



MECHANICAL PERMIT APPLICATION TOWN OF LAKEVILLE

Fee _____

Building Department
346 Bedford Street
Lakeville, MA 02347
508-946-8804 (office)
508-946-8812 (fax)
www.lakevillema.org

DATE: _____

PERMIT # _____

JOB SITE ADDRESS: _____

APPLICANT: _____

CELL PHONE # _____ YOUR EMAIL ADDRESS: _____

THE APPLICANT IS: RESIDENT OWNER CONTRACTOR (please check one)

RESIDENT OWNER	NAME _____ ADDRESS _____ TOWN/CITY _____ STATE _____ ZIP _____
CONTRACTOR	COMPANY NAME _____ LIC. # _____ ADDRESS _____ TOWN/CITY _____ STATE _____ ZIP _____

RESIDENTIAL ONLY COMMERCIAL ONLY (please check residential or commercial)

<input type="checkbox"/> New HVAC System	<input type="checkbox"/> Furnace Replacement
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Boiler Replacement
<input type="checkbox"/> Air Cond. Replacement	<input type="checkbox"/> Addition/ Repair/ Replacement
<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Garage Heater
<input type="checkbox"/> Ventilation	<input type="checkbox"/> In Floor Water Heater
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Other _____

JOB DESCRIPTION: _____

SYSTEM MAKE: _____ SYSTEM SIZE: _____

RESIDENTIAL FEES: \$50.00 PER DWELLING

COMMERCIAL FEES: (Commercial, Industrial & Business) **JOB COST: \$** _____
\$15.00 per 1,000.00 of estimated cost or fraction thereof
MINIMUM FEE: \$200.00

NAME OF APPLICANT: (PLEASE PRINT) _____

APPLICANT'S SIGNATURE: _____ DATE: _____

ISSUED BY: _____ DATE _____

COMMENTS: _____
