



TOWN OF MANSFIELD

Six Park Row

Mansfield, MA 02048

Tel: (508) 261-7360

MECHANICAL PERMIT APPLICATION AND REVIEW

DATE: _____
 PERMIT NUMBER: _____

LICENSE NO.: _____
 LOCATION ADDRESS: _____
 OWNER: _____
 ADDRESS: _____

COMMERCIAL INDUSTRIAL SINGLE FAMILY MULTIFAMILY
 EDUCATIONAL RETAIL

DESCRIPTION OF WORK: (number of units, size of unit, number of flues, estimated ductwork/hydrionic pipe, new work or renovation ...)

ESTIMATED COST: \$ _____

(Circle One) NEW - ALTERATION - REPAIR - ADDITION

Oil Gas LPG

TYPE OF EQUIPMENT	NUMBER	FEE
H.V.A.C.	_____	_____
Refrigeration Units	_____	_____
Boilers	_____	_____
Wall Heaters	_____	_____
Unit Heaters	_____	_____
Clothes Dryer	_____	_____
Ventilation Fan	_____	_____
Range Hood	_____	_____
Air Handling	_____	_____
Incinerator	_____	_____
Other	_____	_____

TOTAL FEE: _____

CONTRACTOR'S NAME AND ADDRESS

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

 Signature of Contractor or his Authorized Representative Making Application

 Signature of Mechanical Inspector