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

Application Number:	Date Issued:	Permit Number:	FEE: $	Check No. :	Date Paid :
P-15-3861	4/22/2015	P-15-0125	40	2556	4/22/2015

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Building Location: 18 CENTRAL ST

Owner's Name: DAM, MICHELLE

Type of Occupancy: RESIDENCE

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																							
1st FLOOR																							
2nd FLOOR	1													1				1					
3rd FLOOR																							
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13th FLOOR																							
14th FLOOR																							

Installing Company Name	Above & Beyond Contractors Inc
Address	P.O box 334 Swampscott Ma 01907
Business Telephone	7819837921
Name of Licensed Plumber	Peter Kuleszka

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:
License Number of Journeyman: *26345*