



**TOWN OF HOLDEN**  
 1196 MAIN STREET, HOLDEN, MA 01520  
 Phone 508-210-5540 Fax 508-829-0252

Official Use Only  
 Permit No: \_\_\_\_\_  
 Fee: \_\_\_\_\_

**APPLICATION FOR MECHANICAL PERMIT**

<h1>M</h1> <p>Type or Print Clearly</p>	Building Location: _____ Date: _____
	Owners Name: _____ Owners Address: _____
	Residential _____ 1-2 Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condo <input type="checkbox"/> Other <input type="checkbox"/> Non-Residential _____
	Is this application in conjunction with a building permit? YES _____ NO _____
	New _____ Renovation _____ Replacement _____ Plans Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost of Equipment: _____ Estimated Total Cost of Project: _____	

Indicate total number of fixtures in the applicable box below

1 & 2 Family	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	Roof	Ground
Air Handling/Hydro Units						
Evaporative & Refrigeration Coolers						
Heat Pumps						
Range Hoods Vented to Exterior						
Central Air Conditioners						
Combustion Air/Ventilation Fans						
Energy Recovery Ventilators						
Furnaces-Oil						
Other:						

Basic Building Code Commercial	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	Roof	Ground
Draft Inducers Oil Fired Equip						
Kitchen Vent & Exhaust Equipment						
Pool Heater						
Process Piping						
Roof Top Units						
Radiant Heat						
Hydro Air Systems						
Central Air Conditioners						
Other:						

**INSURANCE COVERAGE:**  
 I have a current insurance policy or its substantial equivalent which meets the requirement of MGL Ch. 142: YES  NO

If you have checked YES, indicate the type 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 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

\_\_\_\_\_  
 Signature of Owner or Owner's Agent

Check One:  Owner     Agent

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 mechanical work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of **271 CMR**.

Installing Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ License # \_\_\_\_\_

- Type of License
- J-1 / M-1 - Unrestricted license
  - J-2 / M-2 - Restricted to dwellings 3 stories or less and commercial up to 10,000 SF / 2 stories or less