

 <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-13-2637	2/7/2013	G-13-0050	60	10881	2/7/2013



Building Location

14 HOWE RD

Owner's Name

REGNANTE, GENE W + LEE C

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 <sup>st</sup> FLOOR									1															
2 <sup>nd</sup> FLOOR																								
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13 <sup>th</sup> FLOOR																								
14 <sup>th</sup> FLOOR																								

Installing Company Name	R.P. McLAUGHLIN CO., INC.	Select one: Certificate
Address	P.O. BOX 4110, PEABODY, MA	<input checked="" type="radio"/> Corporation 2137
Business Telephone	9785323300	<input type="radio"/> Partnership
Name of Licensed Plumber or Gas Fitter	BOB McLAUGHLIN	<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 **10154**