

	<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>
---	--	--	---

Commonwealth of Massachusetts

Sheet Metal Permit

Date	1/30/2015	Permit #	
Estimated Job Cost :	\$ 1500.00	Permit Fee :	\$ 50.00
Plans Submitted : YES <input type="radio"/> NO <input checked="" type="radio"/>		Plans Reviewed : YES <input type="radio"/> NO <input checked="" type="radio"/>	
Business License #		Applicant License #	3602
Business Information :		Property Owner / Job Location Information :	
Name :	MRW MECHANICAL CORP	Name :	MCLAUGHLIN, MILDRED E LIFE EST
Street :	6 DRUMLIN RD	Street :	GREYSTONE RD
City/Town :	MARBLEHEAD	City/Town :	NAHANT
Telephone :	7816399222	Telephone :	1111111111

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 :

INSTALL VENT FOR GAS FIREPLACE

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>

	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 : 3602
Fee : \$ 50.00	<input type="checkbox"/>	Check at www.mass.gov/dpl

Inspector Signature of Permit Approval