

	<p>The Commonwealth of Massachusetts                  State Board of Building Regulations and Standards                  Massachusetts State Building Code                  780 CMR</p>		<p>TOWN OF NAHANT                  BUILDING DEPARTMENT,                  TOWN HALL                  334 Nahant Road                  NAHANT, MA 01908</p>
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Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
G-15-3827	4/7/2015	G-15-0101	140	24312	4/7/2015

**G**

Building Location **2 FALLON WY**

Owner's Name **BARTLETT, FRED**  
 Type of Occupancy **RESIDENTIAL**

Edit

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					1																	
1 <sup>st</sup> FLOOR							1																
2 <sup>nd</sup> FLOOR																							
3 <sup>rd</sup> FLOOR																							
4 <sup>th</sup> FLOOR																							
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13 <sup>th</sup> FLOOR																							
14 <sup>th</sup> FLOOR																							

Edit	
Installing Company Name	McCARRISTON P & H
Address	150 BURRILL ST., SWAMPSCOTT, MA
Business Telephone	7815938228
Name of Licensed Plumber or Gas Fitter	PETER C. McCARRISTON
Select one: Certificate <input checked="" type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Firm/Co. <input type="radio"/>	

**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 **8092**

Print

Exit