



TOWN OF LEXINGTON APPLICATION FOR MECHANICAL PERMIT

1625 Massachusetts Avenue, Lexington, MA 02420

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Date Received:	Type of Occupancy:	Permit #:
Building Location:		
Owner's Name:		
Installing Company Name:		Phone:
Company Street Address:	Town/City:	Zip:

Indicate total number of units in the applicable box below

	Basement	1 st Floor	2 nd Floor	3 rd Floor	Roof	Ground*
Air Handling Units						
Baseboard Heat						
Boilers/Furnaces/Gas/Oil						
Central Air Conditioners						
Direct Vent Fireplace						
Draft Inducers						
Duct Coils						
Evaporative Coolers						
Fire Suppression						
Generators						
Heat Pumps						
Heating Zones						
Hydro Air Systems						
Incinerators						
Kickspace Heaters						
Kitchen Equipment						
No Vent Heaters						

	Basement	1 st Floor	2 nd Floor	3 rd Floor	Roof*	Ground*
Pool Heater						
Process Piping						
Pumps						
Radiant Heat						
Radiators						
Range Hoods						
Refrigeration Units						
Roof Top Units						
Sprinkler Conn,						
Sprinkler Heads						
Sprinkler Hose Conn.						
Steam Generators						
Steam Kettles						
Ventilation Fans						

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 Districts Commission. All equipment is subject to Lexington's Noise By-Law:

New Work Replacement Renovation Plans Submitted:

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 ICC Mechanical Code, and all laws/bylaws/regulations of the Town of Lexington:

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

For Office Use Only

Insurance on File:	Will Fax:	Permit Fee: \$	Receipt #:	Date Issued:
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