

	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-13-2770	5/20/2013	P-13-0156	55	544	5/20/2013

P

Building Location

4 SUMMER STREET CT

Owner's Name

HEIDBRECHT, SUZANNE R

Type of Occupancy

SFR

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 st FLOOR	1												1					1						
2 nd FLOOR	1												1					1						
3 rd FLOOR																								
4 th FLOOR																								
5 th FLOOR																								
6 th FLOOR																								
7 th FLOOR																								
8 th FLOOR																								
9 th FLOOR																								
10 th FLOOR																								
11 th FLOOR																								
12 th FLOOR																								
13 th FLOOR																								
14 th FLOOR																								

Installing Company Name	O & M PLUMBING SERVICES	Select one: Certificate
Address	179 TRACY AVE., LYNN, MA	<input type="radio"/> Corporation
Business Telephone	9782015463	<input type="radio"/> Partnership
Name of Licensed Plumber	JASON OLIVIERI	<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
APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber: _____

Type of License Master Journeyman

License Number of Master: **15208**

License Number of Journeyman: