



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-13-3035	10/29/2013	P-13-0404	40	14766	10/29/2013

**P**

Building Location

27 BAKER RD

Owner's Name

DONOVAN JOSEPH F X +

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
BSMT																							
1 <sup>st</sup> FLOOR																							
2 <sup>nd</sup> FLOOR	1												1				1						
3 <sup>rd</sup> FLOOR																							
4 <sup>th</sup> FLOOR																							
5 <sup>th</sup> FLOOR																							
6 <sup>th</sup> FLOOR																							
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11 <sup>th</sup> FLOOR																				
12 <sup>th</sup> FLOOR																				
13 <sup>th</sup> FLOOR																				
14 <sup>th</sup> FLOOR																				

Installing Company Name	<i>Cullinan P &amp; H Co., Inc.</i>	Select one: Certificate	
Address	<i>33 Emerald Rd., Nahant, Ma 01908</i>	<input checked="" type="radio"/> Corporation	<i>1640</i>
Business Telephone	<i>7818447138</i>	<input type="radio"/> Partnership	
Name of Licensed Plumber	<i>Michael Cullinan</i>	<input type="radio"/> 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 <b>APPROVED (OFFICE USE ONLY)</b>
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Signature of Licensed Plumber: \_\_\_\_\_

Type of License Master  Journeyman

License Number of Master: *9029*

License Number of Journeyman: