

State Building
Code
780 CMR



Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
G-14-3606	10/29/2014	G-14-0436	15	23916	10/29/2014



Building Location

165 WILSON RD

Owner's Name
Type of Occupancy

MAHONEY, MICHAEL J

RESIDENTIAL

Edit

New Renovation Replacement Plans
Submitted: Yes No

APPLIANCES	BOILER	BOOSTER	CONVERSION BURNER	COOK STOVE	DIRECT VENT HEATER	DRYER	FIREPLACE	FRYOLATOR	FURNACE	GENERATOR	GRILLE	INFRARED HEATER	LABORATORY COCK	MAKEUP AIR UNIT	OVEN	POOL HEATER	ROOM/SPACE HEATER	ROOF TOP UNIT
BSMT																		
1 st FLOOR																		
2 nd FLOOR																		
3 rd FLOOR																		
4 th FLOOR																		
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Installing Company Name	McCARRISTON P & H CO.
Address	150 BURRILL ST., SWAMPSCOTT, MA
Business Telephone	7815938228
Name of Licensed Plumber or Gas Fitter	PETER C. McCARRISTON

Select one:	Certificate
<input checked="" type="radio"/> Corporation	910
<input type="radio"/> Partnership	
<input type="radio"/> Firm/Co.	

INSURANCE COVERAGE :
I have a current liability insurance policy or its substantial equivalent which meets the requirements of

