



## Property Information

## Request Information

## Update Information

|                  |                     |                       |            |                   |
|------------------|---------------------|-----------------------|------------|-------------------|
| File#:           | BF-X01719-382356137 | Requested Date:       | 07/29/2024 | Update Requested: |
| Owner:           | ONEIL, NANCY E      | Branch:               |            | Requested By:     |
| Address 1:       | 15 LISA LN          | Date Completed:       |            | Update Completed: |
| Address 2:       |                     | # of Jurisdiction(s): |            |                   |
| City, State Zip: | MASHPEE, MA         | # of Parcel(s):       | 1          |                   |

## Notes

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

Collector: Town of Mashpee Department of Zoning  
Payable: 16 Great neck road North Mashpee MA 02649  
Business# 508-539-1406

PERMITS Per Town of Mashpee Building Department There are Multiple Open Permit On this Property. Please Refer to the attached Document for more information

Collector: Town of Mashpee Building Department  
Payable: 16 Great neck road North Mashpee MA 02649  
Business# 508-539-1406

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

Collector: Town of Mashpee Tax Collector  
Payable: 816 Great neck road North Mashpee MA 02649  
Business# 508-539-1419

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

DEMOLITION NO

UTILITIES WATER AND SEWER  
Account #: 8089  
Payment Status: Due  
Status: Pvt & Lienable  
Amount: \$274.94  
Good Thru: 08/30/2024  
Account Active: YES  
Collector: Town of Mashpee Water District  
Payable Address: 79 Industrial Dr, Mashpee, MA 02649  
Business # 508-477-6767

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

GARBAGE  
GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN

|  |  |  |                          |  |  |                     |  |  |
|--|--|--|--------------------------|--|--|---------------------|--|--|
| CURRENT OWNER  |  |  | PARCEL ID                |  |  | LOCATION            |  |  |
| ONEIL, NANCY E<br>23 FISKE STREET<br>WORCESTER, MA 01602 |  |  | 99-8-0                   |  |  | 15 LISA LN          |  |  |
| TRANSFER HISTORY   |  |  | DOS                      |  |  | T                   |  |  |
| ONEIL, NANCY E<br>ONEIL, PAUL F                          |  |  | 09/28/2007<br>12/08/1972 |  |  | H<br>XX             |  |  |
|  |  |  | SALE PRICE               |  |  | BK-PG (Cnfr)        |  |  |
|  |  |  | 25,900                   |  |  | (184221)<br>(57072) |  |  |
| CLASS  |  |  | CLASS%                   |  |  | DESCRIPTION         |  |  |
| 1010   |  |  | 100                      |  |  | SINGLE FAMILY       |  |  |
| PMT NO   |  |  | PMT DT                   |  |  | TY                  |  |  |
|  |  |  |                          |  |  | 7                   |  |  |
| AMOUNT   |  |  | INSP                     |  |  | BY                  |  |  |
| 12/19/2013   |  |  | 12/19/2013               |  |  | MRB                 |  |  |
| 100  |  |  | 100                      |  |  | 100                 |  |  |
| 100  |  |  | 100                      |  |  | 100                 |  |  |

|     |   |          |      |       |       |          |      |      |      |     |            |           |
|-----|---|----------|------|-------|-------|----------|------|------|------|-----|------------|-----------|
| CD  | T | AC/SF/UN | Area | Inf-1 | Inf-2 | ADJ BASE | SAF  | Topo | Lpi  | VC  | CREDIT AMT | ADJ VALUE |
| 100 | S | 17,000   | RSN  | 1.00  | 100   | 217,400  | 2.04 | 100  | 1.00 | R02 | 1.00       | 173,280   |

|       |           |        |                  |      |   |
|-------|-----------|--------|------------------|------|---|
| TOTAL | 16,988 SF | ZONING | R3               | FRNT | 0 |
| Area  | RES STND  | N      | LOT 24           |      |   |
| Inf-1 | NO ADJUST | O      | BMT LEAKS W/RAIN |      |   |
| Inf-2 | NO ADJUST | T      |                  |      |   |
|       |           | E      |                  |      |   |

