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|  | 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 |
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|---------------------|--------------|----------------|---------|-------------|-------------|
| Application Number: | Date Issued: | Permit Number: | FEE: \$ | Check No. : | Date Paid : |
| P-14-3379 | 6/20/2014 | P-14-0227 | 20 | 18246 | 6/20/2014 |

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Building Location

89 LITTLE NAHANT RD

Owner's Name

BEHEN, MARY A

Type of Occupancy

RESIDENTIAL

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 |
| 1 st FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 2 nd FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |

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|--------------------------|------------------------------|--|
| Installing Company Name | MICHAEL RUSSO, JR. P & H | Select one: Certificate |
| Address | 510 WASHINGTON ST., LYNN, MA | <input checked="" type="radio"/> Corporation 825 |
| Business Telephone | 7815952732 | <input type="radio"/> Partnership |
| Name of Licensed Plumber | MICHAEL RUSSO, JR. | <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: **8027**

License Number of Journeyman: