



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	10/11/2013	Permit #	
Estimated Job Cost :	\$ 388000	Permit Fee :	\$ 3880
Plans Submitted : YES <input checked="" type="radio"/> NO <input type="radio"/>		Plans Reviewed : YES <input checked="" type="radio"/> NO <input type="radio"/>	
Business License #		Applicant License #	072247
Business Information :		Property Owner / Job Location Information :	
Name :	John Creighton	Name :	NORTH EASTERN UNIVERSITY
Street :	28 American Way, #3	Street :	NAHANT RD
City/Town :	Salem, MA	City/Town :	
Telephone :	7815564302	Telephone :	617
Photo I.D. required / Copy of Photo I.D. attached : YES <input checked="" type="radio"/> NO <input type="radio"/> _____ 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 <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 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 :			

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**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**

<u>Date</u>	<u>Comments</u>

**Final Inspection**

<u>Date</u>	<u>Comments</u>

	<b>Type of License :</b>	
<b>By :</b>	<input type="checkbox"/> Master	
<b>Title :</b>	<input type="checkbox"/> Master-Restricted	_____
<b>City/Town :</b>	<input type="checkbox"/> Journeyperson	<b>Signature of Licensee</b>
<b>Permit # :</b>	<input type="checkbox"/> Journeyperson-Restricted	<b>License Number : 072247</b>

Fee : \$ 3880



Check at [www.mass.gov/dpl](http://www.mass.gov/dpl)

Inspector Signature of Permit Approval