

780 CMR

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No.:	Date Paid:
G-14-3240	4/11/2014	G-14-0099	165	3496	4/11/2014



Building Location

37 1/2 CASTLE RD

Owner's Name

FLAHERTY, THOMAS F &

Type of Occupancy

RESIDENCDE

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				1			1		1									
2 nd FLOOR																		
3 rd FLOOR																		
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Installing Company Name	VASILES P & H, LLC	Select one: Certificate
Address	10 FIRST ST., STE. 27, PEABODY, MA	<input type="radio"/> Corporation
Business Telephone	9785312020	<input type="radio"/> Partnership
Name of Licensed Plumber or Gas Fitter	WILLIAM R. VASILES	<input checked="" type="radio"/> Firm/Co. 3556

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

