

15 LISA LN

PP-2004-0287

COMMONWEALTH OF MASSACHUSETTS
TOWN OF MASHPEE

GIS #	5991
Map	99
Block	8
Lot	0
Permit	Plumbing
Category	Plumbing Permit
Permit #	PP-2004-0287
Project #	JS-2005-0009
Est. Cost	\$0.00
Fee	\$25.00
# of Fixtures	



PLUMBING PERMIT

PERMISSION IS HEREBY GRANTED TO:

Contractor: KLH MECHANICAL
License:

Owner: ONEIL PAUL F & GRAYCE C

Applicant: ONEIL PAUL F & GRAYCE C

AT: 15 LISA LN

ISSUED ON: 06-Jul-2004

AMENDED ON:

EXPIRES ON:

TO PERFORM THE FOLLOWING WORK:

water service

THIS PERMIT MAY BE REVOKED BY THE TOWN OF MASHPEE UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Signature: _____

Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:
Plumbing permit	REC-2005-000067	06-Jul-04	3247	\$25.00

The Commonwealth of Massachusetts
Town of Mashpee

BUILDING DEPARTMENT

APPLICATION FOR PERMIT TO BUILD

Aug 30-92

To the Inspector of Buildings:

The undersigned hereby applies for a permit to build according to the following specifications:—

1. Owner's name *Ockway Bay Ice Corp*
2. Owner's address *P.O. Box*
3. Architect's name
4. Builder's name *same*
5. Builder's address *P.O. Box 97 MASHPEE MASS.*
6. Location of building, No. *24* Street *Lisa Lane*
7. Size of lot *17,062*
8. Is this a new building, addition or a removal? *New*
9. Side of Street. North..... South..... East..... West.....
10. If removal, from where?
11. What is the purpose of building? *Dwelling*
12. Material of building? *Wood*
13. If for a dwelling, for how many families? *one*
14. Is there to be a store in the lower story? *no* How many?
15. Size of building, No. of feet front *40'*; No. of feet deep *28'*; No. of stories *1*
16. No. of feet from the level of the ground to the highest part of the roof *16'*
17. Size of ell, No. of feet front *100*; No. of feet deep *168.22*; No. of feet high.....
18. How near the line of the street? *40'*
19. How near the line of adjoining lot? Right.....; Left.....; Rear.....
20. Nearest building is..... feet in a..... direction.....
21. What will be the means of access to roof? *opening in closet*
22. Size of floor timbers, 1st.....; 2d.....; 3d.....; 4th.....; 5th.....
23. No. of feet span *14'*; Distance to centers *16"*
24. Will the building be erected on solid or filled land? *solid*
25. What is the material of foundation? *Concrete*
26. Will the roof be flat, pitched, mansard, hip or gambrel? *pitched*
27. Material of roof covering? *Asphalt*
28. Will the building be heated by steam, furnace, stoves, or grates?
29. No. of brick walls?..... Where located?..... Thickness?.....
30. Number of rooms? *5*
31. Fireplace?
32. Size of Studding? *2x4*
33. Estimated cost (must be filled out) *15,000.00*
34. Will the building conform to the requirements of the law? *yes*
35. Is a sewage disposal system to be constructed, altered, installed or repaired in connection with this project? Yes.....*X*..... No.....
36. What is, or will be the water supply for this building? *Well*
37. Is the above water supply suitable and available for year round use? *yes*

(DO NOT FILL THIS OUT)

Applicant

.....

**APPLICATION
FOR PERMIT TO BUILD**

Location

.....

.....

PERMIT GRANTED

.....19

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

MASHPEE, MA

Building Location

15 Lisa Lane
Mashpee

Date: 7/20/04, 2001

Permit # 287

Owner's Name Quail

Type of Occupancy Res

New

Renovation

Replacement

Plans Submitted: Yes No

FIXTURES

	Water Closets	Kitchen Sinks	Lavatories	Bathtubs	Shower Stalls	Dishwashers	Disposers	Laundry Trays	Wash. Mach.	Hot Water Tanks	Tankless	Slop Sinks	Floor Drains	Gas Traps	Urinals	Drinking Fountain	Area Drain	Water Piping	Roof Drains	Backflow Prev.	Other Fixtures	Water Connection	
Sub-Bsmt																							
Basement																							
1 st Floor																							
2 nd Floor																							
3rd Floor																							
4th Floor																							
5 th Floor																							
6 th Floor																							
7 th Floor																							
8 th Floor																							

