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-15-4076	8/18/2015	P-15-0299	85		8/18/2015

P

Building Location: 30 FLASH RD

Owner's Name: TAYLOR CHESLEY R JR &

Type of Occupancy: RESIDENTIAL

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									1	1			1	1		1		1				1	
2nd FLOOR																							
3rd FLOOR																							
4th FLOOR																							
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13th FLOOR																							
14th FLOOR																							

Installing Company Name	
Address	115 NAHANT ST., #6, LYNN, MA 01902
Business Telephone	7815217974
Name of Licensed Plumber	AARON HANSON

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: *16166*
License Number of Journeyman: