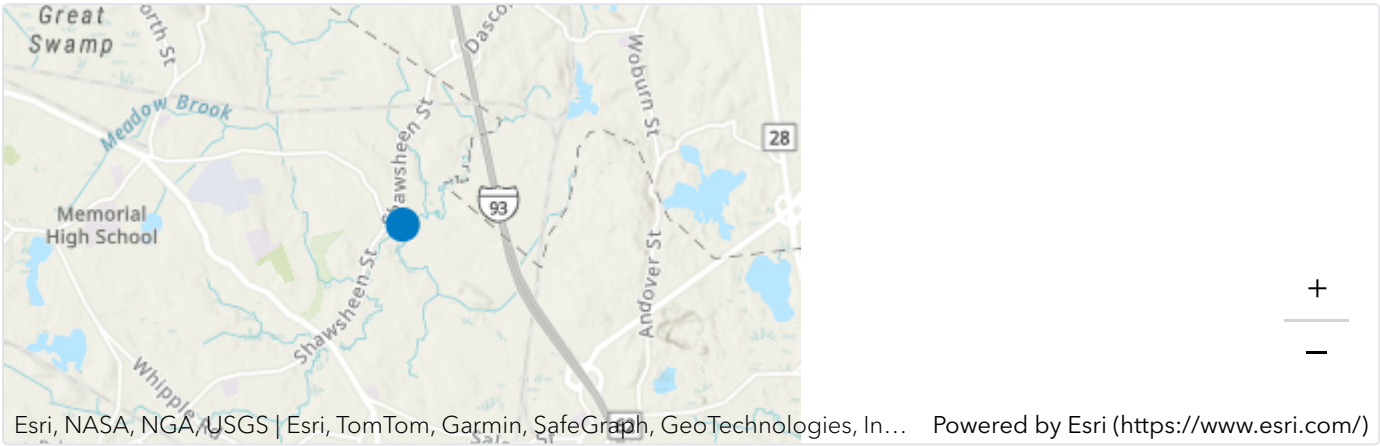


Plumbing Permit- TEWKSBURY

# PP-24-232



**Applicant**

**David Renzello**

**Location**

**41 BARRY DR**

TEWKSBURY, MA 01876

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

**Created**

May 14, 2024

**Status**

Active

**Expires**

--

**Details**   **Files (2)**

**Project Info**

Type of Work to be Completed. Please be specific (ex: first floor appliance replacement) \*

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

**Occupany Type \***

RESIDENTIAL

**Type of Work \***

REPLACEMENT

**Is this permit in conjunction with a building permit?**

--

**Estimated Value of Work (Do not include the dollar symbol [\$].)**

1,500

**Plans submitted?**

--

**Does this require an UNDERGROUND inspection \***

--

**Is this for a Secondary Water Meter \***

NO

---

## **Number of Fixtures and Locations**

**Number of Area Drain**

--

**Location of Area Drains ?**

--

**Number of Bathtubs**

1

**Location of Bathtubs ?**

1st floor

**Number of Boilers**

--

**Location of Boilers ?**

--

**No of Cross Connection Devices/Backflow**

--

Location of Cross Connection/Backflow ?

--

Number of Drinking Fountains

--

Location of Drinking Fountains ?

--

Number of Dishwashers

--

Location of Dishwashers ?

--

Number of Food Disposers

--

Location of Food Disposers ?

--

Number of Grease Traps

--

Location of Grease Traps ?

--

Number of Hot Water Tanks

--

Location of Hot Water Tanks ?

--

Number of Kitchen Sinks

--

Location of Kitchen Sinks ?

--

Number of Lavatories

--

Location of Lavatories ?

--

Number of Laundry Tray

--

Location of Laundry Tray ?

--

Number of MDC Trap

--

Location of MDC Trap ?

--

Number of Roof Drains

--

Location of Roof Drains ?

--

Number of Shower Stalls

--

Location of Shower Stalls ?

--

Number of Service/Mop Sink

--

Location of Service/Mop Sink ?

--

Number of Sill Cocks

--

Location of Sill cocks ?

--

Number of Toilets

--

Location of Toilets ?

--

Number of Tankless

--

Location of Tankless ?

--

Number of Urinals

--

Location of Urinals ?

--

Number of Washing Machine Connections

--

Location of Washing Machine Connections ?

--

Number of Water Closets

--

Location of Water Closets ?

--

Water Piping

--

Location of Water Piping ?

--

Number of Other Fixtures

1

Please Specify other and location ?

Valve- 1st floor

TOTAL NUMBER OF FIXTURES

2

---

LICENSED PLUMBER

Plumber's Name \*

DAVID M RENZELLO

Plumbing License # \*

10886

**License Expiration Date \***

05/01/2026

**License Status**

Current

**License Type \***

Master Plumber

**Business Name**

--

**Type of Business**

--

**Mailing Address \***

Attleboro, MA, 027031806

**City \***

Attleboro

**State \***

MA

**Zip Code \***

027031806

**Preferred Phone # \***

401-942-7897

**Email Address \***

permits@rebathnewengland.com

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**Liability Insurance ( This is not same Policy number as Workers Comp requested below)**

**I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142 \***

Yes

**Type of Insurance \***

Liability Insurance Policy

**Insurance Company**

--

**Policy Number**

--

**Expiration Date**

--

---

**Workers' Compensation Insurance Affidavit ( This is not same Policy number as Liability Insurance Above)**

**Name (Business/Organization/Individual): \***

HIP Construction

**Address: \***

2C Morgan Mill Road

**City/State/Zip: \***

Johnston RI 02919

**Are you an employer? Please Choose appropriate \* \***

I am an 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:**

Beacon Mutual Insurance

**Policy # or Self-ins. Lic. #:**

71967

**Expiration Date**

06/03/2024

Applicant is \* \* ?

David Renzello

**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 \* \*

David Renzello

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## Application Certification

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 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. \*

✔ David Renzello  
May 14, 2024

### Documents

#### Plumbing Permit

Issued May 14, 2024

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## Town of Tewksbury, MA

### Your Profile

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

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

### Resources

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

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

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

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