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 : |
|---|---|---|---|---|---|
| G-13-2845 | 7/9/2013 | G-13-0228 | 50 | 17603 | 7/9/2013 |

**G**

Building Location: 4 JAMES AV

Owner's Name: ROY JOHN L +

Type of Occupancy:

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 | |
| 1st FLOOR | | | | 1 | | | | | | | | | | | | | | | | | | | |
| 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 | Michael Russo Plbg & Htg Co.,Inc. |
| Address | 510 Washington St. Lynn, Ma.01901 |
| Business Telephone | 7815952732 |
| Name of Licensed Plumber or Gas Fitter | Michael Russo |

| Select one: | Certificate |
|---|---|
| ◉ Corporation | 825 |
| ○ Partnership | |
| ○ 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 8027