



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	1/13/2015	Permit #	
Estimated Job Cost :	\$ 17000.00	Permit Fee :	\$ 170.00
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 #	3550
Business Information :		Property Owner / Job Location Information :	
Name :	BRIGHT STAR HEATING	Name :	GOGOLOS, ANDREA
Street :	P.O. BOX 607	Street :	53 CASTLE RD
City/Town :	N. READING	City/Town :	
Telephone :	9788159452	Telephone :	6174297149
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 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 checked="" type="radio"/> over 10,000 sq. ft. <input type="radio"/> Number of Stories:			
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 :			
Install gas furnace with A/C and all related duct work. One system for the first floor and one for the second floor.			

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 checked="" type="checkbox"/> Master-Restricted	_____
City/Town :	<input type="checkbox"/> Journeyperson	Signature of Licensee
Permit # :	<input type="checkbox"/> Journeyperson-Restricted	License Number : 3550
Fee : \$ 170.00	<input type="checkbox"/>	Check at www.mass.gov/dpl

Inspector Signature of Permit Approval