Taunton _____, Mass. Date _____ Permit # _____

Building Location _____ Owner's Name _____

_____ Type of Occupancy _____

New ☐ Renovation ☐ Replacement ☐ Plans Submitted: Yes ☐ No ☐

MECHANICAL

	Fireplace	Air Conditioning	Boilers	Furnaces	Power Vents	Gas Generators	Laboratory Cocks	Conversion Burners	Roof Top Units	Vented Room Heaters	Vent Dist. System	Kitchen Exhaust Equipment	Mechanical Ref.	Commercial Hoods	Process Piping	Thermal Oxidizers	Fume Hoods	Exhaust Scrubbers	Medical Gas Piping	Process Piping	Compressed air piping	Other:				
SUB-BSMT.																										
BASEMENT																										
1ST FLOOR																										
2ND FLOOR																										
3RD FLOOR																										
4TH FLOOR																										
5TH FLOOR																										
6TH FLOOR																										
7TH FLOOR																										
8TH FLOOR																										

Installing Company Name: _____ Check one: Certificate

Address: _____ ☐ Corporation _____

_____ ☐ Partnership _____

Business Telephone: _____ ☐ Firm/Co. _____

Name: _____

INSURANCE COVERAGE:

I have a current liability 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 of 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 I have the authorityto make the foregoing application, that the application is correct, and that the owner of the building and the undersigned agree to comply with all applicable codes and ordinances of the municipality.

Tel. Number _____ Signature _____

Revised 5/05