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## Inspection of Mechanical MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT

you have checked YES Please indicate the type coverage by checking the appropriate box; liability insurance policy  Other type of Indemnity Bond WNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by paper 142 of the Mass. General Laws. And that my signature on this permit application waives this requirement.  Check One:  Owner Agent  gnature of owner or owner's agent  ereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate at of my knowledge and that all mechanical work and installations performed under the permit issued for this application with all pertinent provisions of the Massachusetts State Building Code Sixth Edition Chapter 28.		(Print	or Typ	pe)																
Type of Occupancy New Renovation Replacement Plans Submitted: Yes No APPLIANCES  APPLIANCES  APPLIANCES  APPLIANCES  Sub-Basement Submitted: Yes No Date of Da						, N	1A	Date_			20_		_	Peri	nit#_					
New   Renovation   Replacement   Plans Submitted: Yes   No   APPLIANCES	a a	Buildir	ng Lo	cation					_ 0	wner'	s Nam	ne								
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