

 <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>				
<b>Application Number:</b>	<b>Date Issued:</b>	<b>Permit Number:</b>	<b>FEE: \$</b>	<b>Check No. :</b>	<b>Date Paid :</b>
<i>P-15-4138</i>	<i>9/11/2015</i>	<i>P-15-0346</i>	<i>190</i>	<i>24644</i>	<i>9/11/2015</i>

**P**

Building Location

*35 MARGINAL RD*

Owner's Name

*MAGUIRE, KEVIN*

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
BSMT														1				1	
1 <sup>st</sup> FLOOR		2							1	1			1	1				1	
2 <sup>nd</sup> FLOOR	1													5		1	1	3	1
3 <sup>rd</sup> FLOOR																			
4 <sup>th</sup> FLOOR																			
5 <sup>th</sup> FLOOR																			
6 <sup>th</sup> FLOOR																			
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11 <sup>th</sup> FLOOR																			
12 <sup>th</sup> FLOOR																			
13 <sup>th</sup> FLOOR																			
14 <sup>th</sup> FLOOR																			

Installing Company Name	<i>McCARRISTON P &amp; H CO., INC.</i>	Select one: Certificate
Address	<i>150 BURRILL ST., SWAMPSCOTT, MA 01907</i>	<input checked="" type="radio"/> Corporation <i>C-910</i>
Business Telephone	<i>7815938228</i>	<input type="radio"/> Partnership
Name of Licensed Plumber	<i>PETER C. McCARRISTON</i>	<input type="radio"/> 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: **8092**

License Number of Journeyman: