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|  <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</p> |  <p>TOWN OF NAHANT BUILDING DEPARTMENT, TOWN HALL 334 Nahant Road NAHANT, MA 01908</p> |
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|---------------------|--------------|----------------|---------|-------------|-------------|
| Application Number: | Date Issued: | Permit Number: | FEE: \$ | Check No. : | Date Paid : |
| G-12-2419 | 8/27/2012 | G-12-0305 | 25 | 4716 | 8/27/2012 |



Building Location

180 CASTLE RD

Owner's Name

ARCHER, MARY LOU

Type of Occupancy

SFR

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 | TEST | UNIT HEATER | UNVENTED ROOM HEATER | WATER HEATER | | |
|------------|--------|---------|-------------------|------------|--------------------|-------|-----------|-----------|---------|-----------|--------|-----------------|-----------------|-----------------|------|-------------|-------------------|---------------|------|-------------|----------------------|--------------|--|---|
| BSMT | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 1st FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 2nd FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 3rd FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 4th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 5th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 6th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 7th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 8th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 9th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 10th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 11th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 12th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 13th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |
| 14th FLOOR | | | | | | | | | | | | | | | | | | | | | | | | |

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|----------------------------------------|-------------------------------|----------------------------------------------|
| Installing Company Name | ADDARIO'S, INC. | Select one: Certificate |
| Address | 20 COOPER ST., LYNN, MA 01905 | <input checked="" type="radio"/> Corporation |
| Business Telephone | 3394408100 | <input type="radio"/> Partnership |
| Name of Licensed Plumber or Gas Fitter | STEVEN J. ADDARIO JR. | <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

Please indicate the type 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: _____ Select one: Owner 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 the 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
Title
City/Town
APPROVED (OFFICE USE ONLY)

Type of License:

- Plumber
- Gasfitter
- Master
- Journeyman

Signature of Licensed Plumber or Gas Fitter

License Number **13106**