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-13-3098	12/4/2013	P-13-0460	30	9925	12/4/2013

P

Building Location: 95 WILSON RD

Owner's Name: FUCILE JOANNE M

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																							
1st FLOOR									1														
2nd FLOOR																							
3rd FLOOR																							
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14th FLOOR																							

Installing Company Name	DURFEE P & H LLC
Address	2a HUNTINGTON AVE., SOUTH YARMOUTH, MA
Business Telephone	5086193078
Name of Licensed Plumber	PHILLIP J. DURFEE

Select one: Certificate	
○ Corporation	
○ Partnership	
◉ Firm/Co.	3152

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: ***13774***
License Number of Journeyman: