



CITY: Holyoke, MA. DATE: _____ PERMIT # P-2011-311
 JOBSITE ADDRESS: 653 Northampton St OWNER'S NAME: Robert Gordon
 OWNER ADDRESS: 653 Northampton St. TEL: 348-5707 FAX: _____
 OCCUPANCY TYPE: COMMERCIAL EDUCATIONAL RESIDENTIAL
 NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

P
 TYPE OR
 PRINT
 CLEARLY

FIXTURES ↓	FLOORS →	Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB				X												
CROSS CONN DEVICE																
DEDICATED SPECIAL WASTE SYS																
DEDICATED GAS/OIL/SAND SYS																
DEDICATED GREASE SYSTEM																
DEDICATED GRAY WATER SYS																
DEDICATED WATER REUSE SYS																
DISHWASHER			X													
DRINKING FOUNTAIN																
FOOD WASTE GRINDER UNIT																
FLOOR / AREA DRAIN																
INTERCEPTOR INTERIOR																
KITCHEN SINK			X													
LAVATORY			X	X												
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP SINK																
TOILET				X												
URINAL																
WASHING MACHINE CONNECTION			X													
WATER HEATER ALL TYPES																
WATER PIPING																

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO

If you have checked YES, please indicate the type of coverage by checking the appropriate box below.

LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Robert J. Gordon
 SIGNATURE OF OWNER OR AGENT

CHECK ONE ONLY: OWNER AGENT

I hereby certify that all of the details and information I have submitted (or entered) regarding this 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 provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER NAME: MOISES DELIZ LICENSE # 22180 SIGNATURE: Moises Deliz
 COMPANY NAME: MOISES DELIZ ADDRESS: 11 PARKVIEW TERR.
 CITY: Holyoke STATE: MA ZIP: 01043 FAX: _____
 TEL: _____ CELL: 5319824 EMAIL: _____
 MASTER JOURNEYMAN CORPORATION # _____ PARTNERSHIP # _____ LLC # _____

ck# 220

11-18-11

James O.K.