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:	Date Issued:	Permit Number:	FEE: $	Check No. :	Date Paid :
P-13-3101	12/24/2013	P-13-0483	40	17933	12/24/2013

P Building Location *17 MAOLIS RD* Owner's Name *NIOSI, HELEN M TRUSTEE NIOSI F*
Type of Occupancy

New ○ Renovation ○ Replacement ○ Plans Submitted: Yes ○ No ○

APPLIANCES	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	OTHER
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2nd FLOOR																							
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14th FLOOR																							

Installing Company Name	MICHAEL RUSSO PLBG & HTG CO.,INC.
Address	510 WQASHINGTON ST. LYNN, MA. 01901
Business Telephone	7815952732
Name of Licensed Plumber	MICHAEL RUSSO JR.

Select one:	Certificate
◉ Corporation	825
○ Partnership	
○ Firm/Co.	

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 ○

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 Plumbing Code and Chapter 142 of the General Laws.

By
Title
City/Town
APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber: _____

Type of License Master ☑ **Journeyman** ☐

License Number of Master: ***8027***
License Number of Journeyman: