

APPLICATION FOR PERMIT TO DO PLUMBING



TOWN OF HULL

Date Aug 7 19 96

Permit # P-97-18

AT: Building Location 24 Prospect

Owner's Name Jim Walters

Type of Occupancy: Single

P

New Renovation Replacement

FIXTURES

Plans Submitted: Yes No

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
SUB-BSMT.																						
BASEMENT																						
1ST FLOOR		/																				
2ND FLOOR																						
3RD FLOOR																						
4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

(PRINT OR TYPE)

Installing Company Name Wood Plumbing

Address 20 Howard Dr
Plymouth MA

Business Telephone (508) 747-1420

Check One: Certificate

Corp.

Partnership

Firm/Company

Name of Licensed Plumber or Gasfitter

Jay Woods

INSURANCE COVERAGE:

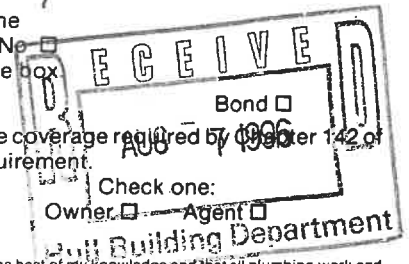
I have a current liability insurance policy or its substantial equivalent.

If you have checked **yes**, please indicate the type of coverage by checking the appropriate box

A liability insurance policy Other type of indemnity

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.

Check one
Yes No



Signature of Owner or Owner's Agent

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

By [Signature]

Title _____

Fee: \$ 25

APPROVED (OFFICE USE ONLY)

TYPE LICENSE:

- Plumber
- Gasfitter
- Master
- Journevman

John Wood

Signature of Licensed Plumber or Gasfitter

20788

License Number



MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING

City/Town: Hull MA. Date: 6/8/11 Permit# P-11-209

Building Location: 24 Prospect Ave Owners Name: Walters

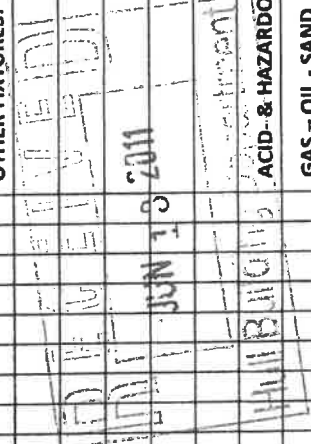
Type of Occupancy: Commercial Educational Industrial Institutional Residential

New: Alteration: Renovation: Replacement: Plans Submitted: Yes No

P

Phone #: 781-925-0688

	FIXTURES															DEDICATED SYSTEMS									
	AREA DRAINS	BACKFLOW PREVENTER	BATHTUBS	DISHWASHERS	DISPOSERS	FLOOR DRAINS	HOT WATER TANKS <i>Incl. in</i>	KITCHEN SINKS	LAUNDRY TRAYS	LAVATORIES	ROOF DRAINS	SHOWER STALLS	SLOP SINKS	TANKLESS	URINALS	WASHING MACH. CONN.	WATER CLOSETS	WATER PIPING	OTHER FIXTURES:	ACID- & HAZARDOUS	GAS - OIL - SAND	GREASE	GRAY WATER	WASTE WATER	
SUB BSMT.																									
BASEMENT																									
1 ST FLOOR																									
2 ND FLOOR																									
3 RD FLOOR																									
4 TH FLOOR																									
5 TH FLOOR																									
6 TH FLOOR																									
7 TH FLOOR																									
8 TH FLOOR																									



Installing Company Name: Alvin Hollis
 Address: Hollis St City/Town: S Weymouth State: MA
 Business Tel: 781-335-2100 Fax: 781-335-6134
 Name of Licensed Plumber: Michael Caperello

Check One Only Certificate #
 Corporation 3327
 Partnership
 Firm/Company

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 of coverage by checking the appropriate box below.
 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 Massachusetts General Laws, and that my signature on this permit application waives this requirement.
 Check One Only
 Owner Agent

Signature of Owner or Owner's 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.