Installing Company Name KLH Mechanical

Address P.O. Box 433
Mashpee

Business Telephone 477-9254

Name of Licensed Plumber _____

Check One
 Corporation
 Partnership
 Firm/Co
 Certificate _____

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent, which meets the requirements of MGL Ch. 142.
 Yes No

If you have checked yes, 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 Mass. General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent _____
 Check One: Owner Agent

I hereby certify that all of the details and information I have submitted (or entered) in the above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By _____
 Title _____
 City/Town _____
 APPROVED (Office Use Only)

Signature of Licensed Plumber _____

Type of License: Master Journeyman

License Number 24761

F-7-204

COMMONWEALTH OF MASSACHUSETTS
TOWN OF MASHPEE

GIS #:	5991
Map:	99
Block:	
Lot:	8.0
Permit:	Gas
Category:	gas
Permit #	GP-2013-0522
Project #	JS-2014-000221
Est. Cost:	
Fee Charged:	\$29.00
Balance Due:	\$.00
# of Fixtures:	



GAS PERMIT

PERMISSION IS HEREBY GRANTED TO:

Contractor: Bob Penney Plumbing & Heating **License:** _____ **Expires:** _____
Owner: ONEIL, NANCY E
Applicant: Bob Penney Plumbing & Heating

AT: 15 LISA LN

ISSUED ON: 04-Sep-2013

AMENDED ON: _____

EXPIRES ON: _____

TO PERFORM THE FOLLOWING WORK:

Replacement furnace and cook stove.

THIS PERMIT MAY BE REVOKED BY THE TOWN OF MASHPEE UPON VIOLATION OF ANY OF ITS RULES AND REGULATIONS.

Signature: _____

Fittings:					
Floor:	Type:	# of Fittings	Floor:	Type:	# of Fittings
Fee Type:	Receipt No:	Date Paid:	Check No:	Amount:	
gas	REC-2014-000492	04-Sep-13	2301	\$29.00	



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. <u>W 446</u>
Occupancy and Fee Checked _____
[Rev. 1/07] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 9/4/13

City or Town of: Mashpee

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 15 Lisa Lane

Owner or Tenant Jay Powell

Telephone No. _____

Owner's Address 15 Lisa Lane

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building _____

Utility Authorization No. _____

Existing Service 100 Amps 240 Volts Overhead Undgrd No. of Meters 1

New Service _____ Amps 1 Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: Wire A.C. UNIT and Change Panel

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Estimated Value of Electrical Work: _____ (When required by municipal policy.)

Work to Start: _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: F.S. Ciccoielli

LIC. NO.: 14707-F

Licensee: Febo Ciccoielli Signature Febo Ciccoielli

LIC. NO.: Same

(If applicable, enter "exempt" in the license number line.)

Address: 394 Waddingham Dr Centerville

Bus. Tel. No.: 508842-3850

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:

Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent

Signature _____ Telephone No. _____

PERMIT FEE: \$

Febo Ciccoielli

9-6-13



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

CITY MASH PEE MA DATE 9-4-13 PERMIT # 6P-2013-0522
 JOBSITE ADDRESS 15 USA LN OWNER'S NAME JAY POWEL
 OWNER ADDRESS POWELL TEL FAX
 OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL
 NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

G
TYPE OR PRINT CLEARLY

APPLIANCES ↓	FLOORS →	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER																
BOOSTER																
CONVERSION BURNER																
COOK STOVE			1													
DIRECT VENT HEATER																
DRYER																
FIREPLACE																
FRYOLATOR																
FURNACE		1														
GENERATOR																
GRILLE																
INFRARED HEATER																
LABORATORY COCKS																
MAKEUP AIR UNIT																
OVEN																
POOL HEATER																
ROOM / SPACE HEATER																
ROOF TOP UNIT																
TEST																
UNIT HEATER																
UNVENTED ROOM HEATER																
WATER HEATER																
OTHER																

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO
 IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW F9-6-13
 LIABILITY INSURANCE POLICY OTHER TYPE 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.

CHECK ONE ONLY: OWNER AGENT

SIGNATURE OF OWNER OR AGENT

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER-GASFITTER NAME Bob PENNEY LICENSE # 11195 SIGNATURE Bob Penney
 MP MGF JP JGF LPGI CORPORATION # PARTNERSHIP # LLC #
 COMPANY NAME Bob PENNEY P.H. ADDRESS 189 LOTHROPS LN
 CITY W BARNSTABLE STATE MA ZIP 02668 TEL 508-776-8328
 FAX CELL EMAIL

\$ 29.00 ch# 2301