



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



TOWN OF NAHANT  
BUILDING DEPARTMENT, TOWN HALL  
334 Nahant Road  
NAHANT, MA 01908

|   |                                  |                                    |                      |                             |
|---|----------------------------------|------------------------------------|----------------------|-----------------------------|
| Application Number:<br><b>G-13-3019</b> | Date Issued:<br><b>10/9/2013</b> | Permit Number:<br><b>G-13-0384</b> | FEE: \$<br><b>25</b> | Check No. :<br><b>23053</b> |
|---|----------------------------------|------------------------------------|----------------------|-----------------------------|

**G**

Building Location

**115 BASS POINT RD**

Type of Occupancy

Owner's Name

**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 COOK | MAKEUP AIR UNIT | OVEN | POOL HEATER | ROOMSPACE HEATER | ROOF TOP UNIT |
|------------------------|--------|---------|-------------------|------------|--------------------|-------|-----------|-----------|---------|-----------|--------|-----------------|-----------------|-----------------|------|-------------|------------------|---------------|
| BSMT                   |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 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  |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 6 <sup>th</sup> FLOOR  |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 7 <sup>th</sup> FLOOR  |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 8 <sup>th</sup> FLOOR  |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 9 <sup>th</sup> FLOOR  |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 10 <sup>th</sup> FLOOR |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 11 <sup>th</sup> FLOOR |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 12 <sup>th</sup> FLOOR |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 13 <sup>th</sup> FLOOR |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |
| 14 <sup>th</sup> FLOOR |        |         |                   |            |                    |       |           |           |         |           |        |                 |                 |                 |      |             |                  |               |

**Edit**

|  |  |  |
|--|--|--|
| Installing Company Name                | <b>McCARRISTON P &amp; H</b>           | Select one: Certificate                      |
| Address                                | <b>150 BURRILL ST., SWAMPSCOTT, MA</b> | <input checked="" type="radio"/> Corporation |
| Business Telephone                     | <b>7815938228</b>                      | <input type="radio"/> Partnership            |
| Name of Licensed Plumber or Gas Fitter | <b>PETER C McCARRISTON</b>             | <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