



_____, Massachusetts Date: _____ Permit # _____

Building Location: _____ Owner's Name: _____

Type Of Occupancy: _____

New Renovation Replacement Plans Submitted: Yes No

M
E
C
H
A
N
I
C
A
L

	Chimneys & Vents	Fireplaces	Solid Fule Burning App	Gas Appliances	Heating Boilers	Furnaces	Unit Heaters	Water Heaters	Power Vents	Gas Generators	Laboratory Cocks	Conversion Burners	Roof Top Units	Vented Room Heaters	Direct Vent Heaters	Vent Distribution Systems	Kitchen Exhaust Equip.	HVAC Systems	Fire Suppression Systems	Mechanical Refrigeration			Test	Others
Sub-Basement																								
Basement																								
1st Floor																								
2nd Floor																								
3rd Floor																								
4th Floor																								
5th Floor																								
6th Floor																								
7th Floor																								
8th Floor																								

Installing Company Name: _____

Address: _____

Business Telephone: _____

Name: _____

Check One: Certificate: _____

Corporation _____

Partnership _____

Firm/Company _____

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

A liability insurance policy Other type of indemnity Bond

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

Check One:

Owner Agent

Signature of Owner or Owner's Agent

By: _____

Title: _____

City/Town: _____

APPROVED (OFFICE USE ONLY)

Signature of APPLICANT/OWNER

License Number _____

PERMIT FEE \$ _____