Application Number:	Date Issued:	Permit Number:	FEE: $	Check No. :	Date Paid :
15-P-4245	11/9/2015	P-15-0442	40		

P

NAHANT, Mass.

Building Location 16 CASTLE RD

Owner's Name RUSSO, LENNY

Type of Occupancy RESIDENTIAL

New ○ Renovation ○ Replacement ◉ Plans Submitted: Yes ○ No ○

APPLIANCES	ATHTUB	ROSS CONNECTION DEVICE	EDICATED SPECIAL WASTE SYS	EDICATED GAS / OIL / SAND SYS	EDICATED GREASE SYS	EDICATED GRAY WATER SYS	EDICATED WATER RECYCLE SYS	RINKING FOUNTAIN	ISHWASHER	OOD DISPOSER	LOOR / AREA DRAIN	TERCEPTOR (INTERIOR)	ITCHEN SINK	AVATORY	OOF DRAIN	HOWER STALL	ERVICE / MOP SINK	OILET	RINAL				
BSMT																							
1st FLOOR									1	1			1										
2nd FLOOR																							
3rd FLOOR																							
4th FLOOR																							
5th FLOOR																							
6th FLOOR																							
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10th FLOOR																							
11th FLOOR																							
12th FLOOR																							
13th FLOOR																							
14th FLOOR																							

Installing Company Name	BEST P & H
Address	P.O. BOX 746, MARBLEHEAD, MA 01945
Business Telephone	7816397714
Name of Licensed Plumber	RANDY BEST

Select one:	Certificate
○ Corporation	
○ Partnership	
○ 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: 13409

License Number of Journeyman: