

 <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	1/16/2013	Permit #	
Estimated Job Cost :	\$ 9000.00	Permit Fee :	\$ 50.00
Plans Submitted : YES <input type="radio"/> NO <input checked="" type="radio"/>		Plans Reviewed : YES <input type="radio"/> NO <input type="radio"/>	
Business License #	141	Applicant License #	2912
Business Information :		Property Owner / Job Location Information :	
Name :	Swampscott Refrigeration, Inc.	Name :	COSTA, JAMES
Street :	163 Essex St.	Street :	HIGH ST
City/Town :	Lynn, MA	City/Town :	
Telephone :	7815921519	Telephone :	7815921519
Photo I.D. required / Copy of Photo I.D. attached : YES <input type="radio"/> NO <input type="radio"/> _____ <div style="text-align: right; margin-right: 50px;">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 checked="" 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 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 type="radio"/> Number of Stories: 3			
Sheet metal work to be completed : New Work : <input checked="" type="radio"/> Renovation : <input type="radio"/>			
HVAC <input 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 :			
Installation of new duct work for 2 new gas forced hot air furnaces with two central air conditioning systems.			

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 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	Signature of Licensee
Permit # :	<input type="checkbox"/> Journeyperson-Restricted	License Number :
Fee : \$ 50.00	<input type="checkbox"/>	Check at www.mass.gov/dpl
_____ Inspector Signature of Permit Approval		