



**Town of Avon
Commonwealth of Massachusetts
Mechanical Permit Application**



Date: _____ **Estimated Job Cost:** _____ **Permit Fee \$** _____ **Permit #** _____

Plans submitted _____ yes _____ no **Applicant License #** _____

Photo I.D. required / Copy of Photo I.D. attached: _____ yes _____ no

J-1 / M-1 unrestricted license J-2 / M-2 restricted to dwellings 3 story or less & comm up to 10,000 sqft/2 story or less

Business Information:

Property Owner / Job Location Information:

Name: _____

Names: _____

Owner / Occupant

Street: _____

Street: _____

City/Town: _____

City/Town: _____

Telephone: _____

Telephone: _____

Residential: 1-2 Family _____ Multi-Family _____ Condo / Townhouses _____ Other _____

Commercial: Office _____ Retail _____ Industrial _____ Educational _____ Institutional _____ Other _____

Square Footage: under 10,000 sqft _____ over 10,000 sqft _____ **Number of Stories:** _____

Proposed Work: New Work _____ Renovation _____

HVAC ____ Metal Watershed Roofing ____ Kitchen Exhaust System ____ Metal Chimney / Vents ____ Air Balancing ____

Proved detailed description of work to be done: _____

FEE SCHEDULE (plus applicable building permit fees)

Units		Fee	Units		Fee
	Residential Heating System (including duct & pipe)	\$40.00/ unit		Solid Fuel Appliance (wood, coal, pellet)	\$50.00
	Fireplace Masonry	\$40.00		Chimney Masonry or Metal Flue (UL listed)	\$35.00
	Air Conditioning Furnace	\$40.00/unit		Power Vent	\$35.00 ea
	Air Conditioning Roof Top	\$35.00 /unit		HVAC Systems / Unit	\$40.00
	Kitchen Exhaust Equip. Mechanical Refrigeration	\$60.00		Swimming Pool Heater	\$40.00
	Other:				\$40.00/unit

OVER

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 the requirement.

Check Only One

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 ____ Appliance Efficiency ____

Progress Inspections

Date

Comments

Final Inspection

Date

Comments

By _____
Title _____
City/Town _____
Permit # _____
Fee \$ _____

Type of License:

Master

Master-Restricted

Journeyman

Journeyman-Restricted

Signature of Licensee

License # _____

Check at www.mass.gov/dpl

Inspector Signature of Permit Approval