



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

Application Number:	Date Issued:	Permit Number:	FEE: \$	Check No. :	Date Paid :
<i>M-15-4288</i>	<i>12/21/2015</i>	<i>M-15-0498</i>	<i>20</i>	<i>4816</i>	<i>12/21/2015</i>
Date	<i>12/10/2015</i>	Permit #			
Estimated Job Cost :	\$ <i>1800.00</i>	Permit Fee :	\$		
Plans Submitted : YES <input type="checkbox"/> NO <input type="checkbox"/>		Plans Reviewed : YES <input type="checkbox"/> NO <input type="checkbox"/>			
Business License #	<i>141</i>	Applicant License #	<i>2912</i>		
Business Information :		Property Owner / Job Location Information :			
Name :	<i>Swampscott Refrigeration, Inc.</i>	Name :	<i>HODGES, WINTROP D &amp; BARBARA E</i>		
Street :	<i>163 Essex Street</i>	Street :	<i>FORTY STEPS LN</i>		
City/Town :	<i>Lynn</i>	City/Town :	<i>NAHANT</i>		
Telephone :	<i>7815921519</i>	Telephone :			
Photo I.D. required / Copy of Photo I.D. attached : YES <input type="checkbox"/> NO <input type="checkbox"/> _____ 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="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 :					
<i>Install air handler in the attic. Install new duct work through out. Install new outdoor condenser.</i>					

#### 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 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 : \$	<input type="checkbox"/>	Check at <a href="http://www.mass.gov/dpl">www.mass.gov/dpl</a>

\_\_\_\_\_  
Inspector Signature of Permit Approval