By _____ Title _____ City/Town _____ APPROVED (OFFICE USE ONLY)
 Type of License:
 Plumber
 Master
 Journeyman
 Signature of Licensed Plumber: [Signature]
 License Number: 15555

H35



APPLICATION FOR PERMIT TO DO PLUMBING

TOWN OF HULL

Date 2-9-00 2000

Building AT: Location 24 Prospect Ave Permit # Owner's Name Jim Walters

Residential Type of Occupancy New [] Renovation [x] Replacement [] P-00-174

FIXTURES

Plans Submitted: Yes [] No []

Table with columns for fixtures (Water Closets, Kitchen Sinks, etc.) and rows for floors (Sub-Bsmt, Basement, 1st Floor, etc.).

5/2/00 - Rough OK

(Print or Type) Installing Company Name Jack Chenette Inc Check One: Certificate

Address 15 Branch St Quincy Ma 02269 [] Corp. [x] Partnership [] Firm / Company

Business Telephone 471 4536 Name of Licensed Plumber Jack Chenette

INSURANCE COVERAGE: I have a current liability insurance policy or its substantial equivalent. Check One: Yes [x] No []

If you have checked YES, please indicate the type of 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.

Check on Owner [] Agent []

Signature of Owner or Owner's Agent

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to me best of my knowledge and that all plumbing work and installations performed under 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 Fee: \$ 40.00 APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber Jack Chenette Type of Plumbing License 10014 License Number [] Master [] Journeyman

APPLICATION FOR PERMIT TO DO PLUMBING



TOWN OF HULL

Date 5/19 19 89
 Permit # P-89-83
 Owner's Name JAMES WALTERS

AT: Building Location 24 PROSPECT AVE

P

Type of Occupancy: Res.

New Renovation Replacement

FIXTURES

Plans Submitted: Yes No

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATHTUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
SUB-BSMT.																						
BASEMENT										1	1									1		
1ST FLOOR	1	1	1		1																	
2ND FLOOR	1		1	1																		(FUTURE-ROUBING ONLY)
3RD FLOOR																						
4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

RECEIVED RECEIVED

MAY 22 1989

HULL BUILDING DEPARTMENT

(Print or Type) LEO E. DAUPHINALS
 Installing Company Name PLB + HTB INC.
 Address 38 NORTH ST.
HINGHAM

Check One: Certificate 1131-C
 Corp.
 Partnership
 Firm/Company

Business Telephone 749-0354 Name of Licensed Plumber LEO E. DAUPHINALS

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under 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 J. Lehtenja
 Title _____
 Fee: \$ 50.00
APPROVED (OFFICE USE ONLY)

Leo E. Dauphinals
 Signature of Licensed Plumber
7646
 Type of Plumbing License
 License Number Master Journeyman

APPLICATION FOR PERMIT TO DO PLUMBING



TOWN OF HULL

Date July 11 19 95

Building Location 24 Project Ave

Permit # James Walters
 Owner's Name

P

Type of Occupancy: Single

New Renovation Replacement

FIXTURES

Plans Submitted: Yes No

	WATER CLOSETS	KITCHEN SINKS	LAVATORIES	BATH TUBS	SHOWER STALLS	DISHWASHERS	DISPOSERS	LAUNDRY TRAYS	WASH. MACH. CONN.	HOT WATER TANKS	TANKLESS	SLOP SINKS	FLOOR DRAINS	GAS TRAPS	URINALS	DRINKING FOUNTAIN	AREA DRAIN	WATER PIPING	ROOF DRAINS	BACKFLOW PREV.	OTHER FIXTURES:	
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4TH FLOOR																						
5TH FLOOR																						
6TH FLOOR																						
7TH FLOOR																						
8TH FLOOR																						

7/13/95 - Rough OK

(PRINT OR TYPE)

Installing Company Name Woods Plumbing
 Address 20 Howard Dr
Plymouth MA 02360
 Business Telephone (508) 246-5423

Check One: Certificate

Corp.
 Partnership
 Firm/Company

Name of Licensed Plumber or Gasfitter Jay Woods

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent. Check one Yes No
 If you have checked **yes**, please indicate the type of 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

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By [Signature]
 Title _____
 Fee: \$ 30.00

TYPE LICENSE:

Plumber
 Gasfitter
 Master
 Journeyman

[Signature]
 Signature of Licensed Plumber or Gasfitter
20258
 License Number

APPROVED (OFFICE USE ONLY)