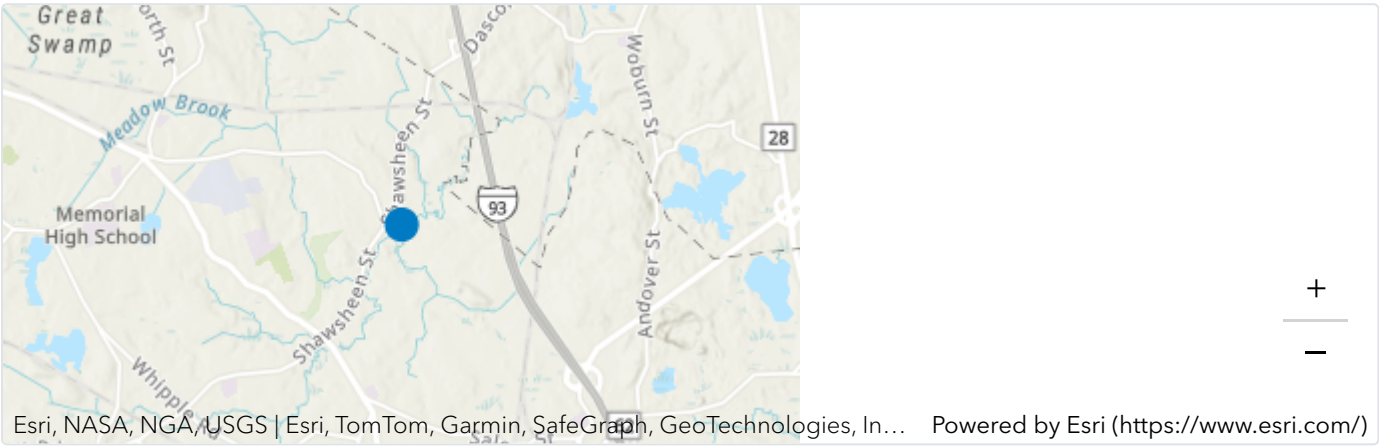


Building Permit Residential

BP-24-561



Applicant

Mark Pietros

Location

41 BARRY DR

TEWKSBURY, MA 01876

[View location details \(/locations/69565\)](/locations/69565)

Created

May 14, 2024

Status

Active

Expires

--

Details **Files (2)**

Location Information

I confirm this is a Residential address *



Is this a Condo or townhome?

No

Type of Proposed Work (MUST CHOOSE)

New Construction (NEW HOME) ?

--

Addition (Not Family suite or ADU) ?

--

Interior Renovations/Repairs



Decks/Porches/Gazebos

--

Siding (Electrical Permit needed) ?

--

Sheds (Over 200 Sq Ft) ?

--

FAMILY SUITE (Tewksbury Zoning Bylaw Section 7.1)

--

ADU (Accesory Dwelling Unit) MGL 40A S3

--

Solar Panels (Electrical Permit Needed)*NOTE: CSL holder and plans must be on site at time of inspection. ?

--

Wood/Pellet Stove ?

--

DEMOLITION OF EXISTING HOME (This is NOT for interior demo)

--

Other

--

Project Info

Category *

Interior Renovation

Proposed Work *

Replace bathtub in 1st floor bathroom. No structural change.

Total Square Footage (if aplicable)

--

Is the Homeowner doing the work? *

No

Debris Disposal Form: In accordance with the provisions of MGL c 40,S 54, a condition of the applied permit, is that debris resulting from this work shall be disposed of in a properly licensed soild waste disposal as defined by MGL c 111, S 150 A

NAME AND LOCATION OF FACILITY THAT DEBRIS WILL BE DISPOSED: *

Regional Dumpster Rental 114 Tewksbury St, Andover, MA 01810

CSL LICENSE

CLS Holder Name

MARK R PIETROS

License

CS-105405

License Expiration Date

03/08/2026

License Status

Active

License Type *

Construction Supervisor

Business Name (if applicable)

--

Mailing Address

2C Morgan Mill Rd

City/Town

Johnston

State

RI

Zip code


02919

Contact # (If CSL is not the applicant)

401-942-7897

Email Address (If CSL is not applicant)

permits@rebathnewengland.com

I acknowledge that I have submitted a copy of CSL/HIC . If this is first time submitting with this system , these must uploaded. 



HIC Registration

HIC Holder's Name

HIP CONSTRUCTION, LLC

Registration #

4393

Registration Expiration Date

05/01/2026

Status

Current

License Type

Plumbing Business

Business Name (if applicable)

HIP CONSTRUCTION, LLC

Mailing Address

--

City/Town

Attleboro

State

MA

Zip Code

027031806

Preferred Telephone #

--

Email (If different from CSL contact)

--

HOMEOWNER INFO

Owner name *

--

Contact Number

--

Email Address

--

Site & Construction Information

Lot Area (sq ft)

--

Frontage

--

Water Supply

MUNICIPAL WATER

Sewage Disposal System *

MUNICIPAL SEWER

Zoning District

--

Flood Zone

--

TOTAL PROJECT COST (Including building, electrical, plumbing costs)

TOTAL Building COST (SOLAR MUST INCLUDE ELECTRICAL COST) *

19,500

**CERTIFICATE OF LIABILITY (LIABILITY INSURANCE-NOT Workers Comp)ENTERING
INCORRECT DATA WILL AVOID DELAYS AS WILL BE REQUESTED TO BE CORRECTED**

Insurance Company Name

Beacon Mutual Insurance

General Liability Policy Number

71967

Expiration date

06/03/2024

Workers' Compensation Insurance Affidavit

Name (Business/Organization/Individual): *

HIP Construction

Address: *

2C Morgan Mill Road

City/State/Zip *

Johnston RI 02919

Are you en employer? Please Choose appropriate * *

I am a employer with employees

of Employees

30

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information. Failure to secure coverage as required under MGL c.152, 25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification *



Insurance Company Name: (Worker's Comp)

Beacon Mutual Insurance

Policy # or Self-ins. Lic. #: (Worker's Comp)

71967

Expiration Date

06/03/2024

Applicant is: * 

CSL Holder- Mark Pietros

AFFIDAVIT CERTIFICATION: do hereby certify that under the pains and penalties of perjury that the information provided above is true and correct. * *



Workers Compensation: I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct. Please Type Name *

Mark Pietros

Application Certification

By checking this box, I certify *



With Digital Signature, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding. By checking this box, I certify. By clicking here, this is a digital signature *

 Mark Pietros

May 14, 2024

Documents

Building Permit

Issued May 30, 2024

Building Permit

Issued May 30, 2024

Town of Tewksbury, MA

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 \(https://tewksburyma.workflow.opengov.com\)](https://tewksburyma.workflow.opengov.com)

Portal powered by **OpenGov**