|    |     |   |      |    |      |      |          |      |       |           |       |
|----|-----|---|------|----|------|------|----------|------|-------|-----------|-------|
| TY | PTD | F | 0.80 | 25 | 0.75 | 8X12 | DIM/NOTE | YB   | UNITS | ADJ PRICE | RCNLD |
|    |     |   |      |    |      |      |          | 1970 | 96    | 25.76     | 1,900 |

|          |         |          |
|----------|---------|----------|
| ASSESSED | CURRENT | PREVIOUS |
| LAND     | 173,300 | 165,000  |
| BUILDING | 223,400 | 180,500  |
| DETACHED | 1,900   | 1,800    |
| OTHER    | 0       | 0        |
| TOTAL    | 398,600 | 347,300  |

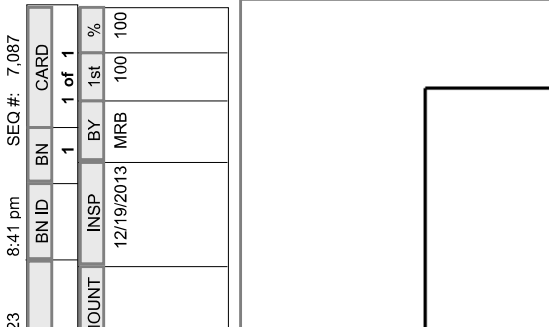
|         |            |     |
|---------|------------|-----|
| MEASURE | 12/19/2013 | MRB |
| LIST    | 12/19/2013 | EST |
| REVIEW  | 3/26/2009  | KEO |

|          |    |      |                   |
|----------|----|------|-------------------|
| BUILDING | CD | ADJ  | DESC              |
| MODEL    | 1  |      | RESIDENTIAL       |
| STYLE    | 1  | 1.10 | RANCH [100%]      |
| QUALITY  | C  | 1.00 | AVERAGE [100%]    |
| FRAME    | 1  | 1.00 | WOOD FRAME [100%] |

|            |       |            |       |
|------------|-------|------------|-------|
| YEAR BLT   | 1970  | SIZE ADJ   | 1,200 |
| NET AREA   | 1,120 | DETAIL ADJ | 1,000 |
| \$NLA(RCN) | \$285 | OVERALL    | 1,100 |

|         |       |           |           |       |           |          |
|---------|-------|-----------|-----------|-------|-----------|----------|
| STORIES | ROOMS | BATHROOMS | BATHROOMS | UNITS | HALFBATHS | FIXTURES |
| 1       | 5     | 3         | 1         | 1     | 0         | 3        |
|         |       |           |           |       |           | \$3,422  |

|                 |    |                 |      |
|-----------------|----|-----------------|------|
| ELEMENT         | CD | DESCRIPTION     | ADJ  |
| FOUNDATION      | 4  | BSMT WALL       | 1.00 |
| EXT. COVER      | 1  | WOOD SHINGLES   | 1.00 |
| ROOF SHAPE      | 1  | GABLE           | 1.00 |
| ROOF COVER      | 1  | ASPHALT SHINGLE | 1.00 |
| FLOOR COVER     | 3  | W/W CARPET      | 1.00 |
| INT. FINISH     | 2  | DRYWALL         | 1.00 |
| HEATING/COOLING | 1  | FORCED AIR      | 1.00 |
| FUEL SOURCE     | 2  | GAS             | 1.00 |
| MODEL           | 0  |                 |      |



|               |            |
|---------------|------------|
| PHOTO         | 01/14/2009 |
| BLDG COMMENTS |            |

|   |     |   |                 |       |      |           |         |           |
|---|-----|---|-----------------|-------|------|-----------|---------|-----------|
| S | BAT | T | DESCRIPTION     | UNITS | YB   | ADJ PRICE | RCN     | TOTAL RCN |
| A | BMU | N | BSMT TOTAL AREA | 1,120 | 1970 | 57.16     | 64,015  | 319,078   |
| A | BAS | L | BAS AREA        | 1,120 |      | 216.61    | 242,605 |           |
| F | F11 | O | FPL 1S TOP      | 1     |      | 9,036.50  | 9,037   |           |


