

	<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>
---	---	--	--

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
<i>P-15-3782</i>	<i>3/18/2015</i>	<i>P-15-0069</i>	<i>40</i>	<i>10832</i>	<i>3/18/2015</i>

P

Building Location *51 CLIFF ST*

Owner's Name *LALIBERTE, NORMAN &*
 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
BSMT																					
1 st FLOOR																					
2 nd FLOOR																					
3 rd FLOOR																					
4 th FLOOR																					
5 th FLOOR																					
6 th FLOOR																					
7 th FLOOR																					
8 th FLOOR																					
9 th FLOOR																					
10 th FLOOR																					
11 th FLOOR																					
12 th FLOOR																					
13 th FLOOR																					
14 th FLOOR																					

Installing Company Name	<i>GREG DiGIOVANNI P & H</i>	Select one: Certificate
Address	<i>P.O. BOX 308, LYNN, MA</i>	<input type="radio"/> Corporation
Business Telephone	<i>7815922167</i>	<input type="radio"/> Partnership
Name of Licensed Plumber	<i>GREG DiGIOVANNI</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: **13601**

License Number of Journeyman: