



The Commonwealth of Massachusetts
State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR



TOWN OF HINGHAM
Municipal Services Online Permitting
210 Central Street
Hingham, MA 02043-2759
Phone: 781-741-1420

Application #: **P-17-23514** Date Issued: **2017-11-02** Permit #: **P-17-0863** Fee Payable: **35.00** Fee Paid:

P	Hingham, Mass.	Map Block Lot : 043.0-0000-0053.0	Zoning Res_C	Owner Address	12 ALEXANDER PLACE
	Building Location	16 PINE STREET	Owner's Name	DECOLA JOSEPH S and JOAN C	
	Owner's Telephone	7817064471	Fax		
	Type of Occupancy	Residential	New <input type="radio"/> Renovation <input type="radio"/> Replacement <input checked="" type="radio"/>	Plans Submitted: Yes <input type="radio"/> No <input checked="" type="radio"/>	

PROPOSED WORK	BATH TUB	CROSS CONNECTION DEVICE	DEDICATED SPECIAL WASTE SYS	DEDICATED GAS / OIL / SAND SYS	DEDICATED GREASE SYS	DEDICATED GRAY WATER SYS	DEDICATED WATER RECYCLE SYS	DRINKING FOUNTAIN	DISHWASHER	FOOD DISPOSER	FLOOR / AREA DRAIN	INTERCEPTOR (INTERIOR)	KITCHEN SINK	LAVATORY	ROOF DRAIN	SHOWER STALL	SERVICE / MOP SINK	TOILET	URINAL	WASHING MACHINE CONNECTION	WATER HEATER ALL TYPES	WATER PIPING	TANKLESS HEATER	DEDICATED METER	BAR SINK	EJECTOR PUMP	OTHER
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Brief Description of Proposed Work:
domestic for an oil boiler

<input checked="" type="checkbox"/> I am the Contractor.							Select one: Certificate	
Name	brad plesco	License #	10512	Type	M Plumber	Expiration Date:	2018-05-01	<input checked="" type="radio"/> Corporation 4039
Business Name	williams coal and oil	License #	17509	Type	J Plumber	Expiration Date :	2018-05-01	<input type="radio"/> Partnership
Telephone No.	508 - 944 - 5578		Alt. Tel. No.		508 - 944 - 5578		<input type="radio"/> Firm/Co.	
Address	36 Adams Street Braintree MA 02184			Email		bplesco@mywilliamsenergy.com		
<input type="radio"/> Sole Proprietor								

WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 B 25C(6))
Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the permit.

Signed Affidavit Attached Yes No

Estimated Value of Work \$

INSURANCE COVERAGE:
I have a current liability insurance policy or its substantial equivalent which meets the requirement of MGL Ch. 142. Yes No
Please indicate the type coverage by checking the appropriate box.
A liability insurance policy Other type of indemnity Bond

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct. Date

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 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.





The Commonwealth of Massachusetts
 State Board of Building Regulations and Standards
 Massachusetts State Building Code
 780 CMR



TOWN OF H
 Municipal Services
 210 Centre
 Hingham, MA
 Phone: 781-7

Application #: **P-17-23566** Date Issued: **2017-11-08** Permit #: **P-17-0875** Fee Payable: **35.00**

P	Hingham, Mass.	Map Block Lot : 043.0-0000-0053.0	Zoning Res_C	Owner Address	12 ALE
	Building Location	16 PINE STREET	Owner's Name	DECOLA JOSEPH S ai	
	Owner's Telephone	7817064471	Fax		
	Type of Occupancy	Residential	New <input type="radio"/> Renovation <input type="radio"/> Replacement <input checked="" type="radio"/>	Plans Submitted: Yes <input type="checkbox"/>	

PROPOSED WORK	BATHTUB	CROSS CONNECTION DEVICE	DEDICATED SPECIAL WASTE SYS	DEDICATED GAS / OIL / SAND SYS	DEDICATED GREASE SYS	DEDICATED GRAY WATER SYS	DEDICATED WATER RECYCLE SYS	DRINKING FOUNTAIN	DISHWASHER	FOOD DISPOSER	FLOOR / AREA DRAIN	INTERCEPTOR (INTERIOR)	KITCHEN SINK	LAVATORY	ROOF DRAIN	SHOWER STALL	SERVICE / MOP SINK	TOILET	URINAL	WASHING MACHINE CONNECTION	WATER HEATER ALL TYPES	WATER PIPING		
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NOV 08 2017

HINGHAM BUILDING DEPT

Brief Description of Proposed Work:

domestic water for an oil boiler

I am the Contractor.

Name	brad piesco	License #	10512	Type	M Plumber	Expiration Date:	2018-05-01	Select c <input checked="" type="radio"/> Corp <input type="radio"/> Part <input type="radio"/> Firm <input type="radio"/> Sole
Business Name	williams coal and oil	License #	17509	Type	J Plumber	Expiration Date :	2018-05-01	
Telephone No.	508 - 944 - 5578			Alt. Tel. No.	508 - 944 - 5578			
Address	36 Adams Street Braintree MA 02184			Email	bpiesco@mywilliamsenergy.com			

WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 B 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the is

Signed Affidavit Attached Yes No

Estimated Value of Work \$

P17-875

Tent Bill 11/9/17

Fruit Bill 12/12/17

INSPECTION REPORT

**TOWN OF HINGHAM
BUILDING
DEPARTMENT**



**210 CENTRAL STREET
HINGHAM, MA 02043
TEL. (781) 741-1420
FAX (781) 741-1460**

Date <i>11/9/17</i>	Permit No. <i>P17-875</i>
Owner's Name <i>Dyco Inc</i>	No. & Street <i>16 Pine St</i>
Contractor <i>W. Wick</i>	Address
Tel. No. <i>508-944-5578</i>	Email Address

Inspection Requested by: Contractor: Owner: Other:

Building Inspector:	Gas/Plumbing Inspector:	Wiring Inspector:
Footing/Foundation <input type="checkbox"/>	Rough Plumbing <input checked="" type="checkbox"/>	Rough Electrical <input type="checkbox"/>
Sonotube <input type="checkbox"/>	Final Plumbing <input type="checkbox"/>	Final Electrical <input type="checkbox"/>
Throat <input type="checkbox"/>	Rough Gas <input type="checkbox"/>	Service <input type="checkbox"/>
Rough Frame <input type="checkbox"/>	Final Gas <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>
Insulation <input type="checkbox"/>	Underground <input type="checkbox"/>	Underground <input type="checkbox"/>
Fire Resistance <input type="checkbox"/>	Investigation <input type="checkbox"/>	Investigation <input type="checkbox"/>
Rough Ductwork <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Final <input type="checkbox"/>		
Other <input type="checkbox"/>		

Call for reinspection after repairs are completed: (781) 741-1420

Just BBF

OK

Signed: *BME* Date: *11/9/17*

Dear Mrs. Buckley,

Attached are Photo's
Case Study, Motivation at
16 Road St.

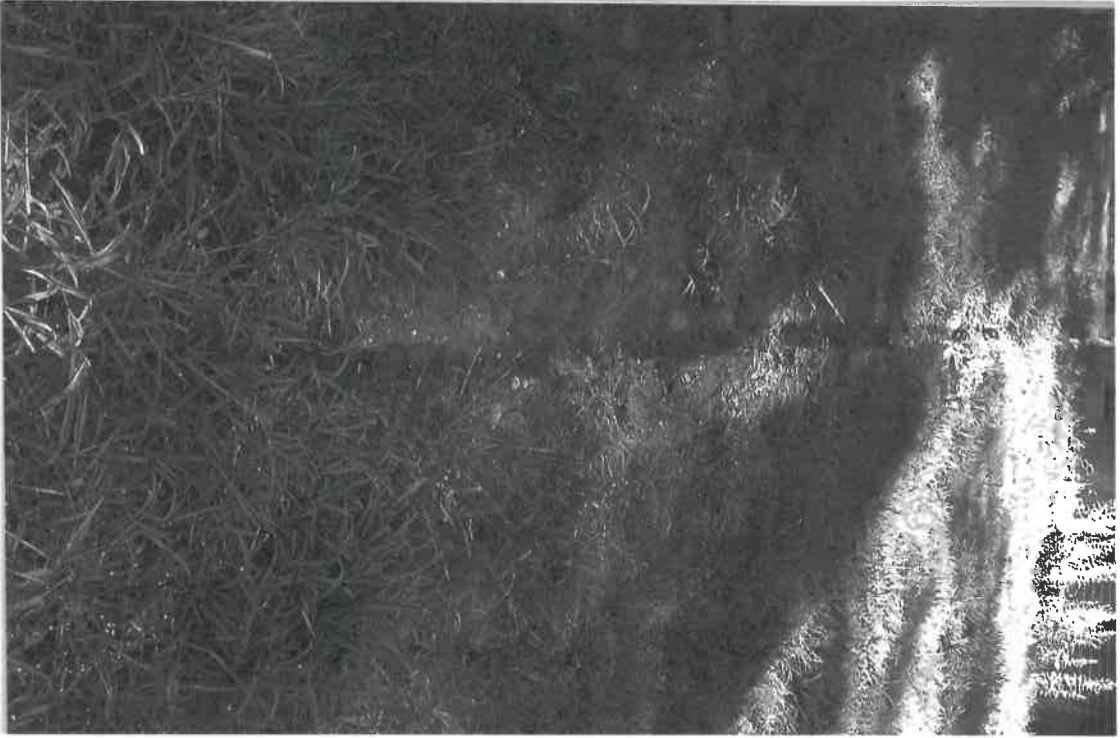
Please let me know
if you have any questions

From Dr. Coler
781-740-2097

RECEIVED

AUG 9 2010

UNIVERSITY BUILDING DEPT.



Town of Hingham

OFFICE OF BUILDING COMMISSIONER

210 Central Street
Hingham, MA 02043-2759

Telephone: (781) 741-1420
Fax: (781) 741-1460



July 26, 2010

Mr. & Mrs. Joe DeCola
8 Highview Dr.
Hingham, Ma. 02043

Re: 16 Pine St. Hingham

Dear Mr. DeCola,

While responding to a complaint in your area, I noticed a violation of the Town of Hingham By-Laws

Article 10 Section 14 – “No person shall knowingly suffer or permit water or other liquid to run or be discharged from any building owned by him or under his control, onto or across any curbed or finished sidewalk. Provided, however, that this Section shall not be deemed to prohibit washing windows or other parts of any building on private property if the work is done at a time when, and in such a manner that, no unsafe condition results therefrom.”

If you have any questions do not hesitate to call this office during normal business hours.

Very Truly Yours,

Mark Grylls
Inspector of Buildings

Enc. (2)









Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. 05-10 F
Occupancy and Fee Checked _____
[Rev. 11/99] (leave blank)

R.

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 1

City or Town of: Hingham

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 16 Pine St

Owner or Tenant JOAN + Joseph DeCola

Telephone No. 781-740-2097

Owner's Address 8 Highview Dr. Hingham Ma 02043

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps 1 Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps 1 Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs	Data Wiring: No. of Devices or Equivalent	
No. of Hydromassage Bathtubs	No. of Motors	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER: <u>Sewerage Ejection Pump</u>			

JAN 04 2005

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify): _____ (Expiration Date) _____

Estimated Value of Electrical Work: \$300 (When required by municipal policy.)

Work to Start: Done Inspections to be requested in accordance with MEC Rule 10, and upon completion.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: 1 LIC. NO.: _____

Licensee: Philip A. DeCola Signature Philip A. DeCola LIC. NO.: 35819

(If applicable, enter "exempt" in the license number line.)

Address: 1 Bolton Rd Hingham Ma 02043 Bus. Tel. No.: 781-746-9119

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____ Telephone No. _____

PERMIT FEE: \$ 25.-

White: Office Copy

Yellow: Applicants Copy

Pink: Inspectors Copy

CK# 484 pd
11/1/05