

 <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>
--	--

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
G-12-2397	8/16/2012	G-12-0285	55		8/16/2012



Building Location

20 SIMMONS RD

Owner's Name

GAWLOCKI COOKE , ELLEN & GAWLO

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																							X
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																								

Installing Company Name	ROBERT P. KANE	Select one: Certificate
Address	9 ATLANTIC AVE., SAUGUS, MA	<input type="radio"/> Corporation
Business Telephone	7815897094	<input type="radio"/> Partnership
Name of Licensed Plumber or Gas Fitter	ROBERT P. KANE	<input checked="" 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 **12949**