



CITY OF LYNN MASSACHUSETTS
 Inspectional Services Department
 Room 401, Lynn City Hall, Lynn, MA 01901
 p. 781-598-4000 ~ f. 781-477-7031
 Website: www.lynnisd.com

APPLICATION FOR MECHANICAL PERMIT

Date _____

Owner's Name _____

Building location _____ Type of occupancy _____

Installing company name _____

Address _____

Business phone _____

Name of Licensee _____ License type _____ License# _____

Signature of licensee _____

Mechanical	Furness	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 1 42 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 WA I VER: I am aware that the licensee does not have the insurance coverage required by Chapter 1 42 of the Mass General Laws, and that m y signature on this permit application waivers this requirement check.

 Signature of owner or owner's agent

Owner _____ Agent _____

Estimated Cost of Job \$ _____