

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
<i>G-14-3235</i>	<i>4/15/2014</i>	<i>G-14-0111</i>	<i>55</i>	<i>2413</i>	<i>4/15/2014</i>



Building Location

*6 WINTER ST*

Owner's Name

*WATERS, WILLIAM F &*

Type of Occupancy

**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	<i>1</i>																	
1 <sup>st</sup> FLOOR																		
2 <sup>nd</sup> FLOOR																		
3 <sup>rd</sup> FLOOR																		
4 <sup>th</sup> FLOOR																		
5 <sup>th</sup> FLOOR																		
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12 <sup>th</sup> FLOOR																		
13 <sup>th</sup> FLOOR																		
14 <sup>th</sup> FLOOR																		

**Edit**

Installing Company Name	<i>buddys plumbing</i>	Select one: Certificate	
Address	<i>po box 520388 winthrop ma 02152</i>	<input type="radio"/> Corporation	
Business Telephone	<i>6172011189</i>	<input type="radio"/> Partnership	
Name of Licensed Plumber or Gas Fitter	<i>charles felt</i>	<input type="radio"/> Firm/Co.	

**INSURANCE COVERAGE :**  
 I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.  
 Yes  No

