certif	y under the pains & penalties	of perjury that the	information prov	vided above is true and co	rrect.		

SECTION 7 - ESTIMATED COST	
Estimated Value of Work	\$ 13,200.00
Revised Construction Cost	\$ 00.00
Total Cost	\$ 13,200.00

NOTE: All siding replacement that has removal of electrical services, exterior receptacles, light fixtures, will require a Licensed Electrical Contractor to pull an electrical permit \$75.00

SECTION 8 - DECLARATION

l, *Dzmitry Labkovich* 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

12/14/21

From: Eleanor MacKay
To: Pam Marshall;

Cc: __

Subject: RE: Code/permit/Special assessment Request

Date:

Hello,

There are no open zoning violations.

Best,

Eleanor

Eleanor C. MacKay, AIA
Assistant Zoning Compliance Agent
Town of Falmouth
Building Dept.
T-508-495-7468