



APPLICATION FOR PERMIT TO DO MECHANICAL
(PRINT OR TYPE)

Check # _____
\$ _____

Date: _____, 20_____

Permit# _____

Address of Building: _____ Worcester, MA

Owners Name _____ Type of Occupancy _____

New Renovation Replacement Plans Submitted Yes No

APPLIANCES

M	HVAC	Boilers	Furnaces	Pwr Vents	Metal Chimney	Kit Hoods	Fumr Hoods	Vent Ducts	Radiation	Dryer Exhaust	Chimney Liner	Oxy Systems	Control Pipe	Med Gas	Special Vent	Incinerators	Sprinkler Piping	Compress Air PPG	
Sub-Bsmt																			
Basement																			
1st Floor																			
2nd Floor																			
3rd Floor																			
4th Floor																			
5th Floor																			
6th Floor																			
7th Floor																			
8th Floor																			
Penthouse																			
Roof																			

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

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

INSURANCE COVERAGE:

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.

Signature of Owner's Agent Check One: Owner 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 **271 CMR**.

By _____
Title _____
Approved OFFICE USE ONLY

Signature of Installer
Type of License Master Journeyman
License Number _____