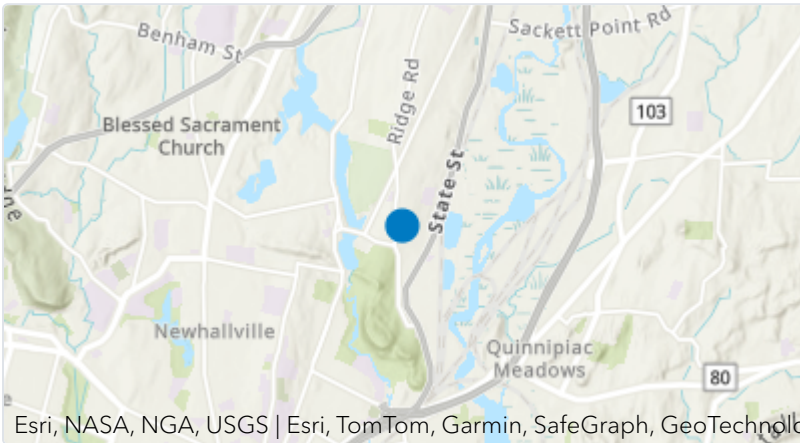


*MECH

20747



Applicant

John Parillo Managing Mmbr G-Star Homes llc

Location

155 HUBBARD RD

Hamden, CT 06518

[View location details \(/locations/22014\)](/locations/22014)

Created

Jan 6, 2023

Status

Active

Expires

Jul 8, 2023

Details Files (0)

Project Info

Property Owner Name (First & Last) *

Aimee Kanzler

Property Owner Phone # *

203-996-6357

Property Owner Email *

aimeekenzler@yahoo.com

Name of Applicant this PERMIT will be issued to *

Tanks Be Gone

Name of Storefront (if multiple occupancy building)

--

Who is submitting this application *

Contractor / LLC / Other

Will you Act as the General Contractor?

No

Type of Property *

Residential

Start Date

--

Estimated Cost of Mechanical Work * ⓘ

3,175

Description of Proposed Mechanical Work * ⓘ

Remove one older 275 gallon heating oil tank and install one new standard 275 gallon Granby heating oil tank slightly closer to the front foundaion wall

Is there a Building Permit OR any other Permit associated with this project? *

No

Type of Work to be performed

New Construction

--

Alteration



Addition

--

Type 1 Hood Installation

--

Type 2 Hood installation

--

Fire Suppression System

--

Hot Water or Steam System

--

Warm Air System

--

Air Conditioning

--

Refrigeration

--

Heating Systems

Heat Loss Calculations

--

Gas Piping Size Calculation

--

Type of Gas Pipe to be installed

--

Combustion Air Calculation

--

Calculations for Combustion Air

Type of System * 

2 Pipe System w/ Integrated Combustion Air

Contractor Information

Contractor's Name

ALLAN M DECAPRIO

DBA

--

Phone #

--

Email Address

tanksbegone@aol.com

Street Address

6 LUDLOW CT

City

BRANFORD

State

CT

Zip Code

064056049

State License #

303386

License Expiration Date

08/31/2023

License Status

ACTIVE

License Type

HTG

License Category

HTG

Full Credential Code

HTG.0303386-S1

License Active



I hereby certify that all of the details and information I have submitted regarding this application are true and accurate to the best of my knowledge. *



PLEASE FILL IN THE APPLICABLE SECTION (7A, 7B, 7C) BELOW

7A - Proof of Workers' Compensation Coverage - For Owners or Sole Proprietors who WILL NOT act as General Contractor or Principal Employer

I am the

SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business

Tanks Be Gone

Federal Employer ID# (FEIN)

88-3675862

7B - Proof of Workers' Compensation Coverage - For Owners or Sole Proprietors who WILL act as General Contractor or Principal Employer

I am the OWNER of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

--

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

--

I am the OWNER of the above-named property or the SOLE PROPRIETOR of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance.

--

AFFIDAVIT: I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

--

Name of Business

--

Federal Employer # (FEIN)

--

7C- Proof of Workers' Compensation Coverage - For the General Contractor or Principal Employer who has chosen to be EXCLUDED from Coverage

I am

--

I have filed the following certificate with the Workers' Compensation Commission

--

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

--

Name of Business

--

Federal Employer ID# (FEIN)

--

ALL APPLICANTS MUST SIGN THIS SECTION

I certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, we agree to conform to applicable laws, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. *



Signature (type name) *

John Parillo

I agree that my electronic signature above is equivalent to a handwritten signature and is binding for all purposes related to this transaction *



I hereby make application for a permit to do heating/air conditioning work according to the above detailed statement. All work shall be done in accordance with the Connecticut State Building Code in effect at the time of application and with any and all regulations of the Town of Hamden *



Documents

Mechanical Permit

Issued Jan 9, 2023

Town of Hamden, CT

Your Profile

[Sign Up \(/sign-up\)](/sign-up)

[Your Records \(/dashboard/records\)](/dashboard/records)

Resources

[Search for Records \(/search\)](/search)

[Claim a Record \(/claimRecord\)](/claimRecord)

[Employee Login \(https://hamdenct.workflow.opengov.com\)](https://hamdenct.workflow.opengov.com)