

INSURANCE COVERAGE:

I have a current liability insurance policy or its equivalent, which meets the requirements of M.G.L. Ch. 112 Yes _____ No _____

If you have checked Yes, indicate the type of coverage by checking the appropriate box below:

<input type="checkbox"/> Liability Insurance Policy	<input type="checkbox"/> Other type of indemnity	<input type="checkbox"/> Bond
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OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 112 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent _____

<input type="checkbox"/> Owner	<input type="checkbox"/> Agent
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By checking this box 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 sheet metal work and installation performed under this permit issued for this application will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.

Duct inspection required prior to insulation installation: Yes _____ No _____

Progress Inspections

Date	Comments
_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Date	Comments
_____	_____

Type of License

By: _____

Title: _____

Permit #: _____

Fee \$: _____

<input type="checkbox"/> Master
<input type="checkbox"/> Master -Restricted
<input type="checkbox"/> Journeyperson
<input type="checkbox"/> Journeyperson -restricted
<input type="checkbox"/>

Inspector Signature of Permit Approval

Signature of Licensee

License #: