

 <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-15-4113	9/1/2015	G-15-0319	65	24620	9/1/2015

**G**

Building Location

17 GREYSTONE RD

Owner's Name  
Type of Occupancy

MURPHY, EVA M.  
RESIDENTIAL

Edit

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 COCH	MAKEUP AIR UNIT	OVEN	POOL HEATER	ROOM/SPACE HEAT	ROOF TOP UNIT	TEST	UNIT HEATER	UNVENTED ROOM HE	WATER HEATER		
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1 <sup>st</sup> FLOOR																								
2 <sup>nd</sup> FLOOR																								
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<b>Edit</b>		
Installing Company Name	McCARRISTON P & H CO., INC.	Select one: Certificate <input checked="" type="radio"/> Corporation C-910 <input type="radio"/> Partnership <input type="radio"/> Firm/Co.
Address	150 BURRILL ST., SWAMPSCOTT, MA 01907	
Business Telephone	7815938228	
Name of Licensed Plumber or Gas Fitter	PETER C. McCARRISTON	

**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**