



TOWN OF FOXBOROUGH

Inspections Department

40 South Street
Foxborough, Massachusetts 02035
Tel. (508) 543-1206 / Fax. (508) 543-6278

Application for Mechanical & Sheet Metal Permit

Residential - \$40.00/unit. Commercial – 1% of contract with \$50.00 minimum.

Please print clearly and include specifications or plans if applicable.

Location of Work _____ Assessors Map # _____ Parcel # _____
Applicant Name _____ Phone Number _____

Type of Work: One & Two Family Residential Multi-Family Commercial
 New Construction Addition Replacement Alteration

Property Owner:

Name _____ Phone Number _____
Address _____ City/Town _____ State _____

Installer:

Name _____ Phone Number _____
Address _____ City/Town _____ State _____

License Type _____ Number _____ Exp. Date _____

If Sheet Metal License, Please Specify J-1/M-2: Unrestricted J-2/M-2: Restricted

Description of Mechanical or Sheet Metal Work: _____

No.	Type of Fixture or Item	No.	Type of Fixture or Item
	Air Conditioner Units-H.P. Ea.		Ventilation Fan
	Refrigeration Units-H.P. Ea.		Range Hood
	Boilers-H.P. Ea.		Air handling Unit C.F.M.
	Gas Fired A.C. Units-Tonnage Ea.		Incinerator
	Forced Air Systems-B.T.U. M Ea.		Sheet Metal
	Gravity Systems-B.T.U. M Ea.		Other (Please list)
	Floor Furnaces-B.T.U. M		
	Wall Heaters-B.T.U. M		
	Unit Heaters-B.T.U. M		
	Evaporative Coolers		
	Clothes Dryers		

Estimated Construction Value of Mechanical or Sheet Metal Work: \$ _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Owner or Authorized Agent: _____ Date: _____

Reviewed & Approved by: _____ Date: _____

(Building Official)