

 <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>
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Commonwealth of Massachusetts

Sheet Metal Permit

Date	7/30/2012	Permit #	
Estimated Job Cost :	\$ 194880	Permit Fee :	\$ 100.00
Plans Submitted : YES <input type="radio"/> NO <input type="radio"/>	Plans Reviewed : YES <input type="radio"/> NO <input type="radio"/>		
Business License #		Applicant License #	
Business Information :		Property Owner / Job Location Information :	
Name :	JAMES ANDERSON	Name :	NORTH EASTERN UNIVERSITY
Street :	84 STATE ST	Street :	NAHANT RD
City/Town :	BOSTON, MA	City/Town :	BOSTON
Telephone :	6177232314	Telephone :	
Photo I.D. required / Copy of Photo I.D. attached : YES <input type="radio"/> NO <input type="radio"/> _____ <div style="text-align: right;">Staff Initial</div>			
J-1 / M-1-unrestricted license			
J-2 / M-2-restricted to dwellings 3-stories or less and commercial up to 10,000 sq. ft. / 2-stories or less			
Residential : 1-2 family <input type="radio"/> Multi-family <input type="radio"/> Condo / Townhouses <input type="radio"/> Other(Specify) <input type="radio"/>			
Commercial : Office <input type="radio"/> Retail <input type="radio"/> Industrial <input type="radio"/> Educational <input checked="" type="radio"/> Institutional <input type="radio"/> Other(Specify) <input type="radio"/>			
Square Footage : under 10,000 sq. ft. <input type="radio"/> over 10,000 sq. ft. <input checked="" type="radio"/> Number of Stories: 1			
Sheet metal work to be completed : New Work : <input type="radio"/> Renovation : <input type="radio"/>			
HVAC <input checked="" type="radio"/> Metal Watershed Roofing <input type="radio"/> Kitchen Exhaust System <input type="radio"/>			
Metal Chimney / Vents <input type="radio"/> Air Balancing <input type="radio"/>			
Provide detailed description of work to be done :			

INSURANCE COVERAGE :
I have a current <u>liability</u> insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112 Yes <input checked="" type="radio"/> No <input type="radio"/>
If you have checked Yes, indicate the type of coverage by checking the appropriate box below:
A liability insurance policy <input checked="" type="checkbox"/> Other type of indemnity <input type="checkbox"/> Bond <input type="checkbox"/>
OWNER'S INSURANCE WAIVER : I am aware that the licensee does not have the insurance coverage required by Chapter 112 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

_____ Signature of Owner or Owner's Agent
Check One Only
Owner <input type="radio"/> Agent <input checked="" type="radio"/>

By checking this box <input type="checkbox"/> , 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 sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.	
Duct inspection required prior to insulation installation: YES <input type="radio"/> NO <input type="radio"/>	
Progress Inspections	
<u>Date</u>	<u>Comments</u>
Final Inspection	
<u>Date</u>	<u>Comments</u>
Type of License :	
By :	<input type="checkbox"/> Master
Title :	<input type="checkbox"/> Master-Restricted
City/Town :	<input type="checkbox"/> Journeyperson
Permit # :	<input type="checkbox"/> Journeyperson-Restricted
Fee : \$ 100.00	<input type="checkbox"/>
Signature of Licensee License Number : 57315 Check at www.mass.gov/dpl	
_____ Inspector Signature of Permit Approval	