

 <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	9/02/2015	Permit #	
Estimated Job Cost :	\$ 7000.00	Permit Fee :	\$ 40.00
Plans Submitted : YES	NO	Plans Reviewed : YES	NO
Business License #	13306	Applicant License #	13306
Business Information :		Property Owner / Job Location Information :	
Name :	ANTHONY GIANNASCA	Name :	MESSINA, NANCY ROSE
Street :	10 JOSEPH ST	Street :	HIGHLAND RD
City/Town :	MEDFORD	City/Town :	NAHANT
Telephone :	6174296600	Telephone :	6177977367
Photo I.D. required / Copy of Photo I.D. attached : YES <input type="checkbox"/> NO <input type="checkbox"/> _____ <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="checkbox"/> Multi-family <input type="checkbox"/> Condo / Townhouses <input type="checkbox"/> Other(Specify) <input type="checkbox"/>			
Commercial : Office <input type="checkbox"/> Retail <input type="checkbox"/> Industrial <input type="checkbox"/> Educational <input type="checkbox"/> Institutional <input type="checkbox"/> Other(Specify) <input type="checkbox"/>			
Square Footage : under 10,000 sq. ft. <input type="checkbox"/> over 10,000 sq. ft. <input type="checkbox"/>		Number of Stories:	
Sheet metal work to be completed : New Work : <input type="checkbox"/> Renovation : <input type="checkbox"/>			
HVAC <input type="checkbox"/> Metal Watershed Roofing <input type="checkbox"/> Kitchen Exhaust System <input type="checkbox"/>			
Metal Chimney / Vents <input type="checkbox"/> Air Balancing <input type="checkbox"/>			
Provide detailed description of work to be done :			
Install 3 ton for AC/furnace duct work.			

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 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 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 :	<input checked="" 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 : 13306
Fee : \$ 40.00	<input type="checkbox"/>	Check at www.mass.gov/dpl

Inspector Signature of Permit Approval