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-15-3990 | 6/30/2015 | P-15-0236 | 20 | 24500 | 6/30/2015 |

**P**

Building Location: 236 NAHANT RD

Owner's Name: GLAVAS, MARIA

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 | | | | | | | | | | | | | | | | | | | | | 1 | | |
| 1st FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 2nd FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 3rd FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 4th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 5th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 6th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 7th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 8th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 9th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 10th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 11th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 12th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 13th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |
| 14th FLOOR | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|
| Installing Company Name | McCARRISTON P & H CO., INC. |
| Address | 150 BURRILL STREET, SWAMPSCOTT, MA |
| Business Telephone | 7815938228 |
| Name of Licensed Plumber | PETER C. McCARRISTON |

| Select one: | Certificate |
|---|---|
| ◉ Corporation | C-910 |
| ○ 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: *8092*
License Number of Journeyman: