

Town of Hamilton Mechanical & Generator Application

FOR ALL APPLICATIONS THE SECTIONS IN RED FONT MUST BE COMPLETED

<b style="color: red;">Date Submitted _____/_____/_____	<b style="color: red;">Check One ___ New ___ Renovation ___ Replacement
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Type of Occupancy ___ Residential ___ Business ___ Commercial

Property Address

Owner(s) Name

Brief Description of Work:

Owner's Insurance Waiver (if applicable)

I, _____, (*print name*) am aware the Licensee does not have the insurance coverage required by Massachusetts General Law for the work he/she was hired to do at the property I own and my signature below waives any requirements.

_____ _____/_____/_____
Signature *Date*

Is a copy of a Contract signed by the Property Owner included: ___ Yes ___ No

INSTALLING COMPANY NAME

COMPANY ADDRESS

STREET: _____ CITY/TOWN, ZIP: _____

<b style="color: red;">OFFICE PHONE ()	<b style="color: red;">OFFICE EMAIL
--	---

<b style="color: red;">LICENSE NO.	<b style="color: red;">TYPE OF LICENSE
--	--

DIG SAFE NUMBER:

Job Cost \$ _____

For Generator Applications Only

Site Plan Showing Setbacks Included? ___ Yes ___ No Specs Included? ___ Yes ___ No

	HVAC	BOILER	FURNACE	POWER VENTERS	METAL CHIMNEY	KITCHEN HOOD	VENT DUCTS	RADIATION	DRYER EXHAUST	CHIMNEY	OXY SYSTEMS	CONTROL	MED GAS	SPED VENT	INCINERATO	SPRINKLER PIPING	COMP AIR PPG	GENERATOR		
SUB BASEMENT																				
BASEMENT																				
1 ST FLOOR																				
2 ND FLOOR																				
3 RD FLOOR																				
EXTERIOR																				



Only For Generators

_____ / _____ / _____
 Conservation Commission Agent Approval Signature Date



To Be Completed By Inspectional Services Office

_____ / _____ / _____
 Building Commissioner Approval Signature Date

Amount Paid: _____ Check Number: _____ Permit Number: _____