

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
15-G-4246	11/9/2015	G-15-0443	25	7487	11/9/2015

NAHANT, Mass.



Building Location **16 CASTLE RD**

Owner's Name **RUSSO, LENNY**

Type of Occupancy **RESIDENTIAL**

New  Renovation  Replacement

Plans Submitted: Yes  No

APPLIANCES	BOILER	BOOSTER	CONVERSION BURN	COOK STOVE	DIRECT VENT HEAT	DRYER	FIREPLACE	FRYOLATOR	FURNACE	GENERATOR	GRILLE	INFRARED HEATER	LABORATORY COCK	MAKEUP AIR UNIT	OVEN	POOL HEATER	ROOM/SPACE HEAT	ROOF TOP UNIT	TEST	UNIT HEATER	UNVENTED ROOM HE	WATER HEATER	
BSMT																							
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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12 <sup>th</sup> FLOOR																							
13 <sup>th</sup> FLOOR																							
14 <sup>th</sup> FLOOR																							

Installing Company Name	<b>BEST P &amp; H</b>	Select one: Certificate
Address	<b>P.O. BOX 746, MARBLEHEAD, MA 01945</b>	<input type="radio"/> Corporation
Business Telephone	<b>7816397714</b>	<input type="radio"/> Partnership
Name of Licensed Plumber or Gas Fitter	<b>RANDY BEST</b>	<input type="radio"/> 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.

Select one:  
 Signature of Owner or Owner's Agent: \_\_\_\_\_ 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 **13409**