Tax Collector: _____

PERMIT #: _____
FEE: _____

Town of Acushnet
BUILDING DEPARTMENT
130 Main Street, Acushnet MA 02743
Tel: (508) 998-0225 fax: (508) 998-0204

Mechanical Permits

Property Owner: _____ Phone: _____

Address: _____

Type of Building: _____ used as a _____

( ) New ( ) Alteration ( ) Repair ( ) Addition

Estimated Cost of Work: $_____

( ) Oil ( ) Gas ( ) Electricity ( ) Other

Type of Equipment:

Air Condition Units: _____ Refrigeration Units H.P. _____

Boiler/Type: _____ Forced Air Systems: _____

Forced Hot Water: _____ Hydro Air: _____

Other: _____
Any additional mechanical installations please note on reverse side of application.

CONTRACTOR'S NAME: _____ Phone: _____

Address: _____ City/Town: _____ State: ____ Zip: ____

Signature of Contractor: _____

License #: _____ Type of License: _____

I/We the owner/s _____ authorize _____
to do the work listed above.

Signature of Building Commission/Town Agent: _____

WORKERS COMPENSATION INSURANCE AFFIDAVIT

APPLICANT'S INFORMATION (PLEASE PRINT LEGIBLY)

NAME: _____

ADDRESS: _____

☐ I AM AN EMPLOYER WITH _____ EMPLOYEES

☐ I AM A SOLE PROPRIETER OR PARTNERSHIP

☐ I AM A GENERAL CONTRACTOR AND I HAVE HIRED SUB CONTRACTORS

☐ I AM A HOME OWNER DOING ALL WORK MYSELF

☐ WE ARE A CORPPORATION AND HAVE NO EMPLOYEES

INSURANCE COMPANY _____ POLICY # _____

I UNDERSTAND THAT A COPY OF THIS APPLICATION MAY BE FORWARDED TO THE DEPARTMENT OF INDUSTRIAL ACCIDENTS.

_____ _____

SIGNATURE OF APPLICANT DATE

ADDITIONAL INFORMATION CAN BE NOTED IN THE SPACE BELOW.

_____

_____

_____

_____

_____

_____

_____

_____