



Town of Hull

BUILDING DEPARTMENT
 TEL: (781) 925-1330
 FAX: (781) 925-2228

253 ATLANTIC AVE
HULL, MASSACHUSETTS 02045

Property Address: _____ Owner of Record: _____
 Assessors Map # _____ Lot # _____ Type of Occupancy: _____
 New: ___ Renovation: ___ Replacement: ___ Plans Submitted: Yes ___ No ___
 Installing Company Name: _____
 Company Street Address: _____ City: _____ Zip: _____
 Company Phone Number: _____ Estimated Cost: \$ _____

Indicate total number of units in the applicable box below

M 1 & 2 Family	Basement	1 st Floor	2 nd Floor	3 rd Floor	Roof	Ground*
	Air Handling Units					
Hydro Air Unit						
Evaporative Coolers						
Heat Pumps						
Range Hoods Vented to Exterior						
Refrigeration Units						
Central Air Conditioners						
Ventilation Fans						
Energy Recovery Ventilators						
Furnaces- Oil						
Generators						
Other:						

Basic Building Code Commercial	Basement	1 st Floor	2 nd Floor	3 rd Floor	Roof*	Ground*
	Generators					
Draft Inducers Oil fired Equip						
Kitchen Vent & Exhaust Equipment						
Pool Heater						
Process Piping						
Roof Top Units						
Radiant Heat						
Hydro Air Systems						
Central Air Conditioners						
Other:						

Describe Project: *Note: If any equipment is being placed outside of the footprint of the building, indicate setbacks to property line. A land survey may be required. Roof top units may require a Structural Engineer's review. Equipment that is visible from a public way and within a Historic District will require prior approval of the Historic District Commission.

I certify that I have the authority to make the foregoing application and that all of the information I have submitted (or entered) in the above application is true and accurate to the best of my knowledge, information and belief, and that all mechanical work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code, the International Mechanical Code, and all laws/bylaws/regulations of the Town of Acton:

Signature: _____ Print Name: _____ Type of License: _____ License #: _____

This Section for Official Use Only

Permit fee:	Receipt #:	Date Received:	Received by:
Issued By :	Approved Date:	Permit Number:	