



TOWN OF ACTON APPLICATION FOR MECHANICAL and SHEET METAL

472 Main ST Acton MA 01720 PH 978-929-6633

This Application shall only be used if the work authorized is NOT in conjunction with a Building Permit. FEE: \$14.75 per one thousand valuation or any portion thereof Minimum Fee \$55

Property Address: _____ Owner of Record: _____
 Installation Company Name: _____ Email: _____
 Company Street Address: _____ Phone Number: _____

Indicate total number of units in the applicable box below or sheet metal **Estimated Cost: _____**
(Labor and Materials)

1 and 2 Family	Commercial Code						Commercial Code					
	Basement	1st Floor	2nd Floor	3rd Floor	Roof	Ground	Basement	1st Floor	2nd Floor	3rd Floor	Roof	Ground
Air Handling units							Generators					
Hydr Air Unit							Draft Inducers					
Evaporative Coolers							Kitchen Vent & Exhaust equipment					
Heat Pumps							Pool Heater					
Range Hoods Vents							Process Piping					
Refrigeration Units							Roof Top Units					
Central AC							Radiant Heat					
Ventilation Fans							Hydro Air Systems					
ERV's							Central AC					
Furnaces (NG,PG,OIL)							Boiler					
Generators							Other:					
Boilers (NG,LG,OIL)							Sheet Metal					
Other:												
Sheet Metal												

Describe the project: *Note: If any equipment is being placed outside of the footprint of the building, indicate setbacks to the property line. A Land survey may be required. Roof top units may require a Structural Engineer's review. Equipment that is visible from a public way and within a Historic District will require prior approval of the Historic District Commission.

I certify that I have the authority to make the foregoing application and that all of the information I have submitted (or entered) in the above application is true and accurate to the best of my knowledge, information and belief, 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, the International Mechanical Code and all laws/bylaws/regulation of the Town of Acton

Signature: _____ Print Name: _____ Type of license: _____ License #: _____

This Section for Official Use Only

Permit fee:	Receipt #:	Date Received:	Received by:
Issued by:	Approved Date:	Permit Number:	

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.

Check One Only

Owner Agent

Signature of Owner or Owner's 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

_____	_____
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By _____ Title _____ City/Town _____ Permit # _____ Fee \$ _____ _____	Type of License: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journeyperson <input type="checkbox"/> Journeyperson-Restricted <input type="checkbox"/> _____	 _____ Signature of Licensee License Number: _____ Check at www.mass.gov/dpl
Inspector Signature of Permit Approval	Pg 2 of 2	