|             |           |
|-------------|-----------|
| EFF. YR/AGE | 1981 / 41 |
| COND        | 30 30 %   |
| FUNC        | 0         |
| ECON        | 0         |
| DEPR        | 30 % GD   |
| RCNLD       | \$223,400 |

|                |    |
|----------------|----|
| CONDITION ELEM | CD |
| EXTERIOR       | A  |
| INTERIOR       | A  |
| KITCHEN        | A  |
| BATHS          | A  |
| HEAT/ELEC      | U  |

|            |            |               |
|------------|------------|---------------|
| CLASS      | CLASS%     | DESCRIPTION   |
| 1010       | 100        | SINGLE FAMILY |
| PMT NO     | PMT DT     | TY            |
|            |            | 7             |
| AMOUNT     | INSP       | BY            |
| 12/19/2013 | 12/19/2013 | MRB           |
| 100        | 100        | 100           |
| 100        | 100        | 100           |

|       |           |
|-------|-----------|
| COND  | 30 30 %   |
| FUNC  | 0         |
| ECON  | 0         |
| DEPR  | 30 % GD   |
| RCNLD | \$223,400 |

## FW: 15 Lisa Ln // Public Records Request

 1 attachments (309 KB)

15 LISA LANE - Building.pdf;

**From:** Tamara Gray <[TGray@mashpeema.gov](mailto:TGray@mashpeema.gov)>

**Sent:** Monday, August 5, 2024 10:53 AM

**To:** Zackary Seabury <[zseabury@mashpeema.gov](mailto:zseabury@mashpeema.gov)>;

**Cc:** Deb F. Dami <[dfdami@mashpeema.gov](mailto:dfdami@mashpeema.gov)>; David Morris <[DMorris@mashpeema.gov](mailto:DMorris@mashpeema.gov)>; Joseph Gibbons <[jgibbons@mashpeema.gov](mailto:jgibbons@mashpeema.gov)>

**Subject:** Re: 15 Lisa Ln // Public Records Request

Attached is the building file for 15 Lisa Lane. To the best of my knowledge there are no violations for this property.

*Tamara Gray*

Administrative Assistant / Building Department

Town of Mashpee

16 Great Neck Road, North

Mashpee, MA 02649

508-539-1406

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 <sup>st</sup> Floor |               |               |            |          |               |             |           |               |             |                 |          |            |              |           |         |                   |            |              |             |                |                |                  |  |
| 2 <sup>nd</sup> Floor |               |               |            |          |               |             |           |               |             |                 |          |            |              |           |         |                   |            |              |             |                |                |                  |  |
| 3rd Floor             |               |               |            |          |               |             |           |               |             |                 |          |            |              |           |         |                   |            |              |             |                |                |                  |  |
| 4th Floor             |               |               |            |          |               |             |           |               |             |                 |          |            |              |           |         |                   |            |              |             |                |                |                  |  |
| 5 <sup>th</sup> Floor |               |               |            |          |               |             |           |               |             |                 |          |            |              |           |         |                   |            |              |             |                |                |                  |  |
| 6 <sup>th</sup> Floor |               |               |            |          |               |             |           |               |             |                 |          |            |              |           |         |                   |            |              |             |                |                |                  |  |
| 7 <sup>th</sup> Floor |               |               |            |          |               |             |           |               |             |                 |          |            |              |           |         |                   |            |              |             |                |                |                  |  |
| 8 <sup>th</sup> Floor |               |               |            |          |               |             |           |               |             |                 |          |            |              |           |         |                   |            |              |             |                |                |                  |  |

Installing Company Name KLH Mechanical

Address P.O. Box 433  
Mashpee

Business Telephone 477-9254

Name of Licensed Plumber \_\_\_\_\_

Check One Certificate \_\_\_\_\_

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Firm/Co \_\_\_\_\_

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

Signature: Febo Ciccoielli

LIC. NO.: Same

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 MASHPEE 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