



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT
Room 401, Lynn City Hall, Lynn, Massachusetts 01901 Tel: (781) 598-4000

MECHANICAL PERMIT APPLICATION

Date: _____ Owner's Name: _____

Building location: _____ Type of occupancy: _____

Installing company name: _____

Address: _____ City: _____ Zip: _____

Business phone: _____ License type: _____

Name of Licensee: _____ License #: _____

Signature of licensee: _____

Mechanical	Furnaces	Central A/C	Gas/Oil burner	Methane pump	External grease	Restaurant kitchen	Baseboard heat	Oil tanks	Heat pumps	Rooftop units	Generators	Air handling units	Evaporator coils
Basement													
1 st floor													
2 nd floor													
3 rd floor													

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL CH 142

Yes No

If you have checked yes, please indicate the type of coverage by checking the appropriate box below

A liability insurance policy Bond Other type of indemnity

OWNERS INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass General Laws, and that my signature on this permit application waives this requirement check.

Signature of owner or owner's agent _____ Owner Agent

ESTIMATED COST OF JOB _____