

City of Fitchburg

Check # _____
\$ _____

Inspection of Mechanical

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO MECHANICAL

(Print or Type)

_____, MA Date _____ 20 _____ Permit# _____

Building Location _____ Owner's Name _____

_____ Type of Occupancy _____

New Renovation Replacement Plans Submitted: Yes No



APPLIANCES

M

	H.V.A.C.	Boilers	Furnaces	Pwr Venters	Metal Chimney	Kit Hoods	Fumr. Hoods	Vent ducts	Radiation	Dryer Exhst	Chmny Liner	Oxy Systems	Control Pipe	Med Gas	Speci Vent	Incinerators	Spklr Piping	Comp Air Ppg		
Sub-bsmt																				
Basement																				
1st Floor																				
2nd Floor																				
3rd Floor																				
4th Floor																				
5th Floor																				
6th Floor																				
7th Floor																				
8th Floor																				
Rooftop																				

Installing Company Name _____
 Address _____
 Business Telephone _____
 Name of Installer _____

Check One: Certificate _____
 Corporation _____
 Partnership _____
 Firm/Co. _____

INSURANCE COVERAGE: YES NO
 I have a current Insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142: YES NO
 If you have checked **YES** Please indicate the type coverage by checking the appropriate box;
 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 142 of the Mass. General Laws. And that my signature on this permit application waives this requirement.

Check One:
 Owner Agent

Signature of owner or owner's agent _____

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all mechanical work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code Sixth Edition Chapter 28.

By _____
 Title _____
 City/Town _____
 APPROVED (OFFICE USE ONLY)

Signature of Installer _____
 Type of license: Master Journeyman
 License Number _____