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

Commonwealth of Massachusetts

Sheet Metal Permit

Date	*11/11/2013*	Permit #	
Estimated Job Cost :	$ *4500.00*	Permit Fee :	$
Plans Submitted : YES ○ NO ○		Plans Reviewed : YES ○ NO ○	
Business License #	*493*	Applicant License #	*1633*
Business Information :		Property Owner / Job Location Information :	
Name :	*Preferred Air Inc*	Name :	*SANPHY, LORRAINE M*
Street :	*461 Boston St #A3*	Street :	*WILLOW RD 9*
City/Town :	*Topsfield MA*	City/Town :	*NAHANT*
Telephone :	*9787508282*	Telephone :	*7815950945*

Photo I.D. required / Copy of Photo I.D. attached : YES ○ NO ○ _____
Staff Initial

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 ○ Multi-family ○ Condo / Townhouses ○ Other(Specify) ○

Commercial : Office ○ Retail ○ Industrial ○ Educational ○ Institutional ○ Other(Specify) ○

Square Footage : under 10,000 sq. ft. ◉ over 10,000 sq. ft. ○ **Number of Stories:**

Sheet metal work to be completed : New Work : ○ Renovation : ○

HVAC ◉ Metal Watershed Roofing ○ Kitchen Exhaust System ○

Metal Chimney / Vents ○ Air Balancing ○

Provide detailed description of work to be done :

Remove old furnace and install new furnace.

INSURANCE COVERAGE :

I have a current liability insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112 Yes ◉ No ○

If you have checked Yes, indicate the type of coverage by checking the appropriate box below:

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 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 ○ Agent ◉

By checking this box ☑, 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 ○ NO ○

Progress Inspections

Date	Comments

Final Inspection

Date	Comments

	Type of License :	
By :	☐ Master	
Title :	☐ Master-Restricted	
City/Town :	☐ Journeyperson	Signature of Licensee
Permit # :	☐ Journeyperson-Restricted	License Number :
Fee : $	☐	Check at www.mass.gov/dpl

Inspector Signature of Permit Approval